

## CHAPTER 8

# Case Planning

Intervention with abused and neglected children and their families must be planned, purposeful, and directed toward the achievement of safety, permanency, and well-being. One of the essential elements of planned and purposeful intervention is a complete understanding of the factors contributing to maltreatment. The case plan identifies risks and problematic behaviors, as well as the strategies and interventions to facilitate the changes needed, by laying out tasks, goals, and outcomes. Safety plans and concurrent permanency plans are often incorporated into the case planning process, as needed.

Flexibility also is critical in developing and implementing case plans. The use of creativity helps in developing new approaches to tackle difficult problems. The children and family's needs and resources may change, and flexibility allows the plan to follow suit. Planning is a dynamic process; no plan should be static.

Since safety plan considerations are incorporated throughout this manual, this chapter focuses on the case plan process. This entails developing the case plan, involving the family, targeting outcomes, determining goals and tasks, and developing concurrent case plans.

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### DEVELOPING THE CASE PLAN

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The case plan that a child protective services (CPS) caseworker develops with a family is their road map to successful intervention. The outcomes identify the destination, the goals provide the direction, and the tasks outline the specific steps necessary to reach the final destination. The purposes of case planning are to:

- Identify strategies with the family that address the effects of maltreatment and change the behaviors or conditions contributing to its risk;
- Provide a clear and specific guide for the caseworker and the family for changing the behaviors and conditions that influence risk;
- Establish a benchmark to measure client progress for achieving outcomes;
- Develop an essential framework for case decision-making.

The primary decisions during this stage are guided by the following questions:

- What are the outcomes that, when achieved, will indicate that risk is reduced and that the effects of maltreatment have been successfully addressed?
- What goals and tasks must be accomplished to achieve these outcomes?
- What are the priorities among the outcomes, goals, and tasks?
- What interventions or services will best facilitate successful outcomes? Are the appropriate services available?
- How and when will progress be evaluated?

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### INVOLVING THE FAMILY

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Families who believe that their feelings and concerns are heard are more likely to engage in the case-planning process. Therefore, decisions regarding

outcomes, goals, and tasks should be a collaborative process between the caseworker, family, family network, and other providers. Caseworkers should help the family maintain a realistic perspective on what can be accomplished and how long it will take to do so. Involving the family accomplishes the following:

- Enhances the essential helping relationship because the family's feelings and concerns have been heard, respected, and considered;
- Facilitates the family's investment in and commitment to the outcomes, goals, and tasks;
- Empowers parents or caregivers to take the necessary action to change the behaviors and conditions that contribute to the risk of maltreatment;
- Ensures that the agency and the family are working toward the same end.

### Family Meetings

Since the early 1990s, CPS agencies have primarily been using two models—the Family Unity Model and the Family Group Conferencing Model (also known as the Family Group Decision-making Model)—to optimize family strengths in the planning process. These models bring the family, extended family, and others in the family's social support network together to make decisions regarding how to ensure safety and well-being. The demonstrated benefits of these models include:

- Increased willingness of family members to accept the services suggested in the plan because they were integrally involved in the planning process;
- Enhanced relationships between professionals and families resulting in increased job satisfaction of professionals;
- Maintained family continuity and connection through kinship rather than foster care placements.

Family meetings can be powerful events. During the meetings, families often experience caring and concern from family members, relatives, and professionals. Since meetings are based on the strengths perspective, families may develop a sense of hope and vision for the future. The meetings also can show families how they should function by modeling openness in communication and appropriate problem-solving skills.<sup>87</sup>

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## TARGETING OUTCOMES

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One of the decisions resulting from the assessment is what changes must the family make to reduce or eliminate the risk of maltreatment. Achieving positive client outcomes indicates that the specific risks of maltreatment have been adequately reduced and that the effects of maltreatment are satisfactorily addressed.

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### Agency Outcomes

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With the passage of the Adoption and Safe Families Act (ASFA) in 1997, child welfare agencies have been directed to design their intervention systems to measure the achievement of outcomes. There has been consensus that child welfare outcomes, at the program level, can be organized around four domains: child safety, child permanence, child well-being, and family well-being (functioning). Although all four are important, Federal and State laws emphasize child safety and permanence, so these two outcomes are often used to evaluate agency performance. The agency outcomes are defined as:

- **Child safety.** The safety of children is the paramount concern that guides CPS practice. In many States, the evaluation of child safety is equivalent to the determination that the child is at imminent risk of serious harm.<sup>88</sup>
- **Child permanence.** Although maintaining a constant focus on child safety is critical, casework interventions also must be aimed at maintaining or creating permanent living arrangements and emotional attachments for children. This is based on the belief that stable, caring relationships in a family setting are essential for the healthy growth and development of the child. This stresses providing reasonable efforts to prevent removal and to reunify families, when safe and appropriate to do so and as specified under ASFA. This also promotes the

timely adoption or other permanent placement of children who cannot return safely to their own homes.<sup>89</sup>

- **Child well-being.** The general well-being of children who come in contact with the CPS system also must be addressed, especially for children placed in substitute care. This requires that children's physical and mental health, educational, and other needs will be assessed, and that preventive or treatment services are provided when warranted.<sup>90</sup>
- **Family well-being.** Families must be able to function at a basic level in order to provide a safe and permanent environment for raising their children. Caseworkers are not expected to create optimal family functioning, but rather facilitate change so that the family can meet the basic needs of its members and assure their protection.

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### Child and Family-level Outcomes

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Positive outcomes indicate that both the risks and the effects of maltreatment have been reduced due to changes in the behaviors or conditions that contributed to the maltreatment. The outcomes should address issues related to four domains—the child, the parents or other caregivers, the family system, and the environment—and be designed to contribute to the achievement of the CPS agency outcomes for child safety, child permanence, child well-being, and family well-being.<sup>91</sup>

- **Child-level outcomes.** Outcomes for children focus on changes in behavior, development, mental health, physical health, peer relationships, and education. Sample desired outcomes are improved behavior control (as evidenced by managing angry impulses) or developmental appropriateness and adjustment in all areas of functioning (as evidenced by the child's physical development within range of the chronological age).

- **Parent or caregiver outcomes.** Outcomes for parents or caregivers focus on many areas, such as mental health functioning, problem solving ability, impulse control, substance abuse treatment, and parenting skills. A sample desired outcome is improved child management skills (as evidenced by establishing and consistently following through with rules and limits for children).
- **Family outcomes.** Outcomes for the family focus on such issues as roles and boundaries, communication patterns, and social support.

A sample desired outcome is enhanced family maintenance and safety (as evidenced by the ability to meet members' basic needs for food, clothing, shelter, and supervision).

- **Environmental outcomes.** Sometimes outcomes focus on the environmental factors contributing to the maltreatment, such as social isolation, housing issues, or neighborhood safety. A sample desired outcome is utilizing social support (as evidenced by a family being adopted by a church that provides child care respite, support group, and family activities).

### Targeting Outcomes for a Family: Case Example

The Dawn family consists of the father, Mr. Dawn, age 34; mother, Mrs. Dawn, age 32; daughter, Tina, age 6; and son, Scott, age 3½. The family was reported to CPS by the daycare center. Scott had lateral bruises and welts on his buttocks and on the back of his thighs. The daycare center reported that Scott was an aggressive child; he throws things when he is angry, hits other children, and runs from the teacher. The center also has threatened not to readmit him.

Through investigation and family assessment, the caseworker learned that Mr. and Mrs. Dawn have been married for 10 years. Mr. Dawn completed high school and is employed as a clerk in a convenience store. He works the evening shift, 4 to 11 p.m., and was recently turned down for a promotion. Mrs. Dawn also completed high school, went on to become a paralegal, and is employed as a legal assistant. Tina was a planned child, but Scott was not. The parents described Tina as a quiet and easy child. They described Scott as a difficult child and as having a temper and not minding adults. Recently, he threw a truck at his sister, causing her to need stitches above her eye, and tore his curtains down in his bedroom. His parents described Scott as unwilling to be held and loved. Both parents are at their wits' end and do not know what to do with Scott. Mrs. Dawn reported that all of the discipline falls on her, and she cannot control Scott.

The home appeared chaotic with newspapers, toys, and magazines strewn all over the living room. There was no evidence of structure or consistent rules. Scott misbehaved during the interview. Sometimes the parents ignored his behavior, and other times they addressed his behavior only when it had escalated to the point that he was out of control. It also appeared that Tina had a lot of age-inappropriate responsibility, for example, making Scott's breakfast every morning.

Mr. Dawn said his mother used severe forms of punishment when he misbehaved. He feels it taught him right from wrong, believing that children need strong discipline to grow up into healthy, functioning adults. He said he often "sees red" when Scott misbehaves and that he yells at Scott or hits Scott with a nearby object.

The family is socially isolated. Mr. Dawn's mother is alive, but they are estranged. Mrs. Dawn's parents are deceased, and her two brothers live hundreds of miles away. Mrs. Dawn has a friend at work, but they do not communicate outside of work. The parents described being very much in love when they met. However, because of work schedules, they have very little time to spend together. Mrs. Dawn describes her husband as often yelling at her and the children rather than just talking.

## Targeting Outcomes for a Family: Case Example

The behaviors and conditions contributing to the risk include:

- Father's poor impulse control
- Father's childhood history of abuse
- Father's aggressive behavior
- Lack of structure, rules, and limits
- Inconsistent and inappropriate discipline
- Family isolation
- Inappropriate role expectations
- Poor family communication
- Scott's poor impulse control
- Scott's aggressive and dangerous behavior

Sample parent outcomes may be improved impulse control, child management skills, and coping skills.

Sample family outcomes may be improved communication and family functioning.

Sample child outcomes may be improved and age-appropriate behavioral control.

### DETERMINING GOALS

Caseworkers should work with families to develop goals that indicate the specific changes needed to accomplish the outcomes. The objective is not to create a perfect family or a family that matches a caseworker's own values and beliefs. Rather, the goal is to reduce or eliminate the risk of maltreatment so that children are safe and have their developmental needs met. Goals should be **SMART**; in other words, they should be:

- **Specific.** The family should know exactly what has to be done and why.
- **Measurable.** Everyone should know when the goals have been achieved. Goals will

be measurable to the extent that they are behaviorally based and written in clear and understandable language.

- **Achievable.** The family should be able to accomplish the goals in a designated time period, given the resources that are accessible and available to support change.
- **Realistic.** The family should have input and agreement in developing feasible goals.
- **Time limited.** Time frames for goal accomplishment should be determined based on an understanding of the family's risks, strengths, and ability and motivation to change. Availability and level of services also may affect time frames.

Goals should indicate the positive behaviors or conditions that will result from the change and not highlight the negative behaviors.

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### DETERMINING TASKS

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Goals should be broken down into small, meaningful, and incremental tasks. These tasks incorporate the specific services and interventions needed to help the family achieve the goals and outcomes. They describe what the children, family, caseworker, and other service providers will do and identify time frames for accomplishing each task. Families should understand what is expected of them, and what they can expect from the caseworker and other service providers. Matching services to client strengths and needs is discussed in Chapter 9, “Service Provision.”

In developing tasks, caseworkers should also be aware of services provided by community agencies and professionals, target populations served,

specializations, eligibility criteria, availability, waiting lists, and fees for services. With this knowledge, CPS caseworkers can determine the most appropriate services to help the family achieve its tasks. The following text box illustrates a sample outcome, the goals, and the tasks using the case example from earlier in this chapter.

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### DEVELOPING CONCURRENT PLANS

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Concurrent planning seeks to reunify children with their birth families while at the same time establishing an alternative permanency plan that can be implemented if reunification cannot take place. In cases such as these, the caseworker needs to develop two separate case plans, although it may seem confusing to work in two directions simultaneously. Concurrent permanency plans provide workers with a structured approach to move children quickly from foster care to the stability of a safe and continuous family home.<sup>92</sup>

#### Sample Outcome, Goals, and Tasks for the Dawn Family

Outcome: Effective child management skills.

Goal: Mr. and Mrs. Dawn will establish, consistently follow, and provide positive reinforcement for rules and limits.

Task: Mr. and Mrs. Dawn will set consistent mealtimes, bedtimes, and wake-up times for the children.

Task: Mr. and Mrs. Dawn will work with the caseworker to set specific, age-appropriate expectations for their children.

Goal: Mr. and Mrs. Dawn will use disciplinary techniques that are appropriate to Scott and Tina’s age, development, and type of misbehavior.

Task: Mr. and Mrs. Dawn will identify those components of Scott’s behavior that are most difficult for them to manage and the disciplinary techniques they can use to help him control his behavior.