

2010

# Family Centered Case Practice for Frontline Case Managers Training

## Participant Guide

Developed for the Georgia Division of Family and Children Services (DFCS) by the  
Education and Training Section of (DFCS)



**GEORGIA DEPARTMENT OF  
HUMAN RESOURCES**

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## Acknowledgements

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Individuals	Resources
A.D. Pope and Mary Jenkins, Project Leads Sharon Hill, Susan Denney, Dallas Williams, Leslie Cofield and Kym Crooms	Georgia Division of Family and Children Services Guidelines for Family Centered Practice
Lamar Smith, Division of Family and Children Services (DFCS) Dianne Yearby, Division of Family and Children Services (DFCS), Project Manager	Family –Centered Case Practice Model (2/28/2009)
FCCP Review Group (Run Through): Jennifer Aaron, FPS Clarke County, Karan Albritton, Supervisor Macon/Schley; Courtney Dyer, Region XVI, Brenda Gillespie LMSW, Consultant, Jo Anne Henry, CPPC-State; Alice Marie Hutchison MSW, Program Director Fulton County; Mary Lamb, Region 8; Laurie Morton, Supervisor Camden County, Mark Newman, Region 12; Montaneish Smith, FTM Fulton County; Lori Stanfield, Diversion/investigation; Tierr Thomas, CPPC Fulton County.	

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**FAMILY CENTERED CASE PRACTICE MAY BE USED FOR TRAINING AND OTHER EDUCATIONAL PURPOSES BY PUBLIC CHILD WELFARE AGENCIES AND OTHER NOT-FOR-PROFIT CHILD WELFARE AGENCIES THAT PROPERLY ATTRIBUTE THE CURRICULUM TO THE GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES AND GEORGIA STATE UNIVERSITY SCHOOL OF SOCIAL WORK. THIS CURRICULUM AND RELATED TRAINING MATERIALS MAY NOT BE USED FOR COMMERCIAL PURPOSES OR SOLD FOR A PROFIT. PLEASE CONTACT THE DFCS PROFESSIONAL EXCELLENCE TRAINING PROGRAM, GEORGIA STATE UNIVERSITY SCHOOL OF SOCIAL WORK AT (404) 413-1071, OR EMAIL MMCLAUGHLIN@GSU.EDU FOR FURTHER INFORMATION ABOUT THIS CURRICULUM OR PERMISSIONS.**

## Family Centered Case Practice: Training Agenda

8:30-10:00	Module One: Overview
10:00-10:15	<b>BREAK</b>
10:15-12:00	Module Two: How we Work-Essentials of Core Practice Functions
12:00-1:15	<b>LUNCH</b>
1:15 - 2:45	Module Two: How we Work-Essentials of Core Practice Functions
2:45-3:00	<b>BREAK</b>
3:00-4:30	Module Three: Making this Work- Best Practices with internal and external customers

**Training Goals:**

- To define, describe and promote greater understanding of the expected outcomes of the services, DFCS provide, as well as define the guiding principles and expectations for direct practice and program and organizational capacity.
- To define, clarify, and present the strengths-based and family-centered model of practice as integral to all levels of service delivery within the Division of Family and Children Services.

**Overall Objectives**

At the end of this training participants will be able to:




- Define and describe Family Centered Practice, the steps required for a comprehensive approach to case practice and implementation strategies that promote safety, permanency and well-being
- Show clear understanding of CFSR outcome measures and their implication for performance in maintaining safety, permanence and well-being
- Recognize and demonstrate that the Family Centered approach is responsive to individual and family needs **and is** also applicable within the Divisional structure where it should also be modeled
- Demonstrate the values and principles that support Family Centered Practice under the range of conditions and programs delivered
- Connect with and engage children, families and their natural support allies in the ongoing case process ensure safety, permanency and well-being
- Identify the principles at work in collaborative parenting
- Utilize collaborative efforts, resources and services when working with families, children and youth to promote self-sufficiency, safety and protection
- Apply concrete steps in assessments including full disclosure to uncover the protective factors/capabilities of the parents and youth served to develop and maintain safe stable environments
- Apply comprehensive information gathering and sharing when conducting assessments, family team meetings, permanency planning review and adaptation and case transitioning among populations served

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## SLIDES

<p><b>Beliefs shape Behavior</b></p>  <ul style="list-style-type: none"> <li>• Can you tell the connection between the objects? How?</li> </ul>	<p><b>Beliefs shape behavior</b></p>  <ul style="list-style-type: none"> <li>• Do you value the family as the expert?</li> <li>• Does engagement really affect case outcome?</li> <li>• We don't even have partnerships in the agency how can we build teams in the community?</li> <li>• Power sharing?</li> <li>• Separate personal and professional values?</li> </ul>
<p><b>Skillful Discussion</b></p>  <p>Center for Creative Leadership</p>	<p><b>Skillful Discussion</b></p> <ul style="list-style-type: none"> <li>• Pay attention to your intentions</li> <li>• Balance advocacy with inquiry</li> <li>• Build shared meaning</li> <li>• Use self awareness</li> </ul>
<p><b>What we Work Towards</b></p> <p><b>Better results for child</b>      <b>Child and Family Services Review</b></p> <ul style="list-style-type: none"> <li><b>Safety for Children</b> <ul style="list-style-type: none"> <li>✓ Children are, first and foremost, protected from abuse and neglect.</li> <li>✓ Children are safely maintained in their homes whenever possible and appropriate.</li> </ul> </li> <li><b>Permanency</b> <ul style="list-style-type: none"> <li>✓ Children have permanency and stability in their living situations.</li> <li>✓ The continuity of family relationships is preserved for children.</li> </ul> </li> <li><b>Well-Being</b> <ul style="list-style-type: none"> <li>✓ Families have enhanced capacity to provide for their children's needs.</li> <li>✓ Children receive adequate services to meet their physical and mental health needs.</li> <li>✓ Children receive appropriate services to meet their educational needs.</li> </ul> </li> </ul>	<p><b>Defining Family</b></p> <p>The Family Provides:</p> <ul style="list-style-type: none"> <li>• The natural frame work for the emotional, financial, and material support essential to the growth and development of its members.</li> <li>• The family remains the vital means of preserving and transmitting cultural values</li> </ul>
<p><b>Ethnically Sensitive Practice</b></p> <p>Occurs when you:</p> <ul style="list-style-type: none"> <li>• Show mental and emotional responsiveness to ethnic, cultural, racial and class differences</li> <li>• Treat all people with respect and dignity</li> <li>• Make a deliberate effort to discourage stereotypes of people or personal biases in the helping process;</li> <li>• Make every effort to uncover the family's unique qualities</li> <li>• You filter people through the lens of optimism and acceptance and you provide HOPE.</li> </ul>	<p><b>FCCP CORE VALUES</b></p> <ul style="list-style-type: none"> <li>• Children need and deserve to grow-up safe, free, and protected from abuse and neglect</li> <li>• Children do best when they have strong families, preferably their own</li> <li>• All families need community support and genuine connections to people and resources</li> <li>• Families have the capacity to change with the support of individualized service responses</li> <li>• Government cannot do the job alone; community partnerships are essential to ensure child safety and build strong families</li> </ul>



<p>Family Centered Case Practice:</p> <ul style="list-style-type: none"> <li>• Family-centered practice is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children.</li> <li>• It focuses on the needs and welfare of children within the context of their families and communities.</li> <li>• Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes.</li> </ul>	<h3 style="text-align: center;">Family Centered Case Process</h3>
<p>Evidence Based Practice</p> <p>How do you know what causes change?</p> <ul style="list-style-type: none"> <li>• There must be an association between documented intervention and observed outcome</li> <li>• There is a time order of the process – intervention must precede outcome in the observed association</li> <li>• Elimination of alternative explanations of the outcome</li> </ul>	

<p style="text-align: center;"><b>Intake Screening Requirements</b></p> <p>County Master Files                  GA SHINES                  Protective Services Data System                  IDS Online Master Index                  IDS Placement Central                  Sexual Offender Registry                  Department of Corrections Offender Query                  Board of Pardons and Parole                  SUCCESS                  Georgia Health and Partnership Portal</p>	<p><b>Intake</b></p> <p>Rachel Plonk mandated reporter from the Frankview Elementary school, called intake to report that <i>Andy Anderson (8) was being “over-medicated” with dextroamphetamine medication for ADHD. The reporter felt that the foster parent had encouraged this and used other medication that the reporter felt was the inappropriate use of medication to keep Andy in a “zombie like state.” She said seclusion and timeout was often used as discipline and felt Andy should be protected from this type of behavior modification techniques.</i></p>
<p>Engagement means:</p> <ul style="list-style-type: none"> <li>-Listening to each family member</li> <li>-Demonstrating respect and empathy for family members</li> <li>-Developing an understanding of the family's past experiences, current situation, concerns, and strengths</li> <li>-Responding to concrete needs quickly</li> <li>-Establishing the purpose of involvement with family</li> <li>-Being aware of one's own biases and prejudices</li> <li>-Validating the participatory role of the family</li> <li>-Being consistent, reliable, and honest</li> <li>-<u>Engaging &amp; involving fathers and paternal family members</u></li> </ul>	<p>During engagement:</p> <ul style="list-style-type: none"> <li>• Meet the client where they are</li> <li>• Pay attention to biophysical and cognitive effects of substance use</li> <li>• Pay attention to personal values</li> <li>• Connecting with family members</li> <li>• Identify and remove barriers</li> <li>• Connecting the family with treatment</li> <li>• Keep others in the loop</li> <li>• Honor diversity and culture</li> </ul>

<p><b>Protected Health Information -PHI</b></p> <ul style="list-style-type: none"> <li>• <i>Individually, identifiable health information held or transmitted by a “Covered Entity (DFCS),” in any form or media, whether written or oral, that relates to the past, present or future physical or mental health condition of an individual.</i></li> <li>• Any information about health status, provision of health care, or payment for health care that can be linked to an individual. This includes any part of a patient’s <u>medical record</u> or payment history.</li> </ul>	<p><b>Examples</b> <b><u>PHI and places where commonly seen:</u></b></p> <ul style="list-style-type: none"> <li>◦ Psychological evaluations/reports</li> <li>◦ Medical records/reports</li> <li>◦ Medication information</li> <li>◦ CCFA</li> <li>◦ Drug screens, including hair follicle tests</li> <li>◦ Prior existing conditions</li> <li>◦ Parenting assessments</li> <li>◦ Case plans</li> <li>◦ More...</li> </ul>
<p><b>Disclosure as defined by HIPPA</b></p> <p>The release, transfer, provision of access to or <u>divulging of information outside the entity holding the information</u></p>	<p><b>Ways to Disclose PHI</b></p> <ol style="list-style-type: none"> <li>1. Valid Authorization</li> <li>2. By Law</li> <li>3. Judicial Proceedings</li> </ol>
<p><b>Disclosure By Authorization</b></p> <ul style="list-style-type: none"> <li>• Notarized or witnessed by a DFCS employee.</li> <li>• Revocation <u>can</u> take place – In writing.</li> <li>• <b>Right to one’s own PHI</b> (no authorization needed).</li> </ul>	<p><b>Disclosure by Law</b></p> <ul style="list-style-type: none"> <li>• <b>O.C.G.A 49-5-41(a)</b> <ul style="list-style-type: none"> <li>◦ The District Attorney</li> <li>◦ Child welfare agencies in other states</li> <li>◦ The Governor/AG/Lt. Gov</li> <li>◦ Subpoena by the Court for an in camera Inspection</li> <li>◦ Office of the Child Advocate</li> <li>◦ Police/Law Enf. – <b>ONLY</b> when investigating known or suspected child abuse</li> <li>◦ Others...but very specific.</li> </ul> </li> </ul>
<p><b>Disclosure by Judicial Proceedings</b> HIPAA dictates...</p> <ul style="list-style-type: none"> <li>• Courts look at <i>each circumstance individually</i>, and then ask for specific PHI.</li> <li>• There must be <i>time limits</i> to when the disclosure will cease.</li> <li>• Subpoenas and other discovery requests, not supported by a court order, requires a <b>“minimum necessary” standard AND “satisfactory assurances” for notice and opportunity to object.</b></li> </ul>	<p><b>Consequences</b></p> <div style="display: flex; justify-content: space-around;">   </div> <ul style="list-style-type: none"> <li>• <b>Criminal</b> – DOJ; penalties from \$50,000 + 1 yr in prison to \$250,000 and 10 years depending on the “intent” surrounding the disclosure.</li> <li>• <b>Civil</b> – from \$100 to \$25,000 per violation, for each calendar year for each identical requirement that is violated.</li> </ul>

<p><b>Confidentiality Statutes: Child Abuse and Neglect Records</b></p> <p>“Each and every record concerning reports of child abuse and child controlled substance or marijuana abuse which is in the custody of the department or other state or local agency is declared to be confidential.” O.C.G.A. 49-5-40(b)</p>	<p><b>Who we can share information with in our discretion:</b></p> <ul style="list-style-type: none"> <li>• <b>An agency or person having the legal custody, responsibility or authorization to care for, treat, or supervise the child who is the subject of a report or record.</b></li> <li>• Use your discretion in what should or should not be shared. <u>It should only be that information which the person needs to help them provide services for the child.</u></li> </ul>
<p><b>Disclosures during CPS Assessments</b>  <b>Questions to consider</b></p> <ul style="list-style-type: none"> <li>• Who am I speaking to?</li> <li>• What is the purpose of my disclosure?</li> <li>• What can I share to get the information that I need?</li> <li>• Will my disclosure violate HIPAA?</li> <li>• Will my disclosure violate confidentiality statutes?</li> <li>• Ask- I am providing services to this child/family and have some questions for you</li> </ul>	<p><b>Disclosures during Family Preservation and Foster Care Assessments</b>  <b>Questions to consider</b></p> <ul style="list-style-type: none"> <li>• Who am I speaking to?</li> <li>• What is the purpose of my disclosure?</li> <li>• What can I share to get the information that I need?</li> <li>• Will my disclosure violate HIPAA?</li> <li>• Will my disclosure violate confidentiality statutes?</li> <li>• Ask- I am providing services to this child/family and have some questions for you</li> </ul>
<p><b>Disclosure Guidelines</b>  <b>Child information</b></p> <ul style="list-style-type: none"> <li>• Is the child in our legal custody             <ul style="list-style-type: none"> <li>◦ Yes</li> <li>◦ No</li> </ul> </li> <li>• Parent information             <ul style="list-style-type: none"> <li>◦ Does the information contain PHI</li> <li>◦ Is the disclosure authorized by HIPAA</li> <li>◦ Is the disclosure authorized by law</li> </ul> </li> </ul>	<p><b>Disclosures with:</b></p> <ul style="list-style-type: none"> <li>• Couples</li> <li>• Parents</li> <li>• Relatives (legal fathers, putative fathers, grandma, aunt, uncle, etc.)</li> <li>• Foster Parents</li> <li>• FTMS</li> <li>• Contractors</li> <li>• Case plans</li> <li>• Drug Screen results</li> </ul>

<p style="text-align: center;"><b>Collaborative Parenting</b></p> <ul style="list-style-type: none"> <li>• <b>Partnership Parent</b> <ul style="list-style-type: none"> <li>✓ Mentor</li> <li>✓ Create expanded opportunities to monitor parenting practices</li> <li>✓ Reduces cancellation of the parenting role</li> <li>✓ Temporary foster care placements</li> <li>✓ Vested in reunification</li> <li>✓ Still eligible for unplanned adoptions</li> </ul> </li> <li>• <b>Resource Parent</b> <ul style="list-style-type: none"> <li>☑ Used solely for concurrent case plans</li> <li>☑ Vested in re-unification but committed to being the permanent placement if reunification is unsuccessful</li> <li>☑ Lifetime Match</li> <li>☑ Not circulated on the Adoption Exchange</li> </ul> </li> </ul>	<p><b>Partnership Parenting Principles</b></p> <ol style="list-style-type: none"> <li>1. <b>Child safety and health are paramount</b></li> <li>2. Promotes permanency through “connectedness” and team accountability to the child and family</li> <li>3. Foster care was never intended to eliminate the birth parents parenting role</li> <li>4. The foster parents should augment parental involvement and greater parental presence</li> <li>5. Partnership Parenting utilizes diverse parenting opportunities in <b>addition</b> to visitation</li> </ol>
<p><b>Working with Family Teams</b></p> <p><b>-Case managers, supervisors and other applicable staff</b> will perform diligent searches for immediate and extended relatives through the use of tools provided by the Division and community resources.</p> <p>-Each youth’s or family’s support network, including relatives, friends, neighbors, and other lay and professional helpers is involved to help resolve current issues of concern.</p>	<p><b>Working with family Teams</b></p> <p>-A team approach to consultation, planning, and decision</p> <ul style="list-style-type: none"> <li>-Family members are key participants</li> <li>-They are given information including an understandable explanation of the laws, regulations, , and practice that guide both the Division and the Court so that they can operate as productively as possible</li> <li>-Community and support network resources to promote family preservation and family reunification are identified and reviewed with the family.</li> </ul>
<p><b>Working with Family Teams</b></p> <ul style="list-style-type: none"> <li>• DFCS convenes family team meetings regularly, including when a team member, such as parent or youth, requests such a meeting.</li> <li>• DFCS will convene a family team meeting prior to or within 72 hours of a child’s out-of-home placement.</li> <li>• Continue the family engagement and full disclosure process, review the permanency timelines, assess the child’s need for permanency and need for concurrent planning.</li> </ul>	<p><b>Critical Thinking –Assessment</b></p> <ul style="list-style-type: none"> <li>-Identify information relevant to your case and use that information as a basis for helping the family</li> <li>- Organize your thoughts and communicate in a way that the family understands. Utilize full disclosure</li> <li>-Know how the answer to your question will assist your overall understanding of the situation. Anticipate long or short term consequences of alternative actions before suggesting them</li> <li>-Problems are complex and may require complex or multiple solutions.</li> <li>-Determine in what ways the child is safe/unsafe?</li> <li>-What is needed to protect the child in the home? With kin? In placement? Weigh all the evidence. Do not make decisions bound in personal preferences</li> <li>-Clearly communicating the process in place: What is the most realistic time frame for addressing identified issues?</li> </ul>

<p><b>Protective Capabilities</b></p> <ul style="list-style-type: none"> <li>• Nurturing and attachment</li> <li>• Knowledge of parenting and of child and youth development</li> <li>• Parental resilience</li> <li>• Social connections</li> <li>• Concrete supports for parents</li> </ul>	<p><b>What the big deal about Permanency?</b></p> <ul style="list-style-type: none"> <li>-Some children will be moved because circumstances alter cases and we simply do not have the resources to keep them situated permanently. T/F</li> <li>-Permanency may be a CFSR/PIP outcome but it cannot reasonably be achieved for every child. T/F</li> <li>-Concurrent planning may assure permanency for the child but it de-motivates family centered practice with caregivers unable to achieve time driven case plan goals. T/F</li> <li>-Full disclosure is an ethical social work practice and should be demonstrated except when the disclosure may inhibit permanency plans for the child. T/F</li> <li>-Permanency is a destination not a direction. T/F</li> <li>-Permanency is more than just a legal status T/F</li> </ul>
<p><b><u>Continuous Review and Adaptation</u></b></p> <ul style="list-style-type: none"> <li>✓ <b>Plans are based on the child’s health, safety, permanency and well-being</b></li> <li>✓ <b>Parents/child (based on age/vulnerability) are engaged in planning activities unless parental involvement is contrary to safety/permanency goal.</b></li> <li>✓ <b><u>Team meetings regularly review</u> the child and family’s status, progress, appropriateness of permanency goal, ensuring the service plan maintains relevance, integrity</b></li> <li>✓ <b>The plans are modified as goals are met and circumstances change.</b></li> <li>✓ <b>Staff will use full disclosure in discussing progress towards outcomes</b></li> </ul>	<p>Safe and successful Transition</p> <ul style="list-style-type: none"> <li>✓ Plans are based on the child’s health, safety, permanency and well-being</li> <li>✓ Parents/child (based on age/vulnerability) are engaged in planning activities unless parental involvement is contrary to safety/permanency goal.</li> <li>✓ <u>Team meetings regularly review</u> the child and family’s status, progress, appropriateness of permanency goal, ensuring the service plan maintains relevance, integrity</li> <li>✓ The plans are modified as goals are met and circumstances change.</li> <li>✓ <b>Staff will use full disclosure in discussing progress towards outcomes</b></li> </ul>

**REFERENCE SECTION**



## Four Minutes: Values are important Worksheet

Things we value:

1. Review the following ten things people value then drop three of the values.
2. Rank -order the remaining seven values in order of importance. Match the statement to the corresponding rank listing 1-7.
3. You must gain consensus!

<i>Values Assessment</i>	
<b>Top Ten List</b>	<b>Top seven list rank ordered</b>
A satisfying family life	
Job success	
Having fun, excitement, adventure	
Satisfying friendships	
Families know what works best for them	
Spirituality	
Financial achievement	
Health	
Professional achievement	
Value parents as peers	

The Winning Trainer, Julius E. Eittington, 2002



## VALUES IN ACTION

*Draw a line linking the Core Human Service value<sup>1</sup> to its matching professional duties*

<u>DEMONSTRATING OUR VALUES</u>	
Core Values	Professional Duties
1. Responsibility to ourselves	<i>A. Acting with sensitivity to the consequences of our recommendations for our clients; acting with awareness our cultural filters, promoting justice and serving the well-being of others</i>
2. Responsibility for professional development and competence	<i>B. Contributing to the continuing professional development of other practitioners, sharing professional knowledge and skill, working with staff and partners in a way that exemplifies agency principles and values</i>
3. Responsibility to clients and significant others	<i>C. Acting with integrity and genuiness; striving for self knowledge and personal growth, asserting individual interests- getting what you want fairly and equitably</i>
4. Responsibility to the profession	<i>D. Accepting responsibility for the consequences of personal actions; developing and maintaining individual competence; recognizing personal needs and addressing them</i>
5. Social responsibility	<i>E. Serving the long term well-being of clients and their stakeholders; utilizing full disclosure, honesty and building respect; working towards shared agreements and building partnerships. Helping clients to see their own value.</i>

<sup>1</sup> Adapted from The Handbook of Social Welfare Management Edited by Rino Patti

# Skillful Discussion

## Skillful Discussion

More Conventional

Mindful of group thought  
and brings them to the surface

Center for Creative Leadership

## ACTIVITY

### Family Centered versus Conventional Service Delivery

**TIME:**

10 minutes

5 minutes group work

5 minutes debrief

**PURPOSE:**

To distinguish the difference between Family Centered Practice Approach to Service Delivery and Conventional Service Delivery

**MATERIALS:**

Family Centered versus Conventional Service Delivery

**Family-Centered Practice- A Comparison Sheet****INSTRUCTIONS:**

1. Individually complete the worksheet. You may use the Family Centered Comparison Sheet to guide your answers.
2. Be prepared to share your responses large group.

## **FAMILY CENTERED VERSUS CONVENTIONAL SERVICE DELIVERY**

*Next to each statement indicate whether the practice represents Family Centered (FC) or Conventional (C) service delivery.*

### **Engagement**

Harris Webb CM, is making first contact with the Gruffod family as part of the CPS Investigation. He arrives at the residence, introduces himself, hands the family his business card and explains that he is there because someone shared concerns about the family. He asks permission to enter the home. He provides a handout explaining the CPS process and walks the family through the process explaining the referral process. He asks the family to explain any possible incident that would lead someone to be concerned about the safety of their son Ian. After building rapport, he listens actively to their story.

### **Assessment**

CM Fran Messing is gathering information from the Bronson Family at the DFCS Office. During the visit she identified the “perp” and noted that mom suffers from *anxiety disorders* and dad is “*detached.*” She advised the family to be “straight with her” and provide the “facts so she can fix what was wrong, so the children could be safe”. She told them she must have psychologicals *on everyone.* Strengths listed: Housing and a car. Ms. Bronson told Fran that her face showed “trained sympathy” and she didn’t think Fran really cared about her family.

### **Safety Planning**

Constance Smith has involved the Pannini family in designing a safety plan based on information gathered and support of the family team members. She held an FTM at local library before transitioning the case to Family Preservation.

### **Out of Home Placement**

Mandi, Mary and Madeleine Roache are siblings in foster care placed in three different foster homes. Their father Malik, lives in the same city but has not been contacted about his children’s welfare. The mother Tynisha is ambivalent about his involvement with the girls although her actions led to current deprivation. She has never met their foster parents and her family lives in Chicago.

### **Implementation of service Plan**

Jo ahna Deer just completed her third family meeting with the Franklyn Family. During the meeting the foster parent Kay Kim and Ms. Franklyn talked about how they both have attended Floydd’s (12 y/o child) IEP’s and dental visits. Ms Franklyn explained that she did not understand the importance of IEP’s and so did not attend them until Ms. Kim helped her understand what they were about. Ms. Kim noted that things were better between her and Ms Franklyn but she was not ready to progress to in home visits.

### **Permanency Planning**

After 13 months of Minh Ho being in care with marginal progress, the case manager asked Ms Tran (mother) to complete a parenting assessment. The Clinician determined that Ms. Tran did not possess the cognitive skills to parent. The case manager asked the SAAG to file for TPR on the single parent.

### **Reevaluation of Service Plan**

For the past 18 months Ms. Cedeno has had the same case plan. None of the steps have been accomplished although she has met monthly with her worker. She has only had the initial family team meeting.

### Family-Centered Practice- A Comparison

Family-Centered Child Welfare Services	Conventional Child Welfare Services
<b>Engagement</b>	
Families are engaged in ways relevant to the situation and sensitive to the values of their culture.	Efforts focus on getting the facts and gathering information, and not in the building of the relationships.
<b>Assessment</b>	
The assessment protocols look at families' protective capabilities, strengths, and resources throughout the life of the case and are continuously assessed and discussed. Awareness of strengths supports the development of strategies built on competencies, assets, and resources.	The assessment focuses on the facts related to the reported abuse and neglect; the primary goal is to identify psychopathology of the "perpetrator."
<b>Safety Planning</b>	
Families are involved in designing a safety plan based on information and support of worker/team members. Protect the child as necessary but <b>recognize the parents continuing place in the child's life. Accept them as equal partners.</b>	The plan is developed by Child Protective Services, courts, or lawyers without input from the family or from those that know the child
<b>Out of Home Placement</b>	
Partnerships are built between families and foster/adoptive families, or other placement providers. Respectful, non-judgmental, and non-blaming approaches are encouraged.	Biological, adoptive, and foster families have little contact with one another
<b>Implementation of service Plan</b>	
Workers ensure that families have reasonable access to a flexible, affordable, individualized array of services and resources so that they can maintain themselves as a family. Support the parent's efforts in making positive contributions to their child's life.	Implementation most often consists of determining whether the family has complied with the case plan, rather than providing services and supports or coordinating with informal and formal resources.
<b>Permanency Planning</b>	
Families, child welfare workers, community members, and service providers work together in developing alternate forms of permanency. Foster sustainable permanency with caring adults committed to transitioning youth into adulthood long after case closure.	Alternative permanency plans are introduced only after efforts at parental rehabilitation are unsuccessful.
<b>Reevaluation of Service Plan</b>	
Information from the family, children, support teams, and service providers is continuously shared with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes.	Few efforts are dedicated to determining the progress of the family in reaching the plan's outcomes. Re-evaluation results are not shared with the families.

## Family Centered Practice *Derailers and Maintainers*

Review the following statements or actions then identify the ones that would derail or hinder the family Centered Case practice Approach. Shade the box with the FCP Derailers so only the Maintainers are left!

<b>Not listening</b>	<b>Responding to client suggestions with “Let me explain why that won’t work”</b>
<b>Adding too much value; <i>must get my two cents in</i></b>	<b>Failing to give proper recognition or express gratitude</b>
<b>Sharing Authority</b>	<b>Becoming a decision making bottleneck</b>
<b>Starting a response with “no,” “but,” or “however.” <i>The overuse of these negative qualifiers secretly conveys the message to families that “I am right.” “You are wrong.”</i><sup>2</sup></b>	<b>Refusing to express regret for past inaction or current negative action</b>
<b>Value people, create an environment with open communication, empowerment and recognition</b>	<b>Setting the expectation of failure</b>
<b>Withholding Information</b>	<b>Tiptoe around significant issues-be tentative</b>
<b>Encourage ideas and meaningful contributions</b>	<b>Emotions are contagious, especially when they come from the agency representative</b>
<b>Being Intimidating</b>	<b>Avoid value laden judgments</b>
<b>Managing Time</b>	<b>Being Decisive</b>
<b>The act of noticing with attention</b>	<b>Honesty, not just saying it but paying attention to how you say it</b>
<b>Clinging to the past</b>	<b>Creating a culture of <u>intentional inclusion</u><sup>3</sup> a safe place to share concepts and ideas</b>
<b>Listen in a way to strengthen understanding and trust</b>	<b>Showing emotional resilience and realistic optimism</b>

*Think about your practice as you shade out the things that derail FCP and intentionally focus on what will maintain FCP in your own practice!*

<sup>2</sup> Dr. Maynard Brusman, Working Resources

<sup>3</sup> Dr. Linda Burrs Step up to Success

## Family Centered Case Practice Principles

The principles include:

- In making determinations about plans and services, we consider the child's safety and health paramount.
- We must provide relevant services with respect for and understanding of children's needs and children's and families' culture. Family-centered practitioners partner with families to use their expert knowledge throughout the decision- and goal-making processes and provide individualized, culturally-responsive, and relevant services for each family.
- No child or family will be denied a needed service or placement because of race, ethnicity, physical or emotional handicap, religion, or special language needs.
- Where appropriate, families will be provided with the services they need in order to keep their children safe and at home in order to avoid the trauma of removal.
- Understanding the disproportionate representation of children and families of color among those supervised by DFCS, we will continually assess our tools, services and strategies to prevent racial and ethnic bias.
- Foster care will be as temporary an arrangement as possible.
- If at all possible, children in out-of-home placements will be safely reunified with their families within 12 months. Families will be provided with the services they need to allow for safe reunification whenever possible.
- If a child cannot be safely reunified within timeframes established under federal and state law, DFCS will find a permanent home for the child, using child-specific recruitment plans when necessary, preferably with an appropriate relative or an adoptive family.
- We must work to ensure children in out-of-home placement have:
  - Stable placements that promote the continuity of critical relationships, including with their parents, siblings and capable relatives, to achieve a sustainable permanent family setting.
  - Placements in settings that are the least restrictive and meet their individual needs.
  - Decision-making that is informed by a long-term view of the child's needs, informed by the family team, and is consistent with federal and state timelines about achieving an exit from care to a sustainable, safe permanent home.

**ACTIVITY:****SELF ASSESSMENT CASE MANAGEMENT ACTIVITIES THAT WORK****TIME:**

15 minutes

10 minutes Complete worksheet

5 minutes debrief

**PURPOSE:**

To evaluate their own practice in delivering Family Centered Case Practice

**MATERIALS:**

Self assessment Case management activities that Work

**INSTRUCTIONS:**

1. Individually complete the worksheet
2. Be prepared to share some responses in large group



**Self Assessment Worksheet Case Management Activities that Work**

*Instructions: For the factors that support effective case management that you complete evaluate by checking which box applies. Place N/A where applicable. For each area of need note one way to improve it.*

ACTIVITIES	Do all the time	Got to fix this
I am aware that both my clients and I have cultural filters and am careful not to superimpose mine onto theirs		
I know that goal achievement and case closure begins with initial contact and engagement with the family and I must show active listening. I know it is the family's story to tell and I want to hear it.		
I believe all parents have the capacity to change and create safe, stable homes for their children. I communicate this message to them		
I help birth parents to recognize their role as collaborative partners in meeting the social, educational, medical, psychological and developmental needs of their children		
I work hard to build trust because it is essential to engaging the family in a process of change		
For the families I serve the family's goals and concerns are represented both verbally and with the relevant supporting documentation		
As I work with families I allow them to have a pivotal role in designing their family plans/case plans		
I recognize that the trauma of removal in the protection of children is minimized when children remain in familiar schools, informal supports, friends, neighborhoods and they can maintain family connections. I make every effort to obtain placements in the least restrictive settings available		
When children and families see that I acknowledge and affirm their strengths, they are more likely to rely on them as a basis for the changes they must risk making		
The assessments I conduct address underlying needs to produce safety, permanency and well-being and are solution focused and build on functional strengths		
In meeting with families I present them with a roadmap for expected changes and am open, candid and provide full disclosure so families are clear about expectations		
I believe the family's informal support systems are essential to making and sustaining change. I diligently search for these family allies or resources		
I depend on and participate in the family team process using their expertise in determining changes the family should make		
I am more likely to coordinate case management activities in concert with the Family Team contributors as the more effective use of time		
Office based visits and supervised visits though not perfect still meet the requirements for visitation and it's better than no visits at all		
Safety and permanency planning are fully integrated along with school needs and plans as I recognize that success in school is a indicator of a youth's well-being		
In developing transitional plans I encourage youth to achieve Independent living by identifying adults who will care for and support them after emancipation is achieved		
I work hard to provide services that are flexible enough to be delivered when and where the family needs them and that are also ethically sensitive		
I make every attempt to ensure that services and resources are provided to families in their own community, and provided within their own neighborhoods and mindful of their culture		
<i>My clients would check that I am effective in all or most of the above</i>		

<i>My supervisor affirms my effectiveness in all the above</i>		
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**Note to Self:**

*For each area that needs fixing I should:*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## FAMILY CENTERED PRACTICES AND SERVICES

### ENGAGEMENT

- Family Team meetings
- CPPC Community and Parent Engagement
- PSSF: Community Engagement & Resource Development
- Family Resource Connection Pilot: TANF/Child Welfare Integration
- Kid's Count on You: School Mandated Reporter Training
- Early Childhood Initiative: Childcare Training
- CFSR Stakeholder Surveys & Community Forums: Stakeholder Engagement & Input
- CAPTA Citizen Review
- Faith and Community based Initiatives

### WORK WITH TEAMS

- Babies Can't Wait Partner w/ Public Health to assess and provide early intervention services to children 0-3 with disabilities or delays
- Family Team Meetings: Agency, Family and Community Collaboration
- Diversion Response: CPS
- CPPC Pilot Sites: DFCS, Community & Natural Helpers
- PSSF Network: Community Based Family Service Agencies
- Multi-Disciplinary Team Meetings (MDT)
- Integrated Family Support: Collaborative Partnership with Public Health & DFCS
- TRIS : Collaborative partnership with DJJ, DFCS and TRIS
- Family Resource Connection Pilot: Social Service & TANF Collaboration
- DFCS/DJJ Interagency Agreement: to ensure continuity of service between systems.
- MAYOI - Metropolitan Atlanta Youth Opportunities Initiative
- Meth Regional Partnership: Administrative Office of the Courts, DFCS and Public Health
- Foster and Adoptive Parent Recruitment & Retention
- CPS Advisory Committee
- Children's Justice Act Advisory Committee
- Child Fatality Review Panel
- Court Improvement Project (CIP)
- County Q&A Reviews - Community Stakeholder Meetings
- PIP Planning Teams

### ASSESSMENT

- Strength-Based Caretaker Assessment (PSSF)
- Risk Assessment
- CCFA
- Educational Assessments
- Developmental Screenings (BCW)
- Family Team Meetings
- MDT

### CASE PLANNING AND SERVICE IMPLEMENTATION

- Early Intervention

- Diversion Response
- Family Preservation Pilot
- Wrap Around Services
- Kinship/Relative Care
- Enhanced Relative Care Subsidy
- Relative Care Guardianship
- Enhanced Relative Rate
- Therapeutic Residential Intervention Services
- Supervised Visitation
- ILP Career Exploration Camps
- TeenWork
- ETV
- Caseworker Visits
- Adoption
- Post-Adopt Services

## TRACKING AND SUPERVISION

- Policy Simplification
- Staff Training
- Tools of the Trade
- Professional Excellence
- Safe Families Symposium
- IMPACT
- LORE: Level of Care Outcomes Reporting Environment
- Multi-Disciplinary Team Training (CAPTA)
- CFSR Stakeholder Surveys and Forums
- PSSFNET: Data Collection and Reporting System
- Supervisory Review
- Qualitative Case Reviews
- Child and Family Service Review (CFSR)
- CFSR PIP
- IV-E Reviews and PIP
- G-Meetings
- Contractor Site Visits
- Client Satisfaction Surveys and Questionnaires
- SACWIS/Shines

### Comparison Family Centered Practice and GA SHINES Intake Narrative

These questions are useful for intake but may be expanded for use with Collateral Contacts.

Differentiator	GA SHINES NARRATIVE	Family Centered Practice Intake questions
RISK AND SAFETY	<b>Reporters allegations/ General Information</b>	<b>What concerns prompted your call today?</b>
	<b>Does the reporter believe the child is in immediate danger?</b>	On a scale of 0 to 10, with 0 meaning you are certain the child will be abused again and you believe we should take action immediately, with 10 meaning the problems are solved, where would you rate the seriousness of this situation?
	<b>When was the last time the reporter saw the child?</b>	What specific behaviors contribute to child maltreatment?
	<b>Has anything happen to prompt you to call today?</b>	How does the substance use/abuse/ lead to child maltreatment?
	<b>Approximately when did the incident occur?</b>	When were you first aware that the children may be unsafe or at risk of harm? How long has this been going?
	<b>How long has the maltreatment been going on and how often it happens? (Chronic)</b>	Are there any visible signs of the effects of the parent's actions or inaction on the child?
	<b>Did you see any physical evidence of abuse and neglect?</b>	How has the caregiver's actions impacted the child?
	<b>Has there been any occurrence of domestic violence or abuse between the adults in the home, or substance abuse problem?</b>	You are saying this family has problems, can you tell me how we will know when the problem is solved?
	<b>Is the reporter aware of any safety problems in the home or any physical hazards in the home?</b>	What, in your view are the worst aspects of the behavior you are talking about? <sup>4</sup>
Caregiver Protective Capacities/Strengths	<b>What do you see as the family's strengths or can you tell me anything good about this family?</b>	What does the family do well? Is there something good about them you could report?
		What do you think this family should do? What are they capable of doing?
	<b>How do family members solve issues? What have you seen them do in the past?</b>	Are there times when the parent is attentive instead of neglectful or hurtful? Tell me more about those times. What did the parent and child do instead? What do you think made the parent

<sup>4</sup> <http://info.dhhs.state.nc.us/olm/manuals>

Differentiator	GA SHINES NARRATIVE	Family Centered Practice Intake questions
		respond differently?
	<p><b>Does the reporter know of relatives of the children? Get contact information</b></p>	<p>You said the child always seems sad. Are there any times when you've seen the child be happy? What is going on then?</p> <p>It sounds like this has happened before, have you ever seen the family do anything to work this out on their own?</p>
Community/Reporter Protective Capacities	<p><b>How does the reporter know about the circumstances?</b></p>	<p>This situation sounds serious. What do you think should happen? How would that solve the problem?</p>
	<p><b>Do you know of any other people knowledgeable about the situation?</b></p>	<p>What do you see as the cause of the problem?</p>
	<p><b>Is there anything you can do to help this family?</b></p>	<p>How do you see yourself or others as being a part of resolving this situation?</p>
	<p><b>Has the family been involved in this or any other community agency?</b></p>	<p>What have you done besides calling DFCS, to keep the child safe?</p>
	<p><b>Do you know if there have been any reports made about this family?</b></p>	<p>Have you talked about these matters with anyone who knows the family? Would others agree with your perspective? What would they say?</p>
	<p><b>Calling DFCS is a big step. What can be with the family to make the child safe in the home?</b></p>	<p>Calling DFCS is a big step. In your opinion, what would it take to make the child safer?</p> <p>What do you imagine us doing to make the child safer?</p>
	<p><b>Have you had previous concerns about this family?</b></p>	<p>Would the parents of the family agree with your assessment of the situation?</p>

**ACTIVITY:****SUCCESSFUL FAMILY ENGAGEMENT****TIME:**

15 minutes

10 minutes Complete worksheet

5 minutes debrief

**PURPOSE:**

To review family Engagement Strategies and apply them to casework activity

**MATERIALS:**

**Successful Family Engagement Checklist; Engaging Children and Families, Engaging Children and Families**

**INSTRUCTIONS:**

1. Review the checklist
2. Read the case of Nyala and discuss which competencies should be demonstrated in engaging the family. Make a list of key considerations that should be made.
3. What additional information would assist in the initial contact?
4. What are some potential barriers to engaging this family?
5. How could these be overcome?

## Nyala' Case

*Nyala 7, was reported after she was beaten repeated with a wooden spoon leaving bruises and abrasions all over her extremities. She never expressed to the reporter any fears of her mother and the reporter never determined who the offender was due to some language difficulties. She was not afraid to go home. There appeared to be old healing bruises on her legs as well. These were not seen before because of her "traditional dress."*

*Her mother was 18 when Nyala was born in Sudan. Her father and mother are distant cousins. Nyala and her mother were often mistreated. The reporter explained that Nyala was "permanent" and she had legal documentation of residency as well as a social security card.*

*Nyala's mother speaks little English. She usually nods her head and say's yes to most questions. In the past she was given paperwork to sign which she did. Reporter suspects she could neither read nor understand them, she probably was not literate even in her own language. Most of the communication took place with Nyala's dad who does not like to be directly addressed by women. She has brothers, 2 and 3 years old and her mother is expecting another child. The boys show no signs of abuse. Her mother has friends within the Sudanese culture and they live in the same block as the family however the reporter did not have their names or numbers. She attends the local masjid one mile away.*

*Nyala speaks fluent English and often acts as the interpreter for her mother.*

*Nyala's dad Aahil, works at the local farmers market and congregates with the Sudanese in the apartment complex in which they live. 'He is a very fundamentalist Muslim and is answerable only to the Imam,' the report indicated. He will not welcome any intervention in his family or people telling him what he may or may not do with his family. The reporter provides general services assistance of groceries for the and after school tutoring for Nyala.*

*The family moved here six months ago from "up North."*



**Successful Family Engagement Checklist**<sup>5</sup>:

With **each** client engagement check which is employed on each of your client contacts:

<b>Strategy</b>	✓
<b>I approach the family from a position of respect, cooperation, and shared decision making.</b>	
<b>I provide the family members with complete information not only regarding their situation but also <u>full disclosure</u> regarding laws, regulations, and policies which impact their life situation.</b>	
<b>Respect, active listening skills, cultural competence, and an awareness of the power differences between the Division and the family are evident in my approach to the family</b>	
<b>I make every effort to identify child safety risk and protective factors and family issues from the family's perspective. I discuss and prioritize with the family what needs to change. Non negotiable are identified. I engage the family around a shared concern for the safety of the child and well being of the family.</b>	
<b>I explain the agency's concern and reason for involvement clearly, directly, and honestly. Where there are linguistic barriers I make every effort to provide interpreter services without using the child or other family member in the process. I recognize that engagement begins with the first contact and continues throughout the Division's involvement with the family.</b>	
<b>I discuss issues of maltreatment (i.e., needs, conditions, and behaviors interfering with safety and well-being), consequences, timelines and the Department's ongoing responsibilities as they <u>occur or recur throughout</u> the life of the case.</b>	
<b>I offer help to the family to achieve a clear understanding of the safety and risk issues for each child.</b>	
<b>Whenever safe and appropriate, I include children and youth (CFSR standard) as well as parents in decision-making about the services and supports they need. I encourage them to be active participants in finding solutions to family issues and concerns about child safety</b>	
<b>I focus on family strengths aspects of resiliency (e.g., culture, traditions, values, and lifestyles) as building blocks for services and family needs as a catalyst for service delivery.</b>	
<b>I deliberately assist the family to develop natural supports that will enhance the family's capacity and build a circle of support that will see the family through</b>	

<sup>5</sup> <http://www.dhs.state.ia.us/cppc/website>

Supervisor's Guide to Implementing FCP Arizona <https://www.azdes.gov> Adapted

<b>difficult times even when I am no longer involved.</b>	
<b>I try to follow the parents lead. I purposely create a collaborative relationship with the family, while avoiding being controlling. I am aware that alliance building by letting the parent tell his/her own story may take more time than if I badger them with questions to get answers to complete my paperwork, but it is a worthwhile investment.</b>	
<b>My attending skills including empathic listening helps me uncover parental worries or concerns and I am able voice appreciation of their ability to cope</b>	
<b>I am able to reframe behaviors to identify strengths and talk about what the parent child or adolescent has done well, empowering them</b>	
<b>I choose to find common ground in the differences between myself and the family identifying shared values of safety, permanency and well-being</b>	
<b>Recognizing that the family has reasons not to trust, I avoid reacting to behavior that seems uncooperative but may driven by past victimization.</b>	
<b>Small step successes and immediate response to identified needs can help to build trust so I look for opportunities to provide assistance or arrange for supportive services</b>	
<b>I aim to empower the family to identify and define what it can do for itself and where the family or individual members need help.</b>	
<b>The families I serve would agree with the way I have assessed this aspect of my practice</b>	
<b>My supervisor would agree with my evaluation of this aspect of my practice-engaging families</b>	

**ENGAGING CHILDREN AND FAMILIES**

When do I engage families?	At intake; investigation and assessment, family team meeting, case planning, family preservation –ongoing case management. Foster care case management visits ECEM, case reviews, court reviews, aftercare planning and case closure.
Considerations for engage?	<p>What will it take to engage this family or youth?</p> <p>Has this been done before? With what results?</p> <p>Who needs to be included?</p> <p>What can we try again that has been tried before?</p> <p>What can we do differently?</p> <p>How can we engage each person including children and youth?</p>
Underlying components to demonstrate engagement	<ul style="list-style-type: none"> <li>• Honesty &amp; Clarity</li> <li>• Safety, well-being, permanence</li> <li>• Respectful and mutual relationships</li> <li>• Responsiveness to family priorities</li> <li>• Identify everyone’s strengths &amp; roles</li> <li>• Shared responsibility for success</li> <li>• Using “what works” <ul style="list-style-type: none"> <li>– Success increases engagement</li> </ul> </li> </ul>

**ENGAGING CHILDREN AND FAMILIES**

<b>Engagement Do's</b>	
<p style="text-align: center;"><b>Establish trust</b></p> <ul style="list-style-type: none"> <li>- Clarify purpose of intervention</li> <li>- Elicit and respond to parental concerns regarding family participation in process</li> <li>- Describe process and timeframes</li> <li>- Be open, honest, transparent – if things change, talk about it right away</li> <li>- Be aware of your own and recognize the families’ values, avoid collisions</li> <li>- Compliment and recognize strengths</li> <li>- Use words the youth and adults understand. Avoid jargon</li> </ul>	<p style="text-align: center;"><b>Listen like you mean to</b></p> <ul style="list-style-type: none"> <li>- Listen with respect – Go beyond the “sound bite” to achieve "a minimum of sound to a maximum of sense or understanding"</li> <li>- Position yourself at eye level and make eye contact where un-offensive to the family’s culture</li> <li>- Read the body language</li> <li>- Repeat actions and messages of empowerment</li> <li>- Allow for disagreement without triggering oppositional behavior</li> <li>- Find areas of agreement</li> <li>- Don’t expect full buy-in</li> <li>- Keep at it –engagement is not a “one-shot” deal</li> <li>- Aim for skillful discussion</li> </ul>
<p style="text-align: center;"><b>Solving Problems</b></p> <ul style="list-style-type: none"> <li>- See the family as the expert on what works for them</li> <li>- Join them in solution building</li> <li>- “GOOD IDEAS” can emerge without connection to any specific related problems</li> <li>- Acknowledge that one solution may fix many problems</li> <li>- Identify the needs and changes required</li> <li>- As long as the direction the family wants to travel is towards safety , permanency and well-being and there are functional or mitigating strengths walk with the family</li> <li>- Offer choices</li> <li>- Demonstrate cultural sensitivity</li> </ul>	<p style="text-align: center;"><b>Questions that promote engagement</b></p> <ul style="list-style-type: none"> <li>- What would you say are your family’s strengths / resources?</li> <li>- What would you define as your largest challenge at the moment?</li> <li>- What kinds of support have you found helpful at other times in your life?</li> <li>- What has not worked before? (so we won’t make the same mistakes)</li> <li>- What significant event in your past helped shape what you are today?</li> <li>- What in the future would ensure the safety of your children and the well-being of your family?</li> <li>- What is happening presently that needs to change to achieve that future?</li> <li>- What other goals would you like to achieve?</li> <li>- On a scale of 1-10 where 1 is not as important and 10 very important, how would you rank these goals?</li> <li>- What are some steps to achieving the number one goal, number 2, etc</li> <li>- How could your child help you achieve this goal? Who else could help you? Who else you sustain what you achieve when the goal is met?</li> <li>- How long do you think it will take to achieve this goal?</li> <li>- How could the agency help you to become successful?</li> </ul>

### Family Centered Case Practice- Full Disclosure

- Full disclosure involves providing information to the family regarding the steps in the intervention process, the requirements of CPS, foster care or adoption, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.
- Full Disclosure is based on the values that parents ultimately decide the outcome of the case; parents have a right to know the permanency time line; parents can handle the truth; and parents need to give and receive data in order to make informed choices. Parents are our partners.
- Is an essential component of ethical social work practice
- Is a process that facilitates open and honest communication between the social worker, biological parents, extended family members, foster parents, attorneys, the court, and service providers
- Is a skill and a process of sharing information, establishing expectations, clarifying roles,
- and addressing obstacles to the work with families
- Helps everyone understand what is happening and why – and in what timeframes
- Informs families of the agency's concurrent activities intended to prevent extended stays in foster care
- Addresses detrimental effects of out-of-home care, separations, loss and unresolved grief
- Discusses the urgency of reunification and the significance of visiting the child. Ask parents: Whom would you want to care for your child if you could not do it?

<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/cpp/module4-handouts.pdf>

**Partnership Parenting – It's my opinion...**

1. In addition to visitation there are existing opportunities for birth parents to “parent” children already placed in foster care. Agree/ Disagree
2. Parents and foster parents should be introduced within the first 48 hours of child placement via phone or in-person. Agree/ Disagree (if disagree, what would be a realistic time frame?)
3. Birth Parents should be collaborative partners regarding their child’s social, educational, medical and psychological needs, developmental issues. Agree/ Disagree
4. All things considered, maltreated children are better off with foster parents than returning to birth parents or relatives Agree/ Disagree
5. I believe that a birth parent’s active involvement with their child can help the child manage separation, grief and loss associated with placement Agree/ Disagree
6. Foster parents and birth parents need a buffer (DFCS) between them Agree/ Disagree
7. In most instances birth parents pose a risk to foster parents. Agree/ Disagree
8. Permanency decisions could be made faster if birth parents had more opportunities to show their willingness and capacity to adequately meet the needs of their children Agree/ Disagree
9. I naturally associate children in care with their foster NOT birth parents Agree/ Disagree
10. Birth parents need to focus on resolving their issues while the foster parents focus on care of the children Agree/ Disagree

**INCARCERATED PARENTS WITH MINOR CHILDREN**

- An estimated 53% state prisoners and 63% federal prisoners, midyear 2007, were parents of minor children
- Between 1991 and midyear 2007, children with incarcerated parents increased by 80%
- The number of children under age 18 with a mother in prison more than doubled since 1991
- Almost half (46%) of children of incarcerated parents had fathers who were black
- The majority of prisoners reported having a minor child, a quarter of which were age 4 or younger
- More than a third of minor children will reach age 18 while their parent is incarcerated
- Inmates in state and federal prisons with a criminal history were more likely to be parents of minor children than those with no criminal history
- More than 4 in 10 mothers in state prison who had minor children were living in single-parent households in the month before arrest
- Fathers living with their minor child relied heavily on someone to provide daily care
- About half of parents in state prison provided the primary financial support for their minor children
- More than three-quarters of state prison inmates who were parents of minor children reported that they had some contact with their children since admission
- Among parents in state prison, two-thirds reported they had a work assignment; over half had attended self-help or improvement classes since admissions

<http://www.ojp.usdoj.gov/bjs/pub/pdf/pptmc.pdf>

**Mentoring for children of incarcerated parents**

- [caregiverschoice@mentoring.org](mailto:caregiverschoice@mentoring.org)
- Caregiver's Choice, call 877-333-CHOICE 877-333-2464
- SKYPE <http://www.skype.com/>

**ACTIVITY:**INDIVIDUAL AND FAMILY ASSESSMENT**TIME:**

15 minutes

10 minutes Complete worksheet

5 minutes debrief

**PURPOSE:**

To identify competencies consistent with the individual and family assessment and how they may be applied in case management

**MATERIALS:**

Reference tools: Family Engagement Reference Tools; Individual and Family Assessment checklist, Exploration and assessment: Protective Factors that lower risk; Caregiver Protective Capacities

**INSTRUCTIONS:**

1. Review the case information
2. Review the reference tools indicated including the competencies and the protective factors/capacities, then discuss which ones should be applied in the family assessment
3. What's missing from the assessment information?



**Case Information for Assessment Marlene Deitrick**

*Felicia, a veteran case manager of 17 years has been assigned the case to work with a mother who took an overdose of drugs during pregnancy of a child she did not want. She is the third worker assigned. The initial foster care worker quit after two weeks with the agency. The initial investigator transferred to another county. The infant Jolie survived with serious medical injuries and remained hospitalized for four weeks in the neonatal and special care nurseries. Marlene had an older 17 year old Sydney, who was not at risk.*

*The Family Team Meeting was held 28 days of intake due to difficulties locating the Marlene and her mental state to participate in the FTM. This was the first occasion the worker had to really engage the mom.*

*Marlene was mostly isolated, she has visited the baby and cried during the visits, per the foster mother. Marlene has found a resource in a local church's Women with a Purpose ministry for single moms in crisis. Three of her "sponsors" attended the FTM with her in addition to her land lady and a distant cousin Marilyn Munroe. They were told about the non-negotiables of the case but encouraged to provide solutions. They agreed to support the mom by encouraging her mental wellness. Plans were made to help her sustain her employment and she was able to meet her expenses with ongoing support from the church.*

*Marlene grieved her actions and actively participated in therapy. Plans were made to reunite the mother and child. Three weeks after the FTM the infant was released to a specialized foster home for medically fragile infants and run by a former pediatric nurse and her husband a part-Time fire fighter. The infant was on an Apnea Monitor which alarmed frequently. The worker was told about this and asked if it were defective. She was told it was hospital recommended and appeared to be working well.*

*One week after her arrival at the foster home the worker visited with the infant and foster parents and all seemed well. The foster family had no other children in the home at the time but three indoor dogs. Three nights before Jolie's planned return to her mother, for an overnight visit, the infant suddenly stopped breathing and was rushed to intensive care. Felicia is asked to go to the mother's home to inform her of the infant's condition. When she arrives, she sees the mother at the curbside where UPS has just delivered an infant's high chair and crib. She expresses that she has finally began to "forgive herself for what she did to her baby." The elevator is not working and Felicia is asked to help carry the items up three flights of stairs where she enters the apartment to tell Marlene of Jolie's being in intensive care and potential delays with the visit. She also has to explore mom's willingness to care for an even more fragile child.*

## Individual and Family Assessment Checklist

Read the case information and Protective Capabilities Worksheets to determine the effectiveness of the assessment.

What's missing from the assessment information?

- *What evidence shows Nurturing and Attachment Protective Capability? Needs?*
- 

- *What evidence shows Parental Resilience? Needs?*
- 

- *What evidence shows Parenting Knowledge? Needs?*

- *Parental Supports? Needs?*

## Exploration and Assessment

### When completing an assessment ask yourself:

- Is the child safe? What is needed to protect the child?
- What supports and services is the family currently receiving (or do they need to receive)?
- How much of these services are needed for the home environment to improve?
- What is the most realistic time frame for addressing the issues of?
  - Employment
  - Housing
  - Substance abuse
  - Health and mental health?
- What reasonable efforts have been made?
- What has been the client's response to the Family team partnership?
- Who can provide care and protection for the child outside of the family?
- How do we ensure that parent/child visitation is occurring? Is it safe and productive? Do the following take into account the child's age and stage of development to make the contacts meaningful?
  - Frequency
  - Location
- Who is responsible for providing Monitoring, support & guidance and provides feedback to the parent on how well the visits are going?
- How do we ensure that the child's needs are being met?
  - Emotional needs
  - Physical needs
  - Educational needs?
- Can this family be reunited?
- What is the parent's capacity to resume parenting?
- What progress is being made toward reunification?
- What about other family members and their capacity to provide a permanent home for the child?
- What is the BEST possible permanency option if Jolie cannot be returned to Marlene?
- Are kin (including the putative dad), foster parents or adoptive parents suited to or interested in becoming a permanent family for the child?
- What is the best way to achieve a permanent permanency plan?
- What is the parent's assessment of the best way to achieve permanency? Are they aware of all the permanency plan options, adoption through surrender of rights/termination of rights, guardianship, placement with a fit and willing relative?
- Is now the time to move to an alternative permanency option?
- How do the protective factors mitigate the risks?

### Protective Factors that lower risk

Research has shown that the following protective factors are linked to a lower incidence of child abuse and neglect:

<b>Nurturing and Attachment</b>	<b>Nurturing and the developing of a bond with a caring adult affect all aspects of behavior and development. Think back to the cycle of need, when needs are met in a supportive environment growth happens</b>
<b>Knowledge of Parenting and of Child and Youth Development.</b>	<p>Discipline is both more effective and more nurturing when parents know how to set and enforce limits and encourage behaviors consistent with the child's age and stage of development. Parents' challenge and support children to live up to their potential. Child abuse and neglect are often associated with a lack of understanding of basic child development or an inability to put that knowledge into action. Timely mentoring, coaching, advice, and practice may be more useful to parents than information alone.</p>
<b>Parental Resilience</b>	<p>Resilience is the ability to handle everyday stressors and recover from occasional crises. Parents who are emotionally resilient have a positive attitude, creatively solve problems, effectively address challenges, and are less likely to direct anger and frustration at their children. In addition, these parents are aware of their own challenges—for example, those arising from inappropriate parenting they received as children—and accept help and/or counseling when needed.</p>
<b>Social Connections</b>	<p>Evidence links social isolation and perceived lack of support to child maltreatment. Trusted and caring family and friends provide emotional support to parents by offering encouragement and assistance in facing the daily challenges of raising a family. Supportive adults in the family and the community can model alternative parenting styles and can serve as resources for parents when they need help.</p>
<b>Concrete Supports for Parents</b>	<p>Many factors beyond the parent-child relationship affect a family's ability to care for their children. Parents need basic resources such as food, clothing, housing, transportation, and access to essential services that address family-specific needs (such as child care and health care) to ensure the health and well-being of their children. Some families may also need support connecting to social services such as alcohol and drug treatment, domestic violence counseling, or public</p>

benefits. Providing or connecting families to the concrete supports that families need is critical. These combined efforts help families cope with stress and prevent situations where maltreatment could occur.

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These protective factors are critical for all parents and caregivers, regardless of the child's age, sex, ethnicity or racial heritage, economic status, special needs, or whether he or she is raised by a single, married, or divorced parent or other caregivers. All of these factors work together to reinforce each other; for example, parents are more likely to be resilient in times of stress when they have social connections and a strong attachment to their child. Protective factors can provide a helpful conceptual framework for guiding any provider's work with children and their families.

Adapted From: Strengthening Families and Communities 2009 Resource Guide: Child Welfare Information Gateway, Children's Bureau, FRIENDS National Resource Center For Community-Based Child Abuse Prevention

Year Published: 2009

## CAREGIVER PROTECTIVE CAPACITIES

Definition: “personal and parenting behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being **protective of one’s young**.”<sup>6</sup> These characteristics are akin to instinctive protectiveness and are evident in the behavioral, cognitive and emotional functioning of the parent and should be considered in assessments. Gaps uncovered in these areas of functioning should be addressed in the safety, family or case plans developed.

### Areas of Functioning

#### COGNITIVE PROTECTIVE CAPACITY

Intellect, knowledge, understanding, and perception contributing to protective ability.

- Reality oriented
- Accurate perception of a child
- Recognition of a child’s needs
- Ability to accurately process and interprets various stimuli
- Shows understanding protective role
- Intellectually able
- Understands, recognizes and acknowledges threats to child safety

#### EMOTIONAL PROTECTIVE CAPACITY

Feelings attitudes and identification with the child and motivation contributing to protective ability.

- Emotional bond with child
- Positive attachment demonstrated
- Expressions of love, empathy, sensitivity towards child
- Resiliency
- Stability
- Effectively meets own emotional needs
- Emotional control

#### BEHAVIORAL PROTECTIVE CAPACITY

Actions, activities and performance contributing to protective ability.

- Physical capacity and energy
- Ability to set aside own needs
- Adaptive
- Assertive and responsive
- Takes action
- Demonstrates impulse control
- Known History of being protective

<sup>6</sup> Caregiver Protective Capacities [www.actionchildprotection.org](http://www.actionchildprotection.org)

**Protective Factors Children and Adolescents****ENVIRONMENTAL  
FACTORS**

- Access to educational, employment opportunities and other pro-social activities
- Maintained caring relationships with adults or extended family members
- Entrenched social support from non-family members

**INTERPERSONAL AND  
SOCIAL FACTORS**

- **Attachment to parents**
- **Caring relationships with siblings**
- **Low parental (caregiver) conflict**
- **Evident commitment to school**
- **Involvement in activities**
- **Demonstrate pro-social values**

**INDIVIDUAL FACTORS**

- **Social and problem-solving skills**
- **Positive -can do attitude**
- **Temperament**
- **Intelligence**
- **Low childhood stress**
- **Resilience**

Adapted from Jensen and Frazer 2006

**Exploring Strengths and Needs- Nurturing and Attachment**

In order to explore . . .	Ask the parent . . .
<ul style="list-style-type: none"> <li>• How the parent observes and attends to the child</li> <li>• Specific play or stimulation behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• How much time are you able to spend with your child or teen?</li> <li>• When you spend time with your child or teen, what do you like to do together?</li> <li>• How do you engage your child or teen during everyday activities (diapering, meals, driving in the car)?</li> <li>• What games or activities does your child or teen like?</li> </ul>
<ul style="list-style-type: none"> <li>• How the parent responds to the child's behavior</li> </ul>	<ul style="list-style-type: none"> <li>• What does your child or teen do when he/she is sad, angry, tired?</li> <li>• What happens when your child (cries for a long time, has a tantrum, wets the bed, skips school)?</li> </ul>
<ul style="list-style-type: none"> <li>• How the parent responds to emotional needs</li> </ul>	<ul style="list-style-type: none"> <li>• How do you know when your child or teen is happy? Sad? Lonely? Hurt?</li> <li>• How do you comfort your child?</li> </ul>
<ul style="list-style-type: none"> <li>• How the parent demonstrates affection</li> <li>• How the parent models caring behavior</li> </ul>	<ul style="list-style-type: none"> <li>• How do you show affection in your family?</li> <li>• How do you let your child know that you love him or her?</li> </ul>
<ul style="list-style-type: none"> <li>• How the parent recognizes accomplishments</li> </ul>	<ul style="list-style-type: none"> <li>• What are your child's greatest gifts and talents?</li> <li>• How do you encourage these talents?</li> <li>• What do you do when your child does something great?</li> </ul>
<ul style="list-style-type: none"> <li>• How the parent provides a safe and stable home and family environment</li> </ul>	<ul style="list-style-type: none"> <li>• How many people provide care for your baby or toddler? How often do these people change?</li> <li>• What routines do you keep in caring for your young child?</li> <li>• All families experience conflict from time to time. What happens when there is conflict in your house?</li> <li>• How do you keep your child or teen safe at home? In your neighborhood or community?</li> </ul>

Child welfare information Gateway [http://www.childwelfare.gov/pubs/res\\_guide\\_2009](http://www.childwelfare.gov/pubs/res_guide_2009)



### Knowledge of Parenting and of Child and Youth Development

Parents may feel more comfortable voicing concerns and exploring solutions if you:

Focus on the parents' own hopes and goals for their children.

Help parents identify and build on their strengths in parenting.

Model nurturing behavior by acknowledging frustrations and recognizing the parents' efforts

In order to explore . . . Ask the parent . . .	
<b>The parent's view of their child's strengths</b>	What does your child do best? What do you like about your child?
<b>How the parent views his/her own role</b>	What do you like about being a parent of an infant (or preschooler, or teenager)? What are some of the things that you find challenging as a parent?
<b>How the parent observes and interprets the child's behavior</b>	What kinds of things make your child happy? What kinds of things make your child frustrated, sad, or angry? What does your child do when happy? Frustrated? Sad? Angry? Why do you think your child (cries, eats slowly, says "no," breaks rules)?
Ways the parent is currently responding to the child's needs and behaviors How the parent encourages positive behavior through praise and modeling	What works best for your child when he/she is sad, angry, or frustrated? How have you let your child know what you expect? What happens when she/he does what you asked?
Whether the parent can identify alternative solutions for addressing behaviors  Community, cultural, and ethnic expectations and practices about parenting	How have you seen other parents handle this? What would your parents have done in this situation? What teaching (discipline) methods work best for you? How does your child respond?
How the parent understands the child's development  Any parental concern that the child's behavior appears to be outside the normal range	How do you think your child compares to other children his/her age? Are there things that worry you about your child? Have others expressed concern about your child's behavior?
How the parent encourages healthy development	How do you respond to your baby's attempts to communicate? How do you encourage your child to explore his/her surroundings, try new things, and do things on his/her own? What works in encouraging your child to be more independent and competent?

Child welfare information Gateway [http://www.childwelfare.gov/pubs/res\\_guide\\_2009](http://www.childwelfare.gov/pubs/res_guide_2009)

## Parental Resilience

Parents who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well.

### *Exploring Strengths and Needs*

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The term “resilience” will not resonate with all parents. Explore alternate ways of talking about these skills, such as the affirmation, “I will continue to have courage during stressful times or after a crisis.”

By partnering with parents, you can help them pinpoint the factors contributing to their stress, as well as their successful coping strategies and their personal, family, and community resources.

In order to explore . . . Ask the parent . . .	
What the parent identifies as his or her coping strengths and resilience  The parent’s strengths in parenting	What helps you cope with everyday life? Where do you draw your strength? How does this help you in parenting? What are your dreams for yourself and your family?
What the parent identifies as everyday stressors  Problem-solving skills  Stressors precipitated by crises	What kinds of frustrations or worries do you deal with during the day?  How do you solve these everyday problems as they come up?  Has something happened recently that has made life more difficult?
Impact of stress on parenting Impact of parenting on stress	How are you able to meet your children’s needs when you are dealing with stress?  How are your children reacting to (crisis)?
How the parent communicates with his or her spouse or partner  Whether there is marital stress or conflict	How do you and your spouse communicate about concerns?  How does your spouse or partner support you in times of stress?  How do you and your spouse or partner work together in parenting?  What happens when you and your spouse or partner disagree?
Needs that might be identified by a different family member (not all family members may identify the same needs)  Actions that a parent may need to take when additional needs are identified	Are other family members experiencing stress or concern?  Has anyone in your family expressed concern about drug or alcohol abuse?  What steps have you taken to address those concerns?

<p>Short-term supports (respite care, help with a new baby, help during an illness)</p> <p>Long-term strategies (job training, marital counseling)</p>	<p>When you are under stress, what is most helpful to you?</p> <p>Are there places in the community where you can find help?</p>
<p>The parent’s ability to set and work toward personal goals</p>	<p>What are your goals for your family or children in the next week (or month)?</p> <p>What are your long-term goals for yourself? For your children and family?</p> <p>What steps might you take toward those goals in the next week or month?</p>

Child welfare information Gateway [http://www.childwelfare.gov/pubs/res\\_guide\\_2009](http://www.childwelfare.gov/pubs/res_guide_2009)

## Social Connections

### *Exploring Strengths and Needs*

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Identifying and building on parents' current or potential social connections, skills, abilities, and interests can be a great way to partner with them as they expand their social networks. For parents who have difficulty establishing and maintaining social connections, your discussion may help them identify what is holding them back. Encourage parents to express goals regarding social connections in their own terms, such as, "I have friends and at least one person who supports my parenting."

<b>In order to explore . . . Ask the parent . . .</b>	
The parent's current social support system, including family, friends, and membership in any formal groups	Do you have family members or friends nearby who help you out once in a while? Do you belong to a church, temple, mosque, women's group, men's group? Do you have a child in the local school or Head Start program?
The parent's social skills and capacity to make and keep friends	Who can you call for advice or just to talk? How often do you see them?
The parent's desire for new friends and social connections	What kinds of things do you like to do for fun or to relax?  Would you be interested in meeting some other moms and dads who also (have a new baby, have a teenager, like to cook, sing in a choir)?
The parent's potential strengths and challenges in making social connections (including concerns such as parent's language, comfort level in groups, access to babysitting and transportation, recent arrival in community)	What are some benefits of getting out or joining a group?  What kind of support would you need in order to be able to get out for an evening?  How does your spouse or partner help out so that you have some time with friends?
Needs that might be met with better social connections (for instance, respite care, a sympathetic listener, a role model)	Would it help you to have more friends or acquaintances to call about _____?  Would it help you to know other moms and dads who are dealing with _____?
The parent's interest in starting or facilitating a community group	What would it take to get a group of parents together to _____?

Child welfare information Gateway [http://www.childwelfare.gov/pubs/res\\_guide\\_2009](http://www.childwelfare.gov/pubs/res_guide_2009)

## Concrete Supports For Parents

### *Exploring Strengths and Needs*

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Most parents are unlikely to use or identify with the words “concrete supports.” Instead, they might express a goal such as, “My family can access services when they need them.”

Working with parents to identify their most critical basic needs and locate concrete supports keeps the focus on family-driven solutions. As a partner with the family, your role may simply be making referrals to the essential services, supports, and resources that parents say they need.

In order to explore...	Ask the parent...
The parent’s view of the most immediate need	What do you need to (stay in your house, keep your job, pay your heating bill)?
Steps the parent has taken to deal with the problem	How have you handled this? What kind of response have you gotten? Why is this working or not working?
Ways the family handles other problems  Current connections that might offer help for the new problem	What has worked well in the past?  Are there community groups or local services that have been or might be able to offer assistance? Do you belong to a faith community? Do you have a relationship with a pediatrician? Is your child enrolled at a local school?
Other services and supports that would help the family	Have you thought about _____ (local program that provides housing or food)?  Did you know that _____ provides (free homework help, meals on weekends, low-cost child care)?
The parent’s desire and capacity to receive new services, including completing applications, keeping appointments, and committing to the solution process	What kind of help do you need to get to these appointments? When would be a good time for me to give you a call to see how it’s going?

Child welfare information Gateway [http://www.childwelfare.gov/pubs/res\\_guide\\_2009](http://www.childwelfare.gov/pubs/res_guide_2009)

**ACTIVITY:***INDIVIDUALIZED PLANNING AND SERVICES***TIME:**

15 minutes

10 minutes Complete worksheet

5 minutes debrief

**PURPOSE:**

To identify competencies consistent with ***Individualized Planning and Relevant Services Checklist*** and how they may applied in case management

**MATERIALS:**

***Individualized Planning and Relevant Services Checklist; Case information***

**INSTRUCTIONS:**

In your group:

1. What are the protective capabilities evidenced by the caregivers?
2. What should be considered in the assessment of this case?
3. Please read the case and identify who should be included in the FTM to develop the case plan.
4. Check the competencies you would need to complete an individualized plan for the family.
5. What additional information should be considered in developing the plan?

### Individualized Planning and Relevant Services Checklist

Read the case information and check the planning competencies that would apply in this case. Discuss how each of the competencies may be used in customizing a family plan for the Rodriguez Family.

<b>CUSTOMIZING THE PLAN</b>	✓
<b>Continue to review and address child safety, permanency and well-being determining if accessing emergency services may be necessary to protect the child.</b>	
<b>The family was helped to identify what they could do for themselves and where they needed help</b>	
<b>During the FTM and other meetings with the family long-term goals are addressed and short-term goals are discussed as behaviorally specific objectives that are measurable and achievable.</b>	
<b>The family is engaged as an active partner in all aspects of service identification and planning acknowledging their protective capabilities, addressing their expressed needs and building on their strengths.</b>	
<b>Expectations, incentives, and consequences, which are delineated in plans, are realistic and appropriate to the family's strengths and needs.</b>	
<b>Plans developed always address children's safety, needs, permanency goals, and ways to enhance their well-being. Children placed in out-of-home care have a realistic permanency plan established including a concurrent option where necessary</b>	
<b>Based on the goals and outcomes, it is determined what special services will be provided, by whom, for how long and with what frequency.</b>	
<b>A contingency plan for services is developed if agencies in the community are unable to provide the necessary services or if the services provided are not of sufficient quality and intensity (e.g. substance abuse) for the family to achieve their case goals within the 12 month time frame.</b>	
<b>Families are assisted in accessing the customized array of services and supports outlined in the case plan that will help them build their protective capabilities and remove barriers to provide a safe, stable home for their child.</b>	
<b>Culturally relevant service plans are developed with the family and members of the family's support network and are updated at critical points to address changing circumstances. When it is necessary for a child to be placed in out-of-home care, a planning meeting with the family team is held before non-emergency placements or within 72 hours after emergency placements.</b>	
<b>Services are provided that are connected to the reason the child is in out-of-home care as well as any other service needs that arise or are later identified.</b>	

<b>Follow up with families is done to ensure that they are receiving these services and supports</b>	
<b>Families are reminded of the strict time frames indicated on the permanency timeline. Timely reviews of their progress towards reunification are done, and families are reminded of the consequence of not achieving goals.</b>	
<b>There is a deliberate effort made to identify the child's view of "psychological permanence." They are supported and prepared for whatever the permanency plan may be.</b>	
<b>Progress and planning reviews are conducted to include the family and the family's team members on a frequent and consistent basis in order to achieve best results.</b>	
<b>Develop a legal permanency option for families for whom TPR is appropriate or where reunification is likely to fail.</b>	
<b>Work is done with the courts to help them understand mental health, substance abuse treatment and other ongoing supports needed by the family to establish and maintain safety</b>	
<b>The courts are enlisted to help coordinate collaborative efforts between the agency, service delivery providers and the community.</b>	
<b>Where the termination of parental rights is not in the child's best interest, compelling reasons are identified and advocacy is demonstrated</b>	
<b>A permanency goal of "another planned permanent living arrangement" is not used for any child under the age of 16 and only after other more permanent goals have been actively pursued and appropriately ruled out.</b>	
<b>All youth, aged 14 and older, know of the educational, training, housing, and other transitional supports and make appropriate and timely referrals.</b>	
<b>All youth are encouraged and provided the opportunity to complete high school and given opportunities to learn a trade or apply to college.</b>	
<b>Children, aged 14 and older, have written plans that include connections to a caring adult, services, and supports to help the youth live safely and function successfully as adults.</b>	



### ***Individualized Planning and Relevant Services Cases***

Mother: Rita Lloyd

Putative Father: Paul Holloway

Legal Father: Ricco LLOYD

Ms. Rita Lloyd is a single parent of Amber and Jody. They are 4 and five respectively. She had been living with her husband Ricco till three months ago when he left her after finding out that Amber was not his biological child. Rita has been drinking heavily with Paul Holloway who is Jody's biological dad. She left the children unsupervised three nights in a row. She told the reporter (neighbor) she left them with a 13 year old baby sitter but the baby sitter had to get herself home by 10:30 and was also responsible for putting the children to bed. Rita also told the reporter that she was "really into" her boss Christoff, Last Friday she left the girls home alone at 2:30a.m. to meet Christoff at the No Tell Motel, "and they weren't meeting for work."

Yesterday Rita and Paul had a major fight ending with Rita getting a black eye. The girls ran next door to the reporter who actually called the police. She kept the girls while Rita went to the hospital and Paul was arrested. Ricco came by and took the girls. He told Rita on her return home that he will be keeping Jody from now on. He is the legal father of Jody but **not** her biological father (or so Rita believes). Rita told Ricco she would take him to court if he tried to keep Jody.

Ricco and Rita have been married for seven years. Ricco lost his job at Christmas and they have had to live on Rita's income. The bills are barely paid and Rita is "tired of wearing the pants." In an argument about money, it came out that Amber was conceived on one of Rita's out of town work assignment . Ricco works construction and has had a hard time keeping a job.

The girls are in pre-school and sometimes the reporter has to feed them. They are "always in her yard." Rita's family lives in Ohio. Ricco's family lives in nearby. They advised him to take Jody and run. He is still attached to Amber although very hurt by Rita's betrayal.

At the time of the visit with the Family Preservation worker Rita expressed being "overwhelmed and stressed out." She has bailed Paul out and he is back in the home. Paul suspects Rita is having an affair.

The case was screened and based on the risk and safety assessment was opened for Family Preservation Services.

## The Facts on Permanent Families for Children and Foster Care and Mental Health from the National Fact Sheet 2009

- Of the 286,170 children **exiting** out-of-home care in the United States in 2006, 53% were reunited with their parents or other family members.
- In 2006, approximately 50,703 children were legally adopted through public child welfare agencies, a 1.1% **decrease** from 51,278 in 2005.
- Females who have been in foster care also have higher birth rates than those who have not been in foster care (31.6% vs. 12.2%) and higher subsequent pregnancy rates (46% vs. 29%). By age 19, nearly half of surveyed females in foster care report ever having been pregnant, whereas only 20% of females never in foster care have ever been pregnant.

### ***Foster Care and Mental Health***

- Between one-half and three-fourths of children entering foster care exhibit behavior or social competency problems that warrant mental health care.
- Eighty-five percent of foster care youth are estimated to have an emotional disorder and/or substance abuse problem; 30% have severe behavioral, emotional, or developmental problems.
- More than half (54.4%) of adult participants who were placed in foster care as children have experienced symptoms of one or more mental health problems in the last 12 months, and 25% suffer from post-traumatic stress disorder, a rate nearly double that of U.S. war veterans.<sup>7</sup>
- 621 children aged out of Georgia's foster care WITHOUT ACHIEVING A PERMANENT FAMILY-2006

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<sup>7</sup> National Fact Sheet 2009 <http://www.cwla.org/advocacy/nationalfactsheet09.htm>

### TIPS FOR WORKING WITH YOUTH IN TRANSITION AND CASE CLOSURE

- ✓ Develop and maintain positive permanent connections between youth and caring adults.
- ✓ Actively engage youth in developing life skills that will prepare them for successful transition.
- ✓ Relate to youth as resources rather than just recipients of services in the child welfare system.
- ✓ Create and maintain environments that promote physical and emotional safety and well being.
- ✓ If the youth is **undocumented** complete a staffing for **Special Immigrant Juvenile Status- a immigration status change**
- ✓ Value the individual strengths and uniqueness of each youth.
  - Involve a diverse array of stakeholders in the development of a comprehensive continuum of services and supports for youth transitioning out of the foster care system.<sup>8</sup>
- ✓ Congratulate the child, family and support system for the strengths demonstrated in mitigating risks and promoting safety. Plan how protective capabilities and factors will be maintained in the future with the biological and/or the adoptive family
- ✓ Help all partners deal with residual emotions, particularly those relating to loss and disappointment.
- ✓ Plan to work with the adoptive family to maximize family connections (sibling and familial relationships) regardless of the permanency plan. Termination of rights is a legal determination. Biological connection cannot be severed.
- ✓ If the plan does not involve reunification, ensure that the family and caregiver have negotiated and clarified the parent's future role with the child
- ✓ **Anticipate the Future:** Reach an agreement with the family about an ongoing post-closure safety plan that is appropriate to the family's reality and context. This plan might include provision of services and supports and monitoring from community resources.
- ✓ Prepare the caregiver for how the child may process issues at different developmental phases
- ✓ Review and rehearse with the family possible future problems and coping/prevention strategies.<sup>9</sup>
- ✓ Complete the Documentation in SHINES. Complete the termination paperwork and procedures. Provide the family a copy of the "discharge summary."
- ✓ Work with the court to develop a review process for cases until permanency is actually achieved (e.g. adoption not termination)
- ✓ Provide closure plans and final court reports to the court in a timely manner. Be sure the reports are clear and child-focused.

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<sup>8</sup> <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/ppt-winter-2008.pdf>

<sup>9</sup> AD Pope et.al Guidelines for Family Centered Practice, Georgia Division of Family and Children Services

**PARENT EVALUATION: PROGRESS AND SERVICES PROVIDED**

This evaluation is to be completed by Parents and or Caregivers. For each item checked never or sometimes what will it take to move up to most of the time?

Actions or decisions taken	Never	Sometimes	Most of the time
I am consulted by service providers about decisions concerning my family			
I am told about a range of care/treatment choices for my children, myself and family			
I actively participate in the scheduling of appointments and follow through with those appointments			
I let my case manager know of scheduling conflicts or challenges to my participation in case plan activities			
I feel free to ask questions about the care received and insist on answers			
If I disagree with case plan activities I am given the opportunity to share alternatives that would still lead to the safety and well-being of my child			
I feel like my concerns are heard and my successes celebrated			
I am allowed to identify and use a support network including both family and non-family members			
I have had greater success in building a stronger family since DFCS has been involved with my family			
I have been given and used opportunities to know more about making my child healthier and safer			
I have several persons I can now call if I am stressed or in a crises to provide help and support			
I have uncovered several strengths that I can use to create a safe stable environment for myself and my family			
I have at least one peer or mentor that I may rely on to help me think through concerns or help with decision making			
I know the value of the case plan and I work to get through it as quickly as possible			
I have participated in the process in place for developing or reviewing the case plans set up for my child and or my self			
Information about medical, mental or emotional health is shared with me in a way I can understand			
I know what my responsibilities are and I participate in the activities outlined in my case plan			
I routinely contact my case manger to discuss my progress			
I let DFCS know if I have difficulties with agencies or persons providing services related to my case plan			
I am treated with respect, genuiness and positive regard			
If I feel disrespected or feel as though my cultural practices are disavowed I ensure that is addressed with DFCS			
I feel there is a partnership developed for me and my children and they want us to succeed			

## *ENGAGING COMMUNITY PARTNERS*

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*Adapted from the Center for the Study of Social Policy's Strengthening Families Initiative*

- Successful family strengthening initiatives involve community leaders, agencies, and families working together to make lasting improvements to the community's infrastructure.
- Partnerships are a great way to make communities more supportive of families and help ensure family health and safety.
- Protective factors can serve as a helpful framework for community partnerships supporting stressed and vulnerable families.
- Many life events bring stress and risk into a family's life—domestic violence, substance abuse, mental health issues, loss of a job, having a child with special needs, even just the process of entering into parenting.
- **When the community works together to strengthen families by building protective factors, families are better able to create a safe and stable base that allows them to respond more effectively to issues that cause stress.** For example, conversations with families struggling with a child's challenging behavior reveal that they often feel very isolated. Their child's behavior can serve as a barrier to accessing both formal and informal supports and services. Parents may feel depressed or self-critical. In these cases, child-centered therapeutic services may be complemented by a broader array of supports that help the family build protective factors.

### **Tips for working with community groups**

Everyone has something to contribute to a community family strengthening effort. The following are suggestions for ways your partnership might engage and collaborate with specific groups.

#### **Partnering With Faith Communities**

- Attend regularly or make a one-time presentation on protective factors to interfaith groups working on community needs and services.
- Listen and seek to understand the faith communities' beliefs and values regarding protecting children and strengthening families. Demonstrating respect for their faith is important when approaching religious and lay leaders.
- Train religious and lay leaders about the five protective factors, as well as how to recognize the signs and symptoms of abuse and neglect, work with victims and their families, and make appropriate referrals.
- Organize parent education and support group meetings at faith community facilities.
- Support the development of mentoring programs within congregations for children and families under stress.
- Encourage religious and lay leaders to publicly acknowledge child abuse and neglect as a major concern for the faith community, and affirm that they are dedicated to supporting families and protecting children.

#### **Partnering With Parents and Caregivers**

- Reach out to community parent councils or forums. Support the development of such councils where they do not currently exist.
- Provide community-based family mentoring services to strengthen family relationships.
- Organize workshops to teach parents how to access services to meet their families' needs, including finding adequate medical care, pursuing educational opportunities, and accessing job information. Include parent leaders as presenters.
- Create opportunities for parent volunteers to participate in community activities such as safety initiatives, after-school programs, mentoring programs, food drives, and other events.
- Ask experienced parent leaders to serve as mentors for family members who are just joining the group.

#### **Partnering With the Courts**

- Provide information, tools, and training about protective factors to judges, guardians *ad litem*, and others involved in making best interests determinations for children.
- Create substantive roles for parents and community stakeholders in the juvenile dependency court system to promote a better understanding of the challenges faced by those who come before the court.
- Set up formal referral systems to direct parents to legal service providers within the community. Create support groups among parents currently or previously involved with the court system.

#### **Partnering With Early Childhood Centers and Schools**

- Attend parent meetings or conduct community forums or workshops with early childhood centers and schools to talk with parents about protective factors.
- Schedule joint trainings with staff about the protective factors and child abuse prevention, and how this information can be incorporated into their work with parents.
- Seek opportunities to sponsor joint events with early childhood centers and schools.

- As these relationships develop, you may offer to provide onsite services to children and families. This can be an important first step in building families' comfort with pursuing services.

**Partnering With Business Leaders**

- Recruit a high-profile community business leader to serve on the governance board for your community-based partnership. Encourage him or her to challenge other business leaders to contribute to the effort.
- Publicly recognize companies with family-friendly services and policies, such as onsite child care, flexible scheduling, and telecommuting.
- Identify ways that employee volunteer programs could work to support safe and healthy families in the community.
- Partner with businesses to offer workshops for employees on the protective factors, child development, parenting skills, and stress reduction.
- Ask businesses to consider including family-strengthening messages in their advertising or product packaging.

**Partnering With Policymakers**

- Write or call your local legislator and make him or her aware of the research demonstrating how the five protective factors help prevent child abuse and neglect. Briefly point out your community's current strengths and needs.
- Host a community event with your legislator at a local school or family center and invite community partners and families.
- Organize a town hall meeting with your legislator and other community leaders to address issues affecting local families.
- Build long-term relationships with your legislator and his or her staff; keep them informed of community issues.

**Partnering With Culturally Diverse Families and Communities**

- Partnering with families and communities of diverse racial and ethnic backgrounds, lifestyles, and beliefs requires an organizational investment in addressing differences in positive and productive ways. Here are a few examples:
- Different cultures define the concept of "family" in very different ways. Respect each family's own definition.
- Begin a workshop or retreat with a demonstration of spirituality drawn from the culture • of one or more of the families present. This can prepare participants emotionally and mentally for the activities of the day, while acknowledging a strength of that family's culture to the entire group.
- Classes that introduce traditional child-rearing practices from various cultures may help young parents raise their children in a positive and culturally knowledgeable manner.
- Ethnic street fairs offer families a way to enjoy their cultural heritage in the company of others. Community organizations can provide prevention information and educational materials at booths and through family-friendly activities like parent-child art workshops and puppet shows.

For more information about culturally competent work with families,  
[www.childwelfare.gov/systemwide/cultural/families](http://www.childwelfare.gov/systemwide/cultural/families)

## HANDOUTS FOR PARENTS OR CAREGIVERS

### *Tip Sheets for Parents and Caregivers: Bonding With Your Baby*

#### **What's Happening**

Attachment is a deep, lasting bond that develops between a caregiver and child during the baby's first few years of life. This attachment is critical to the growth of a baby's body and mind. Babies who have this bond and feel loved have a better chance to grow up to be adults who trust others and know how to return affection.

#### **What You Might Be Seeing**

Normal babies:

- Have brief periods of sleep, crying or fussing, and quiet alertness many times each day
- Often cry for long periods for no apparent reason
- Love to be held and cuddled
- Respond to and imitate facial expressions
- Love soothing voices and will respond with smiles and small noises
- Grow and develop every day; they learn new skills quickly and can outgrow difficult behaviors in a matter of weeks

#### **What You Can Do**

No one knows your child like you do, so you are in the best position to recognize and fulfill your child's needs. Parents who give lots of loving care and attention to their babies help their babies develop a strong attachment. Affection energizes your child to grow, learn, connect with others, and enjoy life.

#### **Here are some ways to promote bonding:**

- Respond when your baby cries. Try to understand what he or she is saying to you. You can't "spoil" babies with too much attention—they need and benefit from a parent's loving care even when they seem inconsolable.
- Hold and touch your baby as much as possible. You can keep him close with baby slings, pouches, or backpacks (for older babies).
- Use feeding and diapering times to look into your baby's eyes, smile, and talk to your baby.
- Read, sing, and play peek-a-boo. Babies love to hear human voices and will try to imitate your voice and the sounds you make.
- As your baby gets a little older, try simple games and toys. Once your baby can sit up, plan on spending lots of time on the floor with toys, puzzles, and books.

The best gift you can give your baby is YOU. The love and attention you give your baby now will stay with him or her forever and will help your baby grow into a healthier and happier child and adult.

*This tip sheet was created with input from experts in national organizations that work to protect children and strengthen families. To download this tip sheet or for more parenting tips, go to [www.childwelfare.gov/preventing/promoting/parenting](http://www.childwelfare.gov/preventing/promoting/parenting) or call 800.394.3366.*



**Tip Sheets for Parents and Caregivers: Usted y su bebé: El lazo que los une**

Los bebés necesitan más que alimento, calor y protección. También necesitan amor, atención y cariño. Formar lazos ayuda a su bebé a crecer fuerte y sano, tanto física como mentalmente.

**Los recién nacidos:**

- Duermen, lloran, se quejan y ven el mundo a su alrededor muchas veces por día
- Les encanta que los mimen y que les hablen
- Lloran sin motivo aparente, a veces por mucho tiempo
- Les encantan las voces tranquilas y responden con sonrisas y gorgoritos de bebé feliz
- Crecen y cambian todos los días

**Formar lazos es bueno para el bebé... ¡y para usted!**

Cuando usted forma lazos con su bebé, sabrá mejor lo que el bebé quiere y necesita. Y su bebé se sentirá amado y protegido. El lazo que usted forma ahora ayuda a que el cuerpo y el cerebro de su bebé crezcan sanos. Esto afectará al bebé toda su vida: su temperamento, sus decisiones y las relaciones futuras que pueda tener. Le ayudará a tener una vida mejor.

La mejor manera de crear ese lazo es pasar tiempo con su bebé.

Éstas son algunas cosas que usted puede hacer

- Responda cuando lllore el bebé. Los recién nacidos no se vuelven "consentidos" por exceso de atención.
- Tómelo en brazos, mímelo y toque a su bebé a menudo. Use un canguro o una mochila especial para mantener a su bebé cerca.
- Léale, cántele y juegue a que se esconde y aparece. A su bebé le encanta oír su voz y tratará de imitarlo.
- Sonríale y mírelo a los ojos.
- Juegue juegos sencillos a medida que su bebé crezca. Pase tiempo en el piso con juguetes, rompecabezas y libros.

**El mejor regalo que le puede hacer a su bebé es ¡USTED MISMO!** El amor y la atención que le dé ahora permanecerán con él para siempre. Le ayudarán a tener relaciones sanas y a tomar buenas decisiones más adelante en la vida.

*Esta hoja informativa para los padres fue desarrollada con la colaboración de profesionales vinculados a diversas organizaciones nacionales que protegen a la juventud y promueven familias sanas. Para descargar esta publicación o para obtener más consejos para los padres (en inglés), vea: [www.childwelfare.gov/preventing/promoting/parenting](http://www.childwelfare.gov/preventing/promoting/parenting) o llame al 1.800.394.3366.*

## Tip Sheets for Parents and Caregivers: Dealing With Temper Tantrums

### What's Happening

Two- and three-year-olds have many skills, but controlling their tempers is not one of them. Tantrums are common at this age because toddlers are becoming independent and developing their own wants, needs, and ideas. However, they are not yet able to express their wants and feelings with words. Take comfort in the fact that most children outgrow tantrums by age 4.

### What You Might Be Seeing

Normal toddlers:

- Love to say "no!" "mine!" and "do it myself!"
- Test rules over and over to see how parents will react
- Are not yet ready to share
- Need lots of fun activities, play times, and opportunities to explore the world
- Respond well to a routine for sleeping and eating (a regular schedule)
- Like to imitate grownups and to "help" mom and dad

### What You Can Do

It is often easier to prevent tantrums than to deal with them once they get going. Try these tips:

- Direct your child's attention to something else. ("Wow, look at that fire engine!")
- Give your child a choice in small matters. ("Do you want to eat peas or carrots?")
- Stick to a daily routine that balances fun activities with enough rest and healthy food.
- Anticipate when your child will be disappointed. ("We are going to buy groceries for dinner. We won't be buying cookies, but you can help me pick out some fruit for later.")
- Praise your child when he or she shows self-control and expresses feelings with words.

If you cannot prevent the tantrum, here are some tips for dealing with it:

- Say what you expect from your child and have confidence that your child will behave.
- Remain calm. You are a role model for your child.
- Holding your child during a tantrum may help a younger child feel more secure and calm down more quickly.
- Take your child to a quiet place where he or she can calm down safely. Speak softly or play soft music.
- Some children throw tantrums to seek attention. Try ignoring the tantrum, but pay attention to your child after he or she calms down.
- Resist overreacting to tantrums, and try to keep your sense of humor.

When your child is having a floor-thumping tantrum, the most important thing you can do is remain calm and wait it out. Do not let your child's behavior cause you to lose control, too.

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**Tip Sheets for Parents and Caregivers : Los berrinches**

Es común que los niños pequeños hagan berrinches. Entre los 2 y 4 años los niños van desarrollando sus propias ideas, necesidades y deseos. Pero todavía no los pueden expresar en palabras. Esto puede ser frustrante para su hijo... ¡y para usted!

**Los niños pequeños:**

- Les encanta decir: ¡No!... ¡Mío!... y ¡Yo solo!
- Ponen a prueba las reglas una y otra vez para ver cómo reacciona usted
- Necesitan mucho tiempo para jugar, hacer cosas divertidas y explorar el mundo
- No saben compartir todavía
- Se comportan mejor cuando tienen horarios fijos para comer y dormir
- Les gusta imitar a los "grandes" y "ayudar" a mami y a papi

A veces los padres pueden prevenir los berrinches.

**Estas son algunas cosas que usted puede hacer:**

- Siga una rutina diaria de actividades divertidas, con suficiente descanso y comida sana.
- Anticipe lo que puede desilusionar a su hijo. (*Vamos a comprar comida para la cena. Esta vez no vamos a comprar galletitas pero, ¿me ayudas a elegir fruta para el postre?*)
- Ayude a su hijo a concentrarse en otra cosa. (*¡Mira ese camión de bomberos!*)
- Deje que su hijo tome decisiones sobre cosas pequeñas. (*¿Quieres comer chícharos o zanahorias?*)
- Felicite a su hijo cuando se controle a sí mismo y exprese sus sentimientos en palabras.

Pero a veces los berrinches ocurren de todos modos.

Si no puede prevenir un berrinche, pruebe estas sugerencias:

- Aunque un berrinche en un lugar público puede ser penoso, no pierda la calma.
- Algunos niños se calman más rápido si los ayuda a sentirse seguros y protegidos.
- Lleve a su hijo a un lugar tranquilo para que se calme. Háblele en voz baja o ponga música suave.
- Si su hijo está tratando de comunicarse con usted, trate de entender lo que quiere. Si sólo quiere llamar la atención, no haga caso a su berrinche. Préstele atención *después* de que se haya calmado.
- Trate de no perder el sentido del humor. ¡No haga berrinche usted!

Lo mejor que puede hacer es guardar la calma, incluso cuando el niño hace un berrinche en pleno piso. No pierda la paciencia, trate de entender lo que el niño le quiere decir. Recuerde que la mayoría de los niños dejan de hacer berrinches alrededor de los 4 años de edad.

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## Tip Sheets for Parents and Caregivers: Connecting With Your Teen

### What's Happening?

Many teens spend less time with their families than they did as younger children. As they become more independent and learn to think for themselves, relationships with friends become very important. Sometimes it may feel like your teen doesn't need you anymore. But teens still need their parents' love, support, and guidance.

### What You Might Be Seeing

Normal teens...

- Crave independence
- Question rules and authority
- Test limits
- Can be impulsive
- Make mature decisions at times, and childish ones at others

### What You Can Do

Simple, everyday activities can reinforce the connection between you and your teen. Make room in your schedule for special times when you can, but also take advantage of routine activities to show that you care.

Tips to keep in mind:

- **Have family meals.** If it's impossible to do every night, schedule a regular weekly family dinner night that accommodates your child's schedule.
- **Share "ordinary" time.** Look for everyday opportunities to bond with your teen. Even times spent driving or walking the dog together offer chances for your teen to talk about what's on his or her mind.
- **Get involved, be involved, and stay involved.** Go to games and practices when you can. Ask about homework and school projects. Look for chances to learn about your teen's latest hobby.
- **Be interested.** Make it clear that you care about your teen's ideas, feelings, and experiences. If you listen to what he or she is saying, you'll get a better sense of the guidance and support needed. Get to know your teen's friends and their parents, too, when possible.
- **Set clear limits.** Teens still need your guidance, but you can involve your teen in setting rules and consequences. Make sure consequences are related to the behavior, and be consistent in following through. Choose your battles. Try to provide choices in the matters that are less important.

Your words and actions help your teen feel secure. Don't forget to say and show how much you love your teen!

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## Tip Sheets for Parents and Caregivers: Cómo relacionarse con su hijo adolescente

### Lo que está pasando

Muchos adolescentes comparten menos tiempo con su familia. Conforme se hacen más independientes y aprenden a pensar por sí mismos, las relaciones con sus amigos se hacen más importantes. A veces puede parecer que su hijo adolescente ya no lo necesita. Pero en realidad los adolescentes siguen necesitando el amor, el apoyo y los consejos de sus padres.

### Los adolescentes normales...

- Desean independizarse
- Cuestionan las reglas y la autoridad
- Ponen a prueba los límites
- Pueden ser impulsivos
- A veces toman buenas decisiones, a veces malas

### Lo que usted puede hacer

Cualquier actividad normal puede mejorar su relación con su hijo adolescente. Dedique tiempo para compartir ocasiones especiales con su hijo cuando pueda, pero también aproveche las actividades que forman parte de la rutina familiar para demostrarle que le interesa lo que hace en la escuela y con sus amigos.

Estas actividades familiares pueden fortalecer la relación con su hijo:

- **Coma con la familia.** Si no pueden comer juntos todos los días, aparte un día de la semana para la cena familiar.
- **Comparta más tiempo con su hijo.** Busque oportunidades para acercarse a su hijo. Usted puede platicar con su hijo aun cuando estén en el supermercado o cuando vayan en el auto.
- **Manténgase involucrado en la vida de su hijo.** Vayan juntos a partidos y entrenamientos de la escuela. Hablen de la tarea y los proyectos escolares. Busque información sobre la actividad favorita de su hijo, o ayúdelo a buscar una actividad o pasatiempo.
- **Demuestre interés.** Demuestre interés por las ideas, sentimientos y experiencias de su hijo. Si pone atención a lo que su hijo le dice, sabrá cómo guiarlo y ayudarlo a tomar decisiones. Conozca a los amigos de su hijo y, de ser posible, también a sus padres.
- **Establezca límites claros.** Déle consejos a su hijo adolescente, pero involúcrelo a la hora de establecer las reglas y las consecuencias por no seguirlas. Asegúrese de que las consecuencias tengan que ver con el comportamiento, y sea consecuente a la hora de aplicarlas. escoja sus batallas. Ofrezca varias opciones cuando se trate de situaciones de menor importancia.

Sus palabras y sus acciones ayudan a que su hijo se sienta seguro. ¡Demuéstrele a su hijo adolescente cuanto lo quiere!

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## Tip Sheets for Parents and Caregivers: Teen Parents... You're Not Alone!

### What's Happening??

Being a parent is a 24-hour-a-day job, and sometimes it can feel overwhelming. You may be juggling the demands of a baby, your family, school, and work. Chances are you're not able to do all of the things you enjoyed before your baby was born.

Many teen parents sometimes feel...

- Confused and uncertain—about their future or their skills as a parent
- Overwhelmed—they don't know where to begin or they feel like giving up
- Angry—at the baby's other parent, their friends, or even their baby
- Lonely—like they are the only person dealing with so many problems
- Depressed—sad and unable to face their problems

*These feelings do not mean you are a bad parent!*

### What Can I Do??

Every parent needs support sometimes. If you think stress may be affecting how you treat your baby, it's time to find some help. Try the following:

- **Join a support group.** A group for young moms or dads could give you time with new friends who have lives similar to yours. Your children can play with other children, and you can talk about your problems with people who understand. Look on the Internet or call your local social services agency for information about support groups in your community.
- **Find ways to handle stress.** Take a break while someone reliable cares for your baby. Take a walk with the baby in a stroller, or rest while your baby naps. A social worker or nurse can help you learn other ways to manage stress.
- **Finish school.** Even though it may be difficult, finishing high school (or getting a GED) is one of the most important things you can do to help your baby and yourself. A diploma will help you get a better job or take the next step in your education (such as vocational training or college).
- **Improve your parenting skills.** Don't be afraid to ask for advice from experienced parents. Classes for parents can also help you build on what you already know about raising a happy, healthy child.
- **Call a help line.** Most States have help lines for parents. Childhelp® runs a national 24-hour hotline (1.800.4.A.CHILD) for parents who need help or parenting advice.

Stay in contact with friends and family who support you and make you feel good about yourself. Remember, help is just a phone call away!

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## Tip Sheets for Parents and Caregivers: Hay muchos padres adolescentes como usted

### Lo que está pasando

Ser padre o madre es como tener un trabajo de 24 horas al día, y a veces puede ser muy pesado. Es probable que usted tenga que cuidar a un bebé y ocuparse de la familia además de ir a la escuela y al trabajo. Quizás ya no tenga tiempo para hacer todo lo que le gustaba antes de que naciera el bebé.

Muchos padres adolescentes a veces se sienten...

- Confundidos o indecisos sobre su futuro o su habilidad como padre o madre
- Abrumados por no saber dónde empezar, o por sentirse con ganas de renunciar a todo
- Enojados con el otro padre del bebé, sus amigos o hasta con el bebé
- Solitarios por sentir que son la única persona que enfrenta problemas similares
- Deprimidos y tristes o incapaces de enfrentar sus problemas

*¡Experimentar estos sentimientos no quiere decir que sea un mal padre o una mala madre!*

### Lo que usted puede hacer

Todos los padres necesitan apoyo tarde o temprano. Si usted siente que el estrés está afectando la manera como trata a su bebé, es mejor que busque ayuda. Considere estas opciones:

- **Encuentre un grupo de apoyo.** Puede hacer nuevos amigos entre las personas y los padres jóvenes que tienen una vida parecida a la suya. Sus hijos pueden jugar con los hijos de estos padres jóvenes, y usted puede hablar de sus problemas con personas que lo entiendan. Busque por Internet o llame a su agencia local de servicios sociales para obtener más información sobre los grupos de apoyo en su comunidad.
- **Encuentre maneras de sobreponerse al estrés.** Tome un descanso mientras alguien de confianza cuida a su bebé. Vaya a caminar con su bebé en la carriola, o dese un baño de burbujas mientras duerme su bebé. Una enfermera o trabajador social le puede ayudar a sobreponerse al estrés.
- **Termine la escuela.** Aunque parezca difícil, terminar la preparatoria o high school (u obtener su GED) es una de las cosas más importantes que puede hacer para mejorar su situación y la de su bebé. Con su diploma, usted puede encontrar un trabajo mejor pagado y puede seguir sus estudios en el futuro (como la escuela vocacional o la universidad).
- **Adquiera más experiencia de crianza.** No tenga miedo de preguntar a los padres con más experiencia. Las clases para los padres también le ayudan a mejorar sus habilidades como padre o madre para criar a un niño sano y feliz.
- **Llame a un número de apoyo.** Casi todos los estados tienen números de teléfono para ayudar a los padres. La organización Childhelp® le brinda una línea de apoyo las 24 horas del día (1.800.4.A.CHILD) donde le ofrecen asistencia en español.

Manténgase en contacto con los familiares y los amigos de confianza que lo apoyan y lo hacen sentir bien. ¡Recuerde: usted puede encontrar ayuda en español solo marcando un teléfono!

*Esta hoja informativa para los padres fue desarrollada con la colaboración de profesionales vinculados a diversas organizaciones nacionales que protegen a la juventud y promueven familias sanas. Para descargar esta publicación o para obtener más consejos para los padres (en inglés), vea: [www.childwelfare.gov/preventing/promoting/parenting](http://www.childwelfare.gov/preventing/promoting/parenting) o llame al 1.800.394.3366.*

## Tip Sheets for Parents and Caregivers: Ten Ways to Be a Better Dad

### What's Happening?

Children need both parents. Involved fathers can help children lead lives that are happier, healthier, and more successful than children whose fathers are absent or uninvolved. Fathers who spend time with their children increase the chances that their children will succeed in school, have fewer behavior problems, and experience better self-esteem and well-being.

### What You Can Do

- 1. Respect your children's mother**  
When children see their parents respecting each other, they are more likely to feel that they are also accepted and respected.
- 2. Spend time with your children**  
If you always seem too busy for your children, they will feel neglected no matter what you say. Set aside time to spend with your children.
- 3. Earn the right to be heard**  
Begin talking with your kids when they are very young and talk to them about all kinds of things. Listen to their ideas and problems.
- 4. Discipline with love**  
All children need guidance and discipline, not as punishment, but to set reasonable limits and help children learn from natural or logical consequences. Fathers who discipline in a calm, fair, and nonviolent manner show their love.
- 5. Be a role model**  
Fathers are role models whether they realize it or not. A girl with a loving father grows up knowing she deserves to be treated with respect. Fathers can teach sons what is important in life by demonstrating honesty, humility, and responsibility.
- 6. Be a teacher**  
A father who teaches his children about right and wrong and encourages them to do their best will see his children make good choices. Involved fathers use everyday examples to teach the basic lessons of life.
- 7. Eat together as a family**  
Sharing a meal together can be an important part of healthy family life. It gives children the chance to talk about what they are doing, and it is a good time for fathers to listen and give advice.
- 8. Read to your children**  
Begin reading to your children when they are very young. Instilling a love for reading is one of the best ways to ensure they will have a lifetime of personal and career growth.
- 9. Show affection**  
Children need the security that comes from knowing they are wanted, accepted, and loved by their family. Showing affection every day is the best way to let your children know that you love them.
- 10. Realize that a father's job is never done**  
Even after children are grown and leave home, they will still look to their fathers for wisdom and advice. Fatherhood lasts a lifetime.

Adapted from National Fatherhood Initiative. Find the full brochure at [www.fatherhood.org/10ways.asp](http://www.fatherhood.org/10ways.asp)



## Tip Sheets for Parents and Caregivers: Diez maneras de ser un mejor padre

### Lo que está pasando

Los niños necesitan a ambos padres. Los padres que participan en la vida de sus hijos los ayudan a tener vidas más saludables, felices y exitosas. En cambio, los niños cuyos padres se ausentan o no participan en la vida de sus hijos no tienen las mismas oportunidades. Cuando los padres dedican tiempo a sus hijos, éstos tienen más probabilidades de sobresalir en la escuela, tener menos problemas de comportamiento y experimentar mejor autoestima y bienestar.

### Lo que usted puede hacer

- 1. Respete a la madre de sus hijos**  
Cuando los niños ven que sus padres se respetan, es más probable que ellos aprendan a respetar y a sentirse respetados.
- 2. Dedique tiempo a sus hijos**  
Si siempre está muy ocupado para encargarse de sus hijos, tarde o temprano se sentirán abandonados sin importar lo que les diga. Deje tiempo libre para dedicarse a sus hijos.
- 3. Gánese el derecho de ser escuchado**  
Empiece a platicar con sus hijos desde pequeños y hábleles de muchas cosas. Escuche sus ideas y sus problemas.
- 4. Imponga disciplina, pero con amor**  
Todos los niños necesitan consejos y disciplina, pero no como un castigo, sino para establecer límites razonables y para ayudar a los niños a aprender consecuencias lógicas y naturales. Los padres que disciplinan a sus hijos de forma tranquila, justa y sin violencia demuestran su amor.
- 5. Sea un padre modelo**  
Quieran o no, los padres dan el ejemplo a sus hijos. Una niña con un padre cariñoso y respetuoso crece con la idea de que merece ser respetada. Los padres les enseñan a sus hijos las cosas importantes de la vida al demostrar humildad, honestidad y responsabilidad.
- 6. Sea un buen maestro**  
Los padres que enseñan sus hijos la diferencia entre el bien y el mal, animándolos a hacer lo mejor que puedan con sus vidas, se sentirán recompensados cuando sus hijos tomen buenas decisiones. Bastan ejemplos comunes y de todos los días para enseñarles las cosas que valen la pena en la vida.
- 7. Coma con la familia**  
Comer en familia es una parte importante de una vida familiar saludable. La comida con la familia da a los niños la oportunidad de hablar de sus actividades, y los padres, a su vez, pueden escucharlos y aconsejarlos.
- 8. Lea con sus hijos**  
Lea con sus hijos desde pequeños. Cultive su amor por la lectura para que tengan una vida rica y llena de posibilidades profesionales.
- 9. Demuestre afecto**  
Los niños necesitan sentirse seguros sabiendo que son queridos, aceptados y amados por su familia. Demuéstreles su afecto para que se sientan queridos y apreciados.
- 10. Comprenda que el trabajo de un padre nunca termina**  
Aun después de que los niños crezcan y se vayan de casa seguirán respetando los consejos y la sabiduría de sus padres. Un padre es para todo la vida.

Adaptado de la Iniciativa Nacional para la Paternidad. Encuentre el folleto completo en: [www.fatherhood.org/10ways.asp](http://www.fatherhood.org/10ways.asp)

## Tip Sheets for Parents and Caregivers: Raising Your Grandchildren

### What's Happening?

No matter why or how they came to live with you, your grandchildren will benefit from being in your home. When children cannot be with their parents, living with a grandparent may provide:

- Fewer moves from place to place
- The comfort of a familiar language and culture
- A chance to stay with siblings
- More contact with their parents, depending on the situation

### What You Might Be Seeing

Despite these benefits, the children will face some unique challenges.

- They may feel insecure and unsure that you will take care of them.
- They may act out or challenge you.
- They will miss their parents.
- They may be anxious or depressed.
- They may seem young or act too old for their ages.

### What You Can Do

It will take time for your grandchildren to feel safe and secure in their new home with you. You can encourage these good feelings in a number of ways:

- Set up a daily routine of mealtimes, bedtime, and other activities.
- Help your grandchildren feel "at home" by creating a space just for them.
- Talk to your grandchildren, and listen when they talk to you.
- Set up a few rules and explain your expectations. Then, enforce the rules consistently.
- Reward positive behavior. When children make mistakes, focus on teaching rather than punishing.
- Be as involved with their school as you can, and encourage your children to participate in school activities.

This is a big job, and you may need help from your community. Here are some suggestions:

- Help with housing or other bills, clothing, or school supplies may be available specifically for grandparents raising grandchildren in your community.
- Join a support group. Often there are local groups for grandparents raising grandchildren.
- Ask for help and referrals from a church leader, the counselor at your child's school, or a social services agency.
- If necessary, get professional help to address your grandchild's special needs, such as medical care, mental health care, or special education.

Parenting the second time around brings special challenges and special joys. Do not hesitate to ask for help or seek services in your community for yourself and your grandchildren.

*This tip sheet was created with input from experts in national organizations that work to protect children and strengthen families. To download this tip sheet or for more parenting tips, go to [www.childwelfare.gov/preventing/promoting/parenting](http://www.childwelfare.gov/preventing/promoting/parenting) or call 800.394.3366.*

**Tip Sheets for Parents and Caregivers: Cómo criar al hijo de un pariente**

Es muy importante que los niños se sientan parte de una familia que los quiere y los respeta.

Su hogar puede ser el mejor lugar para los hijos de un pariente.

Cuando un niño no puede estar con sus padres, el hogar de un pariente le puede dar:

- El consuelo de estar con una persona que conoce, y que comparte su idioma y cultura.
- La oportunidad de quedarse con sus hermanos
- Menos mudanzas de un lugar a otro
- A veces más contacto con sus padres

Los niños extrañan a sus padres.

Los niños que no viven con sus padres tienen necesidades especiales. Pueden:

- Sentirse inseguros y no saber con certeza si usted los va a cuidar
- Portarse mal o desafiarlo
- Estar preocupados o deprimidos
- No comportarse de acuerdo con su edad

Usted puede ayudar a que el niño se sienta seguro y protegido en su hogar.

- Tenga un sitio especial sólo para él, para que se sienta en casa.
- Tenga una rutina diaria de comidas, actividades y horas de irse a la cama.
- Háblele y escúchelo cuando le habla.
- Ponga unas pocas reglas y explíquele lo que espera de él. Haga que se cumplan las reglas sin falta.
- Si el niño hace algo bueno, ¡dígaselo! Si comete un error, explíquele lo que debe hacer la próxima vez.
- Participe en su escuela y en sus actividades escolares.

Criar al hijo de un pariente no es fácil. Es posible que usted necesite ayuda.

Su comunidad puede tener recursos para ayudarle con:

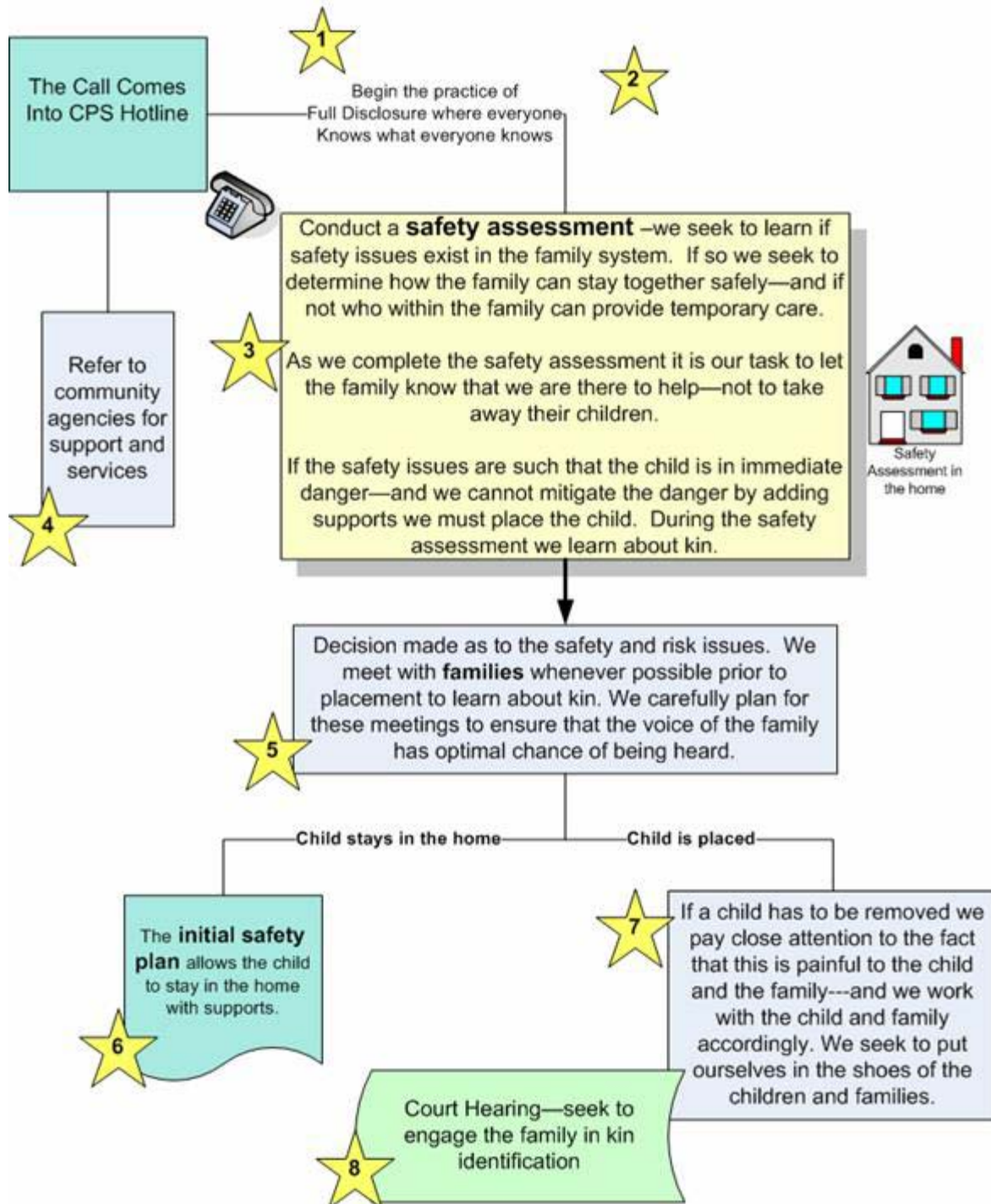
- Comida, vivienda y algunas de sus cuentas
- Ropa, útiles escolares y enseñanza individual
- Apoyo y asesoramiento
- Visitas al médico, atención de la salud mental o educación especial

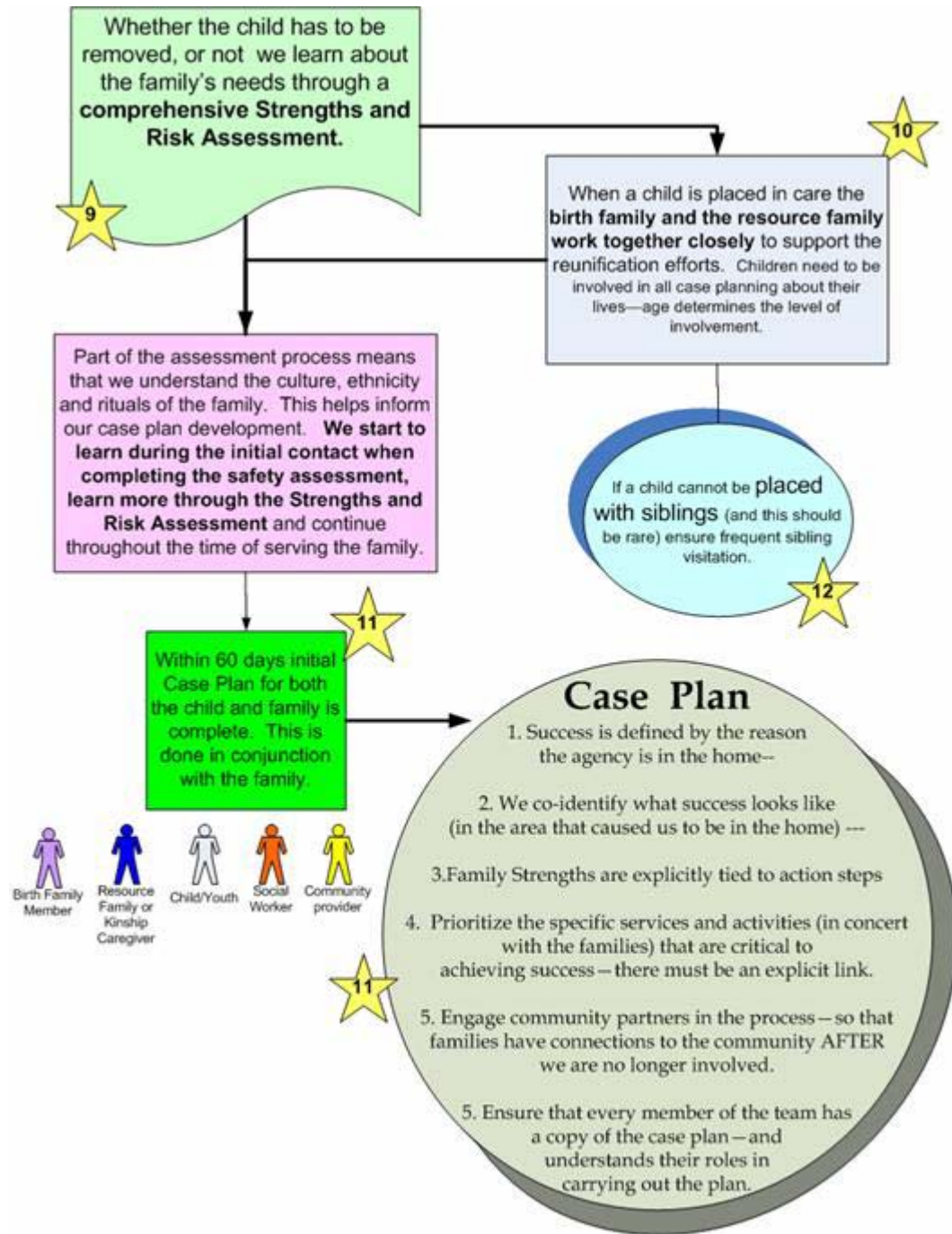
Tenga paciencia. Tomará tiempo para que el niño se sienta protegido y seguro con usted. Si usted necesita apoyo, hable con el consejero de la escuela o con un trabajador social. Si usted necesita apoyo adicional solicítelo en su iglesia o en una agencia comunitaria.

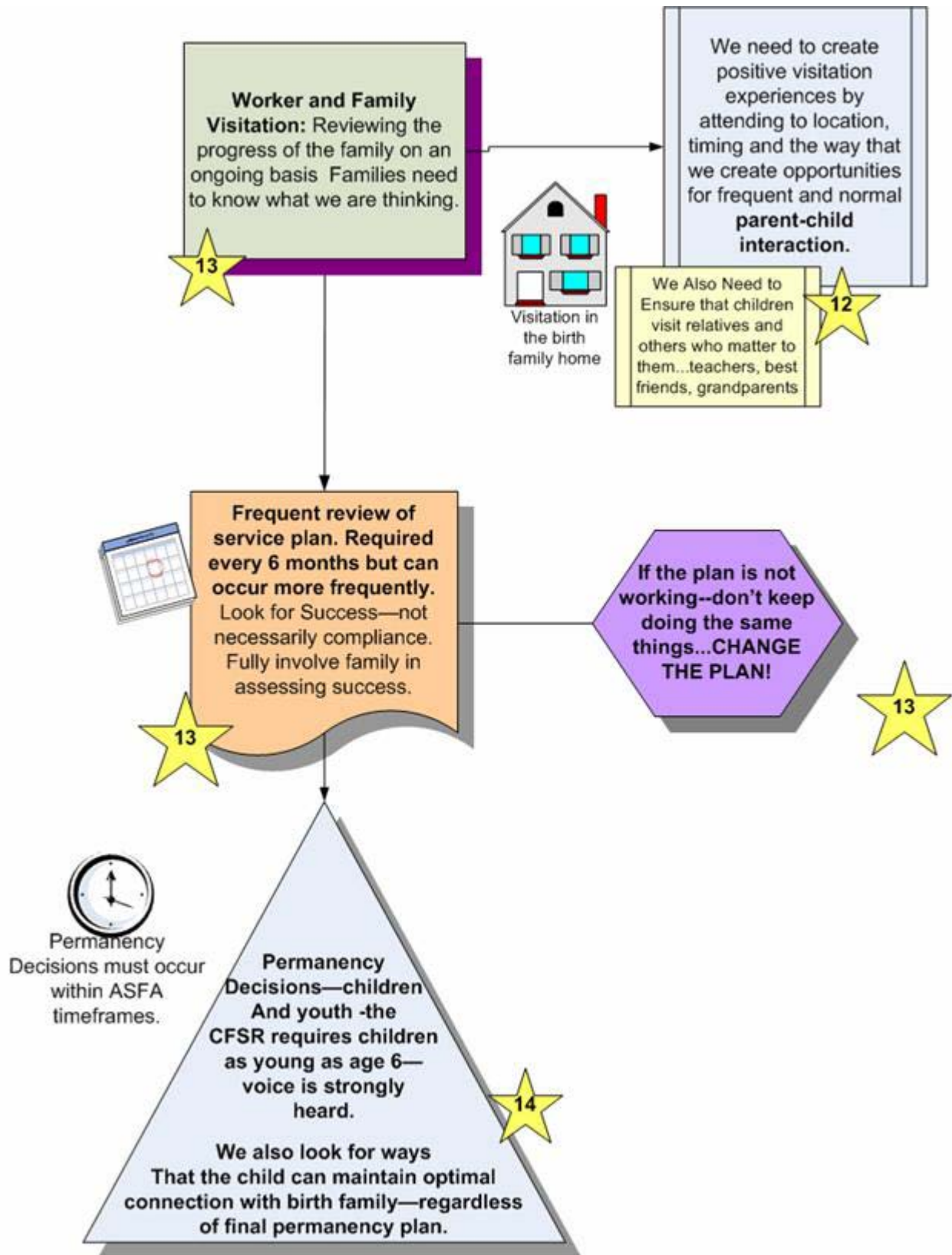
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Child Welfare Information Gateway [http://www.childwelfare.gov/pubs/res\\_guide\\_2009](http://www.childwelfare.gov/pubs/res_guide_2009)

## BEST PRACTICE FLOW







Supervisor's Guide to Implementing Family Centered Practice- Arizona, Division of Children, Youth and Families

## Becoming Family Centered- Managing Conflicts, we can work this out!

*“Constructive confrontation is better than artificial harmony”*

<b>Understand</b>	<b>Conflict does not have to be destructive. <i>Begin by asking in what ways may I specifically be helpful to you?</i> Establish standards of behavior before beginning. Ask <i>what specific changes in the way we work would help us work together faster, more effectively?</i></b>
<b>Be Pre-emptive. Pay attention to the <i>smoke signals</i></b>	Nip potential sources of conflict in the bud. Be inclusive and share the responsibility of decision making. Highlight the pro and cons of decisions. Check for understanding. Suspicions breed in ignorance. When people are confused about what something means or misheard a directive or just did not understand the expectations they react to the “messenger,” the one announcing the news. Say what you mean in specific terms then have them repeated. Make sure your signals emanate confidence. (Head up, face forward, eye contact, shoulders back, steady stance, posture straight, no leaning.)
<b>Think</b>	When anger is high cognition is low. Invite combatants to take a time out to think through the issues. Not everything needs to be said or repeated especially if it adds no value to resolving the difference.
<b>Talk about feelings or attitudes</b>	Pretending that: people are not annoyed by a situation, are reluctant to complete a task, are demonstrating passive – aggressive resistance, and are <i>ignoring the plan</i> , will not make those behaviors or emotions disappear. Address issues as they arise, discern what is a right vs. a need vs. a want.
<b>It’s not always a threat</b>	Because you are challenged about something it is not necessarily a personal attack. Listen for the validity of the concern or complaint address real fears and concerns. Do not accept blame for things outside of your control.
<b>Find common ground</b>	Safety, permanency and well-being should be common goals that everyone can agree on. The rub comes in the steps to achieving them. Use negotiation and inclusion to gain consensus. Identify the things people can live with if they can’t fully agree. Give people a way out. Establish choices. Speak from the same side of the table!
<b>Identify your own <i>Pressure Points</i></b>	Know the types of events that will cause you pressure or anxiety. Check yourself first. <i>People may refute your facts but never your feelings.</i> The family is filtering how you resolve conflicts. Manage your behavior to avoid sending counter-productive messages to families or colleagues
<b>Discover and evaluate the truth</b>	The grass is no less green because a blind man can’t see it. Sometimes revealing the truth enhances the ability to see through things.
<b>Maintain a fair respectful communication style with careful listening</b>	Listen with respect and respond with care. Maintain congruency in tone, words and body language.
<b>Anger should not diminish respect</b>	You may be angry with people you respect IF you do it with respect
<b>Don’t Stockpile</b>	When someone is confronted with a <i>laundry</i> list of everything they had done wrong including past failures or shortcomings and

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	these are compared with current challenges, change becomes that much more unattainable.
<b>Create a problem solving framework</b>	This is a mechanism that families should try first before have your intervention. It should involve a IF, Then approach and should build on protective capabilities of both the children and youth. It should also allow for time to think through possible actions. Talk issue not person and address negative or unresolved issues before they escalate.
<b>Refuse the win lose perspective</b>	The goal is to achieve the outcome measures. That way we all win
<b>GOMO! GET OVER IT AND MOVE ON!</b>	<p>Don't remain stuck in conflict.</p> <p>Get connected (How are you feeling about this?)</p> <p>Own your issues (What are the facts around your issues?)</p> <p>Make decisions, willingly release the issues</p> <p>Opt for Action. Move on!!</p> <p>Follow up to evaluate solutions!</p>

*Adapted GOMO Conflict Resolution Strategies Susan B Wilson <http://www.execstrategies.com>*

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*Adapted from Dr. Barton Goldsmith's Resolving Argument's in the Workplace*

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**Quality Assurance: Supervisor's Tool**

*For each broad area of practice assess worker performance.*

<b>Family Engagement</b>
Is it evident that case managers are mindful about the power imbalance (between themselves and parents) which should be addressed to create trust?
Assess whether the approach to families is the "we know best" or an "I am in charge" approach. Confront and redirect
Case managers see that we do not develop collaborative relationships with families by taking on a law enforcement role—we are case managers and supervisors. To help gauge the workers comfort with their authority use the scaling question "On a scale of 1-10—with 1 being law enforcement and 10 being social—where would you plot your professional identity?"
During the initial engagement was a connection made with the family to get from them how the agency can work with them to create a safe place for their children?
Was the focus on the entire family and their support system and efforts made at family preservation?
Is there evidence of values, biases and experiences that may be influencing family engagement. If yes, discuss with case manager "How has your past experiences influencing how you are engaging the family?"
Does documentation indicate a nonjudgmental objective view of the family?
Does the FTM process reflect family centered practice principles?
Are contacts including visitation tracked and recorded in SHINES in a timely manner? Are explanations of missed visits or other eventualities recorded? Are correct codes, fields checked?

<b>Working with Family Teams</b>
Review the file to identify evidence that the family has told their story, in their words.
Find out if the worker believes that the family has ever been successful. Learn if the Case manager has any <b>hope</b> for this family. ( <b>Research has shown there is a direct correlation between the hope that the worker feels and the frequency of visitation and intensity of services</b> ).
Does the language of the worker (written and verbal) reflect an understanding of the family—not judgmental, reframes the family struggles, reflects the family's ideas about what might work, written in the family's voice—it is a less directive, clearly depicts a collaboration between the worker and the family.
Does the case manager translate the strengths into protective capacities?
Ensure that the worker identified supports within the family network—and found ways to build on these family supports as a way to keep the children safe?
How have you ensured that the case manager and the family have a common definition of what success looks like so that family/case plans have optimal chances for success?
There is evidence that children/youth are active participants in planning for their own lives? (SHINES)
Ensure that the services being provided to meet the needs of the children, parents, and

caregivers are culturally sensitive, responsive to family's needs and accessible—are they services that the family finds easy to access?
Ensure that the worker has asked the family if they are satisfied with the services being provided?
Ensure that the educational, physical and mental health needs of the child(ren) been assessed?
Has the family's voice been active in this documentation and tracked in Shines?

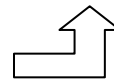
<b>Meeting Family Basic Needs Through Community Partnership</b>
The CCFA and other assessments actually looked at what family's needs in order to make their lives better not just identifying symptoms and problems
The FTM preparation interviews are conducted using input from case managers
Is it evident that the case manager works in isolation and is solely responsible for doing all of the work? Is it evident they have found ways to share the work with kin and informal community supports?
Case management practices show interaction with the resource families, foster families utilizing empathy, genuineness and respect and they are treated as members of the professional team.
Have worker's found ways to improve networks and community connections—and improve the family's connection to specific community needs?

<b>Maintaining and Sustaining Partners and Networks While Striving to Achieve Permanency</b>
Case review showed the family defined who they thought about as "family"?
Birth parents and foster parents have been introduced via the phone or in-person within the first seven days of placement?
Did the case manager identify kin during the safety assessment process? Did the case manager seek to learn about supports on which the family relies, during the safety assessment process?
There is convincing evidence the diligent search was completed and timely?
How has diligent search information been utilized in case management activities?
Are meaningful contacts made timely between the worker and the child, child and family and the worker and family?
There are intentional efforts to include fathers in the process. Fathers especially if they may be incarcerated are informed where this does not increase risk to children. Are personal values influencing visitation in prison?
Determine whether the permanency plan ensures optimal connection to the child's birth family?

<b>Have efforts been made to identify and address the child's sense of permanency?</b>
Every child every month is clearly evident in case practice?
In addition to visitation, there are opportunities offered and or utilized for birth parents to "parent" even though their child is in foster care
Explore the direct link between the service being provided and the permanency goal?
Address values or beliefs issues that may be reflected in case staffing. Reflective supervision helps here.
Was it determined who matters most to the child so that when the child comes into care they do not lose important relationships?
If siblings had to be removed was there a deliberate effort to place them in the same home (except where dynamics prohibit)? <b>If not</b> , is there a specific plan for maintaining consistent and meaningful contact?
If a child has been in a foster home for a long time—and moves to another permanent home—what is the evidence of helping the child maintain connection with that resource/foster family?
Has the case manager sought to use natural supports as part of the family's case plan? Are life books being created?
What evidence supports effective use of family team meetings?

<b>Culturally Sensitive and Responsive Practice</b>
Is it evident in either individual case work or the Family Team process that family rituals and activities are identified?
There has been communication of information learned about family rituals to resource or foster families. Is there collaboration between substitute caregivers and birth family to promote safety, permanency and well-being?
Supervisors explore with their staff the awareness of cultural differences—and how these differences impact parenting, housing standards, etc. It is obvious in case management practices that case managers have learned about the families' culture.
Supervisors ensure that the family's culture is reflected in the case plan and services provided.
Assess the methods used by the worker to enter the family's culture
<b>An organizational modeling of Family Centered practice Principles is being reflected in frontline staffs' working with families</b>

*Adapted from Mississippi Supervisor's Guide to Implementing Family Centered Practice*



## NEGOTIATING OR COMMUNICATING UP

Establishing a healthy workplace is essential to the internal modeling of Family Centered Case Practice. Here are some tips that may help you communicate your ideas and needs UpWaRdS.

Communication Style	Just as with client engagement, spend time learning about your manager's communication style. Work at rapport building or repair it. We all have preferences in how we send and receive messages. Pay attention to this and do not try to superimpose your style over anyone else's. Adjust your style to reflect the person's you are communicating with (without parroting) especially if you are expressing a need or asking for something. Listen actively, read requests and check for understanding, respond promptly. Model what you want to see practiced. Learn how to communicate persuasively.
Personal Philosophy	Managers negotiating style reflect aspects of their own guiding principles, philosophy/values. Now everyone in the agency will have to filter theirs through the Family Centered Practice Approach. Individual philosophy is the core of how we interpret our experiences and what we believe about ourselves. Values and beliefs however have inherent blind spots- both yours and the manager. If yours is inconsistent with your manager, know what the non-negotiables (as with FTM) are when presenting your needs.
Emotional Hot-Buttons	Avoid unpleasant encounters by sizing up what spurs unfavorable reactions in your manager. Emotional hot buttons may occur when one is out of balance, and elicits a strong emotional response. It may be due to not enough sleep, stress, missed meals or having to complete multi reports all due yesterday. These afflict all DFCS staff at some time or the other. Your reacting negatively to their situation increases embarrassment and further negativity. Learn how to navigate through these storms or just don't leave the port at that time. <i>Wait till the calm.</i>
Expectations	Learn to manage your manager's expectations especially if these are fluid. You may have to re-visit as circumstances warrant it expectations of your responsibilities. Remember many times these shift, not because someone wants to intentionally frustrate you personally, (avoid hypersensitivity) but because of federal, legal, or funding mandates. Ask yourself: Can I live with this? For how long? What's the alternative? What do I gain or lose by taking that alternative? Can I live with that? You may renegotiate if you can do so tactfully and it is instructive, promoting understanding. Some mandates have to be tweaked to reflect the realities of the child welfare environment.
Career Goals	Sometimes you get a glimpse into the manager's goals and ambitions. Help your manager be successful. If they are, then they may be promoted and you get to do this all over again with someone new. If promotion is not the goal then you may be the cog that produces a healthier environment in which you may thrive.
Strategic Goals	As information is presented listen between the lines for what is unsaid, implied or missing. Explore whether conflicting goals exist and seek clarification.
Leadership Style	How a manager leads is influenced by values, agency directives and both formal/ informal needs that will then influence how they negotiate. Be mindful of this when you propose changes, request funds, or have personal requests. Be mindful of timing of requests even during emergency situations.

Recent Setbacks	<p>Pay attention to how your manager handles adverse situations. Avoid becoming a contributor to those types of situations.</p> <p>If your manager is non-inclusive or even secretive, or has labile emotions easily thrown out of equilibrium do what you can to restore balance. There certainly is no gain for you in making the situation worse. Be pre-emptive when possible to circumvent setbacks that are within your control, but apologize for the <u>situations</u> when they occur or take responsibility if the setback is due to “your bad.”</p>
Stress Triggers	<p>You may not have not have control over stressors but you can control how you respond to them. The more you react to the situation the greater the POWER you give to the situation OVER YOU. Again remember their leadership or communication style. If you know that your manger values timely reports...then do them timely or warn them circumstances exist that may prevent that from happening.</p>
Political Alliances	<p>Office politics; indiscreet talk; idle communication, engenders false expectations that appear real. Avoid gossip. Do not expedite the stress that <u>future</u> problems may bring. Sufficient to the day is the evil thereof.</p> <p>Office politics, (defined as <i>how power and influence are managed in your agency</i>) will be a part of your career whether you choose to participate in them or not. Office politics is only beneficial when used as a strategy through which you are able to get the resources and influence you need to accomplish your goals. This is achieved most often by those who are diplomatic, respectful and who build coalitions or strong teams.</p>

Dolores "Dee" McCrorey; Negotiating Up, The Ultimate Corporate Entrepreneur <http://thecorporateentrepreneur>

**Activity: Pulling it all together****TIME:**

20 minutes

15 minutes Complete worksheet

5 minutes debrief

**PURPOSE:**

To examine a case using the family centered case practice approach to case work and to view this form the perspectives of the different partners involved

**MATERIALS:**

***Relevant tips and reference tools; Case information, Wear the Hat Worksheet***

**INSTRUCTIONS:**

In your group:

1. Please read the case and review the tools that may apply in working this case.
2. In your assigned groups complete the work sheet.
3. Be sure to represent the interests of your assigned group
4. Be prepared to share your answer large group.

**Case Name: McCann**

A mandated reporter called to report that Margret McCann (Peachtree County) allegedly kept food and water from her stepdaughter Casey for years, leaving the 14- year-old girl malnourished, dehydrated and weighing less than 50 pounds when she was discovered by the reporter. The 14 y/o was home schooled.

A neighbor had expressed concerns to the reporter because she heard screaming from next door. She had just moved in three months ago. The reporter noted that the girl looked pale, emaciated and half her age. Casey told the reporter that her stepmother disciplined her for behavioral problems by restricting her water intake, giving her half a Dixie cup of water each day. Ms. McCann allegedly monitored the girl's showers and wouldn't let her brush her teeth so she couldn't sneak drinks. She fed Casey a diet mostly of toast and crackers while she and her husband ate "regular food."

There was prior CPS history in 2007. Records showed in 2007 Casey was in regular classes at school when the school social worker made a report alleging excessive time out being used to discipline Casey, including locking her in the garage overnight in 40 degree weather.

During that investigation, caseworkers did find evidence of neglect and had a family plan where John McCann (father) agreed to take over the parenting role from his wife. He had been gone a lot being an overland trucker. The couple's other children Thad 8 and 14 Bryce were not determined to be at risk. They were told by Margret that Casey was sickly and needed to be closely watched. The agency tried to correct the behavior and monitored the family until it was satisfied a **month** later that the girl's living conditions were safe.

The reporter had suspicions but called DFCS when the neighbor spoke with her during her surprise visit. She found a double-key deadbolt on Casey's bedroom door. Casey was forced to sleep on her parents' bedroom floor so she wouldn't sneak out to eat, and the parents even blocked the door with a heavy dresser after she was caught sipping water from her brother's toilet out of fear Margret would hear the faucet running.

The reporter also said Margret dunked Casey's head in the toilet as punishment. The reporter immediately took Casey to the hospital. Six of her teeth were extracted, and others were capped because of dental erosion caused by failing salivary glands. Her teeth were chipped, eroded or loose, and one was infected. The reporter was *disgusted* at the situation.

Mrs. McCann 39, does not work outside the home. She has had bouts with depression and is almost *anorexic* in appearance. The reporter is Ms. McCann's sister who had come to town from Savannah GA for a teacher's conference and just happened to drop by to find that Margret was out. The sisters "have never been close," and not seen each other in years though they talk about three or four times a year. Reporter is willing to help but thought DFCS would have more luck with the home school association "they are her heroes!" Casey's birth mother is re-married with 3 children and lives in neighboring Poke County. John McCann has full custody of Casey.

***Pulling it all together***

1. **What engagement strategies should be used with this family?**
2. **What factors should be considered and or included in the assessment?**
3. **In what ways could the family team meeting support the family? Who should be included? What considerations should be made in engaging them?**
4. **What plans option should be considered? What contingencies? How will identified needs be met through services selection?**
5. **What would your group need to see happen in the monitoring and review of this case?**
6. **What will it take to close this case?**



## Family-Centered Child Welfare Through-out the Services Continuum

Family-centered practice in child welfare prescribes a continuum of services at five levels of intervention:

**Prevention through education and other developmental services that can be useful for all families**

**Supportive, problem-solving, and crisis intervention assistance for families coping with problems or crises of life and the normal processes of growth and development**

**Rehabilitation of seriously disorganized families and protection of children at risk, including protective services to restore family functioning and to prevent family breakup**

**Out-of-home care and support for children at risk in their own homes, including placement, supervision, and consultation as well as family rehabilitation and reunification**

**Permanent planning for children in placement, either by reunification with their biological families or by plans for adoption or permanent guardianship. Follow-up and emancipation services are included.**

***To be successful, family-centered practice requires a different organization and management structure—a way of working with other agencies. It is, in essence, a different way of doing business.***<sup>10</sup>

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<sup>10</sup> <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/BNPNSummer00.pdf>

## **Standards of practice for employees, communities and stake holders**

### ***Agency Management and Leadership***

- Managers at the state and local level will work together to focus on the continuous improvement of programs, services and staff, relying on authentic performance data, to meet the needs of the children and families we serve and produce positive outcomes.
- Managers and supervisors will view employees as capable and committed professionals and focus on promoting the ongoing development and growth of the work force.
- Managers and supervisors will provide leadership and support in order to create, affirm, and sustain an organizational culture and structure that supports a strengths-based family centered model of practice.
- Managers and supervisors will provide honest, fair and clear leadership for their staff and provide opportunities for honest and direct feedback from staff.

### **2. *Policies and Standards***

- The agency will continue to develop and implement policies and standards consistent with the model of practice that help children and families access quality services that promote their safety, health, permanency and well-being of children. Standards related to practice with individual children and families will be incorporated in agency manuals for staff.
- Policies and standards will be congruent and support this model of practice.

### **3. *Qualifications, Workload, and Professional Development of Staff***

- Employees will have workloads that enable practice to be consistent with the model of practice. Supervisors will have 5 workers each and will not carry cases.
- The agency will have and implement an overall training and workforce development plan. Initial and ongoing professional development opportunities will be available to employees in order to address the skills and knowledge needed to carry out their duties related to safety, permanency and well-being and reinforces the standards delineated in the practice model.
- Training for agency staff will be standardized, field tested, evaluated, and competency-based.
- The outcome of professional development offerings will be evaluated to assess the skill acquisition and competency of all participants. The results of these assessments will be used to develop individualized training plans for employees.
- The agency will provide training for current or prospective foster parents, adoptive parents, and employees of licensed agencies that address the skill and knowledge they need and support their work in achieving the standards of this model of practice.
- The agency will provide training opportunities where agency staff, parents, and stakeholders participate together.
- Staff will have access to supervision, coaching and mentoring which supports ongoing learning, skill acquisition, professional development, and accountability from supervisors.

### **4. *Array of Services***

- Success for children and families means the Division will have in place an array of services that assesses the strengths and needs of children and families, addresses the needs of families and children to create a safe home environment, enables children to remain safely with their parents when reasonable, helps children in foster and adoptive placements achieve permanency, and helps youth in foster care prepare for independent living and to make the transition to adulthood.
- Relevant services that meet the identified needs of the child and family will be accessible and provided to families and children within the state.
- Services will be individualized to meet the unique needs of children and families.

- Services will be culturally responsive to the community's children and families.

## **5. Information Systems**

- The statewide information systems, as it is modernized, will readily identify the status, demographic characteristics, location and goals for placement of every child who is (or within the immediately preceding months, has been) in out-of-home care.
- Information that helps them do their work will be accessible to frontline staff, supervisors, managers, and administrators on a timely basis.
- The information system will serve as an efficient and effective tool to help frontline staff manage their s and supports their work.

## **6. Agency Coordination with the Community**

- Employees at the state and local level will engage in ongoing consultation with consumers, service providers, foster care providers, the courts, and other public and private child and family-serving agencies.
- Employees at the state and local level annually will review progress and services delivered, in consultation with community representatives.
- Employees at the state and local level will work in partnership with services or benefits/programs serving the same population – including public health, mental health, substance abuse, education, medical services, food assistance, and financial and work supports – to ensure effective and efficient coordination of programs and services to achieve positive outcomes for children and families.
- Employees at the state and local level will work in partnership with community based providers and agencies to use organizational and community cultural strengths to develop more responsive services and supports to the community's children and families.
- Employees of the Division will be co-located in community-based agencies.

## **7. Quality Assurance**

- The Division will rebuild and maintain an adequately staffed quality assurance system that continually and according to a regular schedule evaluates the quality of services and how well practice aligns with standards, identifies strengths and needs, and provides relevant reports.
- There will be a process in place for continual quality improvement that uses quality assurance information to identify and implement improvement in policies, training, clinical supervision, and collaboration across systems as well as practice.
- The quality assurance system will evaluate the extent to which the Division is achieving the standards of the practice model and will minimally address the following areas of work:
  - Family engagement teams;
  - Utilization of community-based services and supports;
  - Inclusion of children and parents in decision-making;
  - Cultural competence;
  - Individualized and strengths-based service planning; and
  - Collaboration
- The Division will share this information about its performance with its staff, stakeholders, and the general public through quarterly dissemination of data and reports and the convening of public forums.

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