



Department of
Job and Family Services

Ohio Practice Profiles

Table of Contents

Overview	5
Ohio’s Child Welfare Practice Model	6
Child Protective Services Intervention Principles	6
Acknowledgments	6
Engaging	7
Assessing	11
Partnering	15
Planning	19
Implementing	23
Evaluating	27
Advocating	29
Demonstrating Cultural and Diversity Responsiveness	33
Communicating	37
Collaborating	41
Documenting	45

Overview

The Ohio Practice Profiles spell out the guiding principles and quality practice indicators for child protective services in Ohio. For each skill set, best practice activities are provided in three categories of observable proficiency: Ideal, Developmental and Unacceptable.

Ideal Practice

Practitioners in this category can apply required skills and abilities to a wide range of settings and contexts. They use these skills consistently and independently, and sustain them over time while continuing to grow and improve in their position. Words used to describe ideal activities may include “consistently,” “all the time” and “in a broad range of contexts.”

Developmental Practice

Practitioners in this category can apply required skills and abilities, but in a more limited range of settings and contexts. They use these skills inconsistently or need supervisor consultation or coaching to successfully apply skills. A coaching agenda that targets skills for improvement would be beneficial in moving users into the ideal implementation category. Words used to describe developmental activities may include “some of the time,” “somewhat inconsistently” and “in a limited range of contexts.”

Unacceptable Practice

Practitioners in this category are not able to implement required skills or abilities in any context. Often, if practitioners’ work falls into the unacceptable category, there may be challenges related to overall implementation of the model. For example, there may be issues related to how practitioners are selected and trained, how the new program model is managed, or how data is used to inform continuous improvement. Unacceptable activity may include more than the absence or opposite of expected practice; it may indicate deficiencies in the implementation on a larger scale. Words used to describe unacceptable activities may include “none of the time” or “inconsistently.”

Ideal practices are meant to be teachable, learnable and doable. They are embedded in both caseworker and supervisory core training curriculums so that ideal practices can be explained and sustained, so that improvement strategies can be implemented, and so that consistent, effective practice can be implemented statewide.

Ohio's Child Welfare Practice Model

The Ohio Department of Job and Family Services (ODJFS) – in collaboration with other state agencies, state professional associations, community stakeholders, representatives of Ohio's public children services agencies (PCSAs) and the three branches of Ohio government – has a statewide Differential Response child protection system. This system provides two pathways: a Traditional Response pathway and an Alternative Response pathway. The pathways are used to assess and respond to the unique safety concerns, risks and protective capacities of each family that is the subject of an accepted report of child maltreatment. Regardless of the initial response to reports of maltreatment, the same quality child protective services principles and methods apply across Ohio's child protection system.

Child Protective Services Intervention Principles

- Child safety comes first, and all policies, guidelines and practices are child-centered and family-focused.
- Child protective services emphasizes family engagement and involvement in all aspects of our practice.
- Child protective services supports assessment and intervention processes that focus on family strengths while addressing the underlying conditions and contributing factors that impact child safety.
- Child safety is best achieved through active, collaborative and respectful engagement of parents, family, community and all other child protective services stakeholders.
- Differential Response systems are designed to identify family needs and find creative solutions, including formal and informal supports and services to ensure child safety.
- Whenever possible, child protective services agencies should respect family choices in the selection of services.
- When families cannot ensure child safety, it is necessary for the agency, courts, community, and/or extended families and kin to take appropriate action to provide protection.

Acknowledgments

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Definition: Effectively joining with the family to establish common goals concerning child safety, well-being and permanency.

Engaging involves all aspects of connecting with youth and families in a deliberate manner to make well-informed decisions. Family engagement is an intentional practice that uses particular skill sets to ensure partnership. It requires active listening and communicating openly and honestly with families in a way that supports disclosure of their culture, family dynamics and personal experiences. Engagement goes beyond mere involvement. It is about motivating and empowering families to recognize their own strengths, needs, protective capacities and supports. True engagement supports families in taking an active role in working toward change.

"Engagement is about motivating and empowering families to recognize their own needs, strengths and resources and to take an active role in changing things for the better. Engagement is what keeps families working in the long and sometimes slow process of positive change... Research suggests that engagement in a helping relationship may be related to spending time with clients, communicating clearly, providing positive reinforcement, and emphasizing client strengths."

– S. Steib, *Engaging Families in Child Welfare Practice, Children's Voice, 2004*



SKILL SET

Engaging

Ideal

Calls the family to schedule the first appointment (a phone call is the preferred method of initial contact), unless a significant safety concern requires an unannounced home visit. Uses drop-in visits sparingly and only for specific purposes that are clearly documented in the case record. If a drop-in visit is necessary because the family does not have a phone, asks the family about their preference for scheduling the future assessment visits.

Developmental

Usually calls the family to schedule the first appointment; will sometimes use drop-in visits to meet deadlines.

Unacceptable

Regularly conducts unannounced, drop-in home visits to initiate contact.

Ideal	Developmental	Unacceptable
Uses strength-based, respectful, unbiased, nonjudgmental and empowering language in all communication and interaction with family members and significant stakeholders.	Avoids language that tends to inflame (“victim,” “perpetrator,” “abusive,” “neglectful,” “poor parenting,” “dirty home,” “drug addict,” etc.) but inconsistently uses strength-based language with the family.	Uses punitive language and labels that reflect stereotypes and/or denigrate the family’s culture, history, current situation or behaviors. Uses abbreviations or technical language without explaining their meaning.
Respects family choices when scheduling contacts. Incorporates the family’s preferences for day, time and location for the assessment visit (unless safety concerns are present). Schedules initial contact within Ohio Administrative Code requirements. Asks the family how they prefer to be contacted – for example, by phone, email or text.	Determines a time and date for the visit and asks the family if this is mutually agreeable. Arrives at the scheduled appointment on time. Avoids canceling appointments. Inconsistently or selectively asks the family how they prefer to be contacted.	Schedules visits primarily according to the worker’s convenience for time and location, or fails to ensure that visits occur within Ohio Administrative Code requirements. Regularly misses appointments with families without notifying the family. Does not ask the family how they prefer to be contacted.
Uses protective authority only when necessary. Engages law enforcement only when necessary to ensure child or worker safety, or as required by the county’s MOU. Is sensitive to any identified trauma history of the family and is calm and nonthreatening during interactions to avoid triggering a traumatic reaction.	Overuses protective authority to ensure child or worker safety. Is knowledgeable but inconsistently demonstrates sensitivity about the family’s traumatic history.	Primarily uses protective authority. Does not balance protective authority with engaging families in a collaborative casework relationship. Demeanor with families is authoritative. Regularly uses law enforcement to gain access to the child, even when child safety is not an immediate concern. Does not consider the family’s history of trauma and/or creates an unnecessary traumatic situation for the family.
Recognizes and reflects back to the family their strengths and skills.	Recognizes and reflects back to the family obvious strengths and skills but does not consistently recognize underlying or less obvious family strengths, skills or resources.	Discusses only family challenges or problems and fails to recognize family strengths or resources that could be leveraged to address areas of concern.

Ideal	Developmental	Unacceptable
Effectively uses specific strategies detailed in this profile to continuously explore and address family resistance and encourage participation and collaboration.	Inconsistently or selectively uses strategies detailed in this profile to encourage participation and collaboration when encountering family resistance.	Routinely avoids using strategies detailed in this profile to address and respond to family resistance or prematurely requests a pathway change when the family demonstrates resistance.
Actively listens to each family member and solicits perspectives from all involved – for example, by summarizing what the worker understood them to say. Encourages the family to tell their story without interruption. Allows the family to speak more than the worker.	Listens and sometimes seeks perspectives from family members. Avoids assumptions. Asks open-ended follow-up questions to clarify information.	Communication consists mostly of the worker informing the family about the worker’s assessment conclusions, recommendations for services, etc., without soliciting meaningful input from the family. Interprets the family’s statements from the worker’s perspective and/or summarizes inaccurately for the family. Demonstrates indifference and/or disdain for the family’s voice in their story.
Actively involves children and parents/caregivers in all aspects of the case by using activities such as scaling, life circles, genograms, strengths and needs exercises, and pointing out to the family what is going well. Uses these techniques with family members individually or together (for example, the child and parent together), as appropriate to the case situation.	Uses engagement activities or strategies inconsistently throughout the life of the case.	Avoids interactions with the family. Does not involve family members in the assessment, case planning, decision making or service plan implementation. Does not discuss progress or point out the family’s strengths.
Returns family phone calls within one business day.	Inconsistently returns family phone calls within one business day.	Takes more than two business days to return family phone calls.

Ideal

Informs the family about what to expect from the agency, both verbally and in writing. Provides caseworker contact information, information about who to contact if the caseworker is unavailable, team/supervisor contact information, consumer rights information and information about Alternative and Traditional Response options.

Developmental

Provides written information to the family about what to expect from the agency but inconsistently provides verbal explanation.
 Inconsistently provides written information to the family about what to expect from the agency but provides verbal explanation.

Unacceptable

Does not inform the family about what to expect. Does not provide the family with contact information or sufficient information to make informed decisions about the Alternative and Traditional Response pathways.

Discusses with the family the agency's and stakeholders' roles and responsibilities in all aspects of the case.

Always maintains professional boundaries with clients, coworkers and community partners and demonstrates ethical decision-making.

Finds creative ways to locate and involve noncustodial parents and relatives who are physically absent.

Inconsistently or incompletely discusses with the family the roles and responsibilities of the agency and involved stakeholders.

Unsure of how to address questionable ethical situations but discusses with supervisor to resolve the situation.

Inconsistently seeks out or engages noncustodial parents.

Does not discuss with the family the agency and stakeholder roles and responsibilities.

Unable to maintain professional boundaries with clients, coworkers and community partners.

Does not seek out or engage noncustodial parents.

Definition: Gathering and synthesizing comprehensive information concerning the family strengths and needs, evaluating the relevance of that information to objectively develop a plan for safety, well-being and permanency.

"In Ohio's child protection system, a comprehensive assessment, including an assessment of safety and risk, is completed with all families, regardless of the initial pathway assignment. Assessing begins at the time of the first contact with the family and continues until the identified goals or expected outcomes are achieved. Assessment establishes a baseline to enable measurement of progress, as well as opportunity to engage and explore the family's dynamics holistically. When the assessment process is done well, the result is a clear, objective and detailed picture of family needs; child vulnerabilities related to safety, permanence and well-being; as well as the strengths and protective capacities of the family. The assessment process must inform next steps with the family, including service planning, service provision and/or service termination. Assessment is not a single event or point in time, but it is a continuous process that occurs throughout the life of the case."

– Patricia Schene, Comprehensive Family Assessment Guidelines for Child Welfare, U.S. Children's Bureau, 2005



SKILL SET

Assessing

Ideal

Conducts an assessment of child safety with all family members present and with the permission of the parent(s), separately with each child (unless separate interviews are indicated or required by the Ohio Administrative Code)¹. Jointly plans with the family for any immediate safety needs.

Developmental

Conducts an assessment of child safety with the caregiver and the child present and addresses any immediate safety needs both with and without family input.

Unacceptable

Conducts the initial assessment with minimal or no family participation.

Pays insufficient attention to the child's (children's) safety concerns.

¹ There may be compelling reasons to work with family members separately – for example, in cases with a mandatory exclusion from the Alternative Response pathway, cases involving intimate partner violence or in the interests of child safety.

Ideal	Developmental	Unacceptable
Gathers, includes and considers all the family members' perceptions of their strengths and the issues or problems they are facing, even if they are unable to recognize how the issues/problems create risk for children	Gathers, includes and considers family members' perceptions of their strengths and issues, but efforts are inconsistent or not thorough. Inconsistently prompts the family to provide additional information.	Does not gather, include or consider assessment information from the family and/or does not include their perspectives about issues/problems or strengths. Does not prompt the family to provide additional information.
Gathers thorough information from relevant sources (relatives, kin, service providers, etc.) to assess safety, risk, family strengths and needs; to provide supportive services; and, as indicated, to determine case decisions. Respects the family's privacy and exercises discretion in interviewing and gathering information specific to the family and allegation of child maltreatment.	Inconsistently and/or incompletely gathers information from collateral and other relevant sources. Understands privacy issues but at times demonstrates an inability to balance the need for information with the privacy of the family. Occasionally gathers information from sources that are not critical to assessing safety, risk or determining disposition.	Gathers information in a limited manner. Seeks or gathers information about family members without a specific focus, parameters or respect for privacy.
Gathers detailed information regarding factors known to create substantial risk to children – for example, domestic violence, mental health and substance abuse – and underlying causes of behavior and history as relevant to possible child maltreatment.	Gathers information that sometimes lacks sufficient detail regarding factors known to create substantial risk to children – for example, domestic violence, mental health and substance abuse – and underlying causes of behavior and history as relevant to possible child maltreatment.	Pays insufficient attention to factors known to create substantial risk to children – for example, domestic violence, mental health and substance abuse. Often focuses only on the incident that led to agency involvement. Does not gather information regarding underlying causes of behavior and history as relevant to possible child maltreatment.
Gathers detailed information about individual, family and environmental strengths and protective capacities that can mitigate risk.	Gathers information about individual, family and environmental strengths and protective capacities that can mitigate risk but sometimes lacks sufficient detail.	Does not gather information regarding individual, family and environmental strengths and protective capacities that can mitigate risk.

Ideal	Developmental	Unacceptable
Seeks and reassesses safety and risk information at each contact with the family, and at each decision point, in addition to prescribed intervals throughout the family's involvement with the agency.	Seeks and reassesses safety and risk information primarily at prescribed intervals and occasionally at decision points during the family's involvement with the agency.	Omits (intentionally or unintentionally) or disregards new safety and risk information and/or changes in the family's circumstances during involvement with the agency.
Regularly uses critical thinking during the assessment processes. Assesses the validity and relevance of information gathered, suspends judgment until all relevant information is gathered, and synthesizes assessment information. Clearly uses the assessment and/or investigative data to inform safety planning, the disposition determination, as appropriate, family service/case planning and/or case closure. Increases psychological safety for children by minimizing exposure to distressful events, such as multiple interviews or a parent's arrest, resistance or trauma story. Creates an environment that is child/youth friendly, private and safe. Routinely conducts trauma-informed interviews and assessments with all family members to identify the potential impact of trauma exposure. Routinely engages in techniques that assess and address practitioner secondary trauma exposure to increase the acuity of the family's assessment.	Inconsistently uses critical thinking during the assessment process. Does not always determine the significance of certain details as they relate to child safety, family well-being and/or the disposition determination, as appropriate. Does not always use the data to identify appropriate services and supports and/or to plan for case closure. Does not always collect all relevant information before drawing conclusions. Sometimes increases psychological safety for children by minimizing their exposure to distressful events. Does not always create an environment that is child/youth friendly, private and safe. Sometimes conducts trauma-informed interviews and assessments with all family members to identify the potential impact of trauma exposure. Occasionally engages in techniques that assess and address practitioner secondary trauma exposure to increase the acuity of the family's assessment.	Does not use the assessment process for the intended purpose. Does not possess critical thinking skills, as evidenced by an inability to articulate the relationship between the information gathered and decision making. This includes decision making for safety planning, the disposition determination, as appropriate, family service/case planning and/or case closure. Draws conclusions before all relevant information is gathered and analyzed or is unable to formulate conclusions. Makes no effort to increase children's psychological safety by completing multiple interviews and not minimizing their exposure to distressful events. Does not routinely conduct trauma-informed interviews and assessments with all family members to identify the potential impact of trauma exposure. Does not engage in techniques that assess and address practitioner secondary trauma exposure to increase the acuity of the family's assessment.

Definition: Respectfully and meaningfully collaborating with families to achieve shared goals.

Partnerships are founded on respect and trust, and they evolve over time. In child welfare, all parties – children, the entire family and the whole team – should have a voice in setting priorities and understanding the goals, desired outcomes and barriers to achievement. The keys to creating a successful partnership are transparency, clarity, time, trust in the process, honesty, the belief that people can change, and the belief that families are experts of themselves.

“Approaching parents as the experts on their own children, listening openly to their concerns and perspectives, and seeking solutions with them (rather than providing for them) helps foster a trusting relationship between service providers and parents.”

– Child Welfare Information Gateway, 2012



SKILL SET Partnering

Ideal

Emphasizes collaboration through language that demonstrates respect, inclusion, validation and encouragement of the family’s primary role in planning and making decisions for themselves and their children.

Encourages the family to select the services and agencies they feel will best meet their needs. Suggests other known services and agencies that they may want to consider.

Developmental

Inconsistently emphasizes collaboration through language that demonstrates respect, inclusion, validation and encouragement of the family’s primary role in planning and making decisions for themselves and their children.

Gives the family a list of agency-identified services and providers to select from and does not ask whether the family knows of others they might like to use.

Unacceptable

Fails to use language that demonstrates respect, inclusion, validation and encouragement for the family. May use language that intimidates, blames or shames the family.

Identifies services and providers for the family without discussing other options.

Ideal	Developmental	Unacceptable
Emphasizes the importance of families participating in meetings during home visits and at critical junctures in the life of the case – for example, during safety planning, family service planning, family service plan reviews and at case closure. ⁵	Sometimes and/or insufficiently emphasizes the importance of families participating in meetings during home visits and at critical junctures in the life of the case – for example, during safety planning, family service planning, family service plan reviews and at case closure.	Discourages or avoids opportunities for families to participate in meetings.
Provides the family with blank documents – such as the safety plan, family service plan/ case plan and reviews – and completes them with the family, using the family’s words.	Sometimes provides the family with blank documents – such as the safety plan, family service plan/case plan and reviews – and completes them with the family, using the family’s words.	Provides the family with an agency-drafted document or a blank document and leaves it for the family to complete it on their own.
Is transparent in providing information that is accurate, understandable and complete to help the family make informed decisions. Recognizes that many factors, such as trauma experience and education level, may affect a person’s ability to understand information.	Is inconsistently transparent in providing information to the family to help them make informed decisions. Sometimes seeks accommodations for a person’s inability to understand information due to such factors as trauma and/or education level. Does not always remember to ask about a client’s ability to understand.	Is not transparent in providing information to the family Discusses family progress only from the perspective of the agency or withholds the agency’s perspective from the family. Does not take into account factors such as a person’s previous trauma and/or education level when providing feedback, communicating in writing, or setting expectations.
Demonstrates and recognizes the family as expert. For example, frequently verbalizes during contacts with the family that they are the expert on their family and that they know their family best. Encourages the family to do most of talking.	Inconsistently recognizes the family as expert or limits demonstration that the family is expert by doing most of the talking.	Demonstrates minimally or not at all that the family is expert. Monopolizes conversations with the family.

⁵ There may be compelling reasons to work with family members separately – for example, in cases with a mandatory exclusion from the Alternative Response pathway, cases involving intimate partner violence or in the interests of child safety.

Ideal	Developmental	Unacceptable
Offers to accompany the family to the first appointment with a new provider and any additional appointments, as requested.	Sometimes offers to accompany the family to the first appointment with a new provider and any additional appointments, as requested.	Does not offer to accompany the family to the first appointment with a new provider or any additional appointments, as requested.
Encourages families to participate in all formal case reviews, including 90-day reviews and semi-annual reviews.	Inconsistently encourages families to participate in all formal case reviews, including 90-day reviews and semi-annual reviews.	Does not encourage families to participate in all formal case reviews, including 90-day reviews and semi-annual reviews.

Definition: Setting goals, developing strategies and outlining tasks and schedules to accomplish the goals derived from the engaging, assessing and partnering process. Plans should be based on a continuous assessment of families' strengths and needs. They require the input of the family and should be revisited to establish when mutual objectives are met, when changes should be made and, most importantly, when goals are achieved. The word "plan" can apply to any and all plans that are developed throughout the life of a case.

"Participatory planning is a strength-based approach to working with families and individuals who may have multiple needs that are complex...through supporting and collaborating with families, true, positive changes will occur. Families who participate in important decisions that affect them are empowered to contribute to their own survival, protection and development."

– Northern California Training Academy, 2008



SKILL SET **Planning**

Ideal

Explains to the family⁶ the specific function of the plan being developed.

Prepares in advance for family meetings. Invites the family, as well as formal and informal supporters, as a planning partnership team. The team collectively provides information about resource possibilities, choices and supports.

Developmental

Sometimes explains to the family the specific function of the plan being developed.

Inconsistently invites the family and supporters or does not encourage their participation.

Unacceptable

Infrequently or never explains to the family the specific function of the plan being developed.

Does not invite or discourages the family or supporters from attending the planning meeting.

⁶ There may be compelling reasons to work with family members separately—for example, in cases with a mandatory exclusion from the Alternative Response pathway, cases involving intimate partner violence or in the interests of child safety.

Ideal	Developmental	Unacceptable
During planning discussions and development, uses detailed information (obtained in the assessment stage) about individual, family and environmental strengths and protective capacities that can mitigate risk.	Inconsistently attempts to integrate information obtained in the assessment stage during planning discussions and development.	Does not integrate information obtained in the assessment stage during planning discussions/ planning development.
Gathers family members' ideas about options for ensuring the immediate safety and/or placement of their children. Develops, with the family, written safety plans that are time-limited, specific, easily understood by the family, and that address the immediate safety of the children.	Inconsistently gathers family members' ideas about options for ensuring the immediate safety and/or placement of their children. Inconsistently develops written safety plans that are time-limited, specific and easily understood by the family.	Does not involve the family in the development of the safety plan and/or placement. Develops safety plans that are vague or not time-limited.
During planning meetings with families, uses specific developmentally and culturally appropriate communication strategies, such as motivational interviewing, three wishes, miracle questions, scaling questions, etc.	Inconsistently uses specific developmentally and culturally appropriate communication strategies during planning meetings with families.	Uses generic communication strategies during planning meetings with families.
Helps family members develop plans that use their strengths and other resources to resolve contributing factors and underlying causes of abuse/neglect.	Inconsistently and/or selectively helps family members develop plans that use their strengths and other resources to resolve contributing factors and underlying causes of abuse/neglect.	Uses a deficit approach to case planning, focusing primarily on family problems and not discussing family strengths to resolve contributing factors and underlying causes of abuse/neglect.
Discusses appropriate service options with the family, including the relative benefits and limitations of each. Considers the family's capacity and preferences regarding participating in services and provides recommendations.	Presents some of the appropriate service options to the family but does not discuss the most appropriate services or the benefits and limitations of each.	Tells the family about the services that the worker expects the family to initiate and/or complete.

Ideal	Developmental	Unacceptable
Fully involves the family in writing the service/case plan. Encourages the family to assume the leadership role in developing all aspects of the plan. Gives the family the opportunity to write the plan or writes the plan in the presence of and with the approval of the family.	Writes the plan in the presence of and with the approval of the family. Invites the family to review the plan – if written by the worker – prior to finalization. Makes agreed-upon changes, as needed, and gives a copy to the family.	Writes the initial service/case plan without family input or leadership, then presents it to the family for their review. Negotiates changes if needed, invites the family to review the final version, and gives them a copy. Does not involve the family in identifying needed services. Prepares the service/case plan without the family present. Gives them the plan without permitting their reaction and/or input.
Develops written service/case plans with the family that are easily understood by the family, behaviorally specific, written in the family's words, observable and time-limited; that address the contributing factors that led to abuse and neglect; and that include visitation plans and activities for the caseworker as well as the family.	Inconsistently develops written service/case plans that are easily understood by the family, behaviorally specific, written in the family's words, observable and time-limited; that address the contributing factors that led to abuse and neglect; and that include visitation plans and activities for the caseworker as well as the family.	Develops written service/case plans that are vague and difficult for the family to understand, that do not directly address the factors contributing to abuse/neglect, and/or that do not include a visitation plan.
Ensures that the service/case plan objectives are behaviorally based and measurable. Ensures that these activities have attached roles, responsibilities and anticipated time frames for all team members.	Inconsistently ensures that the service/case plan goals have attached roles, responsibilities and anticipated time frames for all team members.	Provides the family with a service/case plan that has identified goals but not the roles, responsibilities and anticipated time frames associated with the goals.
Ensures that the service/case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.	Inconsistently ensures that the service/case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.	Does not ensure that the service/case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.

Ideal

Once safety and risk concerns have diminished to a level that the agency can safely close the case, works jointly with the family in developing an aftercare plan for continued service delivery (as needed) and safety planning.

Develops concurrent plans when indicated. Conducts full disclosure interviews, in a timely manner, to inform the family about the agency's commitment to permanency and to gather their preferences for alternative permanent placement for their children.

Developmental

Once safety and risk concerns have diminished to a level that the agency can safely close the case, sometimes works jointly with the family in developing an aftercare plan for continued service delivery (as needed) and safety planning.

Inconsistently develops concurrent plans when indicated. Conducts full disclosure interviews in some cases, but not in a timely manner. Avoids full disclosure interviews in situations that are highly contentious.

Unacceptable

Once safety and risk concerns have diminished to a level that the agency can safely close the case, does not work jointly with the family in developing an aftercare plan for continued service delivery (as needed) and safety planning.

Does not write concurrent plans when indicated or writes them without input from the family. Does not conduct full disclosure interviews with families.

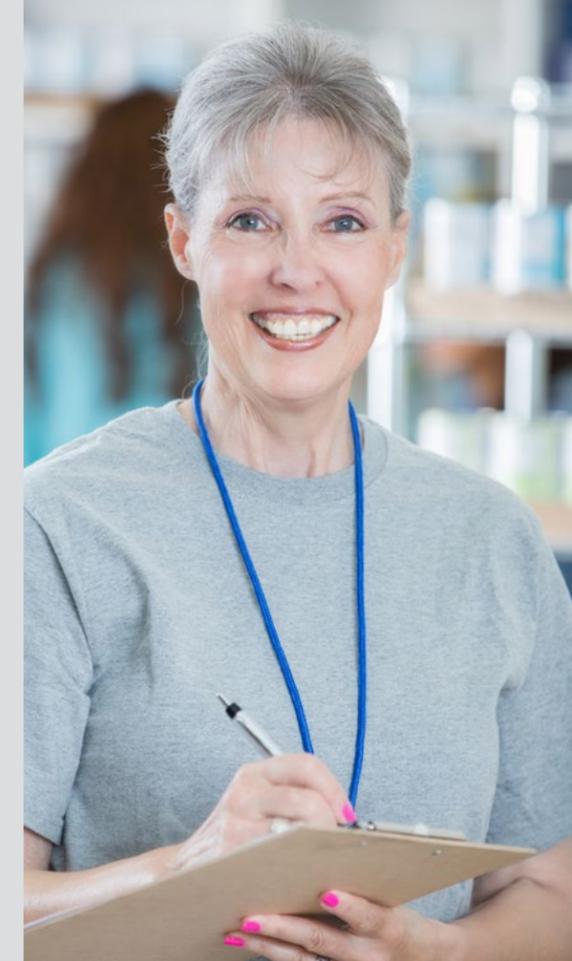
Definition: Identifying and applying the most effective and culturally appropriate services, resources and processes to meet the goals established in the planning stage timely.

"The role of the caseworker is to collaborate with the individual or family in developing plans and selecting services that will best facilitate change...Case management emphasizes decision-making, coordination and provision of services. Caseworkers collect and analyze information, arrive at decisions at all stages of the casework process, coordinate services provided by others, and directly provide supportive services."

– D. DePanfilis and M.K. Salus, *Child Protective Services: A Guide for Caseworkers, U.S. Children's Bureau, 2003*

"Implementation is a process, not an event. Implementation will not happen all at once or proceed smoothly, at least not at first."

– Dean Fixsen, Sandra Naoom, Karen Blase, Robert Friedman and Francis Wallace, *Implementation Research: A Synthesis of the Literature, University of South Florida, 2005*



SKILL SET

Implementing

Ideal

When a need is identified, promptly facilitates service referrals and linkages on behalf of the family, with the family's knowledge, input and, whenever possible, agreement.

Appropriately shares information with providers in order to implement services. This includes the family's presenting issues and progress, the agency's assessment results, and the family's goals and desired outcomes.

Developmental

Inconsistently or only in certain contexts facilitates service referrals and linkages on behalf of the family and with the family's knowledge and agreement.

Sometimes provides a written and/or verbal referral outlining the presenting issues, the agency's assessment results, and the family's goals and desired outcomes. Inconsistently obtains the family's agreement prior to sharing referral information with the provider.

Unacceptable

Provides resource information but does not facilitate service referrals and linkages on behalf of the family.

Fails to notify the service provider of the agency's assessment results and the reasons for the referral.

Ideal	Developmental	Unacceptable
<p>When transferring cases to a new caseworker, plans the transition with the family in a manner that is least disruptive to the family. Schedules at least one warm hand-off meeting³, during which presenting issues, assessment findings, service goals and desired outcomes are discussed.</p> <p>Uses implementation strategies that are strength-based, that consider past or present trauma, and that contribute to building resilience.</p>	<p>Inconsistently plans transitions with the family. Sometimes conducts warm hand-off meetings with the family and the new caseworker. Inconsistently discusses the presenting issues, assessment findings, service goals and desired outcomes with the family.</p> <p>Sometimes uses implementation strategies that are strength-based. Inconsistently considers past or present trauma.</p>	<p>Provides insufficient or no information to the family about the transfer of the family's case to a new caseworker.</p> <p>Uses implementation strategies that are deficit-based or punitive and that exacerbate problems related to past or present trauma.</p>
<p>At each contact, reviews the safety plan (if applicable) with the family⁴ and the responsible person to ensure that the plan is being implemented and is effective. Works jointly with the family to identify solutions and make appropriate adjustments to the safety plan, as needed.</p>	<p>Inconsistently reviews the safety plan (if applicable) or inconsistently helps the family and responsible person to identify solutions. Inconsistently makes appropriate adjustments to the safety plan, as needed. Does not review the safety plan with the family.</p>	<p>Does not help the family develop solutions or make appropriate adjustments to the safety plan, as needed.</p>
<p>At each contact, reviews the family case plan with the family and discusses successes and barriers experienced in completing the plan activities and objectives.</p>	<p>Inconsistently reviews the family case plan with the family and discusses successes and barriers experienced in completing the plan activities and objectives.</p>	<p>Reviews the family case plan only at required 90- and 180-day reviews and/or may provide insufficient detail about the plan activities and objectives.</p>
<p>At the family's request, the caseworker makes contacts with other community stakeholders on the family's behalf.</p>	<p>Sometimes responds to the family's requests to contact other community stakeholders on their behalf.</p>	<p>Does not respond to the family's requests for agency assistance in contacting community agencies on their behalf.</p>

³ At the warm hand-off meeting, the current worker introduces the new worker to the family, summarizes past activities and next steps, and explains the role of the new worker to the family.

⁴ In rare instances, there may be compelling reasons to meet with family members separately – for example, if the case involves intimate partner violence or in the interest of child safety.

Ideal	Developmental	Unacceptable
<p>Effectively uses supervision routinely throughout the case to discuss progress and barriers toward achieving case goals and closing the case.</p>	<p>Sometimes uses supervision to review the dynamics of cases and identify steps needed for case closure. Or uses supervision only to discuss the status of compliance measures and not the overall case.</p>	<p>Only discusses case closure with the supervisor when the case may be ready to close.</p>
<p>Progressively moves cases to a least restrictive involvement so they can be closed when safety and risk concerns are mitigated and permanency goals are achieved.</p>	<p>Sometimes closes cases once safety and risk concerns are mitigated and permanency goals are achieved.</p>	<p>Does not close cases once safety and risk concerns are mitigated and permanency goals are achieved.</p>



Definition: Monitoring outcomes of service plans and system programs to determine whether the desired goals are being achieved. If they are not, using this information to reconsider goals and strategies developed in the planning phase or services and resources identified in the implementation stage.

“The stage of the CPS [child protective services] case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.”

– D. DePanfilis and M.K. Salus, *Child Protective Services: A Guide for Caseworkers*, U.S. Children’s Bureau, 2003

SKILL SET **Evaluating**

Ideal

Conducts comprehensive and holistic reviews of families’ progress toward behavior change that reduces risk of harm to the children. The family’s progress is evidenced by documentation, discussion of the service provider’s perception, and use of all relevant and available information. Uses this information to determine next steps in the family’s service planning.

Developmental

Inconsistently inquires about or observes the family’s behavioral progress. Provides limited and incomplete information in reviews to show that concerns are being resolved or to support next steps in determining the family’s service planning.

Unacceptable

Does not observe or inquire about the family’s behavioral progress prior to completing reviews. Does not rely on service providers’ information and/or perceptions to determine next steps in the family’s service planning.

Discusses and documents how services are meeting desired outcomes as evidenced by the family’s demonstration of newly acquired skills and service providers’ verification of the family’s use of newly learned skills.

Confirms the family’s participation in services with limited discussion/documentation of how the family is applying their newly acquired skills in their everyday life.

Does not gauge the family’s progress toward completion of service plan goals. Fails to demonstrate how the family is applying new skills in their everyday life.

Ideal

In all formal reviews, addresses whether the interventions are helping the family reach the desired immediate, intermediate and long-term outcome(s).

Converses with the family and service provider(s) about what the family is accomplishing as a result of the service and how they are applying any gains to their daily life.

Regularly participates in agency evaluation activities – for example, sustainability assessments or continuous quality improvement efforts.

Developmental

In formal reviews, sometimes addresses whether the interventions are helping the family reach the desired immediate, intermediate and long-term outcome(s).

Inconsistently engages in conversation with the family and service provider(s) about what the family is accomplishing as a result of the service and how they are applying any gains to their daily life.

Sometimes participates in agency evaluation activities – for example, sustainability assessments or continuous quality improvement efforts.

Unacceptable

In formal reviews, does not address whether the interventions are helping the family reach the desired immediate, intermediate and long-term outcome(s).

Does not engage in conversation with the family and service provider(s) about what the family is accomplishing as a result of the service and how they are applying any gains to their daily life.

Does not participate in agency evaluation activities – for example, sustainability assessments or continuous quality improvement efforts.

Definition: Recognizing and supporting the power of individuals and families to speak about their well-being, find solutions and continue to grow. Working on behalf of a client, family and/or community, communicating with decision makers and initiating actions to secure or enhance a needed service, resource or entitlement.

Advocates are champions for youth, children and families. When advocating, we model new behaviors for our clients, showing them how to speak for themselves, empowering them to enact change, and helping them take the necessary steps toward the goals of safety, well-being and permanency. Advocating involves working with community partners to develop services to meet the needs of clients, speaking in court to demonstrate your belief in a parent’s ability to change, or working toward changing laws, regulations or guidance that hinders a worker’s ability to support youth, children and families.

“Social workers in the field of child welfare should use a range of skills to advocate for and with clients for policies that promote the welfare of children and child protective services. Advocacy should be directed at improving administrative and public policies to support children and their families. Such advocacy should move toward the empowerment of children and their families in both urban and rural settings. System changes can be implemented by making changes in direct practice as well as by making changes in laws or policies. Emphasis on system reforms should seek to make child welfare services more responsive to children and their families, communities, and diverse cultures.”

–National Association of Social Workers,
 Standards for Social Work Practice in Child Welfare, 2005



SKILL SET

Advocating

Ideal

Assertively requests, encourages and/or influences service providers, schools, government entities, landlords and courts to treat families fairly and respectfully.

Developmental

Inconsistently requests, encourages and/or influences service providers, schools, government entities, landlords and courts to treat families fairly and respectfully, or advocates in ways that are ineffective.

Unacceptable

Does not request, encourage and/or influence service providers, schools, government entities, landlords and courts to treat families fairly and respectfully.

Ideal	Developmental	Unacceptable
Coordinates with the family's formal and informal advocates to help the family find their own solutions. Provides ongoing support and linkages to culturally competent and effective services. Attends meetings with families at schools, government entities and service providers, including landlords, to help families obtain needed services, benefits or entitlements and to resolve problems.	Acknowledges the importance of advocacy for families but inconsistently identifies new or relevant resources and may not follow up with the family to ensure a connection to services. Inconsistently attends meetings to resolve problems with service provision or attends meetings but does not help resolve problems.	Provides an outdated and/or incomplete list of resources to the family without checking to see if the resources still exist or are applicable. Does not recognize that advocates are an important part of helping families find their own solutions. Does not help families identify formal and informal services. Does not attend meetings to resolve problems with service provision.
Helps families overcome organizational or systemic barriers to accessing needed services, benefits or entitlements.	Recognizes that there are organizational or systemic barriers to accessing services or benefits but needs prompting to address them.	Does not help families overcome organizational or systemic barriers to accessing needed services, benefits or entitlements.
Negotiates changes or improvements in services, benefits or entitlements on behalf of families.	Inconsistently negotiates changes or improvements in services, benefits or entitlements on behalf of families.	Does not negotiate changes or improvements in services, benefits or entitlements on behalf of families.
Models, coaches and encourages families to be direct, persistent and assertive in requesting the services, benefits or entitlements they need. Promotes and encourages them to participate in the case planning process.	Recognizes the importance of self-advocacy but may not provide it or may offer limited opportunities for including the youth and family in case planning.	Does not give the family the opportunity to learn the skills to advocate for themselves.
Identifies service gaps in the community and informs appropriate PCSA staff regarding needed services.	Inconsistently identifies service gaps in the community or is knowledgeable about service gaps but doesn't inform appropriate PCSA staff.	Does not recognize or identify service gaps.
Identifies patterns of inadequate services or illegal activities by service providers, landlords, schools or courts and informs appropriate PCSA staff regarding these problems.	Inconsistently identifies and informs appropriate PCSA staff about patterns of inadequate services or illegal activities by service providers, landlords, schools or courts.	Does not identify or inform appropriate PCSA staff about illegal or inadequate services.

Ideal	Developmental	Unacceptable
Identifies policies or procedures that need to be changed/ improved to optimize agency and community providers' ability to fully serve families, and informs appropriate agency staff about the needed changes. Provides documentation of needed services changes.	Does not consistently recognize when policies or procedures are impeding agency and community providers' ability to fully serve families and/or inconsistently informs appropriate agency staff about policy or procedure changes needed to optimize agency and community providers' ability to fully serve families.	Does not recognize situations in which policies or procedures are impeding agency and community providers' ability to fully serve families and/or does not inform appropriate agency staff about needed policy or procedure changes.
Informs management about policy or procedure changes that would enable the agency and community providers to fully serve families and/or improve services. For example, testifies or writes letters in support of legislation, provides reports as requested.	Inconsistently informs management about policy or procedure changes that would enable the agency and community providers to fully serve families and/or improve services.	Does not inform management about policy or procedure changes that would enable the agency and community providers to fully serve families and/or improve service.
Encourages community partners to use best practices during investigations, assessments, case planning, service delivery and placement services to children and families. Informs PCSA staff about problematic responses or services from community partners so that an administrative response can be initiated to resolve the problem.	Does not always encourage community partners to use best practices; does not always inform PCSA staff about problematic responses or involvement in shared cases.	Acquiesces to community partners' problematic involvement with shared cases; does not inform PCSA staff about problems with community partners' involvement with cases.
Identifies community partners' questions or misconceptions about families involved with child welfare and PCSA services. Informs appropriate PCSA staff so that education can be planned.	Inconsistently identifies community partners' questions or misconceptions about families involved with child welfare and PCSA services and/or inconsistently informs appropriate PCSA staff about community partners' misperceptions or questions.	Does not inform the appropriate agency staff about community partners' questions or misperceptions and/or communicates agreement with those who complain about the PCSA.

Definition: Interacting with families without making assumptions, respecting and learning from families' unique characteristics and strengths, acknowledging and honoring the diversity within and across cultures, and applying these skills to family partnerships and services offered.

"Diversity competence is an ongoing developmental process that includes:

- a) An acquired understanding of the patterns and potential dynamics of specific groups and cultures, including our own;*
- b) The understanding of how culture (the values, beliefs, attitudes and traditions acquired from affiliate groups) as well as personal circumstances, conditions, nature and experiences influence our own and other people's thinking and behaviors; and*
- c) The ability to use this knowledge to manage and adapt to the dynamics of diversity and work effectively with all people."*

*– Ohio Child Welfare Training Program Policy Manual,
6/2012*



Demonstrating Cultural and Diversity Responsiveness

SKILL SET

Ideal

Developmental

Unacceptable

Continued on the next page.

Ideal

Developmental

Unacceptable

Routinely conducts a self-assessment of diversity competency (see definition above). Takes an inventory of one's personal values, beliefs, attitudes, knowledge, awareness, etc. Identifies how differences in these areas can impact work with families. Implements changes in practice to improve work with families.

Conducts a self-assessment of diversity competency when prompted (see definition above). Can take an inventory of some personal values, beliefs, attitudes, knowledge, awareness, etc. Can identify how some differences in these areas can impact work with families. Sometimes implements changes in practice to improve work with families.

Rarely or never assesses self. Does not demonstrate an understanding of how personal values, beliefs, attitudes, knowledge, awareness, etc., can impact work with families. Is unwilling or unable to integrate changes in practice to improve work with families.

Makes significant effort to learn about the lives of families and their unique experiences, values, language, traditions, etc.

Makes some effort to learn about the lives of families and their unique experiences, values, language, traditions, etc.

Makes little or no effort to learn about the lives of families. Relies on generalized information or stereotypes when describing families.

Views all families as having their own unique experience and values. Recognizes and is responsive to families' formal and informal cultures, diverse family structures, languages, values and traditions as demonstrated by always incorporating the values, norms and perspective of the family in all discussions, decision-making and service planning.

Sometimes incorporates the values, norms and perspective of the family in discussions and services planning.

Disregards the family's perspective during meetings/visits with them. Writes service plans without considering or incorporating the norms, values or perspective of the family.

Ideal

Developmental

Unacceptable

Communicates in ways that demonstrate sensitivity and responsiveness to culture, language, socioeconomic status and other differences. For example, uses a variety of verbal and nonverbal communication techniques that encourage positive interaction with families. Provides opportunities for families to communicate in their first language and/or dialect. Always uses interpreters and translators effectively to gather information from families, conduct assessments and partner in service planning.

Usually communicates in ways that demonstrate sensitivity and responsiveness to culture, language, socioeconomic status and other differences. For example, uses a few different verbal and nonverbal techniques that encourage positive interaction with families. Usually provides the opportunity for families to communicate in their first language and/or dialect. Usually uses interpreters and translators for gathering information, conducting assessments and partnering in service planning.

Uses only one style and/or method of communication. Makes no attempt to modify communication based on family needs or differences.

Rarely or never uses interpreters or translators or relies on family members or children to interpret or translate.

Does not inform law enforcement, the court and other authorities of any unique communication needs of the family (for example, their first language or need for an interpreter).

Always informs law enforcement, the court and other authorities of any unique communication needs of the family (for example, their first language or need for an interpreter).

Sometimes informs law enforcement, the court and other authorities of any unique communication needs of the family (for example, their first language or need for an interpreter).

Always considers the uniqueness of families with respect to culture, language, socioeconomic status, immigration status, history of oppression and other characteristics when helping them identify and access services. Builds and uses knowledge of differences to collaborate with schools, service providers, government entities, etc. Researches and engages collaborative partners who can serve as experts in service delivery.

Occasionally considers the uniqueness of families with respect to culture, language, socioeconomic status and other differences when helping them identify and access services.

Occasionally builds and uses knowledge of differences to collaborate with schools, service providers, government entities, etc., and advocate for families to receive appropriate services.

Most often relies on "standard" services.

Occasionally researches and engages collaborative partners who can serve as experts in the delivery of appropriate services.

Does not consider specific aspects of families' uniqueness – such as culture, language, socioeconomic status and other differences – when identifying services. Always presents the same options for service.

Uses prejudicial or micro-aggressive techniques when working with families.

Does not research the best match for services based on families' uniqueness.

Does not attempt to build or use knowledge of differences among families for collaboration or advocacy.



Definition: Effectively sending and receiving information within the appropriate cultural context. Methods include verbal, nonverbal, electronic and written communication.

Communication skills are fundamental to social work practice and the most crucial components of a caseworker’s responsibility. Effective trauma-informed communication is built on principles of trust, safe spaces and empowerment. It ensures that the recommended services minimize trauma.

“Communication is the process by which information is transferred from one person to another and is understood by them.”

– Peter Reder and Sylvia Duncan,
*Understanding Communication in Child Protection Networks,
 Child Abuse Review, 2003*

SKILL SET

Communicating

Ideal

Prepares ahead of time when verbally communicating with individuals or groups. Gathers and organizes information, prepares talking points, identifies questions to ask.

Prepares written reports and verbal communications that are clear, thorough, concise¹, accurate and timely. All written and verbal communications reflect an appropriate degree of formality for the intended audience, whether the audience is service providers, courts, prosecutors, law enforcement, community providers, other PCSAs or the case record in SACWIS.

Developmental

Inconsistently or inadequately prepares for communication with individuals or groups.

Prepares written reports, verbal communications and SACWIS entries that are inconsistently clear, thorough, concise, accurate, timely, in “plain language,” or that do not reflect an appropriate degree of formality for the intended audience.

Does not prepare for communication with individuals or groups.

Prepares written reports, verbal communications or SACWIS entries that are unclear, superficial, verbose, lacking in detail, late and/or that contain jargon or abbreviations or reflect an inappropriate degree of formality for the intended audience.

¹ For example, prioritizes the essential information in case synopses.

Ideal	Developmental	Unacceptable
Coordinates the timing, sequencing and content of communication when more than one person will be communicating with a family, service provider or court, or when the worker needs to communicate with more than one family member.	Inconsistently coordinates the timing, sequencing and content of communication when more than one person will be communicating with the family, service provider or court. Does not recognize the importance of timing or sequencing when communicating with more than one family member.	Does not coordinate timing and content of communication when more than one person will be communicating with the family, service provider or court. Makes errors in the sequence of communication with more than one family member.
Ensures recipients of communications have understood the communication. Summarizes conversations and agreed-upon actions or decisions and asks the recipient to demonstrate their understanding. Provides follow-up clarification if necessary.	Inconsistently ensures recipients of communication have understood. Inconsistently follows up to ensure understanding.	Does not check or follow up to ensure recipients' understanding of the communication.
Uses agency protocol regarding communication ² (for example, regarding confidentiality, releases of information, or communicating within the agency, with media or with community partners).	Inconsistently uses agency protocol regarding communication.	Does not follow agency protocol regarding communication.
Identifies emotional, interpersonal, interagency, organizational and technological barriers or complications in communicating with staff, families, community providers or courts and works to minimize or resolve them.	Inconsistently identifies barriers or identifies barriers but inconsistently works to minimize or resolve them.	Does not identify barriers to communication; does not work to minimize or resolve barriers.

² Whenever possible, adheres to the National Association of Social Workers Code of Ethics (1996, rev.2008)

Ideal	Developmental	Unacceptable
Uses respectful communication. Engages in difficult conversations, refrains from gossiping or complaining, does not use pejorative language in either written or verbal communication, and is honest, timely and objective.	Inconsistently uses respectful communication.	Avoids difficult conversations, gossips and complains, uses pejorative language, is not honest, timely or objective.
Recognizes and appropriately responds not only to spoken or written communication, but also to nonverbal communication, the context of the communication and factors that may affect communication, such as strong emotions or people in the conversation who may inhibit frank discussion.	Inconsistently recognizes and responds not only to spoken or written communication, but also to nonverbal communication and the context of the communication.	Does not recognize or respond to nonverbal communication and the context of the communication or consistently misinterprets nonverbal communication.
Arranges for deaf and language interpreters for verbal communication and for translating documents and written communication, as necessary. Helps prepare interpreters and translators for these tasks.	Inconsistently arranges for interpreters or translators or inconsistently prepares interpreters or translators.	Does not arrange for interpreters or translators.



Definition: Establishing and maintaining mutually beneficial and well-defined relationships with families and community partners to achieve the shared goals of safety, permanence and well-being for children and families.

Collaboration should include a variety of resources, including families, coworkers, community stakeholders and service providers. A successful collaboration model is like a ship's wheel, with the spokes of the wheel representing each resource and the center representing the goal. Everyone, including the youth and family, should work toward the common goal. Sometimes one entity drives the ship; sometimes everyone drives the ship. No matter who is driving, everyone is accountable for the shared goal.

SKILL SET **Collaborating**

Ideal	Developmental	Unacceptable
Strives to identify a family's natural supports and ensures, with consideration for the family's culture and language, that they are involved in the decision-making process.	Involves families in the decision-making process with prompting. May understand the need to meet, but does not include the necessary supports.	Does not involve a family's natural supports in the decision-making process.
Supports the relationship between each resource and children's biological parents, such as during medical and educational decisions (for example, meetings, developmental assessments, tubes in ears, extracurricular activities, piercings, etc.).	Inconsistently shares information between resources and biological parents to assist in the continuity of care.	Does not share information or does not support the relationship between resources and biological parents.

Ideal	Developmental	Unacceptable
<p>Engages in activities that foster knowledge building, mutual respect and support for ongoing relationships with community partners. For example:</p> <ul style="list-style-type: none"> Becomes familiar with services offered, eligibility criteria, referral processes, etc. Invites partner organizations to attend agency-sponsored events to promote information sharing. 	<p>Inconsistently engages in activities to build relationships with community partners or only when directed. Takes limited initiative to establish relationships.</p>	<p>Does not engage in collaborative activities; refuses to engage with community partners; does not attempt to learn about the community services.</p>
<p>Engages in regular communication with resources. Reaches consensus about the most beneficial strategies for working with families. Coordinates services. Anticipates barriers to service provision and works to remove them.</p>	<p>Sometimes defers to the community agency for decision making, rather than discussing strategies and reaching consensus.</p> <p>Avoids a discussion of barriers and/or doesn't recognize barriers to services.</p>	<p>Works with the family in isolation despite community partner involvement.</p> <p>Ignores barriers despite knowing that they exist.</p>
<p>Engages community partners in conversations about the child welfare agency and the partners' roles in working with the family.</p>	<p>Inconsistently engages community partners in conversations about the child welfare agency and partners' roles in working with the family.</p>	<p>Does not engage community partners in a discussion about agency expectations for service delivery.</p>
<p>Seeks to understand a community partner's perspective when differences of opinion arise.</p>	<p>Sometimes avoids discussion of differences and moves forward without attempting to resolve those differences.</p>	<p>Assumes that the community partner and his/her perspective are wrong.</p>
<p>If the family consents, involves community partners in such things as service-planning meetings, family team meetings and case plan reviews. Shares all pertinent information with partners within the bounds of confidentiality.</p>	<p>Inconsistently or infrequently invites community service partners to service-planning meetings with families, family team meetings, reviews, etc. (with family consent). Sometimes shares limited information or details not pertinent to service provision.</p>	<p>Does not invite service partners to service planning meetings. Works in isolation without sharing necessary information so that the service partner can properly serve the family.</p>

Ideal	Developmental	Unacceptable
<p>Always follows up with community partners on agreed-upon activities in a timely manner.</p>	<p>Usually follows up with community partners but is not always timely.</p>	<p>Does not follow up with community partners on agreed-upon services without reason.</p>
<p>Discusses plans for terminating agency involvement. Explains the process for termination. Using a trauma-informed service approach (if applicable), discusses the nature of the partner agency's continued involvement with the family.</p>	<p>Discusses termination but usually after the decision to close the case has already been made. Does not discuss with the service partner that the family's case is being closed.</p>	<p>Does not notify the community partner that the case has already been closed.</p>

Definition: Formally recording all activities associated with the work that the agency conducts. This includes summaries of all contacts and observations made involving the family, synthesizing and organizing information into assessments and case summaries, highlighting services provided and how those services are helping the family reach desired outcomes, and describing and detailing decisions made at each stage of the case process.

“Case documentation provides accountability for both the activities and the results of the agency’s work. In child protective services (CPS), case records and information systems must carefully document: (1) contact information; (2) [the ongoing assessment of risk and safety]; (3) decisions at each stage of the case process; (4) interventions provided to the family both directly and indirectly; (5) the progress toward goal achievement, including risk reduction; (6) the outcomes of intervention; and (7) the nature of partnerships with community agencies... Case records provide an ongoing “picture” of the nature of CPS involvement with families, the progress toward achieving [goals], and the basis of decisions that eventually lead to case [outcomes].”

– Child Protective Services: A Guide for Caseworkers, U.S. Department of Health and Human Services, 2003



SKILL SET

Documenting

Ideal

Uses a concise narrative that includes all facts pertinent to the work done throughout the life of the case while also reflecting the depth of information needed for assessment, planning and decision making.

Developmental

Uses a narrative case history that may be lacking in facts or includes details not pertinent to the case.

Unacceptable

Uses a narrative containing limited information, inaccurate accounting or insufficient detail to support decisions or conclusions, indicating a failure to gather pertinent facts in the field.

Documentation of interactions with the family does not reflect the depth of information needed for assessment, planning or decision making; it cannot be used as a true historical document summarizing the life of the case.

Ideal

Developmental

Unacceptable

Demonstrates the importance of timely and accurate input of case information in SACWIS. Ensures that the case record complies with mandatory guidance and program requirements, such as response times, mandatory contacts and timely data entry.

Inconsistently captures the family's case information and/or does so with supervisory oversight.

Does not capture the family's case information in SACWIS and/or does so without regard to timelines.

Submits paperwork after a deadline passes, which causes delays in service provision and/or permanency.

Values the importance of conversations with families and youth. Consistently incorporates clients' own words, stories, goals and feedback in the case record. Documents information obtained during all meetings through various interviewing techniques.

Inconsistently includes clients' own words, stories, goals and feedback in the case record. Documentation focuses solely on safety, well-being and permanency. Selectively incorporates collateral information.

Documentation does not include family input. Omits the clients' own words, stories, goals and feedback.

Records responses gathered from families and youth, using open-ended questions to gain detailed information beyond the immediate safety, well-being and permanency concern.

Uses all available SACWIS functionality to record all known information, such as demographics, child and adult characteristics, case services, medical and educational appointments, and/or milestones, associated persons, etc.

Occasionally uses available SACWIS functionality or does so with supervisory prompting.

Does not use SACWIS as the primary record to reflect the family's information.

Case documentation demonstrates professionalism and objective decision-making and does not use labels or unidentifiable acronyms.

Inconsistently uses objectivity and formality when creating case documentation. May not understand the importance of professionalism in documentation.

Documents opinions without facts to support them. Uses jargon, lingo, abbreviations and an inappropriate degree of informality for the intended audiences. Narrative includes poor grammar, repeated misspellings and inappropriate terminology.

Ideal

Developmental

Unacceptable

Documents the purpose and recipient of all released information. Ensures that all necessary consents for release of information have been acquired and are present in the formal record.

Makes observable effort to learn all state/federal laws, regulations, guidance and standards of practice that govern the protection and release of client information.

Shares information regarding clients in a reckless manner, without regard for the laws and regulations that govern its release. Displays a lack of respect for the client's right to privacy.

Shares information about children's needs when appropriate.

Inconsistently documents when information is released, who it is released to, and the purpose of releasing the information.

Does not document when information is released, who it is released to, and the purpose of releasing the information.

48 · Engaging · Assessing · Partnering · Planning · Implementing
Evaluating · Advocating · Demonstrating Cultural & Diversity
Responsiveness · Communicating · Collaborating · Documenting

Mike DeWine, Governor
State of Ohio

Kimberly Hall, Director
Ohio Department of Job and Family Services

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