

Family Service Planning: Content Review

Family Service Plan Goals, Objectives, and Tasks Review

Goal: The family's permanency goal as prescribed by the Adoption and Safe Families Act.

Objectives: Statements that describe in measurable terms exactly what change is desired to support achievement of the goal.

Components and requirements of objectives:

- **Specific, Measurable, Action-oriented, Realistic, Time-Limited**
- Formulated to achieve the permanency goal
- Written in terms the family can understand
- Created with the family
- There must be objective within the family service plan which address how:
 - Diminished or absent protective capacities for safety threats will be enhanced
 - Moderate or high risk factors will be lowered
 - Other child and family well-being needs will be met

SMART Criteria for Objectives	
Specific	Objectives are more specific in scope than goals. Each risk factor that received a high or moderate rating must be addressed in at least one objective and its corresponding task list in the FSP. Objectives must also address all diminished protective capacities that impact safety threats and risk factors.
Measurable	Objectives should be measurable so that you have tangible evidence that the objective has been accomplished. Measurable objectives identify exactly what will be seen, heard, or felt when objectives are reached.
Action-oriented	Most objectives will need to reflect behavior change or be action-oriented. In child welfare, many desired "end state" will reflect the elimination of harmful parenting behaviors. *All objectives on the FSP will be developed from the identified safety threats, diminished or absent protective capacities, the high and moderate ratings on the risk assessment and well-being needs that are not met.
Realistic	If a specific desired outcome from a family is not realistic, the parents will not be inclined to embrace the plan to put it into action. In addition, if the objectives are not realistic, the agency and other service providers will not be genuinely working with the caregiver to facilitate change.
Time-limited	FSPs are reviewed at a minimum of 6 months. Objectives need to be rewritten so that they can be achieved or at least substantial progress can be made within that time frame.

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Tasks: Specific activities to achieve the objective. Tasks are a step-by-step implementation plan. Tasks structure and guide provision of services.

When developing tasks and activities with the family, **the following elements must clearly be specified in the FSP.**

- **Who** is responsible for the implementation of each task?
- **What** tasks or actions must be performed, in what order, to achieve the objectives?
- **When** is the task to take place, including desired time frames for beginning and completing each task?
- **How** will the successful completion of the task be measured?

The FSP must specify all necessary activities to achieve each stated objective. This part of the case plan as stated above can be viewed as a task analysis or “step-by-step implementation plan.” This plan structures and guides the provision of services.

Once the task is agreed upon, the family, with your support, will need to decide who will provide the service. One of the most important aspects of family service planning is matching the family’s identified needs with individualized and culturally sensitive services which meet their needs to eliminate the concerns.

Planning of services:

- The services must be intentionally chosen to meet the identified concerns and needs of the family.
 - Services which are customized to meet a family’s unique needs will be more successful than those services which are more programmatic or “cookie cutter.”
- Services can be formal or informal
- When choosing specific service providers with the family consider the following:
 - What skills are required of the service provider? Do they have the required competence?
 - What factors enhance or prohibit the family’s participation and cooperation with this provider?
 - Could the child welfare agency provide the services directly rather than through a purchase of service contract? Are you expected to provide these services yourself? Is that appropriate? Do you have the required competency to do so?
 - Can various methods of service delivery be used concurrently? How would this benefit the family?

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- How soon is the service provider available? (the sooner the service is provided, the more effective it is in implementing change for the family)
- Types of services to consider:
 - **Trauma-informed services:** these services are services that may not be specifically designed to treat trauma symptoms, but are informed about and sensitive to trauma-related issues present in survivors and make every attempt to avoid re-traumatization
 - **Trauma-Specific Intervention Programs** generally recognize the following:
 - The survivors need to be respected, informed, connected, and hopeful regarding their own recovery
 - The interrelation between trauma and symptoms of trauma, such as substance use disorder, eating disorders, depression, and anxiety
 - The need to work in a collaborative way with survivors, family and friends of the survivor, and other human service agencies in a manner that will empower survivors and consumers
 - **Evidence-Based services:** an evidence-based approach has demonstrated a pattern of effectiveness at achieving its outcomes as evidenced in research. Practices that have shown to be effective are called Evidence-Based Practice (EBPs).
 - **Examples of EBPs are:** Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Motivational Interviewing (MI)
 - The use of EBP does not assure it is the most appropriate service or fit for a child or family. The service selected must always be the best service to meet the family's individualized needs.
 - Evidence-Based Practice Clearinghouses:
 - California Evidence-Based Clearinghouse
 - What Title IV-E Prevention Services Clearinghouse
 - What Works Clearinghouse
 - Blueprints for Health Youth Development
 - CrimeSolutions.gov
 - **Individualized services:**
 - Services must be individualized and the family must be involved in deciding what services they will receive

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- A service selected for the FSP must fit the individual needs of a child and/or family. Some service providers only offer a one-size fits all program and cannot tailor their services to meet a family's unique needs.
- Team members must explore the full range of available services to support families in achieving their FSP objectives.

Family Service Planning Process: Safety Assessment, Risk Assessment, and Service Planning:

- Engage with the family to conduct a safety and risk assessment
- Identify safety threats, absent and/or diminished protective capacities
- Identify moderate to high risk factors
- Identify the permanency goal for the family
- Create objectives with the family to address:
 - Absent and/or diminished protective capacities
 - Moderate to high risk factors
 - Any other well-being concerns
- Create tasks for each objective with the family. The goal should be that the completion of tasks would result in the achievement of the objective. Tasks include:
 - Who, will do what task, by when, and how the task is measured
- Services provided must align with the objectives and tasks in the family service plan to address the safety threats and risk factors

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Family Service Planning Examples: Case Scenario:

The McKinney family consists of 20-year-old Matilda and her 2-year-old daughter, Audrey. This family became involved with CCYA following a referral that stated Matilda and Audrey had been staying at different homes of Matilda's friends. There was often partying and drug use taking place in these homes. When it was warm enough, Matilda would set up a tent along the streets and that is where she and Audrey would sleep at night. The referral source believed Matilda was homeless. Audrey appeared to be malnourished and the referral source stated they weren't sure where Matilda was getting food for her and Audrey, or if Audrey was seeing her pediatrician for well-check visits.

The child welfare professional, Xavier, responded to the referral and met with Matilda and Audrey to gather more information about the family's situation.

During the assessment Xavier learned that Matilda had run away, from her childhood home where she lived with her biological father, three years ago when she was 17-years-old. Her mother had left when she was young and her father had been abusive toward Matilda when she was living with him. She had wanted to start a new life for herself and met 25-year-old Terrence and they "fell in love." A year later she became pregnant with Audrey. Terrence financially took care of Matilda and Audrey for the past year and a half, but was into drugs and had many other relationships. Audrey never used drugs or drank alcohol. Six months ago, Terrence kicked Matilda and Audrey out of the home. Matilda had never had a job before and didn't know what to do. She started staying with different friends she had met through Terrence to put a roof over Audrey's head. She didn't like staying in these homes because of the drug use so would try to sleep outside with Audrey as much as she could. She didn't want to go to a shelter because she was scared someone would come "and take Audrey away." Oftentimes, she stole food from convenience stores. She loves Audrey and wants to give her the life she never had. Audrey is very bonded with her mother, but has been very emotional and lethargic. When she was asked about future goals, Matilda voiced an interest in being able to help others some day and how she has always dreamed about being a nurse.

Safety and Risk Assessment Findings:

Safety Threat 11: Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.

The protective capacities which are diminished for this safety threat are:

- 5: The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities
- 10: The caregiver uses resources necessary to meet the child's basic needs.

There are moderate and high risk factors:

- Child Factor 1. Vulnerability: High
- Child Factor 2. Severity/Frequency and/or Recentness of Abuse/Neglect: Moderate
- Child Factor 4: Extent of Emotional Harm: Moderate
- Caregiver/Household Member/Perpetrator Factors 9. Access to children: High
- Family Environment Factors 13. Condition of the home: High
- Family Environment Factors 14. Family Supports: High
- Family Environment Factors 15. Stressors: High

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Addressing Immediate concerns:

Based on the information gathered through the assessments, the child welfare professional must immediately ensure the child's safety. The immediate concerns to consider are that the child is at a highly vulnerable age (2-years-old) and is malnourished, lethargic, and behind on well-checks. The child needs to immediately see a doctor. An additional area of priority is that the child needs a safe place to sleep beginning right away and on an ongoing basis.

The caregiver agreed to take the child to the pediatrician that day due to the child's weight loss and lethargy. The pediatrician told the caregiver that the child needed to be taken to the ER. The child welfare professional took the caregiver and child to the hospital and the child was admitted due to dehydration and malnutrition. The child's safety was ensured while at the hospital; however, the child welfare professional immediately needed to put a plan in place to ensure the child's safety upon release from the hospital. The child welfare professional spoke with the caregiver, and a family support was identified. The caregiver's older sister upon learning of her and the child's situation agreed to have them live with her once the child was discharged from the hospital. The child's aunt could ensure the child received proper nutrition, well-check visits, and remain safely in her home. A formal safety plan was created to include the aunt.

At this point, the child's safety has been ensured and the child welfare professional will meet with the family to create an FSP.

The permanency goal was identified as: *Child remains in the home. The child is at imminent risk of removal from his/her home.*

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Examples of objectives: *(provided are a few examples; however, the child welfare professional would need to make sure all concerns and needs were addressed through at least one objective.)*

Objective #1: Matilda will obtain permanent housing for herself and Audrey.

Related concerns: absent/diminished protective capacities: *caregiver demonstrates adequate skill to fulfill caregiving responsibilities (can shelter as related to protectiveness; care for basic needs); caregiver uses resources necessary to meet the child's needs. (use basic services such as food and shelter)* **Risk Factors:** *Severity, Frequency and/or Recentness of Abuse/Neglect (rarely has basic medical, food and shelter needs met); Stressors (homelessness);*

Objective #2: Matilda will meet Audrey's basic needs including food, clothing, and shelter.

Related concerns: absent/diminished protective capacities: *caregiver uses resources necessary to meet the child's needs. (get people to help them and their children);* **Risk Factors:** *Family Supports (caregiver emotionally and geographically isolated)*

Objective #3: Matilda will meet Audrey's developmental needs, physical health needs, and medical needs.

Related concerns: absent/diminished protective capacities: *caregiver demonstrates adequate skill to fulfill care giving responsibilities (can shelter as related to protectiveness; care for basic needs); caregiver uses resources necessary to meet the child's needs. (use basic services such as food and shelter; get people to help them and their children);* **Risk Factors:** *Severity, Frequency and/or Recentness of Abuse/Neglect (rarely has basic medical, food and shelter needs met,) Vulnerability; Extent of Emotional Harm*

Objective #4: Matilda will provide financially for her and Audrey.

Related concerns: absent/diminished protective capacities: *demonstrates adequate skill to fulfill caregiving responsibilities (can shelter as related to protectiveness; can feed and care for basic needs);* **Risk Factors:** *Severity, Frequency and/or Recentness of Abuse/Neglect (rarely has basic medical, food and shelter needs met)*

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Tasks associated with Objective #3: *(tasks must be completed for each objective)*

Objective: Matilda will meet Audrey's developmental needs, physical health needs, and medical needs.			
Related concerns: absent/diminished protective capacities: <i>caregiver demonstrates adequate skill to fulfill care giving responsibilities (can shelter as related to protectiveness; care for basic needs); caregiver uses resources necessary to meet the child's needs. (use basic services such as food and shelter; get people to help them and their children); Risk Factors: Severity, Frequency and/or Recency of Abuse/Neglect (rarely has basic medical, food and shelter needs met); Vulnerability; Extent of Emotional Harm</i>			
Who	Will Do What Task	By When	How this Task is Measured
Matilda and Becca	Matilda will continue to take Audrey to the pediatrician on a regular basis to align with all requirements for well-check visits as developmentally and age appropriate, with the support of Becca.	Immediately and on an ongoing basis	Matilda will provide the caseworker the name of the child's pediatrician, dates of scheduled appointments based on Audrey's needs, and documentation following the well-check visits based on the pediatrician's assessment of Audrey's physical and medical health.
Caseworker	The caseworker will support Matilda in applying for and receiving Medicaid for the doctor's visits.	Within a week 7/01/20xx	Matilda will be provided with Medicaid to pay for taking Audrey to the pediatrician.
Caseworker and Matilda	Will complete the Ages and Stages Questionnaire™ (ASQ™) screening tool for Audrey to screen for potential developmental delays.	Within the next week 7/01/20xx	The caseworker will document the findings and recommendations from the screening.
Caseworker	If the ASQ™ identified any potential concerns, the caseworker will make referrals for additional evaluations to the appropriate professional.	Within a week of the screening 7/08/20xx	The caseworker will contact the appropriate professional to schedule an evaluation. Matilda will be provided with the dates, times, and locations of the appointments.
Caseworker	If further evaluation is needed, Matilda will be provided transportation to the appointments.	Day of the Appointment	Transportation provided to allow Matilda and Audrey to attend appointments.
Matilda	Matilda will keep and make any additional appointments needed for evaluations as recommended by the ASQ™.	7/15/20xx	Matilda will provide to the caseworker documentation and a copy of the evaluation for Audrey and needed next steps as recommended by the appropriate professional.