Case Planning
Training Goals

In this training we will cover:

- Requirements for case plan
- Working with the family to develop the case plan
- Elements of a case plan
- Development of objectives and goals
- Using case scenario to develop a case plan
Case plan means a

- written plan with time limited goals which is developed and signed by the service recipient and social services worker.

- The case plan will include documentation of referral and disapproval of eligibility for other services.

- The plan must incorporate the steps needed to assist individuals and families to resolve social, economic, psychological, interpersonal, and/or other problems, to achieve self-sufficiency and independence.

- All plans for children in foster care or residential care must include a permanency plan which contains a time specific goal of the return of the child to the natural parents or initiation of a guardianship/adoption.
What is a case plan?

- Written document
- Based on reason for child protection involvement
- Work with family to identify goals, objectives and services to ensure the child is safe
- Easily understood and achievable
- Must identify services to reach identified goals
Why develop case plan with the family?

- Achieve timely permanency
- Family knows the child best
- Everyone on the same page
- No confusion over who needs to do what, when and where
- Buy in
A good case plan……

- Is highly structured
- Meets specific requirements
- Is individually tailored
- Engages participants
Case Plan – What is included?

The initial case plan must include:

- Document referral and/or disapproval of eligibility for other services
- Time limited steps and goals to resolve the reasons for the child being in need of protection
- Trauma Screener - to identify traumatic experiences and account for them in making mental health referrals as part of case planning
- Include a permanency plan within six months of placement
- Must be written in collaboration with the client and signed by the case worker and client (25 CFR-20.100)
- If the child is of sufficient age or has special needs, a separate case plan should be for and possibly with the child
CASE PLAN

Purpose of Plan: The goals and tasks outlined in this plan are designed to help resolve issues that led to the involvement of Social Services and to ensure the safety, permanency and well-being of your family. You will be expected to participate in developing this case plan and demonstrate progress in achieving the goals listed. Your progress will be reviewed and evaluated.

BACKGROUND INFORMATION

Child’s Name:          Tribe/Enrollment No.:
Child’s D.O.B.:        Child’s S.S.#: XXX-XX-
Child’s Name:          Tribe/Enrollment No.:
Child’s D.O.B.:        Child’s S.S.#: XXX-XX

Parents Names:        Caseworker:

Other Family Members and relationship to child:

1. Describe the main problem which led to the intervention of this child:
2. List all services previously provided to help the child remain safely with the family.
   (If no services were provided there MUST be an explanation.):
3. Short term goals for child:
4. Short term goal(s) for parent(s)
5. Long term goals for child:
6. Long term goals for parent:
7. Visitation can be set up with the child and parent based on the case plan.
   (Visitation should be consistent and adjust with case plan.)
   Date: __________ Time: _______________________________
   Date: ____________________________________________ Time: __________________________________
8. Services to be provided by caseworker and other agencies to the children’s parent to improve home setting in order for the child to be returned home. Identify the specific services and requirements to be provided to the child:
PLACEMENT INFORMATION

Type of Placement: (circle one) Licensed Foster Home / Relative Placement / Group Home / Facility Name / Address of placement:
Physical location of placement:
Date of initial placement: __________ Date of current placement: __________

Need for placement: Explain why this child requires placement
Appropriateness of placement: Explain what specific services are being provided to safely meet the child’s needs as discussed in the previous section: Estimated length of placement: 6 months

Review Hearing: ___________________________ Permanency Hearing: ___________________________

Closing Summary (to be completed when case is closed): ___________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Parent Date  Case Worker Date

Parent Date

Supervisory Social Worker Supervisory Social Worker Review Date

Supervisory Social Worker Review Date Supervisory Social Worker Review Date
GUIDE TO RISK FACTORS FOR SUBSTANCE AFFECTED FAMILIES & SUBSTANCE EXPOSED INFANTS

Use on all Substance Affected Family Cases in conjunction with CAPTA. Check off the level of risk for each factor. Add specific details in case notes. Use this Guide to support safety decisions.

FAMILY NAME ________________________________ CASE WORKER ________________________________

DOCTOR/NICU ________________________________ DATE ________________________________

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>LOW RISK</th>
<th>INTERMEDIATE RISK</th>
<th>HIGH RISK</th>
</tr>
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<tbody>
<tr>
<td>1. History of Abuse/ Neglect</td>
<td>No known history.</td>
<td>Prior protective services. Family used services to resolve safety issues at that time.</td>
<td>Prior abuse/neglect case of serious nature. Children placed in temporary custody. Parent unable to use services to correct conditions.</td>
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<tr>
<td>5. Mother’s functional capacity</td>
<td>Evidence of full control of mental faculties. Appears to manage family routines and relationships.</td>
<td>Evidence of mildly impaired judgment, but manages household, family routines and relationships.</td>
<td>Evidence of poor judgement and impulse control. Disorganized household. Symptoms of emotional disturbance or mental health problems.</td>
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<tr>
<td>6. Parenting skills and responsiveness to children</td>
<td>Exhibits appropriate knowledge and skills to meet the essential needs of children. Nurturing relationship with children. Responds to the special needs of the infant.</td>
<td>Cares about children and relates to them. Responsive to infant. Expectations are within reason. Shows some understanding of managing behavior, Obtains help from extended family. Willing to learn more.</td>
<td>Provides minimal physical care for children. Has unrealistic expectations of children. Relies on others to care for them. Unresponsive to infant’s needs, fails to hold; poor eye contact, does not inquire as to the infant’s welfare. Does not seem interested in children.</td>
</tr>
<tr>
<td>7. Mother’s motivation and cooperation</td>
<td>Willing and able to work with services to correct conditions and meet the needs of the children.</td>
<td>Demonstrates marginal cooperation with planned intervention. Plans to make appointments, but inconsistent follow up.</td>
<td>Denies problem, refuses or unable to cooperate, disinterested or evasive.</td>
</tr>
<tr>
<td>8. Father or partner’s relationship to family</td>
<td>Father/partner is drug-free. supportive and stable. Available to assist with care for children. No prior criminal convictions,</td>
<td>Stable father/partner but assumes only minimum care giving responsibilities for children. Willing to take drug screen and participate in services.</td>
<td>Father/partner stays with family occasionally. but is not a positive influence. Involved in drug activity. Shows evidence of poor impulse control or violence. Not willing to participate in services.</td>
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# GUIDE TO RISK FACTORS FOR SUBSTANCE AFFECTED FAMILIES & SUBSTANCE EXPOSED INFANTS

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<tr>
<td>9. Prenatal care and preparation for SEI</td>
<td>Sought early prenatal care with consistent follow up. Has crib and clothes.</td>
<td>Sought prenatal care but inconsistent follow up. Has made some preparations for infant bed, clothes, and feeding.</td>
<td>No prenatal care; sought only in third trimester. Has no crib and few baby clothes.</td>
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<tr>
<td>10. Infant’s special care needs</td>
<td>No apparent withdrawal, health or developmental problems. Only routine pediatric care needed.</td>
<td>Minor health/developmental problems which do not significantly affect infant’s vital life functions. Experiences mild withdrawal symptoms, lethargy, poor interaction. Feeds well, sleeps 3 hours after feeding. Requires monthly pediatric care.</td>
<td>Pre-term infant &lt;36 weeks and/or medical/physical problems which may impact vital life functions or development. Marked withdrawal symptoms: tremors, high-pitched cry, lethargic, poor interaction. Poor feeding; vomits, watery stools. Sleeps &lt; 2 hours after feeding.</td>
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<tr>
<td>12. Family support system</td>
<td>Has a drug-free adult living in home available to support and assist parents.</td>
<td>Family, friends somewhat supportive, but not always available. Willing to cooperate in child safety plan.</td>
<td>No drug-free family or friends available to be supportive of family.</td>
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<tr>
<td>13. Drug use in home</td>
<td>No member of household suspected of involvement in drug activity,</td>
<td>Partner or members of household may be suspected of drug activity but they are willing to be screened and cooperate for the family.</td>
<td>Any member of household may be suspected of drug activity. Many people seem to in/out of the house. Unwilling to be screened for drugs or participate in services.</td>
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<tr>
<td>15. Resource availability and accessibility</td>
<td>Needed resources are available and accessible in community. Parents are willing and able to use them.</td>
<td>Some resources are available in community for family. Parents reluctant to use. Accessibility requires arrangements for transportation and child care.</td>
<td>Few or no needed resources are available or accessible in the community. Family refused to use available resources.</td>
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*CHECK OFF RESOURCES THAT ARE NEEDED

- Home visits by public health nurse
- Parental drug evaluation and treatment
- Child care/respite program
- Transportation
- Early intervention to reduce risk of developmental delay
- Interactive parenting program
- Health care for infant/siblings
- Health care for parents/family planning
- HIV testing and treatment
- Domestic violence intervention
- Mental health assessment and treatment
- Referrals for housing/utilities/furnishings
- Educational or vocational training program for parents
Strengthening and Supporting Families Voluntary  
Family Enhancement Plan

Family Case Name: ________________________________ Worker __________________

Date Plan Initiated: ____________________________ Type of Plan: Initial □ Revised □ Closing □

Agency: ______________________________________

Hospital or NICU Contact: ________________________

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<thead>
<tr>
<th>Name of Family Member</th>
<th>Relationship to Child(ren)</th>
<th>Date of Birth</th>
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<td>1.</td>
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Voluntary Family Service Outcome

Name of Family Member(s), for Whom the Service Outcome Applies:

Protective Factor(s) Being Addressed to Strengthen the Family: *(choose one or more)*

- Parental Resilience
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children
- Drug and Alcohol Concerns
- Concrete Support in Times of Need
- Healthy Parent-Child Relationships

Strengths the Family Has and Will Utilize in Receiving Voluntary Service:

The Following Voluntary Service Outcomes Will Strengthen or Support the Family:

<table>
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<tr>
<th>Service</th>
<th>Start Date</th>
<th>Target Completion Date</th>
<th>Actual Completion Date</th>
<th>Evaluation of Progress</th>
<th>Evaluation Date</th>
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<tr>
<td>Who:</td>
<td></td>
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<td>Needs to do what:</td>
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**Evaluation of Progress Toward the Desired Family Service Outcome:**

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<th>Date:</th>
<th>Evaluated By:</th>
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**Narrative:**

**Overall Evaluation:**

**Family Planning Acknowledgments**

I voluntarily participated in the development of my plan.

Parent’s Signature ____________________________ Date __________

I voluntarily participated in the development of my plan.

Parent’s Signature ____________________________ Date __________

Social Worker Signature _________________________ Date __________

Supervisor Signature __________________________ Date __________
What are active efforts?

Active efforts are affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family.

What must active efforts involve?

Where an agency is involved in the child-custody proceeding, active efforts must involve assisting the parent(s) or Indian custodian through the steps of a case plan and with accessing or developing the resources necessary to satisfy the case plan.

How should active efforts be provided?

To the maximum extent possible, active efforts should be provided in a manner consistent with the prevailing social and cultural conditions and way of life of the Indian child’s Tribe and should be conducted in partnership with the Indian child and the Indian child’s parents, extended family members, Indian custodians, and Tribe.

Are active efforts tailored to each case?

Yes, active efforts are to be tailored to the facts and circumstances of the case.

When are active efforts required?

The active efforts requirement applies in any foster-care or termination-of-parental-rights proceeding involving an “Indian child” (see 25 CFR 23). The court must conclude, prior to ordering an involuntary foster-care placement or termination of parental rights, that active efforts have been made to prevent the breakup of the Indian family and that those efforts have been unsuccessful.

Must active efforts be documented?

Yes, the court will require active efforts to be documented in detail in the record.

Active efforts may include, for example:

1. Conducting a comprehensive assessment of the circumstances of the Indian child’s family, with a focus on safe reunification as the most desirable goal;
2. Identifying appropriate services and helping the parents to overcome barriers, including actively assisting the parents in obtaining such services;
3. Identifying, notifying, and inviting representatives of the Indian child’s Tribe to participate in providing support and services to the Indian child’s family and in family team meetings, permanency planning, and resolution of placement issues;
4. Conducting or causing to be conducted a diligent search for the Indian child’s extended family members, and contacting and consulting with extended family members to provide family structure and support for the Indian child and the Indian child’s parents;
5. Offering and employing all available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child’s Tribe;
6. Taking steps to keep siblings together whenever possible;
7. Supporting regular visits with parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period of removal, consistent with the need to ensure the health, safety, and welfare of the child;
8. Identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child’s parents or, when appropriate, the child’s family, in utilizing and accessing those resources;
9. Monitoring progress and participation in services;
10. Considering alternative ways to address the needs of the Indian child’s parents and, where appropriate, the family, if the optimum services do not exist or are not available;
11. Providing post-reunification services and monitoring.
Identifying an “Indian child.” State agency personnel will be contacting you to verify whether a child is an “Indian child” under the Indian Child Welfare Act (ICWA). An “Indian child” is:

- A member of a federally recognized Tribe or
- Eligible for membership in a federally recognized Tribe and has a biological parent who is a member.

Verifying membership/eligibility. The Tribe is the authoritative source on whether a child is a member, or whether the parent is a member and the child is eligible for membership, and the rule directs the State court to defer to the Tribe as a source in determining whether the child is an Indian child for purposes of the child-custody proceeding. Your response is therefore an important step to ensuring ICWA’s protections apply.

Contact Information. The BIA final rule directs States to provide the notice and inquiry to the agent you designate for receipt of ICWA notices, as listed in the Federal Register and available on www.bia.gov.

The Indian child’s domicile and residence. The court will look at whether the Indian child’s domicile or residence is on a reservation where the Tribe exercises exclusive jurisdiction or whether the child is a ward of Tribal court. If either of these criteria is met, the Tribe has exclusive jurisdiction. For this reason, you may wish to notify State agency and court personnel, as early as possible, if you know either of these criteria is met.

Becoming designated as “the Indian child’s Tribe.” ICWA provides that only one Tribe may be designated as the Indian child’s Tribe for the purposes of an ICWA child custody proceeding, even if the child meets the definition of “Indian child” through multiple Tribes. You may agree with the other Tribes as to which should be designated as the Indian child’s Tribe and the court will designate the agreed-upon Tribe as the Indian child’s Tribe. Otherwise, the court will designate the Indian child’s Tribe under § 23.109(c).

Participation in active efforts. Tribes may participate in providing active efforts to prevent the breakup of the Indian family. The rule provides that, to the maximum extent possible, active efforts should be conducted in partnership with the Indian child’s Tribe (as well as the parents and others). Before ordering an involuntary foster care placement or termination of parental rights (TPR), the court must conclude that active efforts have been made to prevent the breakup of the Indian family and those efforts have been unsuccessful. The court will also require active efforts to be documented in detail in the record.

Examples of active efforts include:

- Identifying, notifying, and inviting representatives of the Indian child’s Tribe to participate in providing support and services to the Indian child’s family and in family team meetings, permanency planning, and resolution of placement issues;
- Offering and employing all available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child’s Tribe.

Right to notice. The Indian child’s Tribe (and parents or Indian custodians) must receive clear and understandable notice, by registered or certified mail, return receipt requested, of an involuntary proceeding. The court will check to ensure there is proof that the notice was given and will not hold a foster-care-placement or TPR proceeding until at least 10 days after receipt of the notice of that particular proceeding (with extensions allowed at option of parent or Tribe). The Indian child’s Tribe has the right to be granted, upon request, up to 20 additional days to prepare for the child-custody proceedings.

IMPORTANT NOTE: This quick reference guide is not comprehensive and highlights only some of the requirements of the statute at 25 U.S.C 1901 et seq. and regulations at 25 CFR 23. To the extent there are any discrepancies, the statute and regulations govern.
Right to transfer jurisdiction. The Indian child’s Tribe (and parents or Indian custodians) may request a transfer of a foster-care or TPR proceeding to Tribal jurisdiction, at any stage and at any time, orally on the record or in writing. Upon such a request, the court must transfer unless:

- Either parent objects to such transfer;
- The Tribal court declines the transfer; or
- Good cause exists for denying the transfer.

The reasons for denying a request to transfer must be on the record.

A determination that good cause exists to deny transfer of jurisdiction may not include the considerations listed at § 23.118(c) regarding advanced stage, prior proceedings, potential placements, cultural connections, socioeconomic conditions, or negative perceptions of Tribal or BIA systems.

Right to intervene. The Indian child Tribe’s has the right to intervene, at any time, in a State-court proceeding for the foster-care placement of or TPR to an Indian child.

Qualified expert witnesses. The court will order foster-care placement or TPR only if certain standards of evidence are met, including the testimony of qualified expert witness(es). You, as the Indian child’s Tribe, may designate an individual as being qualified to testify to the prevailing social and cultural standards of the Indian child’s Tribe. The court or any party may request your assistance in locating persons qualified to serve as expert witnesses.

The qualified expert witness must be qualified to testify regarding whether the child’s continued custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child, and should be qualified to testify as to the prevailing social and cultural standards of the Indian child’s Tribe.

Placement preferences. Placement preferences apply in both voluntary and involuntary child custody proceedings. The Indian child’s Tribe may establish, by resolution, an order of preference for placements that is different from the list in ICWA and which will then supersede the ICWA order of preference. Tribes may assist in identifying placements for the child. The court will allow for deviations of the placement preferences only for good cause. Good cause must be on the record, should be shown by clear and convincing evidence, and should be based on the considerations listed at § 23.132(c).

Right to examine documents. The rule provides that each party to an emergency proceeding or a foster-care-placement or termination-of-parental-rights proceeding under State law involving an Indian child has a right to timely examine all reports and other documents filed or lodged with the court upon which any decision with respect to such action may be based. In addition, Tribes are sovereign entities that have concurrent jurisdiction over child-custody proceedings, and they should have the ability to review documents relevant to those proceedings. State agencies must share records with Tribal agencies that are parties to child-custody cases as they would other parties and governmental entities.

Right to request access accommodations. You have the right to request the court to allow alternative methods of participation in State-court child-custody proceedings involving an Indian child, such as participation by telephone, videoconferencing, or other methods.

Right to petition to invalidate an action. The Indian child’s Tribe may petition any court of competent jurisdiction to invalidate an action for foster-care placement or termination of parental rights under State law where it is alleged that 25 U.S.C. 1911, 1912, or 1913 has been violated.

Right to obtain placement records. The Indian child’s Tribe may require a State to provide the record for a voluntary or involuntary foster-care, preadoptive, and adoptive placement of an Indian child within 14 days of the request.
Quick Reference Sheet for State Agency Personnel in Involuntary Proceedings*

U.S. Department of the Interior, Bureau of Indian Affairs
Final Rule: Indian Child Custody Proceedings
25 CFR 23

**Inquiry.** The court will ask at the beginning of each child-custody proceeding:

*Do you know, or is there a reason to know, the child is an “Indian child” under the Indian Child Welfare Act (ICWA)?*

An “Indian child” is:
- A member of a federally recognized Tribe or
- Eligible for membership in a federally recognized Tribe and has a biological parent who is a member.

**Indications of “reason to know”** include—
- Anyone, including the child, tells the court the child is an Indian child or there is information indicating the child is an Indian child;
- The domicile or residence of the child or parent/Indian custodian is on a reservation or in an Alaska Native village;
- The child is, or has been, a ward of Tribal court; or
- Either parent or the child has an ID indicating Tribal membership.

**Pending verification.** The court will treat the child as an Indian child, unless and until it is determined on the record that the child is not an “Indian child” under the Indian Child Welfare Act (ICWA).

**Due diligence to identify “Indian child’s Tribe” and verify membership/eligibility.** Use due diligence to identify and work with all of the Tribes of which there is reason to know the child may be a member (or eligible for membership), to verify whether the child is a member or a biological parent is a member and the child is eligible for membership.

**Inquire as to domicile and residence.** The court will look at whether the Indian child’s domicile or residence is on a reservation or the child is a ward of Tribal court to determine whether the Indian child’s Tribe has exclusive jurisdiction.

**Use and document active efforts to prevent the breakup of the family.** You must use active efforts to prevent the breakup of the family. Before ordering an involuntary foster care placement or termination of parental rights (TPR), the court must conclude that active efforts have been made to prevent the breakup of the Indian family and those efforts have been unsuccessful. The court will require active efforts to be documented in detail in the record.

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**Active efforts** are affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family. See 25 CFR § 23.2 for the more expansive definition and examples.

**If an emergency removal under State law is necessary.** An emergency removal or placement is any removal/placement of an Indian child under State law without the full suite of ICWA protections, regardless of the label used for the removal or placement, and is permitted to prevent “imminent physical damage or harm” to the child. Any emergency removal or placement of an Indian child:
- **Must terminate** immediately when the removal or placement is no longer necessary to prevent “imminent physical damage or harm” to the child and
- **Cannot last more than 30 days** unless the court makes certain determinations.

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An emergency proceeding can be terminated by one or more of the following actions:
(1) Initiation of a child-custody proceeding subject to the provisions of ICWA (e.g., providing notice);
(2) Restoring the child to the parent or Indian custodian; or
(3) The court transfers of the child to the jurisdiction of the appropriate Indian Tribe.

**Notice.** Provide clear and understandable notice to the parents (and/or Indian custodian, if any) and Tribe, by registered or certified mail, return receipt requested, of the involuntary proceeding, and maintain proof that the notice was given (i.e., the return receipts and copies of notice). The court will not hold a foster-care-placement or TPR proceeding until at least **10 days after receipt** of the notice of that particular proceeding (with extensions allowed at option of parent or Tribe).

**Standards of Evidence.** The court will order foster-care placement or TPR only if there is:
- **Clear and convincing evidence** (for foster-care placement) or **evidence beyond a reasonable doubt** (for TPR),
- Including the testimony of qualified expert witness(es),
- That the child’s continued custody by the child’s parent or Indian custodian is likely to result in “serious emotional or physical damage” to the child.

The evidence must show a **causal relationship** between the particular conditions in the home and the likelihood that continued custody of the child will result in serious emotional or physical damage to the particular child who is the subject of the child-custody proceeding.

Without a causal relationship, evidence that shows only the existence of community or family poverty, isolation, single parenthood, custodian age, crowded or inadequate housing, substance abuse, or nonconforming social behavior does not by itself meet the standard of evidence.

The **qualified expert witness** may not be the social worker regularly assigned to the Indian child. The Indian child’s Tribe may designate an individual as a qualified expert witness and you may seek the Tribe’s or BIA’s assistance in identifying a qualified expert witness.

**Placement Preferences.** Seek to identify placements that meet ICWA’s placement preferences (or the Indian child’s Tribe’s placement preferences established by resolution, if applicable). The court will apply the placement preferences in any preadoptive, adoptive, or foster-care placement of an Indian child.

The court will allow for deviations of the placement preferences only for **good cause** described on the record. Good cause should be shown by clear and convincing evidence and based on one or more of the considerations at § 23.132(c). Note that a prerequisite to finding good cause based on the unavailability of a suitable preferred placement is that a diligent search for suitable preferred placements must have been conducted. The standards for determining whether a placement is unavailable must conform to the prevailing social and cultural standards of the Indian community.

A placement may not depart from the preferences:
- Based on the socioeconomic status of any placement relative to another placement
- Based solely on ordinary bonding or attachment that flowed from time spent in a non-preferred placement that was made in violation of ICWA.

*Any proceeding that is not “voluntary” under the regulations is **involuntary.** A proceeding is “voluntary” only if either parent, both parents, or the Indian custodian has, of his or her or their free will, without a threat of removal by a State agency, consented to for the Indian child, or a proceeding for voluntary termination of parental rights.

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**IMPORTANT NOTE:** This quick reference guide is not comprehensive and highlights only some of the requirements of the statute at 25 U.S.C 1901 et seq. and regulations at 25 CFR 23. To the extent there are any discrepancies, the statute and regulations govern.
Indian Child Welfare Act Placement Preferences

- Is least restrictive
  - Is most like family, within a reasonable proximity to the child’s family
  - Meets child’s special needs

Preferred & rank-ordered placements (below. Unless there is good cause to place the child elsewhere or the tribe has a different placement preference order:

1. Member of the child’s extended family
2. Foster home licensed, approved, or specified by the child’s tribe
3. Indian foster home licensed or approved by the state or other non-Native licensing authority
4. Institution for children approved by an Indian tribe or operated by an Indian organization that meets the child’s special needs.
Elements of Case Plan

- An assessment of the family strengths and needs
- The permanency goal
- The objectives to be achieved
- The services to be provided
- The case worker activities to be performed
- The projected date for completion of service objectives
- The dates the plan is in force.
- The schedule of planned case worker contacts with the child and the family
- The visitation plan
- Placement information
- Case plans are created with the client
Elements of a Successful Plan

What should be included in a successful case plan? Why?
Outcome of Successful Plan

- Remain safely in own home (monitor)
- Return home (family reunification)
- Guardianship
Objectives & Services

Objectives
- Describe a goal
- Represent the elimination of the identified problem

Services
- Describe an activity that leads to a goal
- Represent an activity that could lead to elimination of the identified problem
SMART Objectives

- S = Specific
- M = Measurable
- A = Achievable
- R = Relevant (or result-focused)
- T = Time-limited
SMART Objectives

Objectives Are **Specific**

- Objectives describe the specific behavioral outcomes that will result in achievement of the permanency goal.
SMART Objectives

Objectives Are **Measurable**

- The parties must be able to reach consensus regarding whether the objectives have been accomplished.
- The objective must include some easily discernible criteria by which achievement can be measured.
Objectives Are Achievable

- Objectives **must be realistic** so that families are able to accomplish them.
SMART Objectives

Objectives are **Relevant** and **Result** focused

- Avoid deriving objectives from a “laundry list” of potential conditions that might improve parenting or care of the child.
- An objective must be selected in the context of the factors that put the child at risk.
SMART Objectives

Objectives are **Time-limited**

- Use a timeframe within which the objective can reasonably be expected to be completed.
Steps of Case Planning

- Work with the family
- Ensure that family members understand the process
- Review strengths and intervention reasons
- Establish permanency goals
- Identify objectives - removed service
- Identify and prioritize client responsibilities
- Identify how and when to assess progress
- Document the plan
Developing the Case Plan

Activity/Handout
**Case Plan Scenario**

Parents:  
Mother: Desery  
Father of oldest son: William  
Father of younger children: Isaiah  
All are enrolled Tribal members

Children:  
James, 16  
Mariah, 9  
Robert, 5  
Brooklyn, 9 months

You have an open differential response case on the above family. The family are enrolled tribal members living on the reservation. The family has five previous neglect reports alleging educational neglect for the children missing a lot of school, ongoing domestic violence between Isaiah and Desery as well as Isaiah and James; excessive drinking by Isaiah and Desery; along with chronic lice, bed bugs and no heat in the home. The most current report alleges neglect due to drinking alcohol. During your first home visit you find dog feces on the floor, garbage on the floor and dirty dishes piled in the sink. The home has frost on the inside of the windows and there are several propane space heaters throughout the home.

Desery grew up in an alcoholic home with her mother and several siblings. Desery was sexually abused by one of her mother’s boyfriends when she was 9 years old. She ran away at the age of 14 and has been on her own ever since. Desery had James when she was 16 and broke up with James’ father, William soon after he was born. William has not played an active role in James’ life and is a known drug dealer in the community. William was much older than Desery, was violent and used methamphetamine. Desery was in numerous abusive relationships before meeting Isaiah and having Mariah. Isaiah has struggled with alcohol dependence for years. Isaiah and Desery seem to get along well unless they are drinking. Isaiah has been arrested in the past for domestic violence against Desery by pushing her out the front door and down the stairs. Isaiah was also arrested for punching James, 16, in the nose during a different altercation.

James does not like Isaiah and feels like he abuses his mom and is a drunk. James has punched Isaiah on numerous occasions and runs away frequently due to the drinking and violence in the home. James is a primary caretaker for his younger siblings and does not attend school. James was raised by his grandmother until he was 8 years old when he went to live with his mother. James has contact with his father, William when he runs away and it is suspected that father and son are involved in gang activity and drug dealing. James smokes marijuana on a daily basis.

Mariah is 9 years old and in the 3rd grade. She misses a lot of school and is in special education. Mariah comes to school with dirty clothes regularly and smells of urine. She has had lice 3 times last year.

Robert is 5 years old and is in Kindergarten. Robert does not know his numbers or letters and has trouble with some colors. This is Robert’s first time in school and he is having issues with following directions, listening, taking turns and throws tantrums if he does not get his way.

Brooklyn is 9 months old. She does not crawl yet and is drinking a bottle with soda in it during your home visit. Her teeth are brown and rotted. She is a very quiet baby and rarely cries. She goes to James during your home visit.
Out of Home Placement Scenario

Parents:  
Mother: Desery  
Father of oldest son: William  
Father of younger children: Isaiah  
All are enrolled Tribal members

Children:  
James, 16  
Mariah, 9  
Robert, 5  
Brooklyn, 9 months

Law Enforcement called the on-call social worker to respond to a single vehicle accident on the reservation. Two (2) adults and 3 children were involved. The father, Isaiah, who was driving was intoxicated and was feeling emotional after attending his father’s funeral. A domestic violent situation began to escalate with the mother, Desery due to Isaiah’s excessive speed and swerving on the road. Mariah, age 9, and Robert, age 5 were not wearing seatbelts. Brooklyn, 9 months was buckled in a car seat. James was not in the vehicle at the time of the accident.

The vehicle rolled several times and crashed into a tree. All occupants sustained minor injuries except Brooklyn who managed to avoid any injury. Isaiah and Desery are both intoxicated and hysterical. You are called to the hospital where all family members are admitted. Family and friends begin to arrive and chaos begins to escalate.

The following family members state that they would like to care for the children:
Cheryl, paternal grandmother wants kids but has previous CPS reports and her kids (including Isaiah) were in foster care
Susan, maternal grandmother wants kids but has substance abuse history, although she reports she has been sober for 3 months
Paternal Aunt Patty wants kids but lives 75 miles away
Maternal Aunt Charmaine will take Mariah and Robert but can’t handle the baby
Maternal Aunt Carmen can take all the kids but they would all have to share a room
James is found by law enforcement at a known drug dealer’s home. He is high on methamphetamine

Where do you place the children?
Questions