

The Family Engagement skill sets outlined in this document are intended for use with child welfare practitioners to enhance and improve their skills in working with Oregon's families.

Differential Response Family Engagement Toolkit

3/1/14

Child Safety is what we do, family engagement is how we do it!

“The relationship established between worker and client is key to the success of any intervention. Empowerment-based practice requires one to redefine the helping process as one of ‘shared power’ and ‘power with,’ and as ‘participant driven,’ with the professional becoming a ‘facilitator’ or resource rather than a director. Roles and responsibilities become mutual and shared. In this practice, clients and workers act as partners. Rather than owners of problems, clients are seen as resources” Gutierrez, Parsons and Cox (1998).

Family engagement under Oregon’s Differential Response recognizes that families are experts on their own families and therefore need to be included in all aspects of decision making. Families are treated with respect and genuineness through the collaborative and partnering process of engagement. The goal is to assist families in keeping their children safe and thriving in their identified communities.

Family engagement depends on a clear understanding and application of these core principles:

- Everyone desires respect
- Everyone needs to be heard and understood
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

Engagement is a professional helping process that occurs over time and proceeds developmentally. The phases can be defined as follows:

- Pre-engagement involves knowing your own strengths, challenges, and biases.
- Active engagement is the steps we take to empower families.
- Reaching mutual understanding is how we exchange information to decide how we can partner together.
- Taking action is partnering with the family, when child safety would not be jeopardized.
- The decision to continue to engage is the family's, and is often impacted by the relationship built with the practitioner.

Family Engagement can be enhanced and demonstrated through key practice skill sets. These skill sets offer an opportunity to allow dialogue for clinical supervision, to practice and refine these skills daily with families, and to create an avenue for dialogue and continuous improvement among and between community partners.

Ten skill sets have been defined and all are equally important.

- **Engaging**

Engaging is the ongoing ability to establish and sustain a genuinely supportive relationship with the family while developing a partnership, establishing healthy boundaries and maintaining contact as mutually negotiated.

- **Assessing**

Gathering information about reported safety concerns and the needs of the family, evaluating the relevance of that information, and identifying family strengths and community resources that may be applied to address any safety concerns and needs.

- **Partnering**

Respectful and meaningful collaboration with families to achieve shared goals.

- **Planning**
Setting goals, developing strategies and outlining tasks and schedules to accomplish the goals derived from the engaging, assessing and partnering process.
- **Evaluating**
Monitoring outcomes of plans and services to determine if the desired goals are being achieved, and if not, using this information to reconsider goals and strategies developed.
- **Implementing**
Identifying and applying the most effective and culturally appropriate services, resources and processes to meet the goals established in the planning stage.
- **Advocating**
Recognizing individual or group needs, providing intervention on behalf of a client or client group, communicating with decision-makers, and initiating actions to secure or enhance a needed service, resource or entitlement.
- **Communicating**
Effectively sending and receiving information within the appropriate cultural context. Methods include verbal, nonverbal, electronic and written communication.
- **Demonstrating cultural and diversity competence**
Interacting with families without making assumptions; respecting and learning from the unique characteristics and strengths of the family while acknowledging and honoring the diversity within and across cultures; and applying these skills to the partnership with the family and the options made available to them.
- **Collaborating**
Establishing and maintaining mutually beneficial and well-defined relationships with community partners to achieve the goals of safety, permanence and well-being for children and families.

Each of these skill sets has three levels of assessment for staff: Active Engagement, Inconsistent Engagement, and Disengagement. Each skill set has examples of specific criteria for these levels to allow an opportunity to learn through a variety of settings, such as training, clinical supervision, group supervision, Quarterlies, etc.

- **Active Engagement**

Child welfare practitioners in this category are able to 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”.

- **Inconsistent Engagement**

Child welfare practitioners in this category are able to 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 particular skills for improvement would be beneficial in this category. Words used to describe developmental activities may include “some of the time,” “somewhat consistent” and “in a limited range of contexts.”

- **Disengagement**

Child welfare practitioners in this category are not able to implement required skills or abilities in any context. Words used to describe unacceptable activities may include “none of the time” or “inconsistently.”

These skill sets are foundational to both internal and external training and continuous quality practice improvement. They are part of the DR procedures, and to be used as the foundation for discussions in the community.

Engaging

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

Engaging is the ongoing ability to establish and sustain a genuinely supportive relationship with the family while developing a partnership, establishing healthy boundaries and maintaining contact as mutually negotiated.

“Engagement is about motivation 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.”

--Steib, 2004

Engaging

Active Engagement	Inconsistent Engagement	Disengagement
<p>Calls the family to schedule the first appointment, unless a significant safety concern requires an unannounced home visit. Drop-in visits are used sparingly and only with a specific purpose that is clearly documented in the case record. If a drop-in visit is necessary because the family does not have a phone, worker will ask family about their preference for scheduling the future assessment visits.</p>	<p>Usually calls the family to schedule the first appointment; will sometimes use drop-in visits to meet timeframe mandates.</p>	<p>Regularly conducts unannounced, drop-in home visits to initiate contact.</p>
<p>Uses language that shows respect (such as asking each family member how they would like to be addressed – first name, Mr./Mrs., nickname, etc).</p>	<p>Avoids language that tends to inflame (such as “victim,” “perpetrator,” “abusive,” “neglectful,” “poor parenting,” “dirty home,” “drug addict”).</p>	<p>Uses language that is judgmental or authoritative in communication with the family.</p> <p>Uses labels or language that reflects stereotypes or belittles the family’s culture, history, situation or behaviors.</p> <p>Uses abbreviations or technical language without explaining their meanings.</p>
<p>Respects the family choices when scheduling contact; incorporates family’s preferences for day, time and location for the assessment visit (unless a significant</p>	<p>Determines a time and date for the visit and asks the family if this is mutually agreeable. Arrives at the appointment on time for scheduled</p>	<p>Schedules visits primarily according to the worker’s convenience for time and location, or fails to ensure that visits occur within policy guidelines; regularly</p>

Engaging

<p>safety concern is present); schedules initial contact within policy requirements; asks family about contact preferences, such as phone, email or text.</p>	<p>contact; avoids cancellation of appointments. Inconsistently or selectively asks the family about contact preferences.</p>	<p>misses appointments with families without notifying the family; does not ask the family about contact preferences.</p>
<p>Uses protective authority only when necessary; engages law enforcement authority only when necessary to ensure child or worker safety.</p>	<p>Overuses protective authority to ensure child or worker safety.</p>	<p>Primarily uses protective authority; does not balance protective authority with engaging families in a collaborative 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.</p>
<p>Recognizes and verbalizes to the family members their strengths and skills.</p>	<p>Recognizes and verbalizes to the family members their obvious strengths and skills but does not consistently recognize underlying to less obvious family strengths, skills or resources.</p>	<p>Discusses only family challenges or problems and fails to recognize family strengths or resources that could be leveraged to address areas of concern.</p>
<p>Effectively uses strategies detailed to continuously explore and address family resistance and encourage participation and collaboration.</p>	<p>Inconsistently or selectively uses strategies detailed in this profile to encourage participation and collaboration when encountering family resistance.</p>	<p>Routinely avoids using strategies to address and respond to family resistance, or prematurely intervenes when the family demonstrates resistance.</p>
<p>Listens actively to each family member and solicits perspectives from all involved; summarizes for the family members what the worker understood them to say and encourages the family to tell their story</p>	<p>Listens and sometimes seeks perspectives from family members; avoids assumptions; asks open-ended follow-up questions to clarify information.</p>	<p>Communication consists mostly of worker informing the family about his/her assessment conclusions and recommendations for services, without soliciting meaningful input from the</p>

Engaging

without interruption by allowing the family members to speak more than the worker.

Actively involves children and parents or caregivers in all aspects of planning using activities and techniques with family members individually or together as appropriate to the case situation.

Returns family phone calls within one business day.

Informs the family about what to expect from the agency, both verbally and in writing, including caseworker and supervisor contact information and who to contact if the caseworker is unavailable. Also provides the family with information about Alternative Response and/or Traditional Response options.

Discusses with the family the roles and responsibilities of DHS, community providers and other team members.

Uses engagement activities or strategies inconsistently throughout the life of the case.

Inconsistently returns family phone calls within one business day.

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.

Inconsistently or incompletely discusses with the family the roles and responsibilities of DHS, community providers and other team members.

family. Interprets the family's statements from the worker's perspective and/or summarizes inaccurately for the family. Demonstrates indifference about the family members' voices in their story.

Avoids interactions with family; does not involve family members in assessment, case planning, decision making or service plan implementation. Does not discuss progress or point out family strengths.

Takes more than two business days to return family phone calls.

Does not inform the family about what to expect; does not provide family with contact information or sufficient information about the Alternative Response and/or Traditional Response pathway.

Omits discussion with the family regarding the roles and responsibilities of DHS, community providers and other team members.

Engaging

Actively listens and recognizes the unique aspects of a family's culture. Open to learning and asking questions about the family's culture. Gathers information and seeks professional learning opportunities regarding populations of the community they are serving. Engages partners and resources that reflect the cultural needs of a family.

Listens and sometimes recognizes the unique aspects of a family's culture. Occasionally open to learning and asking questions about the family's culture. Occasionally gathers information and seeks professional learning opportunities regarding populations of the community they are serving. Often reflects personal cultural preferences. Sometimes engages partners that reflect the cultural needs of a family.

Mostly reflects personal cultural preferences. Rarely open to learning and asking questions about the family's culture. Rarely seeks learning opportunities to expand cultural knowledge. Lacks knowledge and rarely engages partners and resources that meet the cultural needs of a family.

Assessing

Gathering information about reported safety concerns and family needs, evaluating the relevance of that information, and identifying family strengths and community resources that may be applied to address those safety concerns and needs.

In Oregon's Differential Response system, a comprehensive safety assessment is completed with all families, regardless of the initial response track assignments. In addition, the Strengths and Needs Assessment may be completed by a service provider in either response track. The safety assessment is the process of gathering accurate, comprehensive information to identify the presence or absence of safety threats and documenting the information using the six domains outlined in the Oregon Safety Model. The Strengths and Needs Assessment helps identify gaps and resources necessary to enhance the family's capacity to meet the needs of their children. When the assessment process is done well, the result is a clear, objective, and detailed picture of child safety and family needs including child vulnerabilities related to safety, permanence and well-being; and the strengths and protective capacities of the family. The assessment process must inform next steps with the family, including safety planning, service planning, service provision and/or service termination. Assessment is not a single event or point in time; it begins at the time of first contact with the family and continues until the identified family goals or expected outcomes are achieved.

Assessing

Active Engagement	Inconsistent Engagement	Disengagement
Conducts an assessment of child safety with all family members present, unless separate interviews are indicated or required by Oregon Administrative Rules, and jointly plans with the family for any immediate safety needs.	Conducts an assessment of the child safety with the caregiver and the child present, and addresses any immediate safety needs both with and without family input.	Conducts the initial assessment with minimal or no family participation. Pays insufficient attention to the child's safety concerns.
Gathers, includes, and considers all of 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 or problems create risk and/or safety threats 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 family members and/or does not include their perspectives about presenting issues, problems or strengths. Does not prompt the family to provide additional information.
Gathers, includes, and considers detailed information from family members about the alleged incident of child maltreatment.	Inconsistently gathers, includes, and considers detailed information from family members about the alleged incident of child maltreatment. Does not always ask clarifying questions of the family.	Does not gather, include, or consider detailed information from family members about the alleged incident of child maltreatment. Reaches conclusions without supporting information.
Gathers thorough information from relevant sources (school, kin, service providers, etc.) to assess safety, risk, and strengths; provide supportive services; and, as indicated, determine a disposition. Respects the family's privacy and exercises discretion in interviewing and gathering information specific to the family and allegation of child	Inconsistently and/or incompletely gathers information from collateral and other relevant sources. Understands privacy issues at times, but demonstrates inability to balance the need for information with the privacy of the family. Occasionally gathers information from sources that are not critical to	Gathers information in a limited manner. Seeks or gathers information about family members without specific focus, parameters or respect for privacy.

Assessing

maltreatment.

assessing safety, risk, or disposition determination.

Gathers detailed information regarding factors known to create safety threats and substantial risk to children (such as domestic violence, mental health issues, substance abuse) and the underlying causes of behavior and history as relevant to child maltreatment.

Gathers information that sometimes lacks sufficient detail regarding factors known to create safety threats and substantial risk to children (such as domestic violence, mental health issues, substance abuse) and the underlying causes of behavior and history as relevant to child maltreatment.

Pays insufficient attention to factors known to create safety threat and substantial risk to children (such as domestic violence, mental health issues, substance abuse). Often focuses only on the incident resulting in DHS involvement. Does not gather information regarding underlying causes of behavior and history as relevant to 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 this information sometimes lacks sufficient detail.

Does not gather information regarding individual, family and environmental strengths and protective capacities that can mitigate risk.

Seeks and reassesses safety and risk information at each decision point and at prescribed intervals throughout the family's involvement with DHS.

Seeks and reassesses safety and risk information primarily at prescribed intervals and occasionally at decision points during the family's involvement with DHS.

Omits (intentionally or unintentionally) or disregards new safety and risk information and/or changes in the family's circumstances during involvement with DHS.

Regularly uses critical thinking during the assessment process. Assesses the validity and relevance of information gathered, suspends judgment until all relevant information is gathered and analyzed; Clearly uses assessment information to

Inconsistently uses critical thinking during the assessment process. Does not always collect all relevant information before drawing conclusions. Does not always determine the relevance or

Draws conclusions before all relevant information is gathered and analyzed or is unable to formulate conclusions. Does not possess critical thinking skills as evidenced by inability to articulate the relationship between information

Assessing

inform safety planning, disposition determination as appropriate, family service/case planning, and/or case closure.

significance of certain details as they relate to child safety and/or family well-being; disposition determination if necessary; identification of appropriate service and supports; and/or planning for case closure.

gathered and decision-making, including safety planning, disposition determination if necessary, family service and case planning, and/or case closure.

Partnering

Respectful and meaningful collaboration with families to achieve shared goals and expected outcomes.

“Approaching parents as the experts on their own children, listening openly to their concerns and perspective, 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

Partnering

Active Engagement	Inconsistent Engagement	Disengagement
<p>Emphasizes collaboration through language that demonstrates respect, inclusion, validation and encouragement for the family members' primary roles in planning and making decisions for themselves and their children.</p>	<p>Inconsistently emphasizes collaboration through language that demonstrates respect, inclusion, validation and encouragement for the family members' primary roles in planning and making decisions for themselves and their children.</p>	<p>Fails to use language that demonstrates respect, inclusion, validation and encouragement for the family. This may include intimidating, blaming or shaming the family.</p>
<p>Encourages the family members to identify and select the services and agencies they feel will best meet their individualized needs, and provides the family members with other known services and agencies that they may want to consider.</p>	<p>Provides the family with a list of agency-identified services and service providers to select from and does not inquire to see if the family has any thoughts on services or providers that were not on the list.</p>	<p>Identifies a service or service provider for the family without any discussion of other options.</p>
<p>Encourages and emphasizes the importance of families participating and engaging in family meetings during home visits and critical junctures in the life of the case, such as safety planning, case planning, case plan reviews and case closure.</p>	<p>Sometimes and/or insufficiently encourages and emphasizes the importance of families participating and engaging in family meetings during home visits, and critical junctures in the life of the case.</p>	<p>Discourages or avoids opportunities for families to participate in family meetings.</p>
<p>Family service plans, case plans and/or safety plans are developed and reviewed with the family, using the family's thoughts and ideas.</p>	<p>Sometimes develops and reviews plans with the family, incorporating the family's thoughts and ideas.</p>	<p>Develops plans without the family, thoughts and ideas.</p>

Partnering

Demonstrates genuine interest in the family members' perceptions of their involvement. Regularly asks the family members if they feel involved, supported and empowered in making decisions that impact them.

Adjusts interactions with the family based on the family's feedback – for example, makes family-requested adjustments as needed to support child safety and the family's involvement in the decision-making.

Provides transparent information that is accurate, understandable and complete to the family members to help them make informed decisions and choices in ensuring the safety of their children. Shares results of the assessment with the family, and discusses progress from the perspective of both the family and DHS.

Demonstrates and recognizes the family as experts. For example, tells the family members that they are the experts on their family, and they know their family best. Encourages family members to do most of the talking.

Inconsistently inquires about the family's perception of involvement, support and empowerment in making decisions that impact the family.

Sometimes adjusts interactions with the family based on family feedback. Inconsistently makes family-requested adjustments to support child safety and the family's involvement in decision-making.

Inconsistently provides transparent information to the family members to help them make informed decisions and choices in ensuring the safety of the children. Sometimes shares results of the assessment with the family, and sometimes discusses progress from the perspective of both the family and DHS.

Inconsistently recognizes the family as experts, or does not verbalize this. Caseworker does the majority of the talking.

Overlooks or avoids inquiry about the family's perception of involvement, support and empowerment in making decisions that impact the family.

Does not adjust interactions with the family based on the family's feedback.

Does not provide transparent information when working with families. Does not share all known information with family, including results of the assessment. Family progress is discussed only from the perspective of DHS, or the worker withholds the perspective of DHS from the family.

Minimally or does not demonstrate and recognize the family as experts; monopolizes conversations with the family.

Partnering

Offers to accompany the family to the first appointment with new providers and any additional appointments as requested by the family.	Sometimes offers to accompany the family to the first appointment with new providers and any additional appointments, as requested.	Does not offer to accompany the family to the first appointment with new providers or any additional appointments, as requested.
Encourages families to participate in all case reviews, both formal and informal.	Inconsistently encourages families to participate in all formal case reviews.	Does not encourage families to participate in all formal case reviews.

Planning

Planning is the process of setting attainable goals or expected outcomes by developing Action Agreements or Service Plans that outline activities and timelines. The goals or expected outcomes are derived from the engaging, assessing and partnering process.

“Participatory planning is a strength-based approach to working with families and individuals who may have multiple needs that are complex... (T)hrough 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

Planning

Active Engagement	Inconsistent Engagement	Disengagement
<p>Explains to the family the specific function of the plan being developed. This can include the safety plan, protective action plan, case plan (voluntary or involuntary), concurrent plan (and what that means), or family service plan.</p>	<p>Sometimes explains to the family the specific function of the plan being developed.</p>	<p>Infrequently or never explains to the family the specific function of the plan being developed.</p>
<p>Prepares in advance of family meetings and is knowledgeable and ready to advise families about community resources and services.</p>	<p>Inconsistently prepares in advance of family meetings and has insufficient knowledge of the appropriate services available to the family, and/or shares only some information with the family.</p>	<p>Comes to family meetings unprepared to discuss appropriate services and/or does not share information about appropriate service options with the family.</p>
<p>Uses detailed information (obtained in the assessment stage) about individual, family and environmental strengths and protective capacities that can mitigate safety threats and risk during planning discussions and planning development.</p>	<p>Inconsistently attempts to integrate information obtained in the assessment stage during planning discussions and planning development.</p>	<p>Does not integrate information obtained in the assessment stage during planning discussions or planning development.</p>
<p>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.</p>	<p>Inconsistently gathers family members' ideas about options for ensuring the immediate safety and/or placement of their children. Written safety plans are inconsistently time-limited, specific or are not easily understood by the family.</p>	<p>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.</p>

Planning

Uses specific developmentally and culturally appropriate communication strategies during planning meetings with families.	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 current strengths and other resources to resolve contributing factors and underlying causes of abuse and/or 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 and/or neglect.	Uses a deficit approach to case planning, focusing primarily on family problems. Fails to discuss family strengths to resolve contributing factors and underlying causes of abuse and/or neglect.
Discusses appropriate service options with the family, including the relative benefits and limitations of each. Considers the family's capacity and preferences regarding participation in services, and provides recommendations.	Presents some of the appropriate service options that can address the family's needs with no discussion regarding the most appropriate service or the benefits and limitations of each option.	Tells the family about the services that the worker expects the family to initiate and/or complete.
Fully involves the family in writing the service or case plan; encourages the family to assume the leader role in developing all aspects of the plan. Writes the plan in the presence and with the approval of the family.	Sometimes writes the service or case plan in the presence and with the approval of the family; invites the family to review the plan prior to finalization; makes agreed-upon changes as needed; provides the family with a copy of the plan.	Writes the initial service or case plan without family input or leadership. Does not involve the family in identifying needed services. Prepares the service or case plan without the family present and provides the service plan to the family without permitting reaction and/or input.
Develops easily understood written service or case plans with the family; Plans are behaviorally specific and written with the family's input. They also	Inconsistently develops easily understood written service or case plans with the family. Plans are sometimes but not always behaviorally	Develops written service or case plans that are vague, difficult for the family to understand and/or do not directly address factors contributing to abuse and neglect

are time-limited and include activities for the caseworker, as well as the family. They address the contributing factors to abuse and neglect. Plans also include visitation plans as needed.	specific, written in the family's words and time-limited. They may or may not include activities for the caseworker, as well as the family. They sometimes but not always address the contributing factors to abuse and neglect. They include visitation plans as needed.	or a visitation plan.
Ensures that the service or case plan objectives are behaviorally based and measurable. Caseworker ensures that these activities have attached roles, responsibilities and anticipated time frames of all team members.	Inconsistently ensures that the service or case plan goals have attached roles, responsibilities and anticipated time frames for all team members.	Provides the family with a service or case plan that has identified goals but lacks identified roles, responsibilities or anticipated time frames associated with these goals.
Ensures that the service or case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.	Inconsistently ensures that the service or case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.	Does not ensure that the service or case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.
Once safety threats have been mitigated DHS can safely close the case, works jointly with the family to develop an after care plan for continued service delivery as needed.	Once safety threats have been mitigated DHS can safely close the case, sometimes works jointly with the family to develop an aftercare plan for continued service delivery as needed after DHS involvement ends.	Once safety threats have been mitigated DHS can safely close the case, does not work jointly with the family to develop an aftercare plan for continued service delivery as needed after DHS involvement ends.
Develops concurrent plans when indicated; conducts full disclosure interviews in a timely manner to inform the family about the commitment of DHS	Inconsistently develops concurrent plans when indicated. Conducts full disclosure interviews in some cases, but not in a timely manner; avoids full	Does not write concurrent plan when indicated, or writes the concurrent plan without input from the family.

Planning

to permanency and to gather the family's preferences for alternative permanent placement for their children.

disclosure interviews in situations that are highly contentious.

Implementing

Identifying and applying the most effective and culturally appropriate services, resources and processes to meet the goals or expected outcomes established in the planning stage.

“The role of the caseworker is to collaborate with the individual or family in developing plans and selective services that will best facilitate change...Case management emphasized 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 other and directly provide supportive services.”

--DePanfilis, D. and Salus, M.K., 2003

Implementing

Active Engagement	Inconsistent Engagement	Disengagement
<p>Facilitates service referrals and linkages on behalf of the family and with the family's knowledge, input and agreement.</p>	<p>Inconsistently facilitates service referrals and linkages on behalf of the family or with the family's knowledge and agreement.</p>	<p>Does not facilitate service referrals and linkages on behalf of the family; provides resource information to the family, rather than facilitating the service linkage.</p>
<p>Obtains a release of information when required and provides written and/or verbal communication to the service providers. This information, with agreement from the family, would include the family's presenting issues, assessment results, the family's goals in addressing these issues with this service provider and desired outcomes of the family receiving this service.</p>	<p>Sometimes provides a written and/or verbal referral outlining presenting issues, assessment results, goals and desired outcomes for the identified service provider. Inconsistently obtains the family's agreement prior to sharing referral information with the provider.</p>	<p>Fails to notify and bring a service provider for the initial contact. Does not include the service provider in planning or information sharing. Fails to obtain a release of information when required.</p>
<p>When transferring cases, plans the transition in a manner that is least disruptive to the family. This will include at least one face to face meeting to introduce the new worker and provide information regarding presenting issues, assessment finding, service goals and desired outcomes.</p>	<p>Inconsistently plans the transition with the family; Sometimes conducts a face to face meeting to introduce the new worker; Inconsistently discusses the presenting issues, assessment finding, service goals and desired outcomes with the family and new worker.</p>	<p>Provides insufficient or no information to the family about the transfer of the family's case to a new worker.</p>
<p>At each contact, reviews the safety plan (if applicable) with the family to ensure that the plan is being implemented and is effective. Works jointly with family to</p>	<p>Inconsistently reviews the safety plan (if applicable) with the family, or inconsistently assists the family in identifying solutions to identified</p>	<p>Does not review the safety plan (if applicable) with the family, does not assist the family in developing solutions, and/or does not make appropriate</p>

Implementing

identify solutions and make appropriate adjustments to the safety plan as needed.	areas of concerns. Inconsistently makes appropriate adjustments to the safety plan as needed.	adjustments to the safety plan as needed.
At each contact, reviews the family service plan or case plan with the family and discusses successes and barriers experienced in completing the plan activities and objectives.	Inconsistently reviews the family service plan or case plan with the family, and/or inconsistently discusses successes and barriers experienced in completing the plan activities and objectives.	Reviews the family service plan or case plan only at required 90 and 180-day reviews and/or may provide insufficient detail about the plan activities and objectives.
Engages the family in crafting solutions to overcome identified barriers.	Sometimes engages the family in crafting solutions to overcome identified barriers.	Does not make efforts to engage the family in crafting solutions to overcome identified barriers.
Works jointly with family members and service providers to amend the goals identified in the plan when it is determined that the current plan is no longer meeting the family's needs.	Sometimes demonstrates rigidity in expectations for family to complete the current plan, rather than demonstrating flexibility to amend this plan to better fit the family's needs.	Does not talk with family and service providers about the ability to amend the plan.
At the family's request, makes contact with other community providers on the family's behalf.	Sometimes responds to the family's requests to contact other community providers on its behalf.	Does not respond to the family's request for DHS assistance in contacting community providers on its behalf.
Effectively and routinely uses supervision throughout the case to discuss progress and barriers toward achieving case goals and closing the case.	Sometimes uses supervision to review the dynamics of cases and identify steps needed to case closure, or only uses supervision to discuss the status of compliance measures, rather than a comprehensive discussion of the individual cases.	Only discusses case closure with supervisor when the case may be ready to close.
Progressively moves case to the least-	Sometime closes case once safety	Does not close case once safety threats

Implementing

restrictive involvement, with end goal of closing case once safety threats are mitigated and permanency goals are achieved.

threats are mitigated and permanency goals are achieved.

are mitigated and permanency goals are achieved

Evaluating

Monitoring outcomes of action agreements or service plans to determine if the desired goals are being achieved and, if not, using this information to reconsider either the goals or strategies developed in the planning phase, or services and resources identified in the implementation stage.

Evaluating

Active Engagement	Inconsistent Engagement	Disengagement
Discusses and documents how services meet expected outcomes, as evidenced by the family's demonstration of newly acquired skills or behaviors and service providers verifying the family's use of newly learned skills.	Confirms the family's participation in services with limited discussion or documentation on how the family is applying newly acquired skills or behaviors in everyday life.	Gauges family progress solely on the family's completion of service plan goals and fails to demonstrate how the family is applying newly acquired skills or behaviors in everyday life.
Conducts comprehensive and holistic family service reviews. This is evidenced by the documentation and discussion with the family, by the service provider's perception of the family's progress, by taking into account relevant and available information, and by observing changes in behavior.	Incorporates limited and incomplete information to support ratings on family service reviews.	Gauges the family's progress based solely on information and/or perception of one entity involved in the family's service plan, such as DHS, family or service provider.
In all formal reviews, assesses whether the current interventions are helping the family reach the desired immediate, intermediate and long-term outcome(s).	Sometimes addresses in formal reviews whether the current interventions are assisting the family in reaching the desired immediate, intermediate and long-term outcome(s)	Does not address in formal reviews whether the current interventions are assisting the family in reaching the desired immediate, intermediate and long-term outcome(s).
Regularly converses with the family and service provider(s) about what the family is accomplishing and how the family is applying new skills to daily life.	Inconsistently engages in conversation with the family and service provider(s) about what the family is accomplishing and how the family is applying new skills to daily life.	Does not engage in conversation with the family and service provider(s) about what the family is accomplishing and how the family is applying new skills to daily life.
Regularly participates in DHS evaluation activities, such as reviews of client	Sometimes participates in DHS evaluation activities.	Rarely participates in DHS evaluation activities.

Evaluating

satisfaction surveys, assessments and quality improvement efforts.

Advocating

Recognizing individual or family needs, providing intervention on behalf of a client or family, communicating with decision-makers, and initiating actions to secure or enhance a needed service, resource or entitlement.

Advocating

Active Engagement	Inconsistent Engagement	Disengagement
Accompanies families to meetings with schools, service providers, government entities and landlords to resolve problems with service provision and to help families obtain needed services, benefits or entitlements.	Inconsistently accompanies families to meetings to resolve problems with service provision, or attends meetings but does not help resolve problems with service provision.	Does not accompany families to meetings to resolve problems with service provision.
Assertively requests, encourages and/or influences service providers, schools, government entities, landlords and courts to treat families fairly and respectfully.	Inconsistently requests, encourages and/or influences service providers, schools, government entities, landlords and courts to treat families fairly and respectfully.	Does not request, encourage and/or influence service providers, schools, government entities, landlords and/or courts to treat families fairly and respectfully.
Helps families overcome organizational or systemic barriers to accessing needed services, benefits or entitlements.	Inconsistently helps families overcome organizational or systemic barriers to accessing needed services, benefits or entitlements.	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.	Inconsistently models, coaches and encourages families to be direct, persistent and assertive in requesting services, benefits or entitlements they need.	Does not model, coach or encourage families to assertively request services they need; may conduct these tasks personally instead of encouraging the family to do so.
Identifies policies or procedures that need to be changed or improved to optimize DHS and community providers' ability to fully serve families,	Does not consistently recognize when policies or procedures are impeding DHS and community providers' ability to fully serve families, and/or	Does not recognize situations in which policies or procedures are impeding DHS and community providers' ability to fully serve families, and/or does not inform

Advocating

and informs appropriate DHS staff about the needed changes.	inconsistently informs appropriate agency staff about policy or procedure changes needed to optimize DHS and community providers' ability to fully serve families.	appropriate DHS staff about needed policy or procedure changes.
Encourages community partners to use best practices during assessments, case planning, service delivery and placement services to children and families. Informs staff about problematic responses or services from community partners so an administrative response can be initiated to resolve the problem.	Does not always encourage community partners to use best practices. Does not always inform staff about problematic responses or involvement in shared cases.	Goes along with community partners' problematic involvement with shared cases. Does not inform administrative staff about problems with community partners' involvement with cases.
Identifies and addresses community partner's questions or misconceptions about families involved with child welfare.	Inconsistently identifies and addresses community partners' questions or misconceptions about families involved with child welfare.	Does not address questions or misconceptions from community providers about families involved with child welfare.

Demonstrating Cultural & Diversity Competence

Interacting with families without making assumptions, respecting and learning from the unique characteristics and strengths of the family while acknowledging and honoring the diversity within and across cultures, and applying these skills to the partnership with the family and the options made available to them.

Demonstrating Cultural & Diversity Competence

Active Engagement	Inconsistent Engagement	Disengagement
Routinely conducts a self-assessment of diversity competency; Takes an inventory of personal values, beliefs, biases, attitudes, knowledge and awareness; Identifies how differences in these areas can impact work with families; and implements changes in practice to improve work with families.	Conducts a self-assessment of diversity competency when prompted; Is able to take an inventory of some personal values, beliefs, biases, attitudes, knowledge and awareness; 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, biases, attitudes, knowledge and awareness can impact work with families; Is unwilling or unable to integrate changes in practice to improve work with families.
Makes a significant effort to learn about the lives of families and their unique experiences, values, language and traditions.	Make some effort to learn about the lives of families and their unique experiences, values, language and traditions.	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; Always incorporates these values, norms and perspectives in all discussions, decision-making and service planning.	Sometimes incorporates the values, norms and perspectives of the family in discussions and service planning.	Disregards the family's perspective during discussions and service planning;
Communicates in ways that demonstrate sensitivity and responsiveness to culture, language, socioeconomic status and other	Usually communicates in ways that demonstrate sensitivity and responsiveness to culture, language, socioeconomic status and other	Uses only one style and/or method of communication; Makes no attempt to modify communication based on family needs or differences; Rarely or never

Demonstrating Cultural & Diversity Competence

differences; 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 or translators effectively to gather information, conduct assessments and partner in safety service planning.

differences; 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; and usually uses interpreters or translators for gathering information, conduct assessments and partner in safety service planning.

uses interpreters or translators, or relies on family members or children to interpret or translate.

Always informs authoritative entities, such as law enforcement and the courts, in addition to providers and community partners of any unique communication needs of the family, such as the need for an interpreter.

Sometimes informs authoritative entities, such as law enforcement and the courts, in addition to providers and community providers of any unique communication needs of the family.

Does not inform authoritative entities, such as law enforcement and the court, providers and community partners of any unique communication needs of the family.

Always considers the uniqueness of families with respect to culture, language, socioeconomic status and other differences when assisting them in identifying and accessing services. Builds and uses knowledge of differences to collaborate with schools, service providers, government entities and others. Researches and engages collaborative partners who can serve as experts in service

Occasionally considers the uniqueness of families with respect to culture, language, socioeconomic status and other differences when assisting them in identifying and accessing services; Sometimes builds and uses knowledge of differences to collaborate with schools, service providers, government entities and others; Occasionally researches and engages collaborative partners who

Does not consider the family's culture, language, socioeconomic status or other differences when identifying services; Always presents the same options for service; Does not research the best match for services for families based on their uniqueness; Does not attempt to build or use knowledge of differences among families for collaboration or advocacy

Demonstrating Cultural & Diversity Competence

delivery.

can serve as experts in service delivery
Most often relies on “standard”
services.

Communicating

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

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

--Reder and Duncan, 2003

Communicating

Active Engagement	Inconsistent Engagement	Disengagement
Prepares ahead of time when verbally communicating with individuals or groups; Gathers and organizes information, prepares talking points and identifies questions to ask.	Inconsistently or inadequately prepares for communication with individuals or groups.	Does not prepare for communication with individuals or groups.
Communications are clear, thorough, and timely. All written reports, verbal communications or OR-Kids entries reflect essential information.	Prepares written reports, verbal communications or OR-Kids entries that are inconsistently clear, thorough, timely, and that reflect essential information	Prepares written reports, verbal communications or OR-Kids entries that are unclear, late, or lacking in detail; that contain jargon, lingo or abbreviations; or that reflect essential information.
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 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 or 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. For example, summarizes conversations and agreed-upon actions or decisions and asks the recipient if anything was unclear to him/her. Provides follow-up clarification if necessary.	Inconsistently ensures recipients of communications have understood; inconsistently follows up to ensure understanding.	Does not follow up to ensure understanding or check for recipients' understanding of communications.

Communicating

Uses agency protocol regarding communication. This includes communication within the agency, with the media and with community partners. Always maintains confidentiality.	Inconsistently uses agency protocol regarding communication.	Does not follow agency protocol regarding communication.
Identifies emotional, interpersonal, interagency, organization 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.
Uses respectful communication. Engages in difficult conversations with those involved; refrains from gossiping or complaining to others; does not use pejorative descriptive language in written or verbal communication; and is honest, timely and objective.	Inconsistently uses respectful communication.	Avoids difficult conversation; gossips; complains to others; uses pejorative language, is not honest, timely or objective.
Recognizes and appropriately responds to nonverbal communication and the context of the communication. Considers factors that may affect communication, such as strong emotions, trauma or people included in the conversation who may inhibit frank discussions. Uses active listening techniques. Asks open ended questions.	Inconsistently recognizes and responds to nonverbal communication and the context of the communication, as well as the spoken or written word. Inconsistently considers emotions, trauma or people included in conversations that may inhibit frank discussions.	Does not recognize or respond to nonverbal communication or the context of communication, or consistently misinterprets nonverbal communication. Does not consider strong emotions, trauma or people included that may inhibit frank discussions. Mainly asks yes or no questions.

Communicating

When necessary, arranges for translator and language interpreters for verbal communication and translation of documents and written communication. 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.

Collaborating

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

“Social workers in child welfare shall have demonstrated competence in collaborating with child welfare agencies and other relevant entities in the provision of services to children and families. There is a collaborative relationship between child welfare professionals and other professionals whose mission includes child protection. The social worker should understand the roles and goals of other professionals in the field and work toward enhanced collaboration and understanding. Such collaboration may include other professionals, paraprofessionals and community leaders. The collaboration can ensure that the services are available to community members and can identify emerging problems of service delivery plans. In addition, such collaborations can monitor and implementation of effects of child welfare programs on the community.”

--National Association of Social Worker, Standards for Social Work Practice in Child Welfare, 2005

Collaborating

Actively Engaged	Inconsistent	Disengaged
Seeks to understand a community partner's perspective when differences of opinion arise.	Sometimes avoids discussion of differences and moves forward without understanding or resolution.	Assumes that the community partner and his/her perspective are wrong.
If the family consents, involves community partners in service-planning meetings, family team meetings and reviews.	Inconsistently or sometimes involves community partners in service-planning meetings with families, family team meetings, reviews (if family is in agreement).	Works in isolation without involving partners in meetings.
Shares all pertinent information with partners within the bounds of confidentiality.	Inconsistently shares information. Sometimes shares limited information or details not pertinent to service provision.	Shares details that are not necessary for the service provider to provide good services to the family; does not provide necessary information so that the service provider can properly serve the family.
Always follows up with community partners on agreed-upon activities in a timely manner.	Usually follows up with community partner, but is not always timely.	Fails to follow up with community partners on agreed-upon activities without reason.
Discusses plans for terminating agency involvement; explains the process for termination and discusses the nature of the partner agency's continued involvement with the family (if any).	Discusses termination but usually when the decision already has been made.	Closes the family cases without notifying or discussing with community partners/service providers.
Coordinates and conducts assessment activities with community partners as stipulated by agency policy and/or a Memorandum of Understanding. Partners	Usually coordinates and conducts assessment activities with community partners. Sometimes avoids coordinating activities when	Conducts assessment activities independent of or without regard to collaboration with community partners.

Collaborating

can include the court, law enforcement, the District Attorney's office, service providers, mental health care providers and/or a medical provider.

challenges arise, such as time constraints or interpersonal conflicts with community partners.

Shares all pertinent information with the District Attorney's office or Attorney General's office when legal issues are present. Does this in a timely manner. Consults with the supervisor if difficulties arise during interactions with the attorney.

Sometimes shares incomplete information with attorneys. Sometimes fails to inform the supervisor regarding difficulties in interaction with the attorney.

Does not discuss pertinent information with the attorney.

Coordinates with the attorney to present and prepare completed and accurate testimony for the court; provides information about potential witnesses and prepares documentation for court hearings.

Attempts to coordinate with the attorney to prepare and present in court. Sometimes avoids preparation activities when challenges arise, such as time constraints or interpersonal conflicts.

Does not engage with the agency attorney to prepare for court intervention.