



Ohio | Department of
Job and Family Services

A black and white photograph of two young children, a boy and a girl, smiling and riding a bicycle together on a sandy beach. The boy is in the driver's seat, and the girl is leaning over his shoulder, holding the handlebars. The background is a soft-focus view of the sand.

*Ohio
Differential
Response*

Ohio's Differential Response System and Child Welfare Practice Model

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



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Ohio
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Principles of Child Protective Services (CPS) Interventions

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

Core Elements of Ohio's Differential Response System

- i) Use of two or more separate response pathways for child abuse and neglect reports that are screened-in for assessment and investigation.
- ii) Establishment of separate response pathways is formalized in statute, rules and protocols.
- iii) Screening decisions are documented by identifying the factors that are used to determine initial pathway assignment (e.g., presence of imminent danger, level of risk, the number of previous reports, the source of the report, and presenting case characteristics such as type of alleged maltreatment and age of the child).
- iv) Initial assignment to the Alternative Response pathway can change based on new information acquired by the CPS agency that alters risk level or safety concerns.
- v) Families screened into the child welfare system and identified as eligible for Alternative Response have the opportunity to make an informed decision to be served in the Alternative Response pathway or the Traditional Response pathway.
- vi) Assessments are completed using a child-centered, family-focused, strength-based perspective.
- vii) After assessment, if there are no safety concerns, families can accept or refuse the services offered.
- viii) Families served in an Alternative Response pathway do not have a formal determination of child maltreatment.
- ix) The Alternative Response pathway does not use the labels of alleged perpetrator or alleged child victim.

Foundational Tenets of Ohio's Practice Model

Differential Response

Families

Services

Both Alternative Response and Traditional Response are CPS interventions with a primary goal of child safety.

Families have strengths and resources; it is the job of CPS to tap into them and help the family apply them to keep their children safe.

Services are provided based on need, child safety and risk of maltreatment.

CPS practice is based on safety-focused engagement of and partnership with families and communities, rather than an expectation of compliance.

Families' values and cultural traditions must be identified, understood and respected.

Efforts are expended to fill service gaps in order to be responsive to the needs of families.

Transparency in purpose and process is of utmost importance in engaging and partnering with families.

Families are the experts; honor the family's wisdom about its circumstances, strengths and needs.

Service plans and case plans are developed in partnership with the family and written in language that the family understands.

Interventions collaboratively created by the practitioner/social worker and the family are more likely to succeed.

Most families want to address threats to child safety.

Services are family-driven and family requests are honored, unless the child's safety is compromised.

Intervention in the lives of families should be consistent with the family's needs.

Most families can be partners in achieving child safety.

Child protective services are concluded when they are no longer necessary to address identified safety and risk concerns.

Partners – including families, community, service providers and colleagues – share power.

Families are more than the presenting concerns that brought them to the attention of the child protection agency.

Practice focuses on the solutions, not the problems.

Families are helped through connections with their natural support networks and with community services and resources, when appropriate.

Worker Skill Sets

The following skills are instrumental in the implementation of the practice model at all levels of the public child welfare system.¹

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

Assessing: Gathering information about reported concerns and family needs, evaluating the relevance of that information, and identifying family strengths and community resources that may be applied to address those concerns and needs.²

Partnering: Respectful and meaningful collaboration with families to achieve shared goals.

Planning: Setting goals, developing strategies, and outlining tasks and schedules to accomplish the goals derived from the engaging, assessing and partnering process.

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

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

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

Communicating: Effectively sending and receiving information within the appropriate cultural context. Methods include verbal, non-verbal, electronic and written communication.

Demonstrating Cultural and Diversity

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

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

¹Adapted from the Minnesota Practice Model, 2009

²In Ohio's Differential Response system, a comprehensive assessment, including assessment of safety and risk, is completed with all families, regardless of the initial pathway assignment. For families served through the traditional response pathway, an assessment with an investigation component is completed in order to reach a finding regarding the alleged maltreatment.

Ohio Differential Response Practice Profiles

The Ohio Differential Response Implementation Team worked with the National Implementation Research Network to develop the Differential Response practice profiles. These practice profiles will guide practitioners and supervisors in implementing Differential Response effectively by providing a detailed description of the core components of Ohio's model for child welfare practice.

Practitioners who understand core components of a practice model and the benefits of the new practice are more likely to commit to the model (Barr et al., 2002; Cooke 2000; Durlak and Dupree, 2008; Kallestad and Olweus 2003; Ringwalt et al., 2003). This is why a well-defined practice model is essential. A well-defined practice model should include a philosophy, values and principles, core components, core activities associated with each core component, and practical assessments of fidelity (Fixsen, Blase, Metz and Van Dyke, in press). A well-defined model allows an organization to build supports that are necessary to promote and sustain practitioner competence and confidence. Consistently using a proven model that's supported by an organization ultimately ensures improved outcomes for all targeted children and families.

When a model is still under development or otherwise not fully operational, practice profiles can describe the model in enough detail to promote consistent implementation and facilitate improvement. Practice profiles describe the core activities associated with each function of a practice model. These core activities make the model teachable, learnable and doable in typical human service settings. Core activities also promote consistency among practitioners at the service delivery level.

The practice profiles describe caseworker practice across a spectrum of proficiency, defined in three categories: ideal, developmental and unacceptable. Caseworkers' competency levels typically fall in the middle category (developmental) as they test their new skills in a range of contexts and settings. As skills, abilities and judgment are improved, practice will move to the highest category (ideal).

This description is adapted from A Guide to Developing Practice Profiles by Allison Metz, Leah Bartley, Karen Blasé and Dean Fixsen of the National Implementation Research Network, University of North Carolina, Chapel Hill, NC. 2011.

Practice profiles have several benefits. They:

- ▶ Provide a fully operational practice model
- ▶ Facilitate development of effective training protocols, coaching strategies and fidelity assessments
- ▶ Promote continuous improvement strategies and data-driven decision making
- ▶ Increase the ability of the program or practice model to be replicated in new settings and contexts
- ▶ Refine organizational and system supports that facilitate consistent, effective practice
- ▶ Ensure outcomes can be accurately interpreted

Operational definitions for the three practice categories are listed on the next page.

Ohio Differential Response Practice Profiles (continued)

► Ideal Practice

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

► Developmental Practice

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

► Unacceptable Practice

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

The 10 worker skill sets defined earlier (on page four) are key to the implementation of the Differential Response practice model at all levels of the public child welfare system. Each of the skill sets has a corresponding profile. The profiles include Engaging, Assessing, Partnering, Planning, Implementing, Evaluating, Advocating, Communicating, Demonstrating Cultural and Diversity Competence, and Collaborating.

Engaging

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

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

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

— Steib, 2004



Engaging Ideal

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

Uses language that shows respect (such as asking each family member how they would like to be addressed – first name, Mr./Mrs., nickname, etc.).

Respects family choices when scheduling contacts; incorporates family's preferences for day, time and location for the assessment visit (unless safety concerns are present); schedules initial contact within Ohio Administrative Code requirements; asks family about contact preferences, such as phone, email or text.

Developmental

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

Avoids language that tends to inflame (such as "victim," "perpetrator," "abusive," "neglectful," "poor parenting," "dirty home," "drug addict").

Determines a time and date for the visit and asks the family if this is mutually agreeable. Arrives at the appointment on time for scheduled contact; avoids cancellation of appointments. Inconsistently or selectively asks the family about contact preferences.

Unacceptable

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

Uses language that is judgmental, authoritative or pejorative in communication with the family.

Uses labels or language that reflects stereotypes or belittles the family's culture, history, situation or behaviors.

Uses abbreviations or technical language without explaining their meanings.

Schedules visits primarily according to the worker's convenience for time and location, or fails to ensure that visits occur within Ohio Administrative Code guidelines; regularly misses appointments with families without notifying the family; does not ask the family about contact preferences.

Engaging Ideal

Developmental

Unacceptable

Uses protective authority only when necessary; engages law enforcement authority only when necessary to ensure child or worker safety, or as required by the county's memorandum of understanding.

Overuses protective authority to ensure child or worker safety.

Primarily uses protective authority; does not balance protective authority with engaging families in a collaborative relationship. Demeanor with families is authoritative. Regularly uses law enforcement to gain access to the child, even when child safety is not an immediate concern.

Recognizes and verbalizes to the family members their strengths and skills.

Recognizes and verbalizes to the family members their obvious strengths and skills but does not consistently recognize underlying or less obvious family strengths, skills or resources.

Discusses only family challenges or problems and fails to recognize family strengths or resources that could be leveraged to address areas of concern.

Effectively uses strategies detailed in this profile to continuously explore and address family resistance and encourage participation and collaboration.

Inconsistently or selectively uses strategies detailed in this profile to encourage participation and collaboration when encountering family resistance.

Routinely avoids using strategies detailed in this profile to address and respond to family resistance, or prematurely requests pathway change when the family demonstrates resistance.

Listens actively to each family member and solicits perspectives from all involved (for example, by summarizing for the family members what the worker understood them to say) and encourages the family to tell their story without interruption by allowing the family members to speak more than the worker.

Listens and sometimes seeks perspectives from family members; avoids assumptions; asks open-ended follow-up questions to clarify information.

Communication consists mostly of worker informing the family about his/her assessment conclusions and recommendations for services, without soliciting meaningful input from the family. Interprets the family's statements from the worker's perspective and/or summarizes inaccurately for the family. Demonstrates indifference about and/or disdain for the family members' voices in their story.

Engaging Ideal

Developmental

Unacceptable

Actively involves children and parents or caregivers in all aspects of the case by using activities such as scaling, life circles, genograms, strengths and needs exercises, and pointing out to the family what is going well. Uses these techniques with family members individually or together (e.g., child and parent together) as appropriate to the case situation.

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

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

Returns family phone calls within one business day.

Inconsistently returns family phone calls within one business day.

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

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

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

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

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

Discusses with the family the agency's and stakeholders' roles and responsibilities in the assessment and investigative processes.

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

Omits discussion with the family regarding agency and stakeholder roles and responsibilities.

Assessing

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

In Ohio's Differential Response system, a comprehensive assessment, including assessment of safety and risk, is completed with all families, regardless of the initial pathway assignment. Assessment is the process of gathering accurate, comprehensive information using relevant and credible sources of information, documenting the information using appropriate assessment tools, and objectively analyzing the information to determine the best course of action. When the assessment process is done well, the result is a clear, objective and detailed picture of family needs; child vulnerabilities related to safety, permanence and well-being; and the strengths and protective capacities of the family. The assessment process must inform next steps with the family, including safety planning, service planning, service provision and/or service termination. Assessment begins at the time of first contact with the family and continues throughout the life of the case. (Schene, 2005)

An assessment with investigation is conducted for child abuse or neglect reports assigned to the Traditional Response pathway. In these cases, a comprehensive assessment and an investigation determine the validity of the child maltreatment report and support a determination of child abuse and/or neglect.



Assessing Ideal

Developmental

Unacceptable

Conducts an assessment of child safety with all family members present, unless separate interviews are indicated or required by Ohio Administrative Code¹, and jointly plans with the family for any immediate safety needs.

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

Conducts the initial assessment with minimal or no family participation. Pays insufficient attention to the child's (children's) safety concerns.

Gathers, includes and considers all the family members' perceptions of their strengths and the issues or problems they are facing, even if they are unable to recognize how the issues or problems create risk for children.

Gathers, includes and considers family members' perceptions of their strengths and issues, but efforts are inconsistent or not thorough. Inconsistently prompts the family to provide additional information.

Does not gather, include or consider assessment information from family members and/or does not include their perspectives about presenting issues, problems or strengths. Does not prompt the family to provide additional information.

Gathers, includes and considers detailed information from family members about the alleged incident of child maltreatment.

Inconsistently gathers, includes and considers detailed information from family members about the alleged incident of child maltreatment. Does not always ask clarifying questions of the family.

Does not gather, include or consider detailed information from family members about the alleged incident of child maltreatment. Reaches conclusions without supporting information.

Gathers thorough information from relevant sources (relatives, kin, service providers, etc.) to assess safety, risk and strengths; provide supportive services; and, as indicated, determine a disposition.

Inconsistently and/or incompletely gathers information from collateral and other relevant sources.

Gathers information in a limited manner.

Respects the family's privacy and exercises discretion in interviewing and gathering information specific to the family and allegation of child maltreatment.

Understands privacy issues at times, but demonstrates inability to balance the need for information with the privacy of the family.

Seeks or gathers information about family members without specific focus, parameters or respect for privacy.

Occasionally gathers information from sources that are not critical to assessing safety, risk or disposition determination.

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



Assessing Ideal

Developmental

Unacceptable

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

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

Pays insufficient attention to factors known to create substantial risk to children (such as domestic violence, mental health issues, substance abuse). Often focuses only on the incident resulting in agency involvement. Does not gather information regarding underlying causes of behavior and history as relevant to possible child maltreatment.

Gathers detailed information about individual, family and environmental strengths and protective capacities that can mitigate risk.

Gathers information about individual, family and environmental strengths and protective capacities that can mitigate risk, but this information sometimes lacks sufficient detail.

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

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

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

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

Regularly uses critical thinking during the assessment process. Assesses the validity and relevance of information gathered, suspends judgment until all relevant information is gathered, and synthesizes assessment information. Clearly uses assessment and/or investigative data to inform safety planning, disposition determination as appropriate, family service/case planning, and/or case closure.

Inconsistently uses critical thinking during the assessment process. Does not always collect all relevant information before drawing conclusions. Does not always determine the relevance or significance of certain details as they relate to child safety and/or family well-being; disposition determination if necessary; identification of appropriate service and supports; and/or planning for case closure.

Does not use assessment process for intended purpose. Draws conclusions before all relevant information is gathered and analyzed or is unable to formulate conclusions. Does not possess critical thinking skills as evidenced by inability to articulate the relationship between information gathered and decision-making, including safety planning, disposition determination if necessary, family service and case planning, and/or case closure.



Partnering

Respectful and meaningful collaboration with families to achieve shared goals.

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

— *Child Welfare Information Gateway, 2012*



Partnering Ideal

Developmental

Unacceptable

Emphasizes collaboration through language that demonstrates respect, inclusion, validation and encouragement for the family members' primary roles in planning and making decisions for themselves and their children.

Inconsistently emphasizes collaboration through language that demonstrates respect, inclusion, validation and encouragement for the family members' primary roles in planning and making decisions for themselves and their children.

Fails to use language that demonstrates respect, inclusion, validation and encouragement for the family. This may include intimidating, blaming or shaming the family.

Encourages the family members to identify and select the services and agencies they feel will best meet their individualized needs, and provides the family members with other known services and agencies that they may want to consider.

Provides the family with a list of agency-identified services and service providers to select from and does not inquire to see if the family has any thoughts on services or providers that were not on the list.

Identifies a service or service provider for the family without any discussion of other options.

Encourages and emphasizes the importance of families participating and engaging in family meetings during home visits and critical junctures in the life of the case, such as safety planning, family service planning, family service plan reviews and case closure.¹

Sometimes and/or insufficiently encourages and emphasizes the importance of families participating and engaging in family meetings during home visits and critical junctures in the life of the case.

Discourages or avoids opportunities for families to participate in family meetings.

Provides the family with blank documents, such as safety plan, family service or case plan, and reviews, that are completed with the family, using the family's words.

Sometimes provides the family with blank documents that are completed with the family, using the family's words.

Provides the family with an agency-drafted document or a blank document that is left for the family to complete, independent of the worker.

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

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

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

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



Partnering Ideal

Developmental

Unacceptable

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

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

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

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

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

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

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

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

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

Offers to accompany the family to the first appointment with new providers and any additional appointments as requested by the family.

Sometimes offers to accompany the family to the first appointment with new providers and any additional appointments, as requested.

Does not offer to accompany the family to the first appointment with new providers or any additional appointments, as requested.

Encourages families to participate in all formal case reviews (90-day reviews and semiannual administrative reviews).

Inconsistently encourages families to participate in all formal case reviews.

Does not encourage families to participate in all formal case reviews.



Planning

Setting goals, developing strategies, and outlining tasks and schedules to accomplish the goals derived from the engaging, assessing and partnering process.

Plans¹ are developed with families to help them use their current strengths and resources to resolve underlying causes of abuse and neglect. Plans include goals, strategies, tasks and schedules, and are derived from the safety and family assessments. (Rycus and Hughes, 1998)

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

— Northern California Training Academy, 2008

¹ Please note that the word “plan” can mean the safety plan, case plan or family service plan, unless otherwise specified.



Planning Ideal

Developmental

Unacceptable

Explains to the family¹ the specific function of the plan being developed. This can include the safety plan, family service plan, case plan (voluntary or court-involved) or concurrent plan.

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

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

Prepares in advance of family meetings and is knowledgeable and ready to advise families about community resources and services.

Inconsistently prepares in advance of family meetings and has insufficient knowledge of the appropriate services available to the family, and/or shares only some information with the family.

Comes to family meetings unprepared to discuss appropriate services and/or does not share information about appropriate service options with the family.

Uses detailed information (obtained in the assessment stage) about individual, family and environmental strengths and protective capacities that can mitigate risk during planning discussions and planning development.

Inconsistently attempts to integrate information obtained in the assessment stage during planning discussions and planning development.

Does not integrate information obtained in the assessment stage during planning discussions or planning development.

Gathers family members' ideas about options for ensuring the immediate safety and/or placement of their children. Develops with the family written safety plans that are time-limited, specific, easily understood by the family and that address the immediate safety of children.

Inconsistently gathers family members' ideas about options for ensuring the immediate safety and/or placement of their children. Written safety plans are inconsistently time-limited, specific or are not easily understood by the family.

Does not involve the family in the development of the safety plan and/or placement. Develops safety plans that are vague or not time-limited.

Uses specific developmentally and culturally appropriate communication strategies (such as motivational interviewing, three wishes, miracle questions, scaling questions, etc.) during planning meetings with families.

Inconsistently uses specific developmentally and culturally appropriate communication strategies during planning meetings with families.

Uses generic communication strategies during planning meetings with families.

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

Planning Ideal

Developmental

Unacceptable

Helps family members develop plans that use their current strengths and other resources to resolve contributing factors and underlying causes of abuse and/or neglect.

Inconsistently and/or selectively helps family members develop plans that use their strengths and other resources to resolve contributing factors and underlying causes of abuse and/or neglect.

Uses a deficit approach to case planning, focusing primarily on family problems. Fails to discuss family strengths to resolve contributing factors and underlying causes of abuse and/or neglect.

Discusses appropriate service options with the family, including the relative benefits and limitations of each. Considers the family's capacity and preferences regarding participation in services, and provides recommendations.

Presents some of the appropriate service options that can address the family's needs with no discussion regarding the most appropriate service or the benefits and limitations of each option.

Tells the family about the services that the worker expects the family to initiate and/or complete.

Fully involves the family in writing the service or case plan; encourages the family to assume the leader role in developing all aspects of the plan; provides the family with the opportunity to write the plan, or writes the plan in the presence and with the approval of the family.

Writes the plan in the presence and with the approval of the family; invites the family to review the plan prior to finalization; makes agreed-upon changes as needed; provides the family with a copy of the plan.

Writes the initial service or case plan without family input or leadership, presents it to the family for their review, negotiates changes if needed, invites the family to review the final version and gives a copy to the family.

Does not involve the family in identifying needed services. Prepares the service or case plan without the family present and provides the service plan to the family without permitting reaction and/or input.

Develops written service or case plans with the family that are easily understood by the family. Plans are behaviorally specific and written in the family's words. They also are time-limited and include activities for the caseworker, as well as the family. They address the contributing factors to abuse and neglect. Plans also include visitation plans as needed.

Inconsistently develops written service or case plans that are easily understood by the family. Plans are sometimes but not always behaviorally specific, written in the family's words and time-limited. They may or may not include activities for the caseworker, as well as the family. They sometimes but not always address the contributing factors to abuse and neglect. They include visitation plans as needed.

Develops written service or case plans that are vague, difficult for the family to understand, and/or do not directly address factors contributing to abuse and neglect or a visitation plan.

Planning

Ideal

Developmental

Unacceptable

Ensures that the service or case plan objectives are behaviorally based and measurable. Caseworker ensures that these activities have attached roles, responsibilities and anticipated time frames of all team members.

Inconsistently ensures that the service or case plan goals have attached roles, responsibilities and anticipated time frames for all team members.

Provides family with a service or case plan that has identified goals but lacks identified roles, responsibilities or anticipated time frames associated with these goals.

Ensures that the service or case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.

Inconsistently ensures that the service or case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.

Does not ensure that the service or case plan has concrete steps for continuous re-evaluation of goals and identification of barriers.

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

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

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

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

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

Does not write concurrent plan when indicated, or writes the concurrent plan without input from the family.

Implementing

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

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

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

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

— Fixen, Blase, et. al, 2005



Implementing Ideal

Developmental

Unacceptable

Facilitates service referrals and linkages on behalf of the family and with the family's knowledge, input and, whenever possible, agreement.

Inconsistently facilitates service referrals and linkages on behalf of the family and with the family's knowledge and agreement.

Does not facilitate service referrals and linkages on behalf of the family; provides resource information to the family, rather than facilitating the service linkage.

Obtains a release of information and provides written and/or verbal communication to the provider. This information, with agreement from the family (unless the agency holds custody of the child and can release information without signed release from family), would include the family's presenting issues, the agency's assessment results, the family's goals in addressing these issues with this service provider and desired outcomes of the family receiving this service.

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

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

When transferring cases, plans the transition in a manner that is least disruptive to the family. This will include at least one warm hand-off¹ meeting, during which presenting issues, assessment findings, service goals and desired outcomes are discussed.

Inconsistently plans the transition with the family. Sometimes conducts warm hand-off meeting(s) with the family and new worker. Inconsistently discusses the presenting issues, assessment findings, service goals and desired outcomes with the family.

Provides insufficient or no information to the family about the transfer of the family's case to a new worker.

At each contact, reviews the safety plan (if applicable) with the family² to ensure that the plan is being implemented and is effective. Works jointly with family to identify solutions and make appropriate adjustments to the safety plan as needed.

Inconsistently reviews the safety plan (if applicable) with the family, or inconsistently assists the family in identifying solutions to identified areas of concerns. Inconsistently makes appropriate adjustments to the safety plan as needed.

Does not review the safety plan (if applicable) with the family, does not assist the family in developing solutions, and/or does not make appropriate adjustments to the safety plan as needed.

¹ In a warm hand-off meeting, the current caseworker introduces the new worker to the family, summarizes past activities and next steps, and explains the new worker's role to the family.

² In rare instances, there may be compelling reasons to meet with family members separately – for example, in cases of intimate partner violence or child safety concerns.



Implementing Ideal

Developmental

Unacceptable

At each contact, reviews the family service plan or case plan with the family and discusses successes and barriers experienced in completing the plan activities and objectives.

Inconsistently reviews the family service plan or case plan with the family, and/or inconsistently discusses successes and barriers experienced in completing the plan activities and objectives.

Reviews the family service plan or case plan only at required 90- and 180-day reviews and/or may provide insufficient detail about the plan activities and objectives.

Engages the family in crafting solutions to overcome identified barriers.

Sometimes engages the family in crafting solutions to overcome identified barriers.

Does not make efforts to engage the family in crafting solutions to overcome identified barriers.

Works jointly with family members and service providers to amend the goals identified in the plan when it is determined that the current plan no longer is meeting the family's needs.

Sometimes demonstrates rigidity in expectations for family to complete the current plan, rather than demonstrating flexibility to amend this plan to better fit the family's needs.

Does not talk with family and service providers about the ability to amend the plan.

At the family's request, makes contact with other community stakeholders on the family's behalf.

Sometimes responds to the family's requests to contact other community stakeholders on its behalf.

Does not respond to the family's request for agency assistance in contacting community agencies on its behalf.

Effectively and routinely uses supervision throughout the case to discuss progress and barriers toward achieving case goals and closing the case.

Sometimes uses supervision to review the dynamics of cases and identify steps needed for case closure, or only uses supervision to discuss the status of compliance measures, rather than a comprehensive discussion of individual cases.

Only discusses case closure with supervisor when the case may be ready to close.

Progressively moves case to least-restrictive involvement, with end goal of closing case once safety and risk concerns are mitigated and permanency goals are achieved.

Sometimes closes case once safety and risk concerns are mitigated and permanency goals are achieved.

Does not close case once safety and risk concerns are mitigated and permanency goals are achieved.

Evaluating

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

"(This is t)he stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure."

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



Evaluating Ideal

Developmental

Unacceptable

Discusses and documents how services meet desired outcomes, as evidenced by the family's demonstration of newly acquired skills and service providers verifying the family's use of newly learned skills.

Confirms the family's participation in services with limited discussion or documentation on how the family is applying newly acquired skills in everyday life.

Gauges family progress solely on the family's completion of service plan goals and fails to demonstrate how the family is applying newly acquired skills in everyday life.

Conducts comprehensive and holistic family service reviews. This is evidenced by documentation and discussion with the family, by the service provider's perceptions of the family's progress, by taking into account relevant and available information, and by observing changes in behavior.

Incorporates limited and incomplete information to support ratings on family service reviews.

Gauges the family's progress based solely on information and/or perception of one entity involved in the family's service plan, such as the agency, family or service provider.

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

Sometimes addresses in formal reviews whether the current interventions are assisting the family in reaching the desired immediate, intermediate and long-term outcome(s).

Does not address in formal reviews whether the current interventions are assisting the family in reaching the desired immediate, intermediate and long-term outcome(s).

Converses with the family and service provider(s) about what the family is accomplishing and how the family is applying new skills to daily life.

Inconsistently engages in conversation with the family and service provider(s) about what the family is accomplishing and how the family is applying new skills to daily life.

Does not engage in conversation with the family and service provider(s) about what the family is accomplishing and how the family is applying new skills to daily life.

Regularly participates in agency evaluation activities, such as sustainability assessment and quality improvement efforts.

Sometimes participates in agency evaluation activities.

Sometimes participates in agency evaluation activities.



Advocating

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

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

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



Advocating Ideal

Developmental

Unacceptable

Accompanies families to meetings with schools, service providers, government entities and landlords to resolve problems with service provision and to help families obtain needed services, benefits or entitlements.

Inconsistently accompanies families to meetings to resolve problems with service provision, or attends meetings but does not help resolve problems with service provision.

Does not accompany families to meetings to resolve problems with service provision.

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

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

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

Helps families overcome organizational or systemic barriers to accessing needed services, benefits or entitlements.

Inconsistently helps families overcome organizational or systemic barriers to accessing needed services, benefits or entitlements.

Does not help families overcome organizational or systemic barriers to accessing needed services, benefits or entitlements.

Negotiates changes or improvements in services, benefits or entitlements on behalf of families.

Inconsistently negotiates changes or improvements in services, benefits or entitlements on behalf of families.

Does not negotiate changes or improvements in services, benefits or entitlements on behalf of families.

Models, coaches and encourages families to be direct, persistent and assertive in requesting the services, benefits or entitlements they need.

Inconsistently models, coaches and encourages families to be direct, persistent and assertive in requesting services, benefits or entitlements they need.

Does not model, coach or encourage families to assertively request services they need; may conduct these tasks personally instead of encouraging the family to do so.

Identifies service gaps in the community and informs appropriate public children services agency (PCSA) staff regarding needed services.

Inconsistently identifies service gaps in the community, or is knowledgeable about service gaps but doesn't inform appropriate PCSA staff.

Does not recognize or identify service gaps.

Identifies patterns of inadequate services or illegal activities by service providers, landlords, schools or courts and informs appropriate PCSA staff regarding these problems.

Inconsistently identifies and informs appropriate PCSA staff about patterns of inadequate services or illegal activities by service providers, landlords, schools or courts.

Does not identify or inform appropriate PCSA staff about illegal or inadequate services.



Advocating Ideal

Identifies policies or procedures that need to be changed or improved to optimize agency and community providers' ability to fully serve families, and informs appropriate agency staff about the needed changes.

Promotes policy or procedure changes that would enable the agency and community providers to fully serve families and/or improve services. For example, testifies or writes letters in support of legislation or provides reports, as requested.

Encourages community partners to use best practices during investigations, assessments, case planning, service delivery and placement services to children and families. Informs PCSA staff about problematic responses or services from community partners so an administrative response can be initiated to resolve the problem.

Identifies community partners' questions or misconceptions about families involved with child welfare and PCSA services, and informs appropriate PCSA staff so education can be planned.

Developmental

Does not consistently recognize when policies or procedures are impeding agency and community providers' ability to fully serve families, and/or inconsistently informs appropriate agency staff about policy or procedure changes needed to optimize agency and community providers' ability to fully serve families.

Inconsistently promotes policy or procedure changes that would enable the agency and community providers to fully serve families and/or improve services.

Does not always encourage community partners to use best practices. Does not always inform PCSA staff about problematic responses or involvement in shared cases.

Inconsistently identifies community partners' questions or misconceptions about families involved with child welfare and PCSA services and/or inconsistently informs appropriate PCSA staff about community partners' misconceptions or questions.

Unacceptable

Does not recognize situations in which policies or procedures are impeding agency and community providers' ability to fully serve families, and/or does not inform appropriate agency staff about needed policy or procedure changes.

Does not promote policy or procedure changes that would enable the agency and community providers to fully serve families and/or improve services.

Goes along with community partners' problematic involvement with shared cases. Does not inform PCSA staff about problems with community partners' involvement with cases.

Does not inform the appropriate agency staff about community partners' questions or misconceptions, and/or communicates agreement with those who complain about the PCSA.



Demonstrating Cultural & Diversity Competence

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

“Diversity competence is an ongoing developmental process that includes:

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

— Ohio Child Welfare Training Program Policy Manual, June 2012



Demonstrating Cultural & Diversity Competence

<i>Ideal</i>	<i>Developmental</i>	<i>Unacceptable</i>
<p>Routinely conducts a self-assessment of diversity competency. Takes an inventory of personal values, beliefs, attitudes, knowledge and awareness. Identifies how differences in these areas can impact work with families; and implements changes in practice to improve work with families.</p>	<p>Conducts a self-assessment of diversity competency when prompted. Is able to take an inventory of some personal values, beliefs, attitudes, knowledge and awareness. Can identify how some differences in these areas can impact work with families. Sometimes implements changes in practice to improve work with families.</p>	<p>Rarely or never assesses self. Does not demonstrate an understanding of how personal values, beliefs, attitudes, knowledge and awareness can impact work with families. Is unwilling or unable to integrate changes in practice to improve work with families.</p>
<p>Makes a significant effort to learn about the lives of families and their unique experiences, values, language and traditions.</p>	<p>Makes some effort to learn about the lives of families and their unique experiences, values, language and traditions.</p>	<p>Makes little or no effort to learn about the lives of families. Relies on generalized information or stereotypes when describing families.</p>
<p>Views all families as having their own unique experience and values. Recognizes and is responsive to families' formal and informal cultures, diverse family structures, languages, values and traditions. Always incorporates these values, norms and perspectives in all discussions, decision-making and service planning.</p>	<p>Sometimes incorporates the values, norms and perspectives of the family in discussions and service planning.</p>	<p>Disregards the family's perspectives during meetings or visits. Writes service or case plans without considering or incorporating the norms, values or perspectives of the family.</p>
<p>Communicates in ways that demonstrate sensitivity and responsiveness to culture, language, socioeconomic status and other differences. For example, uses a variety of verbal and nonverbal communication techniques that encourage positive interaction with families; provides opportunities for families to communicate in their first language and/or dialect; and always uses interpreters or translators effectively to gather information from families, conduct assessments and partner in service planning.</p>	<p>Usually communicates in ways that demonstrate sensitivity and responsiveness to culture, language, socioeconomic status and other differences. For example, uses a few different verbal and nonverbal techniques that encourage positive interaction with families; usually provides the opportunity for families to communicate in their first language and/or dialect; and usually uses interpreters or translators for gathering information, conducting assessments and partnering in service planning.</p>	<p>Uses only one style and/or method of communication. Makes no attempt to modify communication based on family needs or differences. Rarely or never uses interpreters or translators, or relies on family members or children to interpret or translate.</p>



Demonstrating Cultural & Diversity Competence

Ideal

Developmental

Unacceptable

Always informs law enforcement, the court and other authoritative entities of any unique communication needs of the family, such as the need for an interpreter.

Sometimes informs law enforcement, the court and other authoritative entities of any unique communication needs of the family.

Does not inform law enforcement, the court or other authoritative entities of any unique communication needs of the family.

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

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

Does not consider the family's culture, language, socioeconomic status or other differences when identifying services. Always presents the same options for service.

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

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

Most often relies on "standard" services.



Communicating

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

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

— Reder and Duncan, 2003



Communicating

Ideal

Developmental

Unacceptable

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

Inconsistently or inadequately prepares for communication with individuals or groups.

Does not prepare for communication with individuals or groups.

Communications are clear, thorough, concise, accurate and timely. All written and verbal communications reflect an appropriate degree of formality for the intended audience. Essential information is always prioritized. Examples of communication include writing entries for the Statewide Automated Child Welfare Information System (SACWIS), written reports and verbal communications to service providers, courts, prosecutors, law enforcement and other PCSAs.

Prepares written reports, verbal communications or SACWIS entries that are inconsistently clear, thorough, concise, accurate, timely, in "plain terms" and that reflect an appropriate degree of formality for the intended audience.

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

Coordinates the timing, sequencing and content of communication when more than one person will be communicating with a family, service provider or court, or when the worker needs to communicate with more than one family member.

Inconsistently coordinates timing, sequencing and content of communication when more than one person will be communicating with the family, service provider or court; does not recognize the importance of timing or sequencing when communicating with more than one family member.

Does not coordinate timing or content of communication when more than one person will be communicating with the family, service provider or court; makes errors in the sequence of communication with more than one family member.

Ensures recipients of communications have understood the communication. For example, summarizes conversations and agreed-upon actions or decisions and asks the recipient if anything was unclear to him/her. Provides follow-up clarification if necessary.

Inconsistently ensures recipients of communications have understood; inconsistently follows up to ensure understanding.

Does not follow up to ensure understanding or check for recipients' understanding of communications.

Communicating

Ideal

Developmental

Unacceptable

Uses agency protocol regarding communication.¹ This includes communication within the agency, with the media and with community partners. Always maintains confidentiality.

Inconsistently uses agency protocol regarding communication.

Does not follow agency protocol regarding communication.

Identifies emotional, interpersonal, inter-agency, organizational and technological barriers or complications in communicating with staff, families, community providers or courts, and works to minimize or resolve them.

Inconsistently identifies barriers or identifies barriers but inconsistently works to minimize or resolve them.

Does not identify barriers to communication; does not work to minimize or resolve barriers.

Uses respectful communication. Engages in difficult conversations with those involved; refrains from gossiping or complaining to others; does not use pejorative descriptive language in written or verbal communication; and is honest, timely and objective.

Inconsistently uses respectful communication.

Avoids difficult conversations; gossips; complains to others; uses pejorative language; is not honest, timely or objective.

Recognizes and appropriately responds to nonverbal communication and the context of the communication. Considers factors that may affect communication, such as strong emotions or people included in the conversation who may inhibit frank discussion.

Inconsistently recognizes and responds to nonverbal communication and the context of the communication, as well as the spoken or written word.

Does not recognize or respond to nonverbal communication or the context of communication, or consistently misinterprets nonverbal communication.

When necessary, arranges for deaf and language interpreters for verbal communication and translation of documents and written communication. Helps prepare interpreters and translators for these tasks.

Inconsistently arranges for interpreters or translators, or inconsistently prepares interpreters or translators.

Does not arrange for interpreters or translators.

¹Whenever possible, adheres to the National Association of Social Workers Code of Ethics (1996, rev. 2008).



Collaborating

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

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

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



Collaborating Ideal

Engages in activities that foster knowledge building, mutual respect and support for ongoing relationships with community partners, such as:

- ▶ Attending partner organization events and/or visiting to learn about services offered, eligibility criteria, referral processes, etc.;
- ▶ Inviting partner organizations to attend agency-sponsored events that promote information sharing and education about services; and
- ▶ Sharing information with other staff within own agency.

Demonstrates a clear understanding of partner organizations' roles in service to the family by requesting services that clearly fall within the bounds of an organization's mission and purpose.

Engages community partners in conversations to discuss the child welfare agency's and the partners' roles in working with the family.

Engages in regular communication, discusses and reaches consensus about the most beneficial strategies for working with a family, coordinates services, anticipates barriers and works to remove barriers to service provision.

Developmental

Engages in activities to build relationships with community partners inconsistently or only when directed; takes limited initiative to establish relationships.

Does not always seek a clear understanding of partner organizations' roles in service to the family. As a result, makes some requests for services that are not within an organization's mission and purpose.

Inconsistently engages community partners in conversations to discuss the child welfare agency's and the partners' roles in working with the family.

Sometimes defers to the community agency for decision making, rather than discussing strategies and reaching consensus. Avoids a discussion of barriers and/or doesn't recognize barriers to services.

Unacceptable

Refuses to engage in collaborative activities; refuses to engage with community partners; doesn't attend events or make an attempt to learn about the community services.

Ignores partner organizations' guidelines for eligibility and consistently requests services that agencies cannot provide.

Tells the community partners the agency's expectations for service delivery, rather than having a discussion.

Works with the family in isolation despite community partner involvement. Ignores barriers despite knowing that they exist.

Collaborating Ideal

Developmental

Unacceptable

Seeks to understand a community partner's perspective when differences of opinion arise.

Sometimes avoids discussion of differences and moves forward without understanding or resolution.

Assumes that the community partner and his/her perspective are wrong.

If the family consents, involves community partners in such things as service-planning meetings, family team meetings and reviews.

Inconsistently or sometimes involves community partners in service-planning meetings with families, family team meetings, reviews, etc. (if family is in agreement).

Works in isolation without involving partners in meetings.

Shares all pertinent information with partners within the bounds of confidentiality.

Inconsistently shares information. Sometimes shares limited information or details not pertinent to service provision.

Shares details that are not necessary for the service provider to provide good services to the family; does not provide necessary information so that the service provider can properly serve the family.

Always follows up with community partners on agreed-upon activities in a timely manner.

Usually follows up with community partners, but is not always timely.

Fails to follow up with community partners on agreed-upon activities without reason.

Discusses plans for terminating agency involvement; explains the process for termination and discusses the nature of the partner agency's continued involvement with the family (if any).

Discusses termination but usually when the decision already has been made.

Closes family cases without notifying or discussing with community partners.

Coordinates and conducts investigative activities with community partners as stipulated by agency policy and/or a memorandum of understanding. Partners can include the court, law enforcement, prosecutor, a mental health care provider and/or a medical provider.

Usually coordinates and conducts investigative activities with community partners. Sometimes avoids coordinating activities when challenges arise, such as time constraints or interpersonal conflicts with community partners.

Conducts investigative activities independent of or without regard to collaboration with community partners.

Collaborating Ideal

Shares all pertinent information with the prosecutor or agency attorney regarding the agency's request for legal interventions to protect children and the nature of the agency's intervention with the family. Does this in a timely manner. Consults with the supervisor if difficulties arise during interactions with the prosecutor or agency attorney.

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

Developmental

Sometimes shares incomplete information with the prosecutor or agency attorney. Sometimes fails to inform the supervisor regarding difficulties in interactions with the prosecutor or agency attorney.

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

Unacceptable

Does not discuss pertinent information with the prosecutor or agency attorney.

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



Thank You

Fundamentals of Ohio's Differential Response System and Child Welfare Practice Model

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