Child Welfare Education and Training Partnership

Supervisor Core

Indiana Department of Child Services

Transfer of Learning Activities
Acknowledgements

The Indiana Child Welfare Education and Training Partnership wish to thank all of the staff at the Indiana Department of Child Services for their contributions to this content.

In addition, we would like to express our appreciation to the work group for their time and dedication to completing this project:

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Training Schedule

Supervisor Core

Onboarding

Module 1: Supervisor Core Orientation

Module 2: Supervisor as Manager

Module 3: Supervisor as Coach

Module 4: Supervisor as Team Leader
Overview of Transfer of Learning

There are two types of Transfer of Learning (TOL) activities:

1. Practical application of knowledge learned in training through field activities.
2. Computer assisted trainings (CATs) designed to support the classroom content.

*All activities reinforce best practices of the Indiana Department of Child Services.*

Using the Manual

The activities for each Module are broken down into three categories:

1. Direct supervisor/supervising mentor tasks:
   - May include policy topics.
   - Also clarifying/explaining local office practice.

2. Team tasks:
   - Concepts that need to be put into practice
   - Implementing plans created in the classroom to better support your team.

3. Personal/professional development tasks:
   - Tasks to help you learn and grow in your new role.

*Transfer of Learning Activities for each Module will be distributed at the end of each training and must be completed prior to arriving at the next scheduled training.*

Notes

Take notes about questions or challenges that arise in your local office. You will have an opportunity to discuss these during class.
### Onboarding TOL Activities

**Instructions**
The following activities must be completed prior to arriving to Supervisor Core Orientation training.

<table>
<thead>
<tr>
<th>Category</th>
<th>DM or LOD Initials</th>
<th>Mentor Initials</th>
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</tr>
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</table>
| Direct Supervisor/ Mentor Tasks |                    |                 | ☐ Review administrative tasks introduced in Onboarding  
  • Including, but not limited to, Background Checks, approving Time Sheets, approving vacations, approving travel, etc. Discuss local office protocols, timeframes and expectations. |
|                                 |                    |                 | ☐ Review personnel files of your team  
  • Work Profiles, Fact Files, Performance Appraisals, Clinical Supervision notes                                                                 |
|                                 |                    |                 | ☐ Locate and Review the Behaviorally Anchored Ratings Scale (BARS) Guide  
  • This is a tool used for completing performance appraisals and is located on State Personnel Department’s website |
|                                 |                    |                 | ☐ Review tasks in MaGIK that are required for your new role  
  • Hotline Supervisors, Assessment Supervisors, Permanency Supervisors, Foster Case Supervisors, etc. will have different job related tasks in MaGIK to learn. Discuss local office protocols, timeframes and expectations |
## Onboarding TOL Activities (continued)

### Instructions

The following activities must be completed prior to arriving to Supervisor Core Orientation training.

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</table>
| **Team Tasks**                    |                     |                 | ☐ Hold a “Getting to Know” meeting with each member of your team*
|                                   |                     |                 |   - Discuss what brought them to the child welfare field, their education background, interests, and likes/dislikes.  
|                                   |                     |                 |   - Do not discuss their cases, this is an informal meeting in order to get to know your staff in a professional way.  
|                                   |                     |                 |   - Use this as an opportunity to practice active listening with your staff.                                                                                                                                                                                                                                                                                                                                                                           |
| **Personal/Professional Development Tasks** |                     |                 | ☐ Establish Working Agreements with your team  
|                                   |                     |                 |   - Utilize the provided steps to establish Working Agreements with your team.  
|                                   |                     |                 |   - Topics may vary depending on the needs of your staff.                                                                                                                                                                                                                                                                  |
|                                   |                     |                 | ☐ Complete the Reflective Practice Survey (RPS) Computer Assisted Training  
|                                   |                     |                 |   - This Computer Assisted Training provides an outline for how to complete an RPS for your team.                                                                                                                                                                                                                           |
|                                   |                     |                 | ☐ Complete the DISC assessment.  
|                                   |                     |                 |   - Bring the results to Supervisor Core Orientation.                                                                                                                                                                                                                                                                  |
# Orientation TOL Activities

## Instructions

The following activities must be completed prior to arriving to Supervisor as Manager training.

<table>
<thead>
<tr>
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</thead>
</table>
| **Direct Supervisor/ Mentor Tasks** |                    |                 | □ Shadow supervisor/mentor in reviewing the data report tools specific to their counties (i.e. Child and Family Team Meetings Report, Child Data Summary Report)  
  • Discuss local office protocols, timeframes and expectations.  
  • Print at least two examples and bring them to Supervisor as Manager training. |
| **Team Tasks**                  |                    |                 | □ Complete the DISC profile with staff  
  • DISC instructions are included at the end of this document.  
  • Print a copy and distribute to each staff member.  
  • Review the results with each staff member. |
| **Personal/ Professional Development Tasks** |                    |                 | □ Develop a plan to attend a meeting for/or become a member of a task force or specialty committee in your office. |
|                                 |                    |                 | □ Seek out opportunities for professional networking and increase your involvement with community members and professionals in your county. |
## Supervisor as Manager TOL Activities

### Instructions
The following activities must be completed prior to arriving to Supervisor as Coach training.

<table>
<thead>
<tr>
<th>Category</th>
<th>DM or LOD Initials</th>
<th>Mentor Initials</th>
<th>Task</th>
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<tbody>
<tr>
<td>Direct Supervisor/Mentor Tasks</td>
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<td>- Shadow Supervisor’s /mentor’s staffing (safety staffing, case staffing, and/or group staffing); ask Supervisor/mentor to shadow your staffing for development.</td>
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<td>- Discuss strategies for:</td>
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<td></td>
<td></td>
<td>• Communication with staff challenges</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Addressing Conflict with staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Willingness vs. inability</td>
</tr>
<tr>
<td>Team Tasks</td>
<td></td>
<td></td>
<td>- Identify cases with staff with permanency challenges</td>
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<td></td>
<td></td>
<td>• Practice case mining (critical thinking, will be provided with tool to learn how to do this) with staff during clinical supervision with staff</td>
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<td>- Assess the writing skills of your team; identify team members with strong writing skills and those who have challenges.</td>
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<td></td>
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<td></td>
<td>• Bring examples (court reports, service referrals, 311’s, contact notes, etc.) to Module 3: Supervisor as Coach</td>
</tr>
<tr>
<td>Personal/Professional Development Tasks</td>
<td></td>
<td></td>
<td>- Implement Change Agent/Advocate plan (Ecomap)</td>
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<td>- Complete the New Worker Cohort Schedule and Transfer of Learning checklist Computer Assisted Training</td>
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<td></td>
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<td>• This CAT provides an overview of the New Worker Cohort Schedule and Transfer of Learning checklist.</td>
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## Supervisor as Coach TOL Activities

### Instructions

The following activities must be completed prior to arriving to Supervisor as Team Leader training.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Direct Supervisor/Mentor Tasks</strong></td>
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<td></td>
<td>□ Conduct joint (safety, case, and/or group) staffing with mentor. Debrief with mentor on your strengths &amp; opportunities for growth in coaching staff.</td>
</tr>
<tr>
<td><strong>Team Tasks</strong></td>
<td></td>
<td></td>
<td>□ Complete Learning Style tool with staff.</td>
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<tr>
<td></td>
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<td></td>
<td>□ Observe a CFTM of each staff, use the RPS tool as a clinical supervision tool in order to identify staff’s strengths and needs and provide constructive feedback.</td>
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<tr>
<td></td>
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<td></td>
<td>□ Implement strategy for discussing backup planning/Succession planning with staff.</td>
</tr>
<tr>
<td><strong>Personal/Professional Development Tasks</strong></td>
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<td>□ If you have not already completed the training, develop a plan for attending the CANS Super User training.</td>
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<td>□ If you have not already completed the training, develop a plan for attending the QSR Reviewer training.</td>
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<td>□ Complete the Welcoming New FCMs Computer Assisted Training.</td>
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<td>• This CAT provides strategies for creating a welcoming environment for newly hired FCMs.</td>
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</table>
# Supervisor as Team Leader TOL Activities

**Instructions**
The following activities must be completed after Supervisor as Team Leader.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Direct Supervisor/ Mentor Tasks</td>
<td></td>
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</tr>
</tbody>
</table>
| Team Tasks | | | □ Observe staff on a CFTM or visit.  
- Use the parallel process to identify staff’s strengths and needs which will align to intervening process for FCM/client.  
□ Implement the Legacy Plan for staff.  
- This is the culminating activity for all of Supervisor Core and will include topics from each area.  
□ Implement Team building exercises with staff. |
| Personal/ Professional Development Tasks | | | □ Develop a plan for enrolling and attending Coaching for Successful Practice Supervisor Training within the next six months. |
## Clinical Supervision Skills Checklist

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Manager</th>
<th>Coach</th>
<th>Team Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Communicate vision, mission and values to staff with commitment to the safety, permanency and well-being of children and families</td>
<td>□ Facilitate staff discussions regarding outcomes and analysis of practice data</td>
<td>□ Understand impact of management style on staff productivity and development</td>
<td>□ Evaluate and implement strategies for the work environment to promote positive collaboration</td>
</tr>
</tbody>
</table>

□ Set clear expectations between Supervisor and direct reports; define work roles and responsibilities | □ Use data to measure progress in achieving successful outcomes for children | □ Engage staff in the decision-making process | □ Vision Alignment: Develop unit/team goals based on vision, mission and values |

□ Use data and outcomes to identify goals and opportunities to go from “Good to Great” | □ Use data to measure progress in achieving successful outcomes for children | □ Assist staff in continuous process improvement | □ Create common goals and team concepts with staff, and assist in achieving these |

□ Focus on self-awareness | □ Consult regions and CO on difficult cases, for safety, well-being, and sustainable case closure | □ Directly observe practice, and communicate with staff regarding strengths and challenges | □ Use case scenarios in group settings as learning tools for vision alignment |

□ Engage staff in the decision-making process | □ Assist staff in continuous process improvement | □ Ensure staff understand burn-out versus secondary traumatic stress; support staff needs to impact retention |

□ Facilitate staff discussions of DISC profiles and differences; and develop skills to support each | □ Develop conflict resolution skills to resolve issues as a team | □ Model commitment to leadership strategies and promote those in the work environment (leaders creating leaders) | □ Acknowledge staff effectiveness and incorporate appreciation into work environment, as retention strategies |

□ Model commitment to leadership strategies and promote those in the work environment (leaders creating leaders) | □ Coach, mentor and support staff toward professional development and opportunities for succession management | □ Encourage staff to take leadership roles – i.e. making presentations regarding practice to internal and external groups, heading a project or pilot, etc. |

□ Incorporate leadership skills in our management style | □ Directly observe practice, and communicate with staff regarding strengths and challenges | □ Ensure staff understand burn-out versus secondary traumatic stress; support staff needs to impact retention |

□ Incorporate leadership skills in our management style | □ Directly observe practice, and communicate with staff regarding strengths and challenges | □ Ensure staff understand burn-out versus secondary traumatic stress; support staff needs to impact retention |

□ Individual Supervision – Case staffing/Program staffing/Service staffing, using review tools and solution-focused questions | □ Seek opinions, ideas and suggestions from staff | □ Directly observe practice, and communicate with staff regarding strengths and challenges | □ Ensure staff understand burn-out versus secondary traumatic stress; support staff needs to impact retention |

□ Assist staff in connecting to personal goals for the organization by annually utilizing Work Profile Part C—Employee Development Plan | □ Acknowledge group and individual achievements | □ Directly observe practice, and communicate with staff regarding strengths and challenges | □ Ensure staff understand burn-out versus secondary traumatic stress; support staff needs to impact retention |
Debriefing the DISC

**D** = Driver (Controller)

**Asks: What?**

**Emphasis:** Dominance; shaping the environment by overcoming opposition to accomplish results

- **Behavior:** Direct and self-contained
- **Pace:** Fast
- **Priority:** The task
- **Focus:** Results
- **Irritation:** Wasting time; “touchy-feely” behavior that blocks action/results

- **For decisions:** Gives options and probable outcomes (lets them decide)
- **They question:** What is done and by when
- **Specialty:** Being in control
- **For security:** Relies on being in control
- **For acceptance:** Depends on leadership skills; strives to be a winner

- **To increase flexibility:** Practice “active” listening;
  Pace self to produce a more relaxed image
  Develop patience, humility and sensitivity; concern for others’ needs
  Use more caution;
  Verbalize the reasons for Conclusions;
  Identify with a group

- **Measures personal worth:** Results, track record

- **Theme:** Notice my accomplishments
Debriefing the DISC

I = Influencer (The Expressive Persuader)

Asks: Who?

**Emphasis:** Influencing others; shaping the environment by forming others in an alliance to accomplish results

**Behavior:** Open and direct
**Pace:** Fast
**Priority:** Relationships
**Focus:** Interaction; dynamics of relationship
**Irritation:** Boring tasks and being alone

**For decisions:** Gives incentives and testimonials
**They question:** Who else uses it
**Specialty:** Socializing
**For security:** Relies on flexibility
**For acceptance:** Depends on playfulness

**To increase flexibility:** Control time and emotions
Develop an objective mindset
Spend more time checking, verifying, specifying, organizing
Follow through
Concentrate on the task
Take a more logical approach

**Measures personal:** Acknowledgement, recognition, applause

**Theme:** Notice me
Debriefing the DISC

[S] = Supporter (Organizer)

Asks: How?

Emphasis: Steadiness; cooperation with others to carry out the task

Behavior: Open and indirect
Pace: Slow and easy; relaxed
Priority: Relationships
Focus: Building trust and getting acquainted
Irritation: Pushy, aggressive behavior

For decisions: Gives guarantees and reassurance
They question: How it will affect personal circumstances
Specialty: Support
For security: Relies on close relationships
For acceptance: Depends on conformity, loyalty and helpful nature ("To have friends, to be a friend")

To increase flexibility: Say "NO" occasionally;
Attend to completion of tasks without over sensitivity to other’s feelings
Be willing to reach beyond their comfort zone; Take risks
Delegate to others

Measure personal worth: Attention from others

Theme: Notice how well-liked I am
Debriefing the DISC

**C** = Calculator (Analytical)

**Asks: Why?**

**Emphasis:** Compliance; working with existing circumstances to promote quality in products or service

**Behavior:** Self-contained and indirect

**Pace:** Slow, steady, methodical

**Priority:** The task

**Focus:** The details, the process

**Irritation:** Surprises, unpredictability

**For decisions:** Give’ facts, details and documentation

**They question:** Why, how it works, how you reach

**Specialty:** Processes, systems

**For security:** Relies on preparation

**For acceptance:** Depends on being correct

**To increase flexibility:**
- Openly show concern and appreciation of others;
- Occasionally try shortcuts and timesavers
- Try to adjust more readily to change and disorganization
- Work on timely decision making and initiating new projects
- Compromise with the opposition
- Make unpopular decisions
- Use policies as guidelines only

**Measure personal worth:** Precision, accuracy and progress

**Theme:** Notice my efficiency
<table>
<thead>
<tr>
<th>Providing Feedback</th>
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</thead>
<tbody>
<tr>
<td>Jackie, an excited college graduate in her first job as a family case manager, feels bad that her new client does not have money to purchase food for her family. So, Jackie goes to the foodbank weekly for that particular family despite being told by seasoned staff that DCS policy states that a family can access the foodbank only once every 6 months.</td>
<td>Nancy dresses in very revealing clothes that make other staff feel uncomfortable. You also overheard one of her clients say to her “Do you really work for DCS? You sure don’t look like any case manager I’ve ever met.”</td>
</tr>
<tr>
<td>Shawnee is completing a home visit with a family from the same island nation her family is originally from. She is upset with the family because they are involved with DCS. She discloses in supervision that she told the family, &quot;You need to clean your home by the next visit because WE (indicating her ethnic group) do not live like this.&quot;</td>
<td>Luke has been late three times in the last week and each time his clients and family supports were already waiting for him in the lobby to attend scheduled CFTMs.</td>
</tr>
<tr>
<td>Roberto has been late with his paperwork for almost all of his clients over the last month. When reviewing reports you see that he is the only team member missing deadlines.</td>
<td>While walking through the breakroom you overhear Jill and Margo gossiping about other employees and even a client. Jill is one of your team members but Margo is not.</td>
</tr>
</tbody>
</table>
# Providing Feedback

**Providing Feedback**

Ronald is constantly texting and tweeting from his phone. His behavior is noticeable to his fellow employees and some have complained to you saying that it is distracting, especially because they “know it’s not work-related.”

**Providing Feedback**

A client called and was very irate. She said that her case manager, Lydia, told her to stop “airing her dirty laundry” on Facebook because it was bad for her case. The client said that she looked up Lydia’s Facebook page and saw several “inappropriate” pictures and wanted to know how “she had the nerve” to criticize her when “she is just as bad.”

**Providing Feedback**

Team members Rhonda, Danielle, and Lani are very good friends at work. So, most Monday mornings are spent telling stories about the weekend while most Friday afternoons they are discussing upcoming plans. Danielle is meeting all deadlines for her cases but Rhonda and Lani are not.

**Providing Feedback**

Veronica consistently misses the entry deadline for PeopleSoft Time and Labor. She is new to your team but has been with DCS for ten years.

**Providing Feedback**

Tom is about to lose his house to foreclosure. Jesse has taken it upon herself to collect money from people at work to help Tom and his family. She has sent emails to everyone in the office and has created a donation jar that she displays on her desk.

**Providing Feedback**

Marco said he would call the probation officer three days ago. You have checked with him every day and he still has not made the call. It is reminiscent of last month when he did not follow through with a call to a school nurse.
Jake’s Template:

Hi, I’m Jake. I want to tell you about my childhood experiences that shape my template as a Family Case Manager today. My dad was an alcoholic. Every day on his way home from work, he would stop at the liquor store and buy a pint of bourbon. He would open it as soon as he walked in the door, and drink his bourbon until he was on the verge of passing out. Then he would just go to bed. Most of the time, this happened before dinner. My dad was very quiet—he never became agitated, angry, or aggressive when he was drunk.

Jake’s Assessment:

Points to make clear with the supervisor while Staffing the Bowling Assessment:

The children are all in school regularly.

The family appears to be functioning well: the children attend school; get regular medical checkups; are involved in extra-curricular activities; both parents work; the children speak highly of their mother and know dad is quiet; the family has lived in the same home for three years; dad is an alcoholic, but mom seems to run the household and the children are old enough to help out; no one complained of verbal or physical abuse.

Melissa’s Template:

Hi, I’m Melissa. I want to tell you about my childhood experiences that shape my template as a Family Case Manager today. My father was an alcoholic. He drank every day, sometime an entire case of beer, not counting the liquor. I know because I had to watch how much he was drinking. When my father drank too much, we had to stay away. He would hit my mom, hit us, hit whomever got in his way. He wrecked several cars, which made it hard for my mom to get to work. When my father was able to get or keep a job, he would spend his entire paycheck on alcohol before he got home on a Friday night. I grew up terrified of him, constantly watching out for my younger brother to make sure he didn’t get hurt too.

Melissa’s Assessment:

Points to make clear with the supervisor while staffing the Bowling Assessment:

The father is an alcoholic; the family car has been wrecked, I have pictures of the dents in the front bumper; father says he works but did not show a paycheck, mom has a job; the older child did not complain of physical or verbal abuse, but I recommend a forensic interview because I think she is afraid; the kids go to school and play sports, potentially to avoid life at home.
Receiving Gifts – Scenario 1

During an assessment, the FCM spent time with a child (9-12 age range) to build rapport at the beginning of the interview process. As the FCM left the home, the child tried to give the FCM a small bracelet with a heart pendant as a gift. Then while standing on the front porch saying goodbye to the parents, the father offers the FCM gift cards from their auto shop for free oil changes.

Receiving Gifts – Scenario 2

At a home visit, an FCM gets a flat tire in the client’s driveway. The house is in a rural area and the FCM is without cell phone reception. The client offers to change the FCM’s tire and FCM agrees. There is no discussion of payment and the FCM approaches their supervisor questioning if they should pay the client for their labor and time.

Receiving Gifts – Scenario 3

An FCM attends a free conference (with approval) hosted by local community partners and sponsored in majority by the county’s largest home-based service provider. Each attendee is offered a tumbler filled with candy and miscellaneous items. The FCM accepts the gift but later asks the supervisor if the gift should be returned.

3A: At the same conference, could the FCM accept lunch offered to everyone in attendance, sponsored by the local CAC as a gesture of gratitude?

3B: What if lunch was not provided and the Director of a service provider, who has indicated that they would like to expand services to this DCS County office, offered to buy the FCM’s lunch?
**Involuntary Commitment – Scenario 1**

The FCM calls their supervisor while removing a child and explains that the parent is saying they will kill themselves if the FCM removes the children. The FCM is unsure what to do or say to the parent.

**Involuntary Commitment – Scenario 2**

The FCM is meeting with a hospitalized caregiver who is a victim of domestic violence. During the meeting, the caregiver says, “I married my partner and we have children, which we intend to raise together. This is a lifelong commitment. I have no plans to leave my partner and you can’t force me to do so.”

**Breaches of Confidentiality – Scenario 1**

The FCM has a strong relationship with a client who is a 16-year-old female ward. The client tells the FCM that she is pregnant but does not want her parents to know. The client lives in a relative placement but has a volatile relationship with her parents who rarely visit. The FCM asks supervisor’s advice on what to tell the client and her parents.

**Breaches of Confidentiality – Scenario 2**

The FCM has a strong relationship with a client who is a 16-year-old female ward who confesses to the FCM that she slept with her 80-year-old boyfriend. She asks the FCM to not tell anyone because she doesn’t want to get her boyfriend into trouble.
Commission of Illegal Acts – Scenario 1

A client who is in jail for possession of an illegal substance tells the FCM “there were more people involved” in the situation they were “busted for”. The client proceeds to tell the FCM details of the incident and names other people, one also happens to be a client of the County office. The other allegedly involved client has an open CHINS case and their children were removed but they are working towards reunification.

Interacting on Social Media – Scenario 1

An FCM is friends with you on Facebook. The FCM is also FB friends with one of their clients. On the FCMs FB wall, you see they wrote, “You look fantastic in that photo!” to their client.
5 Basic Ethical Dilemma Case Scenarios: Answer Key

### Receiving Gifts

#### Scenario 1:

During an assessment, the FCM spent time with a child (9-12 age range) to build rapport at the beginning of the interview process. As the FCM left the home, the child tried to give the FCM a small bracelet with a heart pendant as a gift. Then while standing on the front porch saying goodbye to the parents, the father offers the FCM gift cards from their auto shop for free oil changes.

**What should the FCM do?**

- The child gives the FCM a bracelet: This is acceptable under the Indiana Code of Ethics, Rule 5: Ethics Rules. As long as the bracelet does not appear to be of great value (made by the child or costume jewelry), it would be considered a memento or souvenir of nominal value.
- Gift Cards: The FCM should politely thank the caregiver for the offer and explain that the FCM is not permitted to accept gifts from anyone, as a state employee (not specifically that an FCM cannot accept gifts from clients).

#### Scenario 2:

At a home visit, an FCM gets a flat tire in the client’s driveway. The house is in a rural area and the FCM is without cell phone reception. The client offers to change the FCM’s tire and FCM agrees. There is no discussion of payment and the FCM approaches their supervisor questioning if they should pay the client for their labor and time.

**What should the FCM do?**

- Indiana Code of Ethics Rule 5, Ethics Rules: A state employee should not knowingly solicit, accept, or receive any service from a person who has a business relationship with the agency.
- It would not be appropriate for the FCM to offer financial reimbursement. The supervisor should advise the employee not to accept services such as tire changing from a client in the future.
Scenario 3:

An FCM attends a free conference (with approval) hosted by local community partners and sponsored in majority by the county’s largest home-based service provider. Each attendee is offered a tumbler filled with candy and miscellaneous items. The FCM accepts the gift but later asks the supervisor if the gift should be returned.

What should the FCM do?

- Indiana Code of Ethics Rule 5, Ethics Rules Section 1 (3): Mementos and gifts of nominal value shall not be subject to the rule in Section 1(a).
- It is acceptable to receive mementos and souvenirs of nominal value.

Scenario 3A:

At the same conference, could the FCM accept lunch offered to everyone in attendance, sponsored by the local CAC as a gesture of gratitude?

What should the FCM do?

- Indiana Code of Ethics Rule 5, Ethics Rules Section 1 (2): Food or drink consumed at a public meeting to which at least twenty-five individuals are invited shall not be subject to the rule in Section 1(a).
- Yes, as long as the employee is in attendance to assist them in performing their job duties and at least 25 people were invited to the event.

Scenario 3B:

What if lunch was not provided and the Director of a service provider, who has indicated that they would like to expand services to this DCS County office, offered to buy the FCM’s lunch?
5 Basic Ethical Dilemma Case Scenarios: Answer Key (continued)

**Receiving Gifts (continued)**

**Scenario 3B (continued):**

*What should the FCM do?*

- Not accept the offer. The FCM cannot accept food from a person who has a business relationship or is seeking to influence an action by the agency.
- NASW Code of Ethics, section 1.06 Conflicts of Interest (b): Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

**Involuntary Commitment**

**Scenario 1:**

The FCM calls their supervisor while removing a child and explains that the parent is saying they will kill themselves if the FCM removes the children. The FCM is unsure what to do or say to the parent.

*What should the FCM do?*

- NASW Code of Ethics, section 1.01 Commitment to Clients: Social Workers’ primary responsibility is to promote the well-being of clients. In general, the clients’ interest is primary.
  - While the parent and child are both DCS clients’, in this situation it is imperative for the safety and well-being of the child to be removed from the care of the parent (as indicated by FCM removal). However, the FCM should also support the parent by utilizing the assistance of the Multidisciplinary Team (law enforcement and medical professionals) to secure emergency mental health services.
- NASW Code of Ethics, section 1.02 Self-Determination: Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgement, clients’ actions or potential actions pose a serious, foreseeable and imminent risk to themselves or others.
  - Although we may not consider the parent as our primary client, it is still our ethical duty to report the suicide threat.
Scenario 1 (continued):

- NASW Code of Ethics, section 1.03 Informed Consent (d): in instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of the clients’ right to refuse service.
  - Any time we are working with mandated/involuntary clients, we need to be very clear about the expectations that we have of them and the consequences for their denial of services, etc.

- NASW Code of Ethics, section 1.06 Conflicts of Interest: When social workers provide services to two or more people who have a relationship with each other (e.g., couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of the social workers’ professional obligations to the various individuals who are receiving services.
  - FCM should clarify with the parent or caregiver that their first obligation is the safety and well-being of the child.

- Not addressed in the Indiana Code of Ethics.

Scenario 2:

The FCM is meeting with a hospitalized caregiver who is a victim of domestic violence. During the meeting, the caregiver says, “I married my partner and we have children, which we intend to raise together. This is a lifelong commitment. I have no plans to leave my partner and you can’t force me to do so.”

What should the FCM do?

- Not addressed in the Indiana Code of Ethics.
- NASW Code of Ethics, section 1.02 Self-Determination: Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgement, clients’ actions or potential actions pose a serious, foreseeable and imminent risk to themselves or others.
5 Basic Ethical Dilemma Case Scenarios: Answer Key (continued)

Involuntary Commitment (continued)

Scenario 2 (continued):

- NASW Code of Ethics, section 1.03 Informed Consent (d): In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients’ right to refuse service.
  - Any time we are working with mandated/involuntary clients, we need to be very clear about the expectations that we have of them, and the consequences for their denial of services, etc.

- NASW Code of Ethics, section 1.06 Conflicts of Interest: When social workers provide services to two or more people who have a relationship with each other (e.g., couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of the social workers’ professional obligations to the various individuals who are receiving services.
  - The FCM should clarify with the caregiver that DCS’ priority and obligation is to the children. In the instance that the caregiver is not able to ensure the safety and well-being of the children, DCS must take action to ensure the safety and well-being, including the removal of the children from the care of the parents.

Breaches of Confidentiality

Scenario 1:

The FCM has a strong relationship with a client who is a 16-year-old female ward. The client tells the FCM that she is pregnant but does not want her parents to know. The client lives in a relative placement but has a volatile relationship with her parents who rarely visit. The FCM asks supervisor’s advice on what to tell the client and her parents.

*What should the FCM do?*

- The FCM explains to the client DCS Policy 8.25 Healthcare Services Overview states that the FCM will ensure that the parent is included in the planning and decision making process for the child’s ongoing medical care and treatment.
5 Basic Ethical Dilemma Case Scenarios: Answer Key (continued)

Scenario 1 (continued):

- Since the FCM has a strong relationship with the client, the FCM encourages client to call her own CFTM. In preparation for the CFTM, the FCM and the client can meet with parents together and the FCM can support the client in telling her parents of her pregnancy.
  - NASW Code of Ethics section 1.07 Privacy and Confidentiality (b): Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.
  - If the youth does not want to tell her parents of her pregnancy, the FCM should explain that her parents are required to know. The FCM can support her in telling them, or the FCM can tell them.
- During the CFTM, the FCM and client can work with the team to establish a plan for her medical care and treatment throughout the pregnancy and plan for parenting or care after the child is born.

Scenario 2:

The FCM has a strong relationship with a client who is a 16-year-old female ward who confesses to the FCM that she slept with her 80-year-old boyfriend. She asks the FCM to not tell anyone because she doesn’t want to get her boyfriend into trouble.

What should the FCM do?

- In Indiana, the age of consent is 16 (IC 35-42-4). Since the client is 16 years old, the FCM would not be required to notify anyone and the boyfriend is not violating any laws unless they began sleeping together when she was 15.
- If the boyfriend had a professional relationship with the minor, the age of consent would be 18 and the FCM would be required to notify their Supervisor and LOD.
- NASW Code of Ethics, section 1.07 Privacy and Confidentiality (c): In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.
Breaches of Confidentiality (continued)

Scenario 2 (continued):

- NASW Code of Ethics, section 1.02 Self-Determination: Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.
- DCS Policy 8.35 Sex Education and Family Planning Services: The FCM should ensure that the youth has access to sex education and family planning services.

Commission of Illegal Acts

Scenario 1:

A client who is in jail for possession of an illegal substance tells the FCM “there were more people involved” in the situation they were “busted for”. The client proceeds to tell the FCM details of the incident and names other people, one also happens to be a client of the County office. The other allegedly involved client has an open CHINS case and their children were removed but they are working towards reunification.

What should the FCM do?

- The FCM should review with the client the importance of child safety. According to IC 31-33-5-1, the FCM (as well as the client) is a mandated reporter of child abuse and neglect. The FCM should explain they will need to relay this information to their supervisor and possibly make a report to the Child Abuse Hotline in order to ensure the safety of the children involved.
- NASW Code of Ethics, section 1.07 Privacy and Confidentiality (c): Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person.
5 Basic Ethical Dilemma Case Scenarios: Answer Key (continued)

Interacting on Social Media

**Scenario 1:**

An FCM is friends with you on Facebook. The FCM is also FB friends with one of their clients. On the FCMs FB wall, you see they wrote, “You look fantastic in that photo!” to their client.

Do you approach the FCM?

- The Supervisor should meet with the FCM to review the DCS Code of Conduct and direct the FCM to terminate personal relationships with clients.
  - DCS Code of Conduct (K. Personal Relationships): DCS staff will refrain from having ongoing personal relationships with stakeholders if the relationship creates or has the potential to create a conflict of interest.
    - Examples of such relationships include, but are not limited to; relationships with children and/or families who are or have been involved with DCS; relatives of children and/or families who are or have been involved with DCS;
- The gender of the client and/or FCM is not relevant.

**NASW**

(The following codes are applicable in almost all child welfare cases)

1.02 – Self-Determination – Social workers will always respect and promote the right of clients to self-determination and will assist clients in their efforts to identify and clarify their goals. This right shall only be limited when the client(s)’ actions are potentially dangerous to themselves or others.

1.03 – Informed Consent, (d) – In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients’ right to refuse service.

1.06 – Conflicts of Interest, item (d) – applies to every child welfare case where a caregiver(s) are involved. While the child(ren) and caregiver(s) are all clients, your role in assuring the safety of the child(ren) supersedes your obligations to the caregiver(s) as clients.

1.07 – Privacy and Confidentiality, items (c), (d), (e), (f), (g) will apply often in our work with multiple clients in families where the primary concern is for the safety of the child(ren) limiting caregiver clients’ rights to confidentiality. Informing caregivers of your duty to disclose confidential information and the potential consequences should take place up front, before disclosures are made.
Indiana Office of Inspector General

Gift Rule

Summary of the Gift Rule

Don't accept gifts from people who want something from your employment.

Examples of the Gift Rule

- You work for the Department of Health and are responsible for purchasing a new multi-function copier. You may not accept a promotional PDA the vendor would like to give you as a thank-you for your agency's purchase of the copier.
- Your work for the Department of Homeland Security involves traveling around and inspecting private sector facilities to ensure compliance with state regulations. You may not accept a gift certificate from one of the facilities that you regulate.
- You work for the Department of Labor and attend a business fair at which vendors are promoting their goods and services. You may accept an inexpensive plastic key ring from a vendor that has a business relationship with your agency since it is of nominal value.
- You are an employee for the Indiana Department of Transportation (INDOT). An employee of a company who is interested in doing business with INDOT offers to take you out to lunch to talk about it. You may not accept lunch from this person.
- You are a Family & Social Services Administration (FSSA) employee. An employee of a job training company that does contract work for FSSA sends you flowers in return for recommending this job training to individuals. You may not accept the flowers.

Past Advisory Opinions on the Gift Rule

- [All Opinions on the Gift Rule](#)

The Rule: 42 IAC 1-5-1 Gifts; Travel Expenses; Waivers

1. A state employee or special state appointee, or the spouse or unemancipated child of a state employee or special state appointee, shall not knowingly solicit, accept, or receive any:
   1. gift;
   2. favor;
   3. service;
   4. entertainment;
   5. food;
   6. drink;
   7. travel expenses; or
   8. registration fees
      from a person who has a business relationship with the employee's or special state appointee's agency or is seeking to influence an action by the employee or special state appointee in his or her official capacity.

2. The following shall not be subject to this rule:
   1. Gifts, favors, services, entertainment, food, drink, travel expenses or registration fees from public agencies or public institutions.
   2. Food or drink consumed at a public meeting to which at least twenty-five (25) individuals are invited. A meeting will be considered public if:
      A. the event is a reception or other gathering for public officials that is not arranged to solicit government procurement of goods or services;
      B. the employee is giving a speech or participating in a presentation in the employee's official capacity; or
      C. the meeting has a formal educational program that the employee is attending to assist him or her in performing official duties.
   3. Mementos or souvenirs of nominal value.
4. Food or drink consumed by an employee during negotiations or other activities related to an Indiana economic development corporation economic development project.

5. Gifts, favors, services, entertainment, food, or drinks from relatives, or a person with whom the employee or special state appointee has an ongoing social relationship, so long as:
   A. the gifts or other items of value are not deducted as a business expense; and
   B. the gift giver is not seeking to influence an action by an employee or special state appointee in that person’s official capacity.

6. Political contributions subject to IC 3-9-2 that are reported in accordance with applicable law.

7. Nominal refreshments offered to a state employee or a special state appointee conducting official state business while the employee or special state appointee is at a workplace of a person who:
   A. has a business relationship; or
   B. seeks to influence official action with the employee's or special state appointee's agency.

8. Discount and other promotional programs approved and made available to state employees and special state appointees through the state personnel department or the Indiana department of administration.

3. An employee's or special state appointee's state officer or appointing authority may waive application of subsection (a) of this rule in individual cases when consistent with the public interest. The waiver shall:
   1. be in writing; and
   2. identify the following:
      A. The employee or special state appointee
      B. The nature and value of the gift
      C. The donor of the gift
      D. Why acceptance of the gift is consistent with the public interest.

4. Written waivers must be filed with the commission within thirty (30) days of receipt of the gift. The commission may review the written waivers. An appointing authority or state officer may designate authority to the agency's ethics officer to waive application of this rule on behalf of the appointing authority or state officer. The designation shall be in writing and filed with the commission.

5. If a person wishes to reimburse the state for any part or all of the expenses incurred by the state for appearances of a state officer, employee or special state appointee or their official representatives on behalf of the state, the person shall remit to the treasurer of state any such amounts. The treasurer of the state shall quietus the funds into the general fund.
Code of Ethics of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly

Preamble

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals’ needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence.

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

Purpose of the NASW Code of Ethics

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The NASW Code of Ethics sets forth these values, principles, and standards to guide social workers’ conduct. The Code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The NASW Code of Ethics serves six purposes:

1. The Code identifies core values on which social work’s mission is based
2. The Code summarizes broad ethical principles that reflect the profession’s core values and establishes a set of specific ethical standards that should be used to guide social work practice.

3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.

4. The Code provides ethical standards to which the general public can hold the social work profession accountable.

5. The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards.

6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members. In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The Code offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code’s values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the NASW Code of Ethics does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be ranked ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this Code that are relevant to any situation in which ethical judgment is warranted. Social workers’ decisions and actions should be consistent with the spirit as well as the letter of this Code.

In addition to this Code, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the NASW Code of Ethics as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients’ and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization’s ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers’ ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

The NASW Code of Ethics is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this Code does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the Code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from local review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers’ ethical behavior should result from their personal commitment to engage in ethical practice. The NASW Code of Ethics reflects the commitment of all social workers to uphold the profession’s values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

**Ethical Principles**

The following broad ethical principles are based on social work’s core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

**Value:** Service

**Ethical Principle:** Social workers’ primary goal is to help people in need and to address social problems.

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help
people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

**Value: Social Justice**

**Ethical Principle:** Social workers challenge social injustice.
Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers’ social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

**Value: Dignity and Worth of the Person**

**Ethical Principle:** Social workers respect the inherent dignity and worth of the person.
Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients’ interests and the broader society’s interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

**Value: Importance of Human Relationships**

**Ethical Principle:** Social workers recognize the central importance of human relationships.
Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

**Value: Integrity**

**Ethical Principle:** Social workers behave in a trustworthy manner.
Social workers are continually aware of the profession’s mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

**Value: Competence**

**Ethical Principle:** Social workers practice within their areas of competence and develop and enhance their professional expertise.
Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

**Ethical Standards**

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers’ ethical responsibilities to clients, (2) social workers’ ethical responsibilities to colleagues, (3) social workers’ ethical responsibilities in practice settings, (4) social workers’ ethical responsibilities as professionals, (5) social workers’ ethical responsibilities to the social work profession, and (6) social workers’ ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

**1. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO CLIENTS**

**1.01 Commitment to Clients**

Social workers’ primary responsibility is to promote the well-being of clients. In general, clients’ interests are primary. However, social workers’ responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

**1.02 Self-Determination**
Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

### 1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and the extent of clients' right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.

### 1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

### 1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

### 1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible.
possible. In some cases, protecting clients’ interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers’ professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients’ right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients’ right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual’s right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker’s, employer’s, and agency’s policy concerning the social worker’s disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client’s consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients’ written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients’ records are stored in a secure location and that clients’ records are not available to others who are not authorized to have access.
(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients’ records in a manner that protects clients’ confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker’s termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients’ access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients’ access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients’ requests and the rationale for withholding some or all of the record should be documented in clients’ files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients’ relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients’ relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients’ relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients’ ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers’ relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client’s initiative and with the client’s informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers’ employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients’ needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients’ needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect
(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues’ level of competence or to individuals’ attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers’ obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers’ own interests.

(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Social workers should keep themselves informed about colleagues’ areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals’ specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients’ consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.
2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague’s impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague’s impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompentence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague’s incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues’ unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation
(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees’ performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers’ documentation should protect clients’ privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.
(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client’s best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients’ needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients’ needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NASW Code of Ethics. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the Code.

3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies’ policies and procedures and the efficiency and effectiveness of their services.

(c) Social workers should take reasonable steps to ensure that employers are aware of social workers’ ethical obligations as set forth in the NASW Code of Ethics and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization’s policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations’ practices are consistent with the NASW Code of Ethics.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization’s work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor-Management Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession’s values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES AS PROFESSIONALS
4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker’s employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in an uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client’s prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession’s literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants’ well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants’ assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.
(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants’ confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants’ interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.
## Case Staffing Tool

<table>
<thead>
<tr>
<th>Safety</th>
<th>Stability</th>
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<tbody>
<tr>
<td>Children are, first and foremost, free from child abuse and neglect.</td>
<td>Children deserve predictable and continuous connections with people, places and things that contribute to their development and identity.</td>
</tr>
<tr>
<td>• In home</td>
<td>• School</td>
</tr>
<tr>
<td>• In placement</td>
<td>• Friendships</td>
</tr>
<tr>
<td>• Post-reunification</td>
<td>• Community</td>
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<tr>
<td>• In the community</td>
<td>• Caring team of adults to look out for them</td>
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<tr>
<th>Well-Being</th>
<th>Permanency</th>
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<tr>
<td>Children’s health and functioning is supported by formal and informal supports to provide them with optimal growth and developmental opportunities.</td>
<td>Children need to know where they will grow up and have lifelong connections to provide a sense of belonging.</td>
</tr>
<tr>
<td>• Physical</td>
<td>• A forever family.</td>
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<tr>
<td>• Emotional</td>
<td>• A sense that, although there may be more than one permanency option on the table, the adults are working together to provide for the child.</td>
</tr>
<tr>
<td>• Educational</td>
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<tr>
<td>• Vocational</td>
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<thead>
<tr>
<th>Family Role and Voice</th>
<th>Long Term View</th>
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<tr>
<td>The family members with whom the child is living and/or will be reunited are active ongoing participants in decisions made about child/family strategies, services, and results.</td>
<td>There is an explicit guiding view for the child and parents that should enable them to live safely and successfully without DCS supervision.</td>
</tr>
<tr>
<td>• Is this evident in recent meetings?</td>
<td>• Does it define permanency goals?</td>
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<tr>
<td></td>
<td>• Does it define things that must change in the family’s situation?</td>
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<tr>
<td></td>
<td>• Does it define outcomes that must be achieved for successful case closure?</td>
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</table>
Name of Employee

Employee Identification Number / Last Four (4) Digits of SSN

Agency / Division

Business Unit

Class Title / Class Code

Review Period

Type of Evaluation

☐ Annual Appraisal
☐ Employee is moving to a new supervisor or a new job classification (Send a copy to the new Supervisor).
☐ Employee is going on leave of absence anticipated to last more than thirty (30) calendar days.
☐ Other: _____

PURPOSE OF ORGANIZATION AND POSITION

Organizational Vision, Mission and/or Objectives:

Purpose of Position (How does this position fit into the Organization/Division/Facility? What does this position contribute to the Organization/Division/Facility objectives?): 
A. COMPETENCIES

Instructions: Form can be completed electronically by tabbing through and using the space bar to check or uncheck boxes when they are highlighted or clicked with the mouse. Employees must be evaluated on the three (3) required Competencies and the additional agency-determined discretionary Competencies.

1. Job Knowledge – Possesses adequate knowledge, skills and experience to perform the duties of the job; understands the purpose of the work unit and how position contributes to the overall mission of the agency; maintains competency in essential areas.

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<tr>
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<th>Behaviors during the review period which support the rating</th>
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2. Teamwork – Encourages and facilitates cooperation, pride, trust and group identity; fosters commitment and team spirit; works cooperatively with others to achieve goals.

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3. Customer Service – Demonstrates knowledge of internal and external customers; is sensitive to customer needs and expectations; anticipates needs and responds promptly and willingly to provide information, services and/or products as needed.

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**NOTE:** Failure to meet expectations for any Competency may result in employee being placed on a Work Improvement Plan or separation, and may result in employee receiving an Overall Performance Rating of “Does Not Meet Expectations” or “Needs Improvement.”
### B. PERFORMANCE EXPECTATIONS/GOALS

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<tr>
<th>Performance Expectation #1:</th>
<th>Rating</th>
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**NOTE:** Failure to meet expectations for any goal or objective may result in employee being placed on a Work Improvement Plan or separation, and may result in employee receiving an Overall Performance Rating of “Does Not Meet Expectations” or “Needs Improvement.”

### OVERALL PERFORMANCE RATING

<table>
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<tr>
<th>Rating</th>
<th>Description</th>
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<tr>
<td>□ Outstanding</td>
<td>Consistently exceeds expectations on all evaluation factors</td>
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<tr>
<td>□ Exceeds Expectations</td>
<td>Overall high performance; frequently exceeds expectations on many factors</td>
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<tr>
<td>□ Meets Expectations</td>
<td>Consistently meets the requirements of the job in all aspects</td>
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<tr>
<td>□ Needs Improvement</td>
<td>Sometimes acceptable, but not consistent; needs improvement to meet expectations</td>
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<tr>
<td>□ Does Not Meet Expectations</td>
<td>Does not meet the minimum standards of performance</td>
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</table>
Is a Work Improvement Plan (WIP) generated as a result of this appraisal?  □ Yes  □ No
If so, please attach the WIP and ensure that the WIP pertains to the specific competency(s) and/or expectation(s) for which a Does Not Meet rating was given.

Is an Employee Development Plan generated as a result of this appraisal?  □ Yes  □ No

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<tr>
<th>C – EMPLOYEE DEVELOPMENT PLAN</th>
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<tr>
<td>Education, Experience, Licensure, Certification suggested for career enhancement:</td>
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**Personal Learning Goals:**

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<th>Developmental Objectives</th>
<th>Developmental Training/Assignments</th>
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<td>(Knowledge/Skills/Abilities Needed to Reach Goals)</td>
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If this form is being used as communication of the Work Profile, not a Performance Appraisal, please sign on the appropriate line below

Signature of Employee ____________________________ Date (month, day, year)  
Signature of Supervisor __________________________ Date (month, day, year)  

If this form is being used as a Performance Appraisal, please sign on the appropriate line below.

I hereby certify that this report constitutes an accurate evaluation using my best judgment of the service performed by this employee for the review period covered.

Signature of Evaluator __________________________ Signature of Reviewer __________________________ Signature of Appointing Authority __________________________ Date (month, day, year)  

I hereby certify that I have had an opportunity to review this report and understand that I am to receive a copy. I am aware that my signature does not necessarily mean I agree with the rating.

Signature of Employee __________________________ Date (month, day, year)
**INTERIM PERFORMANCE APPRAISAL**  
(SHORT FORM)  
State Form 52404 (R / 10-08)  

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**PERFORMANCE SUMMARY – Performance Expectations / Goals**

A. Summarize performance to-date for all performance expectations

B. Identify any new expectations or make modifications based on changed circumstances.

**PERFORMANCE SUMMARY – Competencies**  
(Summarize performance to date for all Competencies)

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**DEVELOPMENT NEEDS**  
(Status update of agreed upon training needs and or any additional training/resources needed to assist in meeting current goals in next 3-6 months)

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**EMPLOYEE COMMENTS**  
(Include comments about and/or needs from supervisor)

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**Employee Name** | **Employee Identification Number**
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**Agency / Division** | **Business Unit**
---|---

**Class Title / Class Code** | **Starting Date of Plan (month, day, year):**
---|---

**Follow Up Date On or Before:**  
- ☐ Thirty (30) Days  
- ☐ Sixty (60) Days  
- ☐ Ninety (90) Days

**This does not establish any guarantee of continued employment for any specific time frame. This form documents that you must make immediate improvement in the performance of your duties. Failure to improve your performance to at least a “Meets Expectations” level may result in reassignment, demotion, or termination.**

Initials of the Employee: ____________

**Description of specific performance deficiencies:**

**Corrective action to be taken:**

Employee’s Responsibility:

Manager/Supervisor’s Responsibility:

**Signature of Evaluator:**  
**Signature of Reviewer:**  
**Signature of Appointing Authority:**  
**Date (month, day, year):**

**Signature of Employee:**  
**Date (month, day, year):**

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**To be completed to document the results of this work improvement plan.**

**Successful Completion of Work Improvement Plan:**  
- ☐ Yes  
- ☐ No  
**Date (month, day, year):**

**If No, explain follow up action taken:**

**Initials of Supervisor:**  
**Initials of Employee:**  
**Date of Discussion (month, day, year):**
IV. PLAN FOR IMPROVEMENT

A. SAFETY GOALS, OBJECTIVES AND INTERVENTIONS

Goal 1: Ensure the safety of Hoosier children through informed decision-making beginning from initial assessment.

DCS core mission is to protect children from abuse and neglect. In order to ensure the Department is successful in fulfilling that mission, DCS used information from a variety of resources to evaluate its strengths and opportunities for improvement in the policies, processes, training, services and other resources the agency uses to ensure child safety.

The Biennial Regional Services Strategic Planning process is one example of the ways in which DCS identified areas of focus for the goals and objectives outlined below. Data evaluated by DCS regions as a part of the Biennial Regional Services Strategic Plan (BRSSP) process, and discussions with local stakeholders in reviewing this data, helped to identify service gaps, not only in individual regions, but allowed agency leadership to identify those gaps that existed throughout the State. See pages 9-10 and 58-61 for information on the BRSSP.
A few examples of data and information used to develop the objectives outlined in this section include:

- Results from the Indiana University Needs Assessment Survey for both FCMs and community members compiled as a part of Indiana’s Title IV-E Waiver Evaluation. A summary of the areas of service needs identified through these surveys is included on page 59.

- Standardized Decision Making (SDM) Safety and Risk Assessment data, which identified a high frequency of substance abuse being identified as a risk factor in substantiated cases of abuse and neglect, consistent with information gathered through the BRSSP process, which supported service gaps in substance abuse assessment and treatment services. See page 28 and pages 61-63.

- Review of Children’s Mental Health Initiative (CMHI) cases and discussions with the Multi-Disciplinary Team about service gaps for children who have very complex mental health, physical health and/or developmental delays / intellectual disabilities. See page 26 and pages 90-92.

- Information from the Individual Training Needs Assessment (ITNA) Survey, as well as the FCM Field Mentors and FCM Supervisor Training Skills Assessment Scales on the effectiveness of new worker training and ongoing training needs for experienced staff. See pages 159-160.

- Assessment results from the National Resource Center for Child Protective Services (NRCCPS) on DCS domestic violence policy, training and stakeholder collaboration. See pages 26-27.

**OBJECTIVE 1.1**

EXPAND UTILIZATION OF EFFECTIVE, PROVEN HOME-BASED SERVICES IN ORDER TO INCREASE THE NUMBER OF CHILDREN WHO CAN REMAIN SAFELY IN THEIR OWN HOMES AND TO REDUCE THE INCIDENCE OF MALTREATMENT FOR CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM.

a) Identify ways to monitor the utilization and effectiveness of services employed during the assessment phase.

b) Train service providers on Trauma-Focused Cognitive Behavioral Therapy, Motivational Interviewing and Family Centered Treatment.

c) Complete service mapping to ensure that children at high risk of maltreatment are recommended for the appropriate evidence-based service(s) based on the individually identified needs of the child and family.
d) Educate field staff on the availability and appropriateness of evidence-based services.

**OBJECTIVE 1.2  EXPAND DCS SERVICE CAPACITY TO MEET THE NEEDS OF DCS INVOLVED CHILDREN WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES, AS WELL AS THOSE WITH SIGNIFICANT MENTAL HEALTH ISSUES.**

a) Collaborate with the Bureau of Development Disabilities Services to maximize access to available services and identify gaps that exist for children both within the child welfare and probation systems, as well as those outside of the systems in an effort to prevent their entry into foster care.

b) Collaborate with the Bureau of Development Disabilities Services and the Division of Mental Health and Addictions Services to ensure children who are dually diagnosed have appropriate service access.

c) Develop capacity within the Community Mental Health service system to provide high fidelity wraparound services to manage care and service access for children with mental health issues to prevent their entry into foster care.

d) Collaborate with DCS providers to develop interest in serving this population.

e) Develop additional residential, group home, foster care and community-based service and treatment capacity.

f) Ensure youth aging out of care have access to appropriate transition services for emerging adults.

g) Expand expertise in infant mental health by supporting efforts to increase the number of professionals and paraprofessionals in the state that are endorsed by the Indiana Association for Infant and Toddler Mental Health (IAITMH) to ensure that all Indiana families with very young children have access to well-trained providers in their home communities.

**OBJECTIVE 1.3  RE-EVALUATE AND UPDATE TRAINING CURRICULUM FOR NEW FAMILY CASE MANAGERS TO ENSURE NEW WORKERS HAVE THE BASIC SKILLS AND KNOWLEDGE TO ENSURE CHILD SAFETY AND SUPPORT POSITIVE OUTCOMES FOR CHILDREN AND FAMILIES.**

a) Evaluate the role of peer coaches and field consultants in supporting new workers and helping to facilitate their skill development.

b) Identify opportunities to maximize knowledge-based learning through online training.
c) Incorporate training on the safety and risk assessments into new worker training to ensure that new workers have the skills they need to evaluate risk and ensure child safety.

d) Incorporate training on the Child and Adolescent Needs and Strengths assessment tool to ensure new workers have the skills to appropriately address child trauma and service needs particularly for targeted populations (children age 0-5).

OBJECTIVE 1.4 IMPROVE ACCESSIBILITY AND EFFECTIVENESS OF SUBSTANCE USE DISORDER TREATMENT.

a) Document available evidence-based practices for the treatment of substance use disorders and determine service gaps, including services available for older youth.

b) Collaborate with Community Mental Health Centers, with assistance from the National Resource Center for Child Welfare and Substance Abuse Treatment, to educate DCS and CMHC staff on the effects of substance use disorders on children, best practices in substance abuse disorder treatment, and to develop local initiatives to address service gaps and improve outcomes for families.

c) Continue collaboration with the Commission on Improving the Status of Children Substance Abuse and Child Safety Task Force to (1) evaluate the availability of services; 2) determine the best evidence-based treatment programs, and 3) determine the best evidence-based prevention programs.

d) Develop an annual, mandatory staff training on substance abuse disorder and the impact on children, particularly drug-exposed infants and young children (ages 0-5).

e) Implement the Sobriety Treatment and Recovery Teams (START) program in appropriate communities.

f) Consider service mapping to available evidence-based practices to ensure that families are referred to appropriate services based on their individually identified needs.

g) Review and realign new worker competencies and learning objectives to identify ways to streamline training content and ensure consistency with policy and practice.

OBJECTIVE 1.5 BUILD STAFF COMPETENCY IN ENGAGING, ASSESSING AND WORKING WITH DOMESTIC VIOLENCE (DV) OFFENDERS TO APPROPRIATELY EVALUATE RISK AND PROMOTE SAFETY.
a) Review and revise existing policy, practice guidance and training to more clearly align with best practice standards and eliminate inconsistent or confusing language.

b) Expand DCS policy, practice and training to include an emphasis on working with DV offenders.

c) Strengthen local / regional collaborations with DV victim advocacy programs to improve DCS practice consistency and to enhance safety for families.

OBJECTIVE 1.6 EVALUATE THE DCS SERVICE ARRAY AND MECHANISMS FOR PROVIDING QUICK ACCESS TO SERVICES DURING THE ASSESSMENT PHASE.

a) Evaluate the availability, utilization and effectiveness of crisis services to ensure children can be safely maintained at home.

b) Improve monitoring of service provider response times.

OBJECTIVE 1.7 IMPROVE COMMUNICATIONS WITH SERVICE PROVIDERS TO BETTER ENSURE CHILD SAFETY.

a) Ensure appropriate information is provided when a family is referred to a provider.

b) Ensure appropriate communication occurs between all service providers, formal and informal supports to collaborate for consistency and improved outcomes.

SAFETY MEASURES OF PROGRESS

Through implementation of the Goals, Objectives and Interventions outlined in this section of the CFSP, DCS will monitor, and anticipates improved outcomes related to the current and/or revised federal CFSR permanency outcomes:

- Absence of Recurrence of Maltreatment.
- Maltreatment in Foster Care.

DCS will also monitor and anticipates improved outcomes related key performance and practice indicator reports generated from MaGIK.

- Absence of Maltreatment after Involvement.
- Family Case Manager Visits.
• CHINS Placement.
• Safely Home, Families First.
• Re-Report of Maltreatment.

DCS will also monitor the impact of implementation of these goals, objectives and interventions on Safety and Behavioral Risk Quality Service Review Child Status Indicators. DCS also intends to develop additional reports and identify ways that technology can further support improved outcomes for children and families. As an example, DCS plans to identify strategies to better capture child visits completed by service providers. In addition, DCS plans to identify ways to measure utilization and effectiveness of proven, home-based services.

B. PERMANENCY GOALS, OBJECTIVES AND INTERVENTIONS

Goal 2: Promote safe, timely and stable permanency options for children.

DCS believes that every child has a right to appropriate care, a permanent home and lifelong connections. The objectives outlined below include a number of strategies to strengthen the types of placement and permanency options available for children requiring out of home care, and putting systems and monitoring mechanisms in place to improve permanency outcomes and time to permanency measures.

DCS decided to focus on these objectives following an analysis of CFSR permanency related outcomes (see pages 28-32), QSR permanency data (see pages 35-39) and in evaluating the status of the foster care and adoption programs during development of the Foster and Adoptive Parent Diligent Recruitment Plan (see pages 151-154). While in recent years, DCS has either met or exceeded the national standard in CFSR permanency composites, in the FFY 2013 AFCARS submissions, DCS permanency composite scores for composites 1, 2 and 3 fell slightly. These decreases, combined with a decrease in the number of completed adoptions in 2013, prompted the agency to look more closely at data impacting permanency outcomes for children in care.

DCS is in the early stages of this analysis, and intends to use CQI methods to evaluate the data and identify solutions to improve outcomes. Because the agency is still in the information gathering phase of analyzing outcomes in this area, many of the objectives below are written very broadly and will likely be revised once DCS has a better understanding as to the reasons behind the changes in permanency outcomes. In addition, to allow for improved monitoring and analysis in this area going forward, many of these objectives include interventions related to data tracking or analysis.
OBJECTIVE 2.1  
EXPAND PLACEMENT AND PERMANENCY OPTIONS, AND IMPROVE PLACEMENT STABILITY FOR CHILDREN IN KINSHIP PLACEMENTS.

a) Develop policy and procedures for the expansion of Indiana’s definition of relative to include those with an established and significant relationship with the child.

b) Evaluate system and fiscal application changes necessary to track and monitor use of the expanded definition of kinship care.

c) Review and revise, as necessary, policies and procedures related to the Guardianship Assistance Program to include the expanded definition of kinship care.

d) Evaluate resources available to kinship caregivers and revise policies, procedures and information systems to ensure these caregivers are well supported.

e) Expand the use of resources (staff, financial and service) to provide support to and ongoing assessment of the needs of kinship caregivers.

f) Improve utilization of the CANS to ensure children are placed and provided services according to their individualized needs.

OBJECTIVE 2.2  
EXPAND PLACEMENT AND PERMANENCY OPTIONS, AND IMPROVE PLACEMENT STABILITY FOR CHILDREN IN FOSTER CARE PLACEMENTS.

a) Implement the Structured Analysis Family Evaluation (SAFE) to evaluate families for adoption, foster care licensure, relative placement and reunification readiness.

b) Expand use of resources (staff, financial and service) to provide support to and ongoing assessment of needs of foster parents.

c) Improve utilization of the Child and Adolescent Needs and Strengths (CANS) assessment to ensure children are placed and provided services according to their individualized needs.

OBJECTIVE 2.3  
IMPROVE PLACEMENT STABILITY OF ADOPTED CHILDREN THROUGH PROPER IDENTIFICATION OF PLACEMENT OPTIONS BASED ON THE CHILD’S INDIVIDUALIZED NEEDS, AND BY PROVIDING SUPPORT FOR THAT PLACEMENT TO AVOID DISRUPTION.
a) Expand use of resources (staff, financial and service) to provide ongoing support to pre-adoptive parents.

b) Promote availability of post adoption services to increase the numbers of families engaged in post-adoption services, including trauma-informed trainings, to prevent adoption disruptions and dissolutions.

c) Develop mechanisms to track and evaluate the post adoption service array to assess its overall utilization and effectiveness, including its interaction with the Children's Mental Health Initiative.

OBJECTIVE 2.4 INCREASE THE EFFECTIVENESS OF FOSTER AND ADOPTIVE PLACEMENTS.

a) Expand resources available to foster and pre-adoptive parents.

b) Increase the effectiveness of matching foster children to resource homes.

c) Minimize the number of disrupted placements.

d) Maximize retention of resource families.

OBJECTIVE 2.5 EVALUATE THE STRUCTURE OF AND POLICY SURROUNDING THE USE OF THE CASE PLAN AND TRANSITION PLAN TO ENSURE IT SUPPORTS DEVELOPMENT OF GOALS THAT ARE IN THE BEST INTERESTS OF CHILDREN AND FAMILIES, AND FURTHERS TIMELY PERMANENCY.

a) Determine methods to ensure permanency goals are appropriate to the child's needs and the circumstances to the case and that the goals are with input from the youth and parent.

b) Determine methods to ensure case plans are completed timely and consistent with the court orders for permanency goals (no later than 60 days from the date the child entered foster care).

c) Evaluate the existing case plan and transition plan to gather feedback on its current functionality and determine what information and or questions need to be revised or added to the Case Plan to ensure better outcomes for children.

d) Determine methods to ensure case plan goals are updated in a timely manner (e.g., when changing a goal from reunification to adoption). Consider system monitoring efforts.
OBJECTIVE 2.6 IMPROVE ENGAGEMENT AND PARTICIPATION OF FATHERS AND PATERNAL RELATIVES.

a) Increase efforts to find fathers by utilizing available search tools and through referrals to the investigation unit.

b) Increase utilization and effectiveness of father engagement services.

c) Increase engagement of fathers in child and family team processes, case planning activities, visitation and service provision.

d) Engage paternal relatives as informal supports and placement and permanency options.

OBJECTIVE 2.7 IDENTIFY AND IMPLEMENT STRATEGIES TO BETTER TRACK AND MONITOR CHILD / PARENT VISITS.

a) Evaluate strategies for capturing parent / child visits supervised by either DCS or provider staff for both CHINS and Juvenile Delinquency cases.

b) Implement technology solutions to support consistent monitoring of visits.

PERMANENCY MEASURES OF PROGRESS

Through implementation of the Goals, Objectives and Interventions outlined in this section of the CFSP, DCS will monitor, and anticipates improved outcomes related to the current and/or revised federal CFSR permanency outcomes:

- Improved Placement Stability and/or Reduction in the number of placement and adoption disruptions.
- Decrease in the length of time to permanency for all permanency options.
- Permanency in 12 months for children entering foster care
- Permanency in 12 months for children in foster care for 2 years or more
- Re-Entry into Foster Care

DCS will also monitor and anticipates improved outcomes related to the following Quality Service Review Indicators.

- Placement Stability and Permanency Child Status Indicators,
- Parent / Caregiver Status Indicators,
- Role and Voice of Family Members,
- Long Term View and Intervention Adequacy Planning Indicators.
- DCS also intends to monitor the utilization of kinship placement options, as well as post adoption services and consistent with its goals related to continuous quality improvement, will identify and implement strategies to further improve outcomes based on data trends.

C. WELL-BEING GOALS, OBJECTIVES AND INTERVENTIONS

Goal #3: Ensure the well-being of Indiana children by integrating a trauma-informed care approach to our child welfare practice. 1

During the 2010-2014 CFSP, DCS implemented a number of new services and created several specialized staff functions all designed to further well-being for children involved with the child welfare system. Many of the objectives outlined in this goal are designed to continue moving forward with strategies put in place during the prior CFSP. These objectives focus on improving and/or evaluating how we are using the services and staff resources we put in place in 2012 and 2013, as opposed to implementing new strategies to improve child well-being. Many of the programs and services identified in the objectives below are very new for the agency, and as a result, DCS needs to devote resources during the early years of the 2015-2019 CFSP towards identifying ways to track and evaluate the effectiveness of these programs in improving outcomes for children and families, and identify additional ways to measure child well-being.

OBJECTIVE 3.1 CONTINUE EXPANDING THE AVAILABILITY AND USE OF EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES TO ENSURE CHILD AND FAMILY NEEDS ARE BEING MET.

a) Document and train staff, CASAs, Judges and Probation on available evidence-based programs and target populations for these services.

b) Improve the effectiveness of residential programs by requiring all residential programs to utilize an evidence-based program and auditing provider compliance with the program model.

c) Improve the effectiveness of community-based programs by contracting for services that utilize an evidence-based program and auditing provider compliance with program model.

d) Collaborate with stakeholders to address unmet service and placement needs through provider
engagement.

e) DCS-involved youth who are identified as having significant needs associated with trauma (i.e., CANS “adjustment to trauma” item score = 3) will receive evidence-based, trauma-informed services to enhance their well being.

OBJECTIVE 3.2 ENHANCE STAFF CAPACITY TO UTILIZE SAFETY, RISK AND CANS ASSESSMENTS IN CONJUNCTION WITH ONE ANOTHER TO IDENTIFY UNDERLYING NEEDS OF CHILDREN AND FAMILIES, ENSURE APPROPRIATE CASE PLANS ARE ESTABLISHED, AND TAILORED SERVICES ARE PROVIDED.

a) Improve staff capacity to effectively assess trauma and the behavioral health and placement needs of children and youth to identify appropriate services through use of the Child and Adolescent Needs and Strengths (CANS) assessment tool.

b) Improve assessment of the child and family's needs through utilization of the Safety and Risk Assessments and ensure results are being used to guide development of the case plan.

c) Utilize the assessment tools to map to appropriate services to meet the individual needs of the family and child.

d) Explore methods to improve participation and engagement of service providers in child and family teams and case planning activities.

e) Consider training and appropriate use of case plan goals associated with building social capacities, self esteem, coping skills and re-establishing and maintaining relationships.

f) Improve the utilization of contracted providers to offer more in-depth assessments for trauma, bonding and attachment, psychological evaluations, and independent living skills.

OBJECTIVE 3.3 IMPROVE PARTICIPATION AND ENGAGEMENT OF CHILDREN AND CAREGIVERS IN CHILD AND FAMILY TEAMS, CASE PLANNING ACTIVITIES AND SERVICE PROVISION.

a) Explore methods to engage children and youth in child and family teams, case planning activities, and service provision.

b) Explore methods to engage noncustodial parents, kinship caregivers, foster parents, and pre-adoptive
parents in child and family teams, case planning activities, and service provision.

**OBJECTIVE 3.4** EVALUATE THE IMPACT OF TRAINING AND APPROPRIATE USE OF CASE PLAN GOALS ASSOCIATED WITH BUILDING SOCIAL CAPACITIES, SELF ESTEEM, COPING SKILLS AND RE-ESTABLISHING AND MAINTAINING RELATIONSHIPS.

a) Identify ways to track whether nursing services staff are improving timely access to medical and dental care for children in care.

b) DCS Clinical Services Specialists will provide clinical consultation, as requested by the FCM, for any youth rated a 3 on the CANS “adjustment to trauma” item.

c) Evaluate the impact of the education liaisons with regard to school attendance and graduation rates, incidence of suspension and expulsion and attendance in post-secondary education.

d) Evaluate frequency with which investigators are locating additional family members, which result in additional family supports and / or permanency options for children in care.

**WELL-BEING MEASURES OF PROGRESS**

Through implementation of the goals, objectives and interventions outlined above, DCS will the monitor the measures outlined below to determine well-being outcomes for children and youth.

- Permanency and Practice Support reports related to the number and impact of referrals to nurses, clinical services specialists, investigators and education liaisons.
- CANS outcomes and compliance reports.
- Well-being Quality Service Review Child Status Indicators,
- Appropriate living arrangement,
- Physical Health,
- Emotional Status,
- Learning and Development,
- Pathway to Independence.

**D. CONTINUOUS QUALITY IMPROVEMENT (CQI) GOALS, OBJECTIVES AND INTERVENTIONS**

Goal #4: Promote a culture of learning whereby staff at all levels of the agency consider ways to improve
During the preceding CFSP, DCS developed and/or made a number of enhancements to the processes and tools it uses to evaluate and improve child welfare practice in Indiana. In the 2015-2019 CFSP, as outlined in the objectives below, DCS intends to further incorporate continuous quality improvement as a business model by better integrating the tools and processes already in place to gather information about the child welfare system in Indiana, and to create a policy, organizational structure and communication methods to strengthen how DCS and its partners and stakeholders evaluate and make decisions about how to improve the child welfare system. For additional information about the current state of the CQI system in Indiana and the areas identified as focus areas for this goal, see pages 49-54.

**OBJECTIVE 4.1 DEVELOP A POLICY AND ORGANIZATIONAL STRUCTURE TO BUILD SYSTEM CAPACITY TO BEGIN USING CQI AS THE METHOD FOR EVALUATING AND IMPROVING CHILD WELFARE PRACTICE.**

a) Develop regional CQI teams that include regional arms of central office to improve the flow of information and facilitate performance improvement and problem-solving at the local level.

b) Establish policy work group to define and draft agency policy around CQI including administrative structure, quality data collection, and processes for ongoing case reviews, data analysis and dissemination, and providing feedback.

c) Engage stakeholders around CQI including revisiting the composition of and role of regional service counsels.

d) Implement a train the trainer on CQI processes for performance and quality improvement staff and regional coordinators so they can serve as CQI experts on the regional teams.

e) Provide support to service providers as they identify ways to incorporate CQI processes into their way of doing business.

**OBJECTIVE 4.2 EVALUATE CURRENT QUALITY IMPROVEMENT AND QUALITY ASSURANCE POLICIES AND PROCESSES AND IMPLEMENT STRATEGIES TO FURTHER ENHANCE THESE SYSTEMS AND INTEGRATE THEM INTO THE LARGER AGENCY CQI MODEL.**

a) Continue development of a QSR process for collaborative care.
b) Continue further development of automated QAR reports.

OBJECTIVE 4.3 IMPROVE UTILIZATION OF INFORMATION SYSTEMS AND DATA FROM A VARIETY OF SOURCES TO SUPPORT THE MANNER IN WHICH THE AGENCY ASSESSES SYSTEM PERFORMANCE TO SUPPORT SYSTEM IMPROVEMENT.

a) Improve manner in which we structure our data to provide more timely access to satisfy individual data requests.

b) Build staff capacity to utilize data for decision-making.

c) Integrate qualitative and quantitative data to provide a more comprehensive view of child welfare system strengths and areas for improvement.

CQI MEASURES OF PROGRESS

Initially, DCS will likely evaluate progress in achieving this goal from a completion perspective as opposed to a more quantified data analysis method. To evaluate the agency’s progress in achieving its CQI goal and objectives, the agency will monitor its success in timely developing a policy and organizational structure to support its utilization of a CQI framework. In addition, the agency will develop a process and monitor progress for identifying opportunities to utilize CQI to further analyze problem areas and identify strategies for improvement.

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