

COACHING MANUAL

Tools to Reinforce Core Practice Skills

STRENGTHS-NEEDS BASED PRACTICE

ENGAGEMENT

TEAMING

QUALITY SERVICE REVIEW PRACTICE INDICATORS

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Introduction

One of the key components of the settlement agreement of the Katie A. Lawsuit is the development of a Practice Model that can be utilized across community agencies and County Departments. The Department of Children and Family Services (DCFS) and The Department of Mental Health (DMH) have developed a shared Practice Model that identifies common values, standards, and principles, that promote effective working relationships and collaboration with all Community Partners, particularly children and families served in Los Angeles County.

In order to consistently reinforce the strategies and skills identified in the Practice Model, DCFS and DMH line staff are provided Enhanced Skill Based Training, which aims to provide a foundational understanding of the three core practice areas: Strengths-Needs Practice, Engagement to Meet Unmet Needs of Children, and Teaming with Community Partners. In order to reinforce these core practice strategies and skills learned at the training while building upon existing practice skills, all staff will receive regular coaching opportunities. Through Coaching, staff will receive ongoing support to apply strengths-needs practice to their actual cases. Coaching provides a place for workers to reflect on and practice how to implement effective engagement and teaming with others based on a child's needs while also providing support to overcome challenges encountered. In order to measure the effectiveness of these key practice areas along with Child and Family Outcomes, Quality Service Reviews (QSR) are periodically conducted. These thorough reviews serve as an active learning process which provides specific feedback regarding what is working at various practice points and what areas need strengthening. Feedback gathered from the QSR is shared with line staff and coaches to acknowledge success and address the needs around practice development.

This evolving Coaching Manual is designed to be utilized by anyone (DCFS, DMH, Community Providers, etc.) who will be providing coaching to staff around core practice skill development. It contains information regarding the Core Practice Model and provides an overview for how Coaching is to be consistently utilized to reinforce and develop practice skills that can be operationally applied to actual case work.

The **Table of Contents, listed on page 4**, is divided into sections around three key practice strategies: **Strengths-Needs Practice, Engagement and Teaming**. Each section provides "Best Practice Tips" that offer guidance as to what effective practice looks like when working with children and families in a

child welfare setting. Additionally, each section provides important information presented at the Enhanced Skill Based Trainings as well as how the Quality Service Review (QSR) defines each practice area. Coaching tools are also presented and can be utilized to help line staff apply concepts taught at training as well as “lessons learned” from the QSR. Coaching strives to help workers integrate the information from training and QSR and apply it to actual case practice with children and families. Finally, this document contains “Additional QSR Measures” so that staff can view how some of the other practice measures (besides those identified in the 3 key practice areas) are defined. Coaching Vignettes, written by Katie A. Panel Member, Dr. Marty Beyer, have also been added along with coaching suggestions as coaching tools to use with workers to demonstrate strength-need practice.

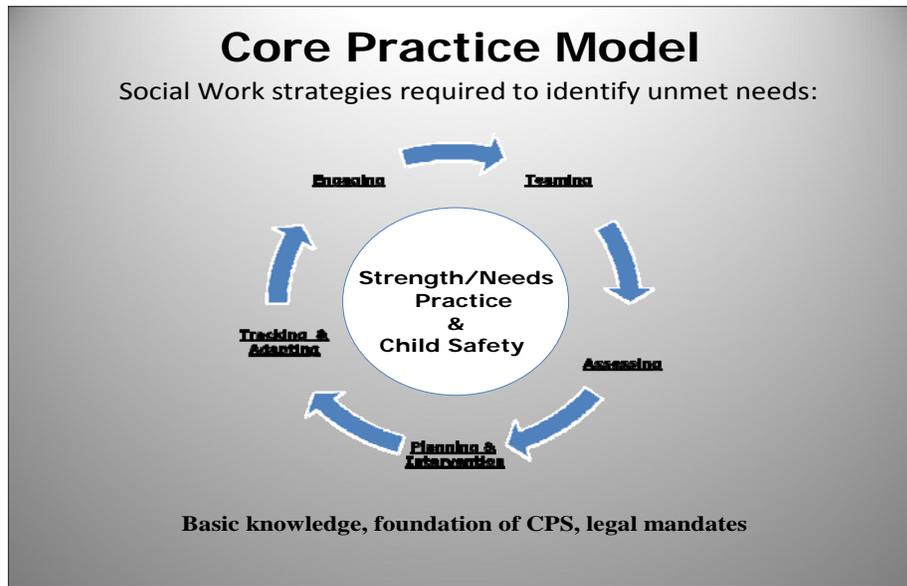
The development of this Coaching Manual has been a collaborative effort between County Departments and Community Providers to gain the greatest degree of practice alignment. This true teaming effort has produced a Coaching Manual that articulates effective child welfare practice, key concepts presented in Enhanced Skill Based Trainings, QSR practice definitions, and Coaching Tools to help staff apply Strength Needs Practice to their work with children and families. This shared approach and commitment to building partnerships with the common vision of addressing each child’s underlying needs will significantly contribute to better outcomes for children and families.

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The Core Practice Model

DCFS and DMH have adopted a practice model to focus our work on identifying and addressing the underlying strengths and needs of children and families. This shared Core Practice Model (CPM) outlines the key practice strategies necessary to effectively work with all community partners. **The core practice strategies, as pictured below, are identified as: Engaging, Teaming, Assessing, Planning and Intervention, and Tracking/Adapting. These five strategies continuously interact and rely on each other, throughout the life of a case.**



"Practice" is defined as the relationships, approaches, and techniques used to enable youth and families to achieve the goals of safety, stability, permanence, and well-being. DCFS and DMH are supporting the implementation of a CPM since strong practice must:

- Recognize that the most critical resources are experienced professionals on the front-line: workers and supervisors. These individuals must be capable of making accurate and timely decisions;
- Provide more structure and support.
- Recognizes social work as building effective working relationships with children and families, which subsequently requires interviewing/listening skills, sound judgment as well as clinical oversight and guidance.

It is believed that the implementation of a shared Practice Model will over time, safely reduce the number of children entering the system as well as improve the care of those that do.

Coaching Overview

Coaching Goals

The goal of coaching is to provide each office with ongoing opportunities to enhance the practice of supervisors and their workers. Those practice strategies and skills are defined by the Core Practice Model (CPM), trained to Enhanced Skill Based Training and measured by the Quality Service Review (QSR). ***Coaching strives to help workers apply Strengths-Needs Practice to their actual casework with children and families.*** Support is provided to help Supervisors and workers to be better equipped to engage and team with children and families who have come into the child welfare system. Coaching, done individually and in a group setting, provides an environment where Supervisors and Workers intentionally develop and practice skills to address the complex needs of children and families while also being responsive to staff's struggles.

Coaching and Training staff to practice principles such as, Engagement, Teaming, Assessment, Planning, and Tracking, requires tremendous organization commitment. In order for Coaching to be successfully implemented, it requires trained practice experts who model and demonstrate what effective practice looks like. Coaches guide others to reframe deficits and challenges into "needs", while appreciating the strengths of others. Coaching is an essential element of successful practice and developing coaching capacity, particularly with Supervisors, is vital to assuring its sustainability. Training, when reinforced by Coaching, along with QSR feedback, has shown to result in better outcomes for children and families.

Coaching Implementation

This Coaching Manual provides a great deal of content as it relates to defining practice strategies and articulating what effective case practice looks like. It is important to note, however, that there are limitations in what this Manual can accomplish in terms of coaching. The "**Content**" in this manual provides foundational information around key practice strategies. How Coaching is implemented, however, requires consistent application in terms of "**Process**", "**Teamwork**" and "**Practice**". This manual strives to outline how these four areas provide a format for consistent coaching to occur, amongst offices, functions and departments. These key areas help all coaches to have a common vision and provide a consistent approach for how coaching should look when working with staff, whether individually or in a group setting. They are as follows:

1) Content:

- Coaching resources support Strengths-Needs Practice utilizing Core Practice principles and strategies; skills learned at the Enhanced Skill Based Training; feedback gathered from the QSR while integrating Trauma Informed Practice Principles.

2) Process:

- Coaching **demonstrates and models** what effective engagement and teaming looks like by **actively listening and asking purposeful questions** which guide others to develop hunches that strive to identify a child's needs and strategies to address those needs;
- Coaching promotes the value of self reflection: recognizing what has been working well while modeling how to develop effective strategies that address challenges encountered;
- Coaching recognizes and addresses the impact of child trauma on children and families as well as front line workers; while providing support to address the impact of trauma.

3) Teamwork

- Coaching recognizes the need to collaborate with community partners around the joint goal of addressing each child's needs, while recognizing their strengths and natural supports;
- Coaching strives to help line staff facilitate "Child-Family Teams" for each child. These teams are seen as essential in identifying and addressing the underlying needs of each child and consist of formal and informal supports;

4) Practice:

- Coaching provides ongoing opportunities for staff to present "live cases" in order to develop their ability to explore hunches around each child's underlying needs while also discussing effective engagement and teaming strategies;
- Coaching models and demonstrates Strength-Needs Practice with staff in order to assist staff with developing a Child-Family Team that can come together to identify and address the underlying needs of each child;
- Coaching ensures support for staff to demonstrate their ability to utilize Strengths Needs Practice and independently facilitate a Child-Family Team for the children and families on their caseloads.

Coaching Principles for Strength-Needs Practice

In order to enhance Strength-Needs Practice, the coach guides the individual or team to look beyond the challenging behaviors presented and to identify hunches around the underlying needs of each child and family. The coach also guides others to appreciate the unique strengths and resources of each child and family as resources to build a Child-Family Team that can work together to address the identified needs. Below are Coaching Strategies shared by Katie A. Panel member, Marty Beyer, that provides a foundational structure for coaching Supervisors as well as line staff:

***Start where the person being coached is at
Recognize and build on their unique strengths***

***Draw the child's strengths and needs out of them
 Inquire and guide; Avoid telling others what to do
 Challenge others to invent services and supports that would make it possible for the family/foster family to meet the child's needs (e.g.: Ask: "Who comes to mind that could provide assistance for this family?")
 Offer to assist with setting up a meeting (not a Team Decision Meeting) with those who are invested and committed to supporting the child and/or family
 Prepare each participant to come to the meeting to talk about the Child and Family's strengths and needs.***

Monthly Coaching Support Groups

Monthly groups provide an opportunity for Supervisors and Community Partners to come together and reflect on how Coaching is being implemented with their staff. Successes are highlighted and challenges or perceived barriers are discussed in a solution focused manner. In order to continually enhance Strengths-Needs Practice, Supervisors are provided small amounts of educational information around Core Practice Strategies, Enhanced Skill Based Training material, Child Trauma material and/or feedback gathered from the Quality Service Review. Selected information is briefly presented and discussed so that staff can digest the material and formulate ways that the information can be applied to practice. The use of Coaching Support Groups also provide a time for Supervisors to take intentional time to gather together in order to learn from one another and support one another in doing this challenging work.

Anticipated Outcomes from Coaching

Coaching provides a supportive structure for shared learning, peer support and professional development

Front line staff are continually faced with the challenge of helping families and children in the context of limited resources, bureaucratic systems and competing priorities. A learning environment that allows for honest discussion of challenges with assigned cases while being guided to remain solution-focused and child/family centered specifically on underlying needs, helps equip workers to do this rewarding work.

Coaching contributes to better helping families and children

Coaching contributes to providing a consistent place to develop a worker's practice skills which aim to better assess and address the underlying needs of children and families. Coaching also contributes to developing more effective case plans with families by enhancing their ability to team with community partners around addressing a child's needs, utilizing the strengths and resources of each child and family.

Coaching contributes to reducing rates of recidivism

High-needs, multi-problem families often re-enter the child welfare system with higher levels of acuity and greater need for outside assistance. Coaching contributes to interrupting this process by consistently coaching and supporting staff to better identify and address the underlying needs of children and families. This leads to improved interventions, which help to promote and sustain longer-lasting changes within the family system.

Coaching improves communication and inter-agency collaboration

Coaching is a building block for improving communication and collaboration between DCFS and DMH and other Community Partners. Coaching contributes to making DCFS social workers better adept at analyzing complex situations, communicating information and identifying potential mental health needs in children. This, in turn, enhances their ability to make expeditious referrals to DMH and other community partners, as well as sharpens their ability to help navigate the linkage and effective utilization of services provided.

Coaching provides support to do this challenging work

Recruitment and retention of public child welfare workforce is in crisis due to turnover caused by 1) dissatisfaction (or frustration) with the job; 2) excessive stress and burnout, including vicarious trauma; and 3) a lack of support from supervisors and organizations. When workers participate in regular coaching opportunities, they have a routine place to talk and actively support one another. Coaching provides an opportunity to discuss and process the unique challenges of working with abused and neglected children. Coaching also strives to equip workers with tools to effectively manage the stress and various feelings they encounter when working with children and families with intense and complex needs.

“Given how complex our cases are and how many emotions they stir up in all members of a Team, including the worker, it will take time for each worker to become more trusting about revealing their practice during individual and group coaching. **The patient, non-judgmental support of the coach is the key to the kind of open sharing that will improve practice.**”

- Marty Beyer, PhD, Katie A. Panel Member

Core Practice Strategy:
Strength and Needs Assessment

Best Practice Assessment Tips

Quality Service Practice Review

*Coaching to Strength-Needs
Assessment*

Core Practice Strategy: Strength and Needs Assessment

Assessment is the process of gathering information that will support decision making regarding the safety, permanency and well-being of children, youth, and families. It begins with the first contact with a family and continues until the case is closed. The assessment of safety and risk is a “process,” not the completion of a “tool.” This does not mean that tools are superfluous; they are invaluable in guiding the decision making process regarding child safety and risk. It does mean, however, that the engagement of family members in a discussion that is individualized to their situation is vital.

Assessment is also the process of exploring what the underlying needs are for each child and family. Although behaviors are important, they sometimes unintentionally distract line workers from exploring what may be driving the behavior: which is the underlying need. Connecting needs to behaviors provide opportunities to strengthen a child and family’s willingness to partner with DCFS, DMH and community support systems to best address the needs.

Assessment is also the process of identifying the strengths of each child and family, within the context of their culture and community. Particular emphasis needs to be on those strengths which can be mobilized to help keep the child in a safe setting and with their family whenever possible.

Core Practice Value: Child and Family Strengthening

Principle: Services and supports will focus on reducing risk and increasing protective factors. Plans will identify and build upon family’s strengths and teams will work to enhance the family’s capacity to support the growth and development of all family members.

Assessment Practice Tips

Below are some important assessment techniques needed to effectively work with children and their families. These “Practice Tips” can be utilized to generate dialogue with staff around what good assessment looks like, while also inviting dialogue around what struggles may emerge when trying to apply these skills. When sharing this material with staff, it is important to share small amounts of information, at a single time. This provides staff an opportunity to adequately

process the information as well as an opportunity to think of ways to apply this practice to their cases.

Best Practice Tips:

The intent of the information gathering within the **Family Strength and Need Assessment (FSNA)** is to understand the child's and family's functioning and underlying needs enough to know the right intervention or support. As such, we have a deliberate, mindful approach to learning from the family during the Family Strengths and Needs Assessment that is anchored to the safety threats and behavioral risks.

Information should be gathered in each of the domain areas of the FSNA in order to ensure we have a comprehensive understanding of family functioning. We find ways to hear family voice—understand the dynamics from the family's perspective.

We take an approach that honors the culture, race, ethnicity and the religion of the families we serve including the kinds of services utilized.

When assessing the **needs of children** in out of home care, we also assess the **needs of the resource family** as they care for children in their home. This is not ancillary—it is foundational to stabilized placements.

Assessment of kin caregivers needs is a different process than that of assessing traditional foster parents—it requires sensitivity to the fact that this network of relationships has a history. There has been a realignment of roles and allegiances that is complicated and demands an open minded and tactful approach. Teaming with staff within the Kinship Support Centers to strategize ways to meet the needs of kin caregivers--within the kin caregiver's community.

It is important that ALL STAFF remember that the case plan is DIFFERENT than the court report—it is a living document that is continually modified based on new learning.

Team formation and development is foundational to our long term success with families. We are building a family support system (if none exists) and enhancing the system that does exist so that when we are no longer in the family's life they are able to function in a way that ensures child safety.

Due to the real emotional complexity of this work, supervisors/administrators need to create a space where workers can openly and honestly discuss their struggles and the way the family's reaction impacts them.

When crafting case plans in the section devoted to meeting the **child's needs**—we include specific actions we will take to meet the resource family needs—supporting placement stabilization.

If a child is in a group care setting the group home staff are part of the case planning and case review process. Including group home staff as part of the child and family team, it results in a fully integrated planning process and ensures that the family and youth understand the group home's role. We have multiple defined processes (i.e. RMP and PPC) to ensure this inclusive approach to case planning and case plan review occurs.

We make focused and targeted referrals that ensure that the provider works with the family on **meeting underlying needs of the child and family** in order to change **specific behaviors** that cause children to be unsafe or at risk of future harm. This information is more comprehensive than what is required in the traditional referral form, and as such should be followed up with a phone call.

KEY PRACTICES

- ➔ The process of assessment of child safety is much broader than determining if an incident occurred. A strong assessment of child safety and risk requires an understanding of family patterns, history, and their way of approaching day to day life.
- ➔ By gathering the information in the domain areas described below, the worker is able to compile information AND determine child safety and risk.
- ➔ Conducting a comprehensive **strengths-needs assessment of safety** means that the worker has a “toolkit of good assessment questions” that can be tailored to engaging even the most hard to engage family. We provided an array of questions within this document that workers may find helpful. *The way that a worker asks questions directly influences the quality and often quantity of the information provided by the family as well as collateral contacts.*
- ➔ Workers must be able to distinguish between a protective capacity that can be immediately mobilized to protect the children and a strength which is a characteristic of a family that will be helpful in motivating the family to change—but NOT sufficient to protect.

Families are an essential source of information on what is impacting the safety, permanency, and well-being of their children. **Understanding the family's views about their child's needs as well as their attitudes toward addressing**

these needs is critical in comprehensive family assessment. Gathering information on the family's perception of the problem, even when the family does not recognize—or denies—the existence of a problem, is crucial. This perception is usually affected by the family's cultural background and life experiences.

Families and extended family members are also a valuable source of information for on-going assessment. Their views on what services and supports are helpful and what are not as well as their perceptions of why interventions are working or not working is essential. Even if their perceptions are incomplete or biased, they have to be sought out to gain a perspective for realistic decision making.

Because the worker will compile information from a variety of sources it is important that the worker share with the family who else will be contacted in the assessment process, what information will be shared with kin and others contacted during the process of the assessment of child safety and risk and finally, how the information will be used in decision making. This process of full disclosure is critical to building trust.

“Unless caregivers and professionals understand the nature of trauma reenactments, they are likely to label the child as ‘oppositional’, ‘rebellious’, ‘unmotivated’, or ‘anti-social.’”

Developmental Trauma Disorder: Van Der Kolk, MD

You Are Engaged In Family Centered Practice If:	Family Centered Practice May Need Strengthening If:
Assessment	
You consider past reports of maltreatment and family history to assess risk and safety when reviewing current incidents or reports of child abuse/neglect.	You focus primarily on the current incident or report of child abuse/neglect to assess risk and safety
You consider the family's functional strengths in shaping the case plan	Case plans may list strengths like "Mom is cooperative with service participation", but don't build on what families have been successful at in the past
The family is recognized as the expert in the identification and assessment of their own strengths, needs, goals and resources	The family deficits and goals are primarily identified and assessed through specialized tools and professional assessment
You are diligent in involving the family in the assessment of cultural beliefs, values and practices that bear upon strengths, needs, goals and resources.	Culture is defined and understood primarily in terms of language, race and ethnicity
You, with the family's help, understand the family's underlying needs that brought the family to the agency's attention	Plans and interventions tend to substitute services for needs, such as "Mom needs mental health services" rather than understanding why mom needs mental health services – which identifies the need
Your family case plans reflect underlying needs and matches individualized services to them	Most of your case plans prescribe a similar set of the same services and supports

"Make no judgments where you have no compassion"
- Anne McCaffrey

Enhanced Skill Based Training: Strength and Needs Assessment (Module #1 of 3)

This 2 day training provides an overview of the Katie A. Strategic Plan, and the Core Practice Model/Shared Practice Principles along with a strength based framework for identifying, assessing and addressing the unmet needs of children and families. Through a variety of skill based activities, staff incorporate the principles of Strength Based Practice to identify the link between the child's behaviors and underlying needs of children and families. Line staff are provided tools to reframe deficits into needs, write a strength based needs statement for children and families as well as craft services that address those needs. Staff also learn and discuss strategies to enhance their ability to support culturally respectful casework relationships.

Key Principles for Strengths-Needs Practice:

All families have strengths

Families are the experts on themselves and their own history

Families deserve to be treated with dignity and respect

The family's culture is a source of strengths, and culturally responsive practices honor the family's customs, values and preferences

Family strengths can be mobilized to address a child's needs

It is important to see beyond the behavior and develop hunches around the underlying needs

Needs are NOT services

Utilization of the Strength-Needs Matrix provides a process tool for staff to learn how to identify the strengths and needs of each child and their family

Addressing underlying needs contributes to better outcomes for children

Strengths and Needs creates a “**Common Language**” for ALL involved in the healing process.

Quality Service Practice Review (QSR)

The QSR is an **action oriented learning process** that is designed to improve practice and service delivery for children and families. Extensive case reviews are conducted and well trained staff interview various stake holders, including the child, family members, community partners, Children's Social Worker, Supervising Children's Service Worker, as well as others. **Findings** from case reviews are gathered and analyzed to use in order **to guide our next steps** for supporting practice and enhancing efforts around producing better outcomes for children and families.

When coaching staff, it is important to know how the QSR defines what good **assessment** looks like (see definition below). The QSR helps us to focus on what is working **now** for a child and their family; what the current strengths and supports are as well as the current needs. When a Quality Service Review is conducted on a case, it provides specific feedback regarding what is working at various practice points and what areas need strengthening. Coaching provides learning opportunities that include recognizing the good work that has occurred while inviting discussion around the struggles of practice and those practice areas that may need additional support. Coaching helps equip staff to develop and implement their ideas and solutions around how to better meet the needs of children and their families.

Practice Review: Assessment & Understanding

Good Assessment and Understanding. The child and parent's functioning and support systems are generally understood. Information necessary to understand the child and family's strengths, needs, and choices is frequently updated and used to keep the big picture understanding fresh and useful. **Present strengths, risks, and underlying needs** requiring intervention or supports are substantially recognized and well understood. Necessary conditions for improved functioning and independence from the system are generally understood and used to select promising change strategies.

QSR Practice Principle:

Understanding the Situation: Do all involved understand the child and family situation well enough to make a positive difference?

Implementing Services: Are services appropriate to meet the need?

- Child and Family Version, Human Systems and Outcomes, Inc. 2011

Coaching Tools to Strengths-Needs Assessment

When “Coaching to Case Practice”, the emphasis is on modeling “**Active Listening**” and “**Asking Questions**” in order to intentionally help others develop critical thinking skills and explore hunches around underlying needs while appreciating strengths. Coaching **models** the value of engaging and teaming in order to assist others in coming up with their own answers so that others are more likely to engage in the process of change or skill development.

Coaches start with providing opportunities for dialogue regarding key practice points as they apply to the worker’s cases. It is essential that coaches provide a safe place for workers to discuss their strengths and struggles around Strength Needs practice. These questions attempt to help with facilitating discussion around Assessment and Understanding of the Strengths and Needs of a Child and their Family:

- Talk about a case and list the strengths of this child and family
- How do you find out about a family’s strengths?
- How can some deficits be reframed into strengths? Give a case example.
- How are the needs of relative caregivers different from foster family agency caregivers?
- What struggles do you face when attempting to talk to families and youth about their needs?
- How does the family or child’s response impact you and your efforts to help this family or youth?
- What are some of the challenging behaviors that you come across?
- What are your hunches about the underlying needs that drive the challenging behavior?
- Discuss the statement: “Needs are not services.”
- Give an example of how a deficit can be reframed into a need.
- How does identifying an underlying need impact the case plan?
- How is the child/family’s voice incorporated into the plan?
- How are the strengths and needs communicated to all community partners?
- How does identifying the underlying needs help communication with community partners?
- Give a case example of when the case plan needed to be adapted to better fit the needs of a child and/or family.

After workers gain a good working knowledge and value for Strengths-Needs Practice, the Coach helps workers apply that knowledge to their case work with children and families. Coaches model effective assessment skills and support the worker in implementing those practice strategies with children and families. The coach points out the worker’s strengths while also supporting the worker to overcome challenges.

Reaching Agreement about the Child’s Needs

Effective “Assessment and Understanding” strives to identify and develop strategies that focus on each child’s needs. Too often in child welfare, the needs have been defined as “services”. For example, “the child needs counseling” is a service driven need that does not articulate the underlying need for why the child may benefit from counseling. Developing hunches around each child’s underlying needs, with all available community partners, is vital to developing individualized case plans that can address those needs and help the child recover from the trauma they have experienced.

Defining a “Need”

According to Dr. Marty Beyer, Katie A. Panel member, a need is a condition requiring something necessary for a child’s or parent’s well-being, functioning or sustaining support. An expectation is that services provided by DCFS are based on a thorough understanding of the needs of the child and the child’s parents or caregiver. Needs are uncovered through initial and ongoing assessment processes. Results of assessments are used by the child and family team (CFT) when planning services to meet needs for achieving child safety, permanency, and well-being as well as for helping the child’s parent or caregiver achieve adequate well-being and sustained functioning for the family. Areas of need covered include safety, attachment, social, emotional, permanence, developmental, educational/vocation, and physical health.

Examples of Safety Needs

- Child needs to feel safe from abuse
- Child needs to feel safe from violence
- Child needs to not be bullied or harassed
- Child needs to feel protected
- Child needs to not engage in risky behaviors that put him/her in danger
- Child needs to understand how making positive choices (attending school, working out conflict) will help them to stay in a safe, stable home
- Child needs to understand how past trauma may be impacting his/her risky or negative behaviors

It is important to note that workers sometimes need assistance with coming up with engaging questions that help them to begin having conversations with others around the needs of a child. These questions attempt to provide ways to gently explore the needs of a child instead of asking direct questions about a child’s well being. Although direct questioning is sometimes a useful approach, direct questions may create defensiveness or may be too difficult for an individual to answer.

Questions to explore hunches around attachment needs:

What makes you nervous or afraid?

What concerns do you have?

What do you like about your parents/caregivers? What do you wish was different?

How do you feel about your placement?

What do you wish your caregiver would know about you to help you stay in placement?

How would you like your life to be different?

Would you be interested in talking to someone about how your choices are affecting your future and success?

Are there any times you don't feel safe? Can you talk to me about those times?

Examples of Attachment Needs

- Child needs at least one attachment
- Child needs to feel he/she can count on an adult for comfort and guidance
- Child needs to gain some understanding as to how the trauma is not their fault
- Child needs to be able to separate from others
- Child needs a placement that understands and can strive to work with the child's needs and behaviors
- Child needs to find a place/home where they can feel accepted and valued even when they exhibit negative behaviors

Questions to explore hunches around attachment needs:

Who does the child identify as someone he/she feels comfortable with?

What behavior does the child exhibit regarding their comfort level with their caregiver/parent?

How does the child do when separated from the caregiver?

How the child is treated when he cries or acts negative? When positive?

How does the child act with you and important others?

How do the caregivers talk about the child? Are they able to identify strengths and likes?

What are the caregivers' hunches around the child's needs to be in the home?

How does the child talk about his/her "placement" or home?

What does the child "wish" about in regards to his placement/home?

Examples of Social Needs

- Child needs to feel liked
- Child needs to have friends or be interested in developing friendships

- Child needs to learn how to get attention in positive ways
- Child needs to not be bullied or harassed
- Child needs to have positive activities with friends
- Child needs to get along with others
- Child needs to know ways to work through conflict with peers

Questions to explore hunches around social needs:

Who does the child identify as friends?

What do they like about their friends?

How much time do they spend with their friends? When?

What do they like to do with their friends?

What makes them a good friend?

Ask them to describe a time when they disagreed with a friend. How did they resolve their differences?

How has their current situation (placement) affected their friendships?

How do they get along with the kids at school?

What do they do during recess?

Does anything happen at school that bothers them?

Has anyone ever bullied them, hit them, make fun of them?

Examples of Emotional Needs

- Child needs to like self
- Child needs to be soothed when worried
- Child needs to be reassured when fearful
- Child needs to talk about the trauma he/she experienced, know it is in the past and not blame self for the trauma
- Childs needs to be soothed when past trauma is troubling him/her

Questions to explore hunches around emotional needs:

What are some of the child's strengths?

How does the child talk about him/herself?

What are the child's interests (hobbies, music, cartoons, sports, etc)

Who does the child enjoy spending time with?

What are some of your hunches around what the emotions of the child as a result of the trauma he/she experienced?

How does the child discuss the traumatic event that led to DCFS involvement?

Who currently comforts the child around the event?

Who can spend intentional time talking with the child around the trauma?

If this child would benefit from mental health treatment, what would you want DMH or the assigned therapist to know about this child?

Examples of Educational/Vocational Needs

- Child needs an opportunity to be academically successful in school
- Child needs to feel supported when struggling in school or behind in school
- Child needs homework assistance or tutoring when struggling in school
- Child needs to feel school is a safe place where he/she can ask for help
- Youth needs to be able to set goals about his/her future regarding school or job?
- Youth needs a committed adult to help them prepare and make a reasonable plan for independent living
- Youth need someone to talk about their feelings related to transitioning to adulthood
- Youth need a committed adult that they can have long lasting connections with into adulthood.

Questions to explore hunches around educational/vocational needs:

How are you doing in school?

What are some of your favorite books to read?

Which subject do you like better, math or English/language arts? Science?

Which subject do you dislike?

Where do you usually do homework?

How long do you spend doing homework?

When you have difficulty with school work, who can help you learn?

Who do you ask for help when you need it?

What are some of your career goals or dreams?

What steps are you taking towards your goals/dreams?

If you had a "magic wish" around school, or your future, what would that be?

What credits are still needed for you to graduate?

After you graduate, what do you see yourself doing?

How often do you talk to your teacher or school counselor?

Who can you talk to if you were struggling with school?

Who do you like to talk to about things you have accomplished at school?

What are your thoughts about attending college?

What are your ideas about what to do after school ends?

What type of work would you like to consider?

What do you need to become a successful adult?

Who can help you with your goals?

Core Practice Strategy: Engagement

Best Practice Tips

Quality Service Practice Review

Coaching to Engagement

CORE PRACTICE STRATEGY: Engagement

Engagement is the process of forming trust-based working relationships with community partners, especially children and families, in order to address the underlying needs of children so that children can remain safe in a permanent home.

Engagement is more than rapport building. It is a process that includes talking about the issues that brought children to the attention of DCFS in a way in which invites disclosure. Engagement around a child's needs; not the family's deficits, is an engagement strategy that helps workers to join with children and families and stay focused on solutions.

Core Practice Value: Engagement and Empowerment

Principle: Pro-active efforts must be taken to reach out to children and families, to engage them meaningfully, and empower them in all aspects of the service process. Engagement and empowerment strategies are intended to build a mutually beneficial partnership with the child, family, and/or others that sustain their commitment until goals are achieved.

Engagement Practice Tips

Below are some important engagement techniques needed to effectively work with children and their families. These "Practice Tips" can be utilized to generate dialogue with staff around what good engagement looks like, while also inviting dialogue around what struggles may emerge when trying to apply these skills. When sharing this material with staff, it is important to share small amounts of information, at a single time. This provides staff an opportunity to adequately process the information as well as an opportunity to think of ways to apply this practice to their cases.

BEST PRACTICE TIPS:

Family engagement is required to accurately assess child safety and risk. Research teaches us that there is a direct correlation between family engagement and child safety.¹

- ➔ The nature of Emergency Response or crisis intervention timelines requires that staff be skilled in rapid family engagement—which is a different skill than building relationship with a family over time.
- ➔ Small things such as the way that workers introduce themselves, the way that workers describe the allegation or reason for intervention and the tone of voice impact the willingness of the family to allow us in the front door, and into their lives.

- A fundamental component to rapid family engagement is seeking to understand the family through the lens of their culture, race and ethnicity—and how their background and experiences inform parenting decisions.
- It is critical to remember that family members cannot talk to us if they cannot understand us and we cannot complete an accurate assessment of child safety and risk if we cannot understand what the family members are saying. When working with families who do not speak English we must engage interpreters (either professional interpreters or members of the family's circle of support).

Family Engagement Is Imperative in Completion of a Strong Assessment of Child Safety and Risk

In order to compile accurate information during the investigation/assessment of child safety, it is imperative that all staff have the ability to engage families. The more the worker bypasses efforts to engage the family in a partnership for change, the less hopeful and motivated the family becomes. With the pressures of the child welfare system today, it is clear that workers are at risk for trying to “get the job done fast” rather than building a consensus for change with the family.

Family Engagement Occurs Through The Following:

We communicate to families (both through our actions and our words) that what they say matters.

- *Actively listen to the family story and communicate to the family that their perspective and voice is vital if we are to serve their family effectively.*
- *We ask families where they would like us to sit and what they would like us to call them.*
- *We behave as a guest in the family's home—a guest with a purpose but a guest nonetheless.*
- *We demonstrate and communicate respect for the family and empathy for its struggles.*

We practice full disclosure and respect confidentiality

- *We let the family know why we are in their homes, what we are learning, the steps of the process and the rationale for any decisions we make.*
- *We provide for families specific contact information, (worker and supervisor) expectations for calling back, voice mail, and ongoing interaction expectations.*

We honor the family's culture, race and ethnicity

- *Cultural competency is the way that families and workers can come together and talk about family issues without cultural differences hindering the conversation, but enhancing it. Quite simply, child welfare interventions that are respectful of and responsive to the beliefs, practices and cultural and linguistic needs of diverse families are more effective. Culture may influence: Parenting and Discipline Practices; The way a family asks for and receives help; The attitudes families have toward public helping systems*

- *The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge. The worker and the family each bring their individual learned patterns of language and culture to the experience which must be understood.*
- ***Entering a family's culture is a process that requires humility***; being a student of how culture impacts decision making, parenting and family functioning. Workers must not assume that they view the world through the same lens as the family.
- *The first step in developing cultural awareness is to scrutinize our own feelings and beliefs about ethnic groups other than our own. Everyone has some kind of racial and ethnic stereotypes: conscious or unconscious, subtle or obvious. We need to recognize these biases. Lack of understanding of how these biases are impacting their practice can create barriers to service deliver and each barrier could represent a lost opportunity to help.*
- *Seek to learn who matters to the family—who might be able to support the family such as kin in the problem solving process.*

We attend to our language

- *Ask questions in a way that engages the family, making certain that terms used are understood. (Use of jargon, acronyms or unfamiliar legal terms serve as barriers to family engagement).*
- *Discuss the allegations without judgment.*

We seek to avoid, to the extent possible, actions that minimize/undermine parents' power.

- ***It is important to remember that invoking authority is easier and requires less skill than engaging families.***
- ***It is the worker's responsibility to look for opportunities to put the family in a position of authority—remembering that they are the experts in how they function.***

Skills that are required by a worker in engaging families include:

Interpersonal skills that demonstrate genuine interest in and respect and empathy for all children and families;
 Active listening skills, including the ability to clarify, reframe, question, reflect, and summarize;
 Knowledge of and respect for cultural differences among individuals, families and communities;
 Ability to partner with and appreciate individuals and families in the context of their cultures, including ethnicity, religion and nationality; and
 Willingness to meet with families in their homes or community-based environments that are safe and inviting.

Interviewing Strategies to Compile Accurate and Comprehensive Information

There are many tools or strategies that exist in the field to engage families. Two evidenced based assessment practices will be discussed here; Motivational Interviewing and use of Solution Focused/Strength Focused questions.

Motivational interviewing is a focused and goal-directed approach to working with families that recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. Motivational Interviewing is an effective strategy to promote meaningful participation in the process. To participate meaningfully, the family must have access to information and understand the decision making process and have the opportunity to help set and monitor the goals that become part of their plan. In order to fully participate in making choices and planning for their own lives families must be supported in developing skills of self-advocacy, self-determination, problem solving, decision making, goal setting and monitoring.

*Information gathering is not limited to learning about whether or not an “incident occurred” but a **full assessment of child safety and risk that explores history, chronicity and patterns in a variety of areas of family functioning.***

Motivational Interviewing is non-judgmental, non-confrontational and non-adversarial. It seeks to help family’s envision a better future, and become increasingly motivated to achieve it.

The use of **strength focused/solution focused questions** provides optimal chance for families to tell their story and talk about how their family functions in their day to day environment. This approach intends to remind families of the times in the past when they have succeeded, when things have gone well for them, and/or when their decisions have resulted in positive outcomes. It is an effective model when families are feeling despondent or hopeless as it communicates optimism and the possibility of things being different.

Insoo Kim Berg, one of the founders of the solution focused approach to child protective services once indicated, that “the quality of the assessment process often is directly related to the quality of the questions asked...a good practitioner has a toolbox of questions focused on engaging the family and helping them to tell their story.” On the following pages are some questions that may assist the worker in compiling accurate and comprehensive information in the domain areas defined previously as the Standard of Information.

NOTE: These questions are not intended to be asked in every situation, nor are the workers expected to ask every question. These are provided to

offer workers a toolkit of strong open ended questions to support the investigation/assessment process.

- 1. GENERAL APPROACH TO PARENTING:** Understanding of caregiver's perception of child, tolerance as parent, interaction patterns with child, ability to put child's needs before own, ability to meet child's basic and emotional needs, support/concern for child, awareness of child's needs, ability to protect, parenting knowledge and skill, perception of child, etc.

QUESTIONS THAT MIGHT BE USED TO GATHER INFORMATION IN THIS DOMAIN AREA

- What do you think that your child needs from you as a parent with regard to supervision, meals, etc?
- On a scale of 1-10, where are you at in comparison with where would you like to be as a parent? What will it take you get to the next level?
- What is the most positive thing that you can tell me about your child? What can he/she do that makes you most proud?
- Are any of your children capable of taking care of themselves during the time they are left unsupervised?
- Do your children know what to do in case of emergency?
- Do any of your children have any physical, mental, emotional or psychological limitations that require constant supervision?
- When your child is distressed what is one way that you respond that is effective?
- How do you determine what's developmentally appropriate for your child? How did you know/will you know it is/was time to toilet train your child, allow your child to play outside alone, etc?
- Describe your family traditions that are important to you-- (birthdays, holidays, first day of school, church activities)
- Who raised you? How were you parented when you grew up? What is your relationship with your parents now?
- What are some things you would like to do that are the same as your parents, what are some things that you would like to do differently?

- 2. DISCIPLINARY PRACTICES:** Understanding types of discipline used, frequency, parent view of purpose of discipline, range of options parent knows and uses, emotional state of parent when disciplining, awareness of child's perception of discipline methods, parental agreement on disciplines.

QUESTIONS THAT MIGHT BE USED TO GATHER INFORMATION IN THIS DOMAIN AREA

- What was the last thing that you disciplined your child for? What emotions were you experiencing during the time that you were disciplining your child?
- Who taught you how to discipline your child?
- Are there some things about your child that really annoys you? What do you do when your child acts in a way that really annoys you?
- Have you ever tried to restrain your child? What was the reason? How did your child respond?
- Do you ever feel like you just can't take it anymore as a parent? When you feel that way what do you do?
- As a child did you ever experience any type of abuse? Were you involved in the child welfare system growing up?

- 3. CHILD FUNCTIONING/CHARACTERISTICS:** Understanding child vulnerability, special needs, developmental status, school performance, peer relationships, attachment to parent, mood, day to day behavior, emotional health, reaction to caregiver, sexual activity, etc.

QUESTIONS THAT MIGHT BE USED TO GATHER INFORMATION IN THIS DOMAIN AREA

- Please describe your child(ren) to me.
- Are there times when you worry about your child?
- How does your child do at school?
- What are some of your child's favorite activities?
- Who are your child's best friends? Do you like them?
- Does your child have any behavioral problems or special needs that worry you? If so, please describe your child's behaviors.
- Has your child ever been evaluated for mental health issues by anyone? If so, what was the outcome? What were you told to do to help your child?

- Have you had to miss work or school because of your child's problems?
- Is your child on any medication for emotional or behavioral issues? Do you give your child this medication regularly?
- Your child appears to have an injury. Did you take your child to receive medical attention? If not, what made you believe that your child was going to be OK without medical attention?

Questions to ask the child:

- What is the favorite part of your day?
- What is the least favorite part of your day?
- How do you like school—what is the best part? What is the hardest part?
- Do you ever feel like you can't take it anymore?
- Do you have a good friend?
- Are you ever afraid of your parents?
- Is there someone special at school that you like to spend time with?

4. **BEHAVIORAL HEALTH ISSUES OF THE CAREGIVERS.** Understanding of any major mental health influences that may impact child safety and how they are managing this issue.

QUESTIONS THAT MIGHT BE USED TO GATHER INFORMATION IN THIS DOMAIN AREA

- What is your most effective way of managing stress?
- When was the last time that things were really going well with you and your family? What was happening at that time?
- Do you ever have a hard time just getting going in the morning? When you cannot "get going" who takes care of your child?
- Do you have a mental health diagnosis? If so, are you on any medications? Do you take them regularly? Could I see the medications?
- What is one thing that you do just for yourself?

5. **SUBSTANCE USE/ABUSE ISSUES OF THE CAREGIVERS.** Understanding if the caregiver's uses substances, how they are used and the impact of the use on day to day life and parenting.

QUESTIONS THAT MIGHT BE USED TO GATHER INFORMATION IN THIS DOMAIN AREA

- How do you get through a bad day?
- What are some effective ways that you manage stress in your day to day life?
- Has your drinking or drug use ever caused job, school, family, or legal problems?
- Do you ever use prescription drugs in ways other than prescribed?
- Do others in the home abuse alcohol or other drugs? Does their use concern you?
- Have you ever worried about your children's safety due to the use of substances in your home?
- Can you imagine a way in which your use of substances may cause your children to feel nervous?
- Are any of the drugs or alcohol in your home kept within the reach of your child(ren)?

6. **DISCUSSION OF HOUSING/ENVIRONMENTAL ISSUES/ABILITY TO MEET CHILD'S BASIC NEEDS.** Understanding of safety of the physical place where the children live and if the children's basic needs are being met.

QUESTIONS THAT MIGHT BE USED TO GATHER INFORMATION IN THIS DOMAIN AREA

- Where was the best place that you ever lived? Can you compare this home to that place?
- Are you ever concerned about the safety of your children in your home?
- Are any of your children repeatedly ill and you are not sure why?
- Do ever go to bed worrying if your children have enough food to eat?
- Is there ever a time when there is more month than money?
- Where does most of your money go?
- If you need help to feed or clothe your children, do you have someone to call to help out?

Questions to ask the child:

- What about your home makes you feel safe? Unsafe?
- Do you work to help family meet their needs?
- What do you do with the money you make?
- Do you ever go to bed hungry?

7. DISCUSSION OF FAMILY DYNAMICS AND THEIR SUPPORT SYSTEM.

Understanding who lives in the home, how the family manages conflict and resolves problems and who they rely on for day to day support.

QUESTIONS THAT MIGHT BE USED TO GATHER INFORMATION IN THIS DOMAIN AREA

- Who do you call when you really need help? Are they there for you?
- Who do you consider family/kin? Are you close to anyone in your church or community?
- What do you identify as your race or culture (i.e. tribal affiliation)? How has your race/culture influenced your parenting?
- When was the last time that you had a problem and you were pleased with how you solved it? What did you do?
- What is the favorite thing that you and your children do together?
- Can you describe a time when an argument ended up in a physical altercation?
- When you get frustrated or anger with children (and we all do) how have you handled it in the past?
- On a scale of 1-10 where would you rate your relationship with your partner/spouse/significant other? What would bring you closer to a 10?
- All couples argue, how do you resolve conflict in your family?
- Have you ever been concerned about the safety of your children when you argue with your partner?

Questions to Ask Children:

- Who really matters to you (friends or family)?
- Who do you go to when you need someone to listen to you?
- When you grow up whom would you like to be most like in your family?

- What happens when there is an argument in your family?
- Have you ever seen or heard someone in your family hurt another family member?
- Are you ever afraid something is going to happen to you or to your parents?
- Do you have a pet—if so have you ever been worried about the safety of your pet?
- Has any of your siblings scared you or threatened to physically harm you or any member of the household.

8. **FAMILY MEDICAL ISSUES.** Understanding if medical issues are adding stress to family life, if medical needs of family members are being met and how medical issues may be impacting child safety.

QUESTIONS THAT MIGHT BE USED TO GATHER INFORMATION IN THIS DOMAIN AREA

- Does you/or your child have a doctor (medical provider)? Dentist? When was the last time that you saw the doctor/dentist?
- Has your health ever held you back from getting a job or taking care of your children?
- Are there any medications that you/your children are taking?
- Do you know if your child is sexually active?

When Interviewing Children

In most cases, it may be helpful to interview children separately from their parents. If children are living at home, seeking parental permission for these meetings whenever appropriate is recommended. A trusted adult, possibly a teacher or minister, could be with the child. Not only would they provide support but also could use their ongoing relationship to help the child understand the process and purpose of the assessment. For older children, particularly, it is important to get each child's perspective on the issues. Whenever appropriate, children should be interviewed separately as well as together.

When children are interviewed, it is necessary to put them at ease by initially exploring “safe” areas of their lives—possibly school, church, recreational activities. The main purpose of meeting with the child is to gain an understanding of their perception of what is happening, how the current situation might or might not fit within their general experience of being parented, and what they need to feel safe. It would be very useful to know if there are adults in the child's life that they trust or go to for guidance and support.

You Are Engaged In Family Centered Practice If:	Family Centered Practice May Need Strengthening If:
Engagement	
You treat families with genuineness, respect and empathy	Approaching families who are unable to appropriately care for their children with genuineness , empathy and respect seems like condoning poor parenting
You demonstrate genuineness, empathy and respect by letting families tell you their story and then you listen attentively	You feel that you do not have time to listen to broader issues and must focus only on the immediate issue at hand
You believe that families have strengths that can be used to help them improve their parenting capacity and family functioning	You still need evidence that some of the most challenging families have strengths that will be helpful in meeting safety, permanency and well-being goals
You engage families in looking at how their behaviors have caused harm to their children and their family	The agency focuses on seeing to it that families take responsibility (accept blame) for their situations
Families have meaningful representation and influence at all levels of the system and are provided diverse opportunities to participate in shared decision-making.	Families are absent from decision-making or have only token representation at any level beyond their own case or in any role other than service recipient
You develop an initial working agreement with families about the issues to be addressed and what success will look like	You may not be clear with families about what needs to change and what success will look like
You ask about the family's goals before insisting on the agency's goals	General local practice is driven by agency-determined goals for the family
You enlist the family in developing the case plan	Most of your plans are prepared in advance of planning meetings with families

People are more disclosing, open and cooperative if they don't feel threatened and judged.

Enhanced Skill Based Training: Engagement

(Module #2 of 3)

This 2 day training focuses on enhancing practice skills which focus on building effective working relationships with children, families and community partners, with the purpose of identifying and addressing a child's unmet needs. Engagement requires that each child and family be active participants in mobilizing family strengths towards identifying and addressing a child's needs.

Engagement also involves working to understand a family's needs within the unique culture of each child and family. Effective engagement addresses barriers or stigmas related to seeking help to get those needs met, particularly when a mental health need has been identified. Engagement helps the child and family to connect with their community resources so that families can develop long lasting supports to help sustain positive changes.

Key Principles:

Engagement values the building of trusting working relationships with others

Engagement around a child's needs makes it easier to join with families

Engagement efforts begin when first meeting a family; Approach matters

Engagement recognizes that resistance is natural and reflects underlying needs

Engagement promotes child safety and the ability to address the unmet needs of children in the context of their culture and community

Engagement requires hearing the family's perspective, continually seeking feedback about the plan while appreciating their strengths

Motivational Interviewing techniques and Solution Focused Questions are evidence based engagement strategies that provide optimal chance for families to tell their story and empower them to make positive changes

Recognizing the Stages of Change in order to join with families where they are at and to better engage parents and youth in the change process

Recognizing the bias, stigmas and barriers families may have around mental health, helps workers to better join with families and have meaningful discussion around the benefits of mental health treatment, when needed

Case Management and Reasonable Efforts include effectively engaging clients and using motivation interviewing strategies to promote meaningful in the change process

Quality Service Practice Review (QSR)

The QSR is an **action oriented learning process** that is designed to improve practice and service delivery for children and families. Extensive case reviews are conducted and well trained staff interview various stake holders, including the child, family members, community partners, Children's Social Worker, Supervising Children's Service Worker, as well as others. **Findings** from these case reviews are gathered and analyzed to use in order **to guide our next steps** for supporting practice and enhancing efforts around producing better outcomes for children and families.

When coaching staff, it is important to know how the QSR defines what good **engagement** looks like (see definition below). The QSR helps us to focus on what is working **now** for a child and their family; what the current strengths and supports are as well as the current needs. When a Quality Service Review is conducted on a case, it provides specific feedback regarding what is working at various practice points and what areas need strengthening. Coaching provides learning opportunities that include recognizing the good work that has occurred while inviting discussion around the struggles of practice and those practice areas that may need additional support. Coaching helps equip staff to develop and implement their ideas and solutions around how to better meet the needs of children and their families.

Practice Review: Engagement

Good Engagement Effort: To a strong degree, a rapport has been developed, such that the focus child, parents, and family members feel heard, feel they are told the truth, feel respected, and feel cared about. Reports from staff, parents, family members, caregivers, and service providers indicate that good, consistent, culturally competent outreach efforts are being used as necessary to find and engage the focus child, parents, difficult-to-reach family members, and caregivers. Team members report specific, useful accommodations being used to provide scheduling times and places based on family convenience, support with transportation and childcare, individualized problem solving, and time spent in settings necessary to build the necessary relationship and rapport. Family engagement efforts are made frequently on an ongoing basis. Good working relationships between staff/providers and the focus child, parents, family members, and caregiver either are evident in this case - **OR** - Reasonable efforts have been and are being made to engage the key people using *positive principles* of engagement.

QSR Practice Principle:

Engaging Service Partners: Do you have a trust-based working relationship with the child, family, and other service providers?

- Child and Family Version, Human Systems and Outcomes, Inc. 2011

Coaching to Engagement

When “Coaching to Case Practice”, the emphasis is on modeling “**Active Listening**” and “**Asking Questions**” in order to intentionally help others develop critical thinking skills and explore hunches around underlying needs while appreciating strengths. Coaching **models** the value of engaging and teaming in order to assist others in coming up with their own answers so that others are more likely to engage in the process of change or skill development.

Coaches start with providing opportunities for dialogue regarding key practice points as they apply to the worker’s cases. It is essential that coaches provide a safe place for workers to discuss their strengths and struggles with Engagement with the use of protective authority. The following questions attempt to help facilitate discussion around how to engage children and families around the strengths and needs of a child and their family:

What is going well in regards to engagement with children and families?

Give specific case examples.

What challenges or barriers are encountered in regards to effectively engaging others? Be case specific.

What are some of the underlying needs that those challenges reflect?

Give an example of how a “deficit” can be reframed into a need?

Discuss the difference between “rapport” and “engagement”.

How do we develop rapport even with having “protective authority”?

What are ways to talk about culture with children and families?

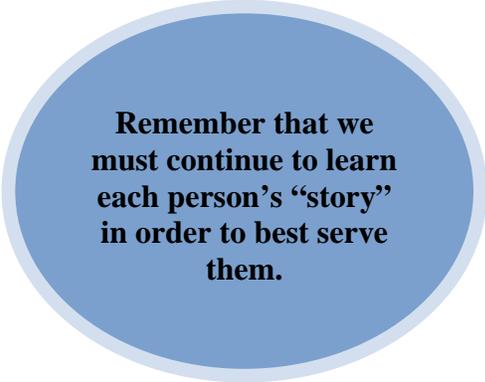
How do we motivate others to engage in the change process?

How do we demonstrate “hope” or the belief that people can change during visits?

How does spending more time engaging children and families contribute to saving time as workers?

How does engaging the family in the change process contribute to child safety?

After workers gain a good working knowledge and value for Engagement Practice, the Coach helps workers apply that knowledge to their case work with children and families. Coaches model effective engagement skills and support the worker in implementing those practice strategies with children and families. The coach points out the worker’s strengths while also supporting the worker to overcome challenges.



Remember that we must continue to learn each person’s “story” in order to best serve them.

Core Practice Strategy: **Teaming**

Best Practice Tips

Quality Service Practice Review

Coaching to Teaming

CORE PRACTICE STRATEGY: Teamwork

Teaming is the basis of our child welfare case practice and one of the core components in addressing child abuse and neglect. Through teaming, families, staff, and other team members have the opportunity to work together in planning, coordinating and decision-making. Decisions about the child/youth and family interventions are more effective when the family provides their input as to what decisions are made. **When child/youth and family share ownership in identifying their unmet needs as well as the interventions that may address these needs their commitment is more evident.** Team members then begin to take responsibility for contributing to the family's outcomes, team members exhibit more effective and functional cooperation as the team works towards addressing safety, permanence, and well being for the child/youth. At its best, teaming embraces family inclusion, supports guidance, and respects diversity of views as well as cultural diversity. Coordinating the activities is essential to addressing the unmet needs of the child/youth and family and it calls for every team member's input and participation.

Core Practice Value: Teaming

Principle: The entire team shares the responsibility to strengthen families and help raise children to their fullest potential. Families are the core members of the team. Decisions about supports, services and interventions are more effective when made and implemented by the family's team.

Core Practice Value: Coaching and Collaboration

Principle: Working together to achieve success in meeting the critical and diverse needs of children and their families is crucial. We will participate in obtaining resources, will build bridges, and find solutions with others to ensure provision of the best possible services and supports to children and families.

Working with Families to Create Teams to Support Them

Effective team composition cannot be stagnant; therefore, families must be encouraged to identify individuals who support them over time. The team process needs to evolve as the needs of the child/youth and family change. Youth also need to have a strong voice in who participates in planning for their life. Youth in foster care, who are transitioning to adulthood with teams of supportive adults, tend to be more successful. When children and families are involved in the child welfare system Family Team decision making, as well as informal teaming, is utilized to support and guide family interventions, giving the family voice and choice as to the child/youth and family's well-being. Team members work to have a shared understanding of the child/family's strengths, level of functioning, protective capacities, ongoing understanding of the safety threats and risks, underlying causes of the behavior and underlying needs of the family as they relate to child safety and risk, and cultural background of the family.

Team formation means the important people in this child and family's life, including the foster family, parents, and other relatives, have formed a working team that meets, talks, and plans together.

The team will be different for each child and family (but all teams must actively include the caseworker, the family, the older child/teen, the relative/foster parent/group caregiver if child is out of home, and the child's clinician, if there is one). Informal and life long teams that change over time need to help families learn how to build and maintain a team in their lives. We are all people who require interdependence—a give and take in relationships where we support others and they support us.

All staff need to model this building of teams. We need to engage an array of individuals to support the family and help families learn how to engage their informal and ongoing supports.

Teamwork starts in the first discussions with the family, and continues throughout the period of serving the family.

Strong team functioning means that:

- 1) the team has the abilities and cultural competence to design effective supports and services to meet the child's needs and support the family in meeting the child's needs;
- 2) the team flexibly adjusts services and supports as the child's needs change; and
- 3) the team uses collaborative problem solving.

Effective coordination, integration, and continuity in assessment and planning, organizing, and implementing services are essential to guide and adapt the family's needs and choices to find what works and to assist the family in becoming independent of the child welfare system.

The purpose of any team meeting is to gain a better understanding of the needs related to safety, permanency, and child well-being; determine effective ways of engaging the family in changing behaviors; and identify (on an ongoing basis) the efficacy of services and supports in changing behaviors that caused children to be unsafe or at risk of future maltreatment.

Partnership between Child Welfare Workers, Mental Health and Resource Families: Building the Child and Family Team

When a child is placed in out of home care, DCFS and DMH believe that children are much better served, experience less trauma and have much better permanency outcomes when birth families, resource families, workers, and the clinician (when possible) partner together as active parts of the child and family team.

Teaming Practice Tips

Below are some important teaming techniques needed to effectively work with children and their families. These “Practice Tips” can be utilized to generate dialogue with staff around what good teaming looks like, while also inviting dialogue around what struggles may emerge when trying to apply these skills. When sharing this material with staff, it is important to share small amounts of information, at a single time. This provides staff an opportunity to adequately process the information as well as an opportunity to think of ways to apply this practice to their cases.

Best Practice Tips: Teaming around placement of a child

We must view placement as time limited and temporary.

At the point when a resource parent or group care provider agrees to care for a child, they need to have all of the information we have in order to take effectively care for the child. Also, we must be transparent about the issues that the children faced in their birth family’s home, and how this experience may impact their day to day behavior.

Ice Breakers must occur as quickly as possible following the TDM (in the case of group home placement the group home staff serves as the alternate caregiver within the Ice Breaker). Ice Breakers must occur for every placement.

Resource parents are trained and supported to partner with and help birth parents in learning how to safely care for their children—from the point of initial placement on. This is an expectation. NOTE: WIC 308 indicating that the foster parent’s address must be protected—allows for this protection only through disposition. And it is important to note that the foster parent can opt out of this BEFORE disposition.

All Team members need to spend some time helping resource families understand the NORMAL and EXPECTED transitions that occur when a child comes into their home. When a worker identifies a need of a resource family they need to address that need if they believe it could impact placement stability. The Kinship Support Center can assist in meeting (specifically) kinship care needs.

Resource parents are partners in our work and as such need to be included in case planning and case plan review (ongoing assessment) processes.

Not all kinship caregivers have the resources, knowledge or supports that a traditional foster might have. However, children do better with kin. So we need to support kin—not judge them.

Ask children in the family who is important to them and what they need/want of people who will take care of them.

Ensure that children are provided with information about what is happening in their case, ensuring that they understand that what is happening is not their fault and that they have an important voice in determining next steps.

Siblings need to live together and we need to be tenacious about this.

Children need to be placed so that they can live in their own community and go to their schools.

When children are placed they all experience some form of trauma. Staff and resource parents must acknowledge this and provide the child with an opportunity to work through their feelings.

Resource parents are active parts of the team and included in the case plan development and case plan review process.

Teaming Within and Across Internal Programs and Services

We see today, more than any other point in our history of serving children and families the need to team within and across programs. Research teaches us that children needing child protection increasingly come from families who have multiple needs and problems and that family complexity has demanded more comprehensive assessments and service planning on the part of professionals. In order to achieve the outcomes we desire for children and families DCFS and DMH appreciates and emphasizes the need for interdisciplinary communication and collaboration.

A multi-system focus is useful in the family assessment as well as in the coordinated delivery of services from a variety of programs and agencies. Other agencies are often already involved with the families that come to the attention of child protection and therefore, have information that can contribute to a more comprehensive assessment of needs. These agencies can also benefit from learning from the comprehensive family assessment conducted by the child welfare agency to better individualize their services.

It is the responsibility of the child welfare agency to assure that all assessment information is communicated in such a way as to inform the development of the case plan. In addition, all agencies working with the family need to have ongoing communication as part of the ongoing assessment process.

Honoring Culture, Race and Ethnicity within Team Meetings

One of the benefits of family meetings is the opportunity they provide to learn about the cultural, racial and ethnic background of the family and how their background impacts parenting decisions.

Culture includes race, religion, ethnicity, family values, lifestyle, family composition, customs, values and beliefs. The family itself is the most important source of information about its unique characteristics, historical roots, and cultural values.¹ Culturally competent workers can help families to have a positive experience in planning and participating in parenting and other family access time by:

- Respecting the client's perspective.
- Listening well enough to learn about people who are different from themselves.
- Avoiding judgment from bias, stereotypes, or cultural myths.
- Asking the family to explain the significance culture has for them, especially regarding family traditions, child rearing and discipline practices, spiritual beliefs and traditions.

In order to best serve families of diverse backgrounds workers need to possess "cultural humility". Cultural humility "involves the curiosity and motivation to understand the web of meaning in which children and families live, and the reflective capacity to examine our own cultural values and assumptions. It requires a commitment to appreciating the similarities and differences between one's own culturally shaped goals and priorities and those of the children and families. It requires as well an obligation to 'rein in' our power and authority, so that the voices of children and family members can be fully valued and heard."

You Are Engaged In Family Centered Practice If:	Family Centered Practice May Need Strengthening If:
Teaming	
You provide families an opportunity to involve their informal helping systems in addressing the challenges in their life, such as participating in meetings with the agency	The family's kin, friends and informal supports (like members of the faith community) are rarely considered as family team members
The family has a central role in the identification of a team that is continuously involved in assessment and planning	The caseworker is the primary decision-maker about goals, services and case closure
Family team meetings are routinely used to engage the family, assess, plan, coordinate and adapt interventions	Team meetings are not routinely held or if team meetings are held, they function more like agency staffings
You prepare families in person, in advance of their first team meeting	You advise the family of when the team meeting will be held and do not meet with them to provide information about their role and what will transpire

Research supports the need to enhance teaming skills on behalf of families. "The different orientations, vocabularies, and working styles of professional staff can pose substantial barriers to effective teamwork if not explicitly addressed. For example, numerous studies suggest that neither child welfare nor substance abuse workers are exactly sure what the others have to offer, and they tend to be wary of one another. Wariness to team not only comes from lack of knowledge, but from differing philosophies around areas such as - who the client is (parent versus child), harm reduction versus the need for total abstinence, and timelines regarding treatment interventions."

Enhanced Skill Based Training: Teaming (Module #3 of 3)

Whether teams are short or long term, family planning for achieving safety, permanency and well-being can be more effective with genuine teamwork. This two-day training continues to build on the preceding Enhanced Skill Based Trainings by incorporating the principles offered there into the teaming process. Helping teams be successful requires knowledge of team phases and activities, as well as good facilitation skills. The purpose of this training is to provide this specific knowledge and skill development for the participants. The participants will come away with an understanding of what makes teams successful, the steps and skills necessary for successful team outcomes, and the skills to facilitate the teaming process as a whole, including strategies for negotiating conflict.

Key Principles:

Teaming requires gathering a group of committed people (formal and informal supports) to come together to work in order to identify each child's needs

Effective teaming collaborates with others in order to develop meaningful case plans which strive to address each child's needs

Effective teaming allows everyone a voice in expressing their perspective of what the needs are as well as their ideas around the way to best meet those needs

Effective teaming facilitates open dialogue and seeks to resolve conflict by focusing on the child's needs

Effective teaming recognizes the strengths of children and families; valuing and honoring their unique culture

Effective teaming invites dialogue around the effectiveness of the case plan and adapts the plan as needed

Strategies for enhancing family participation in the planning process and for negotiating conflict when it occurs.

Quality Service Practice Review (QSR)

The QSR is an ***action oriented learning process*** that is designed to improve practice and service delivery for children and families. Extensive case reviews are conducted and well trained staff interview various stake holders, including the child, family members, community partners, Children's Social Worker, Supervising Children's Service Worker, as well as others. ***Findings*** from these case reviews are gathered and analyzed to use in order ***to guide our next steps*** for supporting practice and enhancing efforts around producing better outcomes for children and families.

When coaching staff, it is important to know how the QSR defines what good **teamwork** looks like (see definition below). The QSR helps us to focus on what is working **now** for a child and their family; what the current strengths and supports are as well as the current needs. When a Quality Service Review is conducted on a case, it provides specific feedback regarding what is working at various practice points and what areas need strengthening. Coaching provides learning opportunities that include recognizing the good work that has occurred while inviting discussion around the struggles of practice and those practice areas that may need additional support. Coaching helps equip staff to develop and implement their ideas and solutions around how to better meet the needs of children and their families.

Practice Review: Teamwork

Good Teamwork. The Child and Family Team (CFT) contain most of the important supporters and decision makers in the child and family's life, including the family's **informal supports** for this child and family. **The CFT have formed a good, dependable working system that meets, talks, and plans together; face-to-face family team meetings are held periodically and at critical points to develop short-term and long-term plans.** The team has good and necessary skills, family knowledge, and abilities necessary to organize effective services with a child and family of this complexity and cultural background. CFT members generally function as a substantially unified and consistent team in planning services and evaluating results; this is basically reflected in a coordination of services across agencies for the child and family. **Key members of the CFT have contributed to a written case plan which is communicated as a reference for their work that considers the child's and family's strengths, the child's needs, and the services to meet the child's needs and supports for the family to meet the child's needs.** Actions and communications of the family team consistently reflect a substantially coherent pattern of effective teamwork and generally collaborative problem solving with the child and family. **The family is substantially involved in the team.**

Coaching to Teaming

When “Coaching to Case Practice”, the emphasis is on modeling “**Active Listening**” and “**Asking Questions**” in order to intentionally help others develop critical thinking skills and explore hunches around underlying needs while appreciating strengths. Coaching **models** the value of engaging and teaming in order to assist others in coming up with their own answers so that others are more likely to engage in the process of change or skill development.

Coaches start with providing opportunities for dialogue regarding key practice points as they apply to the worker’s cases. It is essential that coaches provide a safe place for workers to discuss their strengths and struggles around Teaming with others. These questions attempt to help with facilitating discussion around building Teams around the strengths and needs of each child.

- List the community partners you team with on a specific case.
- What are the benefits of teaming?
- What are the challenges of teaming?
- Discuss the differences between formal and informal support systems.
- What are the benefits of both formal and informal support systems?
- What are the challenges of both formal and informal support systems?
- How do you help families and youth build a support team?
- How do you gather feedback from the family and team about how the case plan is working?
- When differences arise between team members, how are those differences discussed and solved?
- How does remaining focused on the strengths and needs of the child keep the team unified?
- Discuss a time when you had to help refocus a discussion toward the positive, toward the task or towards exploring solutions.
- Discuss a time when you experienced effective teaming; when community partners came together to help a child and/or family.
- Discuss characteristics that make up an effective team member.
- Write down 3 characteristics that make you an effective team member.
- Write down a characteristic that you would like to strengthen regarding your ability to team with others.

After workers gain a good working knowledge and value for Teaming Practice, the Coach helps workers apply that knowledge to their case work with children and families. Coaches model effective teamwork and support the worker in implementing those practice strategies with children and families. The coach points out the worker’s strengths while also supporting the worker when they struggle to team with others.

Coaching to Reach Agreement about the Child's Needs

The coach encourages line workers to collaborate with community partners, keeping the goal of the child's needs at the forefront of the discussion. The coach provides support and guidance to help workers navigate the team towards this common goal and resolve differences by keeping the team focused on the child's needs.

According to Dr. Marty Beyer, the primary dilemmas the coach will hear regarding "Reaching Agreement" about the child's needs are as follows:

- Team members find it difficult to talk about needs
- Team members complain about the child's behaviors
- Team members move away from needs and talk about services
- Team members each have a different way of talking about needs
- Team members tend to state their "adult wishes" (teen must attend school or child must stop tantrums) rather than standing in the child's shoes and maintaining a voice for the child's needs

Coaching strategies, identified by Dr. Beyer, that keep a team focused on the child's needs are as follows:

- The coach encourages the worker to try such things as talking with a team member by phone before the meeting in order to prepare the individual to express their concern in a "child's needs" language
- The coach encourages the worker to patiently ask team members to say their hunches about what needs are behind the behavior
- The coach helps the worker to validate a caregiver's or parent's unhappiness about the child's behavior and then asking them to stand in the child's shoes to figure out what the child may be trying to say with that behavior
- The coach guides the worker to avoid using jargon and diagnosis but translates those into "plain" language that identifies the needs in a straight forward way.
- The coach assists the worker to reframe any services identified into a need by asking: "What specifically do you hope he would get from counseling?"
- The coach helps the worker to guide the team's focus on emotional needs rather than basic needs, such as clothing, food, etc.

Additional QSR Measures

Practice Review: Supports & Services

Good Supports & Services. A good and substantial array of supports and services substantially matches intervention strategies identified in the case plan is generally helping the child and family **meet near-term needs** and make progress toward planned outcomes. A usually dependable **combination of informal and formal supports and services is available, appropriate, used, and seen as generally satisfactory by the family.** The array provides an appropriate range of options that permits use of professional judgment and family choice of providers. If necessary, the Child Family Team (CFT) is taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs

Coaching to Supports and Services

It is important to note that there is not a manual that can teach coaches how to support workers to design services and supports in team meetings. Listening to what the worker reports, drawing their attention back to the specific needs that must be met, inquiring whether the standard service would meet that need, are methods the coach uses.

Coaching on How to Design Supports and Services

Supports and Services are the way we address the needs of parents and caretakers. We finish with the list of the child's needs, then we go through each need and ask participants what it would take to meet this need. What it will take is usually a list that includes a direct service to the child (such as trauma therapy) and supports for

- (a) the parent to meet the needs (such as encouragement in how to do so during visits, which might come from meetings with the child's therapist) and
- (b) the resource family or kin caregiver to meet the need (such as in-home guidance from the child's therapist or someone else). Sometimes the help the caretaker requires is concrete, like respite.

The combination of supports and services must be invented by the team—it is a unique combination that **fits this child's needs**, this parent and this caretaker. The primary dilemmas the coach will hear regarding Designing Supports and Services are:

- Team members feel limited to standard services which might not fit the uniqueness of this child and family
- Team members say, "We can't get that support or service" and have trouble believing their creativity will result in real services.
- Team members may not think about supports that don't have to be ought—maybe church members would provide dinner once a week so the relative

- caregivers could go out without children, instead of purchasing respite.
- Professionals on the team may say they cannot vary what they usually do when perhaps no one has asked to do so before (such as a child therapist billing for a meeting each month with the parent and another with the resource parent; or a therapist or drug counselor observing a parent-child visit and debriefing with the parent regarding the child's needs).

Coaches provide opportunities for dialogue regarding key practice points as they apply to the worker's cases. Examples of questions to facilitate dialogue include:

Give specific examples of formal services tailored to a family and or child's needs.

What formal services are available now for children and family in your assigned offices?

What were some of the previous support services utilized to address the child and family's needs in the past?

How did they describe their experience? Was it helpful?

How well did the service providers address the child and family's culture?

What informal supports were used? How were they beneficial?

What formal supports were used? How were they beneficial?

How are the supports working? What progress is being made?

What are ways to engage the family with identifying supportive services?

Who has explained the anticipated benefits from participating in the services?

What feelings does the child or family have about the services?

Are there any stigmas or biases connected with the service being recommended? Have they been discussed?

What does promoting self sufficiency with a family look like?

How does using informal supports outside of DCFS reduce recidivism?

Give an example of how a "bad experience" with an agency is re-framed as a "learning experience?"

Give an example of informal services vs. formal services? What is the value of each one? What are the challenges?

How does support and services contribute to child safety and permanency?

What services and supports did the family identify as effective?

Comment [MB1]: I suggest ending this section with case-based coaching questions regarding Designing Supports and Services, providing ideas for a coach talking with an individual worker or group of workers about a particular case.

Practice Review: Planning

Good Planning. A generally thoughtful ongoing planning process is being substantially and consistently used for meeting near-term needs and desired outcomes related to child safety, well-being, and permanency and to stabilizing, supporting, and sustaining the family or permanent caregiver for the child. Most planned strategies are well reasoned by the Child Family Team (CFT) and substantially shaped and supported by the child, parents, family, and/or caregiver. Planned strategies are generally constructed with enough precision of detail to assign intervention strategies and resource provision to accountable agents, determine adequacy of implementation, and determine effectiveness of strategies in bringing about desired results. The CFT has substantially integrated and coordinated the collective strategies, task assignments, and resource commitments across providers and funding sources. There is a generally good fit between the strategies selected, providers involved, times and locations for the provision of interventions or supports, and the child and family involved.

Coaches provide opportunities for dialogue regarding key practice points as they apply to the worker's cases. Examples of questions to facilitate dialogue include:

- How is the planning process addressing the family's underlying needs?
- What is the CFT responsible for?
- Are the plans, strategies developed by the CFT shaped and supported by the child and family members?
- What challenges or barriers may be encountered in regards to effectively coordinating and utilizing these strategies and services for the family's desired outcomes?
- How do the strategies selected fit the child and family's needs?
- How is the plan flexible? (Time, Location, Cost, etc)
- How is the plan individualized for the child and family?
- What cultural considerations were utilized in developing the intervention?
- What changes will the family see when they utilize this intervention?
- Are the strategies based on assessment results?
- Are the strategies focused on meeting specific outcomes?

Comment [MB2]: I suggest ending this section with case-based coaching questions regarding Designing Supports and Services, providing ideas for a coach talking with an individual worker or group of workers about a particular case.

QSR Practice Principle:

Planning Positive Life Changing Interventions: Is service planning an ongoing process, reflective of the current situation and helping to achieve desired outcomes for the child and family?

Implementing Services: Is the implementation and coordination of services timely, competent, and of sufficient intensity to achieve desired outcomes?

Intervention Adequacy

Good and Substantial Intervention. A good combination, sequence, and power of current interventions is helping the child and family reach good and substantial levels of functioning necessary for them to make progress and improve functioning and well-being. A dependable combination of informal and, where necessary, formal supports and interventions are provided with good precision and with substantially commensurate levels of intensity, duration, continuity, and coordination. The power of intervention is generally sufficient to quickly and fully meet near-term needs and reach planned outcomes.

Planning and Intervention	
You Are Planning and Intervening In a Family Centered manner If:	Family Centered Practice May Need Strengthening If:
You stay focused on achieving safety, permanency and well-being for children	You find yourself having to focus more on compliance with rules or policy than child and family goals
Your safety plans employ multiple layers of safeguards	Safety plans rely heavily on the willpower of a family member
The case plan is clearly built upon the strengths, needs, goals and resources identified by the family and their team	The case plan is routinely built upon the most common services to which families are routinely referred
Where sequencing and scheduling of case plan activities are concerned, your case plans recognize and accommodate the other obligations in the family's life, such as employment, child care, access to transportation or seeking employment	Plans rarely consider the other obligations in a family's life when scheduling tasks like visits, therapy sessions, classes, etc
Services and providers chosen to contribute	The agency chooses the providers
When appropriate and needed provider services are not available, you work to create them	You don't feel free to or have the ability to creatively individualize services or to craft new ones
You routinely track progress and adapt the case plan to respond to changing circumstances	Plans are not revised except at set intervals, regardless of what is occurring in the family's life
Your plans anticipate "What could go wrong with this plan"	Plans do not anticipate likely transitions or potential challenges to family functioning

You carefully match children's placements to need	Placement decisions are driven by a "first bed available" environment
You give kin first consideration for out-of-home placement needs	Kin resources may be a last resort when non-relative placement settings are unavailable
You are able to offer kin caregivers the same level of placement supports as non-relative licensed caregivers	Kinship caregivers receive a second tier of support, less intensive than non-relative licensed caregivers
You provide children in out-of-home care frequent visits with parents and siblings in as normalized setting as possible	You offer children in out-of-home care minimal contact with parents and siblings and visits tend to be supervised long after parents are judged no longer to be a safety risk
You consider visits with parents and siblings a right, essential for the child's emotional development	You consider child visits with parents and siblings a privilege that can be withheld as punishment or a consequence for misbehavior
You consider placement disruptions a failure of the system (due to poor matching, inadequate placement supports, frequent prior disruptions, lack of a plan for permanence, etc.)	You think that placement disruptions are often the fault of the child
Services follow the child and can be accessed within any settings	The child has to change placement
You place children in congregate settings only when a congregate setting is the only environment in which needed services can be provided	You consider congregate settings a natural placement for children with behavioral issues
Any use of congregate care is clearly focused on providing services that prepare the child and family for living together in the community	Much of the focus in congregate care is on promoting adjustment to the requirements and environment of the facility
You offer youth in out-of-home care early individualized planning for both independence and the re-establishment of connections with family or development of relationships with other caring adults	Youth in out-of-home care receive mostly referrals to "programs" for instruction on living independently, often near exit from care and inattentive to building lasting adult relationships
You work with the potential adoptive family to think about future needs of the adoptive child over the course of their childhood, including their possible need for connections with members of their birth family.	There is rarely a time when you would

Coaches provide opportunities for dialogue regarding key practice points as they apply to the worker's cases. Examples of questions to facilitate dialogue include:

- What needs are we addressing?
- What has worked with this family in the past in regards to interventions?
Give specific case examples.
- What challenges or barriers are encountered in regards to finding adequate services for the child/family?
- How do we engage families to participate with the intervention?
- What are some alternative interventions besides formal services?
- How should culture/race be considered when finding interventions for the children and families on our case loads?
- How do we know when interventions are no longer working?
- What is working about the interventions utilized?
- How do we check in with the service provider/therapist about the intervention?
- How do we check in with the youth and family about the intervention?

Comment [MB3]: I suggest ending this section with case-based coaching questions regarding Designing Supports and Services, providing ideas for a coach talking with an individual worker or group of workers about a particular case.

Practice Review: Voice & Choice

Good Voice & Choice. Key persons are substantial contributing partners on the team with service providers, generally participating in most aspects of assessment, service planning, implementation, monitoring, and evaluation of results. Key persons have present and effective roles, providing voices that influence the course and pace of decisions made by the team.

Coaching Questions to Voice & Choice

What do you think “voice” and “choice” means?

How has the child/youth’s voice been heard?

What does the child/youth say about their needs? What are their goals?

What are your thoughts about what the child thinks? What do you agree with? What do you disagree with?

What does the parent or other family members say about the child's needs? What are their goals?

What are your thoughts about what the family thinks? What do you agree with? What do you disagree with?

What choices were provided regarding the case plan?

How often do we discuss how the plan is going?

Does the plan need to be adapted? If so, how

How is the plan working or not?

Comment [MB4]: I suggest ending this section with case-based coaching questions regarding Voice and Choice, providing ideas for a coach talking with an individual worker or group of workers about a particular case.

Practice Review: Tracking & Adjustment

Good Tracking and Adjustment Process. Intervention strategies, supports, and services being provided to the child and family are generally responsive to changing conditions. Frequent monitoring (consistent case dynamics), tracking, and communication of child status and service results to the CFT are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the child and family.

QSR Practice Principle:

Getting and Using Results:

Are current efforts leading to positive results?

Is knowledge gained through experience being used to refine strategies, solve problems, and move the case forward?

- Child and Family Version, Human Systems and Outcomes, Inc. 2011

Practice Review: Long-Term View

Good Specification of Outcomes. A good and sufficient set of well-reasoned and well-specified safety, well-being, permanency outcomes and life improvements for the child and family is substantially known, understood, and supported by all involved. These goals are substantially used to guide intervention effort. Commensurate with the child and family situation and encompassing all interests involved in the intervention process, the scope and detail of the end outcomes and requirements substantially fits the scope and nature of change to be accomplished by the child and family, including satisfaction of any and all court requirements. The permanency outcomes and end requirements are generally reflective of the understood child/family situation and what must change for the intervention process to be concluded successfully.

Coaching Vignettes from QSR Cases

1. Coaching a fuller appreciation of the specific needs of a child: “JULIO”

Julio is a 5-year old Hispanic boy living with his maternal uncle and older sibling. The three children were removed in 2006 as a result of their mother’s substance abuse and placed with their aunt. She managed for more than a year but felt overwhelmed, and her brother moved nearby and two of the children moved in with him in 2008 while their aunt continued to provide child care for them. Julio’s uncle describes himself as a new father who is still learning how to care for his kids. He feels well-supported by the CSW and provided with resources, including child care funding at the onset of placement and D-rate classes that helped him understand Julio’s behavior. The children have no contact with their father; their mother calls occasionally. Julio met criteria for Special Education for developmental delay and attends a small day class with one on one attention and speech therapy. He has a behavior plan focused on decreasing his aggressive and defiant behavior which includes spitting, cursing, and talking back.

The CSW is requesting assistance in taking the next steps toward closing the case with guardianship, expressing a concern that Julio is likely to have more difficulties as he gets older. You discuss with the CSW the idea of convening one or more team meetings as part of closing to bring together Julio’s uncle and aunt, their church and other community supports, teacher and kinship liaison to agree on Julio’s needs so his uncle has a plan of support beyond DCFS. You invite the co-located DMH staff to meet with you and the CSW, and you ask the CSW:

If his teacher was asked to list the specific needs behind Julio’s behaviors, what do you think she would say?

If co-located DMH staff was asked, what might they say?:

What are your hunches about the specific needs behind Julio’s behaviors?

The teacher assumes the behavior is defiant, but is it possible that Julio is aggressive in response to fears or worries about rejection connected to early trauma? Is it possible that he was prenatally substance exposed and behind his behaviors are processing problems or other comprehension difficulties?

You coach by encouraging a plan for guiding the participants in a team meeting—who all may have different views of his problem behavior—to a shared understanding of the needs behind Julio’s actions, including possibly the DMH staff person “translating” such needs as reassurance, soothing, and enhanced comprehension. You offer to facilitate the first team meeting with the CSW and DMH staff.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?

What are some ways you would you Engage this family?

Who should/could you include on this Family’s Team? How can you develop more lasting Informal Supports for this family?

2. Coaching engagement of a parent by using the child's needs: "JOVAN"

Jovan is a 15-year old African American male who is living with his mother and three siblings. His mother has a history of substance abuse, abusive partners and being overwhelmed by having 6 children by age 25. The children came to DCFS attention in 2010 after she scratched his older sister in an argument; they have had a tumultuous relationship for years. She was characterized as lacking insight, minimizing the incident and relying on intimidation (more than respect) to support her authority as a parent. The FM agreement requires his mother to participate in therapy and parenting classes, purchasing beds for the two oldest children, ensure that the children attend school, protect the children from physical abuse and emotional harm, know age-appropriate expectations, and refrain from domestic violence. After a rough start with DCFS, she has begun parenting classes, Jovan is supposed to start therapy, and they will go to family therapy. Meanwhile, his sister has run away from home, which causes the family to worry but also reduces tension in the home.. The CSW is matching referrals to fit Jovan's mother (i.e. affordable parenting classes at times she can attend) which has resulted in an improved relationship after tension with the initial worker and his mother's frustration that DCFS requirements were not made clear.

Jovan is in 8th grade in an alternative education program where he was placed after being suspended from another school for having marijuana in his possession. He is reading at the 4th grade level and is in special education for his auditory processing disorder. His school behavior is good and he is making academic progress.

The CSW is requesting assistance because (a) suspicion that Jovan is using marijuana which could jeopardize school success and put him at risk of arrest and (b) a belief that if "specific behavioral changes were required of his mother, especially her method of discipline and level of insight, the case could close satisfactorily more quickly." You want to support the CSW, who has made a lot of engagement efforts, but you suspect that a "behavior change" focus might be a deficit approach that alienates Jovan's mother. You are also concerned that a referral for therapy may not be seen as beneficial by Jovan and his mother. You begin coaching by asking the CSW what specific needs his mother sees in Jovan—she might identify his educational needs or his need for supervision to stay out of trouble as most important. Parents often state needs generally ("He needs to go to school") or state as needs things they want the child to do ("He needs to not get arrested like other family members") when they are not true needs for the child. Then you ask the CSW how Jovan would talk about his needs or wants. This would include thinking through what needs get met by marijuana use and how to approach that with Jovan. Then you ask what Jovan's needs are from the CSW's perspective, and you help list needs that are specific, trauma-related and based on adolescent development. Putting these divergent needs lists up on a flip chart, you support the CSW in talking about what it would take to help Jovan and his mother reach agreement about his needs, inclusive of some of the CSW's views. Then you ask how Jovan's needs could be used strategically to motivate his mother to make the "behavior change" the CSW has in mind for case closure. For example, if Jovan needs to worry less about conflict at home, this could motivate his mother to change her intimidating approach. Their agreement about his needs could also result in inventing services Jovan and his mother think are more appealing than office-based therapy, even if delivered in their home by a therapist. A subsequent team meeting could be expanded to include his teacher and whoever is providing support for him and his mother.

Suggested Coaching Questions:

What are the Strengths of this family? What are the underlying Needs?

3. Coaching a fuller appreciation of the specific needs of a child: “Trenita”

Trenita is a 17-year old African American girl living with a guardian who formerly staffed a group home where Trenita was placed. She has been in care for most of her life, having had 11 placements in foster homes, group homes and a residential facility after numerous referrals in early childhood for physical and sexual abuse. Two older siblings aged out of care, and her younger sibling is in another home.

The CSW is requesting assistance due to two concerns: Trenita’s IEP has not been updated for almost two years and her guardian says Trenita has recently been placed on Abilify with a diagnosis of depression because she is upset there are no answers to her questions about the loss of her family and the circumstances surrounding her removal. Since Trenita’s placement, her behavior has improved which her guardian attributes to having a highly structured home where rules and expectations are clear. Her guardian says family is important to Trenita, and she encourages her family to visit in the home on occasions such as birthdays, holidays and barbecues. After they leave, Trenita expresses disappointment in and anger at her family and gets extremely moody. The CSW is asking for guidance on “how to help Trenita’s guardian and school more effectively address ‘her internalization of self-controls.’”

You invite the co-located DMH staff to meet with you and the CSW, and you ask the CSW:

If her guardian was asked about the specific needs behind Trenita’s emotional outbursts and distancing from her while she is moody, what do you think she would say?

You ask the co-located DMH staff:

What are your hunches about the specific needs behind Trenita’s behaviors?

The school may think Trenita fails to control herself, but is it possible that Trenita is easily triggered or overly sensitive to rejection because of past trauma that she does not yet understand?

You coach by encouraging discussion of how to guide Trenita, her guardian and her teacher in a team meeting before the IEP is scheduled. They all may have different views of her problem behavior but can come to a shared understanding of the needs behind Trenita’s difficult outbursts, including possibly the DMH staff person “translating” such needs as learning how to reduce her anxiety herself, separating past rejection and maltreatment from the present, not blaming herself for what has happened to her, and feeling successful at something. You discuss how important it will be to prepare Trenita to be ready to talk about her needs at the meeting. That preparation could include inviting a trauma therapist to the meeting who might interview Trenita in advance and help clarify her needs with her guardian, school, CSW and therapist to meet. You offer to facilitate the first team meeting with the CSW and DMH staff.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?

What are some ways you would you Engage this family?

Who should/could you include on this Family’s Team? How can you develop more lasting Informal Supports for this family?

4. Coaching the decision to convene a team & preparation for it: “Carmela”

Carmela is a 6-year old Hispanic girl in an FFA home being adopted by her foster parents. Her father was deceased and Carmela came into care in 2008 following the death of her mother from an overdose; she first lived with her maternal uncle whose girlfriend abused her. Carmela was moved to her second foster home in 2009 and after they decided not to adopt her, she moved to this home in 2010. Her foster parents are a professional couple, first-time parents who have wanted to adopt for a long time. Carmela received brief grief counseling when she entered care. Individual, family and art therapies were provided after Carmela moved into her adoptive home for a few months, but the CSW is concerned that the provider abruptly closed the case and has provided no service summary.

Carmela finished Kindergarten, is about to start first grade and is bright, verbal, artistic and resilient, enjoying bike riding and surfboarding with her foster father. Her foster mother reported that when she first arrived, she went into a fetal position when she perceived that she had done something wrong. She said Carmela hits her occasionally, has tantrums when frustrated, has nightmares, displays testing and attention seeking behaviors and is bossy and controlling with her playmates. The former mental health provider reported that Carmela instigated fights at school, was hyperactive and did not follow rules.

Your concern as a coach is that there is no shared understanding of Carmela’s emotional needs (you worry the behaviors which might be tolerable at this time, if not fully understood by the parents will lead to bigger problems as the child matures). The CSW says the behaviors that concerned the clinician were not conveyed to the foster parents. To ensure permanency, you think a team of the parents, teacher and the child’s new therapist is crucial.

The CSW is reluctant to have a team meeting, at first because of lack of confidence of facilitation skills and then expressing discomfort at bringing together a group of people who will have hunches, but no certainty, about what needs are behind Carmela’s behaviors. The CSW says, “I’m not even sure of her needs myself.” The CSW is worried that the school will get stuck on the problems of managing the child’s behaviors, rather than understanding the trauma of loss, abuse and multiple placements Carmela has survived. You emphasize the strengths of the CSW’s engagement of the foster parents and persistence about arranging effective mental health services. You encourage the CSW to view the team meeting as information sharing by individuals who are knowledgeable and care about Carmela and can learn from each other’s view of her needs.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?

What are some ways you would you Engage this family?

Who should/could you include on this Family’s Team? How can you develop more lasting Informal Supports for this family?

5. Coaching the use of a team to reduce family conflict over permanency: **“ROSA”**

Rosa is a nearly 12-year old Latina who lives with her 9-year old brother in her paternal grandparents' home. One of her two adult sisters provides a kinship placement for her 6- year old brother. Rosa's father lives in Mexico and speaks with her by telephone. Rosa's mother is alienated from her adult daughters and has a conflicted relationship with the paternal grandparents. There is a long history of unsupported reports involving domestic violence, abuse, and neglect; the children were removed in 2007 after substantiated emotional abuse and inappropriate discipline. They have had stability in these relative placements. Their mother complied with most required services, but DCFS was never certain she could consistently keep her children safe. Reunification services were terminated in the spring of 2009, but continuing appeals have prevented permanency.

Rosa completed 5th grade successfully and is looking forward to continuing at her school near her paternal grandparents' home. She is intelligent, perceptive and feels successful both socially and academically, with friends and extracurricular activities she enjoys. Rosa is protective of her mother and wants to maintain visits, but says her grandparents would be the best place for her to grow up. Rosa is resilient, but expends a lot of energy not getting caught in the middle when the adults in her life are angry at one another. Her therapist is concerned that her mother is still blaming Rosa for “DCFS breaking up the family.”

The CSW brings the case to your attention after attending training about teaming. The CSW complains that teaming has been narrowly construed as Team Decision-Making (TDM) only at the time of placement decisions. Since the children were placed with relatives early, there have been no team meetings for years even though their vexing problems could have been dealt with through discussions with all involved about the children's needs and how everyone could meet them. The CSW wonders: Is it too late to work together as a team with so much animosity? Can shaming and blaming be avoided in a team where family members are fighting with each other to be the children's permanent home? Is there any chance the family would accept Functional Family Therapy (FFT) and that it would help to reduce conflicts through recognizing everyone's desire to meet the needs of the children? If their mother has unacknowledged mental health difficulties, why bother convening a team?

Your concern as the coach is that Rosa's needs have not been explicitly stated and agreed upon by all family members, so possibly none of them appreciate that some of her attachment needs can only be met by her mother, while others can only be met if she has positive relationships with all her family; her grandparents and mother may believe only they can meet Rosa's educational and social development needs, and it is important for them to share responsibility for these needs so Rosa does not have to loyalty problems that undermine her success. This will be a tricky team to prepare for and convene, but the CSW's relationship with family members can help everyone use their unique strengths to meet specific needs of the children.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?
 What are some ways you would you Engage this family?

Who should/could you include on this Family's Team? How can you develop more lasting Informal Supports for this family?

6. Coaching the decision to convene a team and preparation for it:
“RAMONA”

Ramona is a 7-year old Hispanic girl living with her mother, her mother's boyfriend (the father of her younger brother), her brother and her maternal grandmother who owns their home. In 2010, the children were removed due to the unsanitary conditions of the home, and after a major clean-up and getting rid of animals and things her grandmother had collected, the children were returned two months later with Family Preservation services.

In 2nd grade, Ramona is on the low 1st grade level in reading and arithmetic and is described as a sad child who is very needy, requiring a lot of attention and reinforcement to stay on task. She is vehement about what she considers hers; in the foster home she had to be taught to bathe.

Ramona's father, who she had spent weekends with since the parents separated, remains angry that she was placed in a distant foster home because DCFS ignored his request to place her with him in the house where he lives with friends. Ramona's mother was breast-feeding her baby brother at the time of the removal and it could not be resumed, which was also upsetting to the family.

As the first step in coaching, you commend the CSW for respectful and culturally sensitive engagement of these angry parents and for putting in place services that are supporting the family. The CSW recognizes the important role of Ramona's father as well as the strengths of her mother and boyfriend. But you are concerned that the CSW spends a lot of time as the messenger among the individuals involved with Ramona who have never met together. Furthermore, most of the case presentation emphasizes getting assistance for Ramona's grandmother who suffers from diabetes, cataracts and cognitive impairment; her grandmother's hoarding problem was a major source of the unsanitary conditions in her home. While her difficulties are important for the team to address, you think they should not distract everyone from Ramona's needs and you propose to the CSW a strategic use of Ramona's needs to help her grandmother be motivated to change for Ramona's benefit. What specifically are Ramona's (and her brother's) hygiene needs that can only be met by a clean, uncluttered house with running water? Similarly, having her mother, father and mother's boyfriend agree on Ramona's attachment needs and developmental needs affecting her in school will result in much more cooperation and consistency from them. You explore with the CSW how a team meeting that included her teacher could lead to specialized services (and maybe an IEP) to ensure her success in school.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?

What are some ways you would you Engage this family?

Who should/could you include on this Family's Team? How can you develop more lasting Informal Supports for this family?

7. Coaching trauma-informed practice: “DAVID”

David is a 7-year old Hispanic boy living in his paternal grandparents' home with two siblings; another sibling lives with their maternal grandmother in a neighboring county. The children were removed in 2010 after the newborn tested positive. David's paternal grandparents are loving, have a nice home and are employed, but the children are monolingual English speakers and their paternal grandparents are monolingual Spanish speakers.

When the CSW presents a variety of dilemmas with this case, good practice stands out: his paternal grandparents and maternal grandmother feel listened to by the CSW. His maternal grandmother is committed to the children and cares for them every other weekend and during vacations. All the grandparents communicate well and agree that placement with their maternal grandmother would be best. The CSW is working hard to get waivers and approval to place the children in the maternal grandmother's home. The CSW arranged Yoakum funding and daycare assistance which the paternal grandparents appreciated. The children enjoy their parents' visits together in their grandparents' home twice a week.

However, you are concerned that with so much focus on helping the parents move near the maternal grandmother and placing the children with her in another county, there is no collective understanding of David's needs; little attention has been paid to the effects of trauma on his behavior--no special education, speech or mental health services are being provided to David or trauma-informed guidance for his parents and grandparents in meeting his needs. Your coaching supports the CSW in planning a team meeting to discuss David's trauma-related needs:

- Not to feel scared of his memories of his sister being born on the couch, his father hitting him, his parents fighting and the toilet “biting” him
- Not to feel he is a bad boy when he wants his own way or doesn't like how it feels to poop
- To learn what makes him feel worried and how he can be in control without getting upset or having a tantrum
- To know his parents love him and not to feel they don't like him or worry they are going to reject him

David also has other developmental needs: to have a lot of attention; to be able to talk in a way that is easier for others to understand; and to feel proud of his reading, writing and arithmetic so he doesn't feel dumb. His 2nd grade bilingual teacher (who has a class of 26 children) cares about him and is getting him individual attention to improve his below-grade reading and arithmetic. Permission for an IEP was given by his parents, and the school psychologist who is now doing an evaluation for IEP will be included in the team meeting. You coach the CSW to increase everyone's understanding of David's needs, and decide on f trauma treatment and in-home one-on-one trauma-informed guidance for him and his family.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?

What are some ways you would you Engage this family?

Who should/could you include on this Family's Team? How can you develop more lasting Informal Supports for this family?

8. Coaching trauma-informed practice: “MARCO”

Marco is a 6-year old Hispanic boy in an unrelated guardian home with his older siblings. He entered care in 2005 after physical abuse; reunification efforts were unsuccessful and they were stopped in 2006. Marco has had 6 placements, some with allegations of abuse and neglect, and 6 caseworkers. His mother is on probation, his father is in prison, and there have been no visits for months. He has 5 siblings in care and they see each other. His guardian has a difficult relationship with DCFS. Marco and his brother attend an after-school day treatment program, a service secured by their guardian in 2009. His guardian sought the service because of Marco’s behavior problems at school including defiance, arguing, swearing and fighting. Marco takes medication for ADHD and also has an Oppositional Defiant Disorder diagnosis. In the day treatment program, Marco’s treatment goals included following directions, improving his behavior with peers, reducing physical and verbal aggression, increasing focus, and addressing enuresis. He has begun to learn self-calming and self-control techniques.

The CSW requested assistance with this case for two reasons: (1) because Marco has a high IQ, he was rejected from Special Education which the CSW does not think makes sense; and (2) the relationship between the CSW and guardian is at an impasse which is frustrating to both. Coaching the CSW to develop an alliance with the guardian to approach the school for special education testing for similar services during the day as he receives after school may be effective. Perhaps the coach could facilitate this approach to improving their relationship. The coach’s additional concern is that Marco’s behavior may be the result of unresolved trauma from physical abuse, loss of parents, multiple moves and maltreatment in foster care. Coaching the CSW in requesting that the therapist provide trauma-focused treatment, or refer Marco to a qualified trauma treatment provider is the first step. Then coaching the CSW to ask the therapist to convene a team meeting that includes the guardian, school, day treatment and CSW to guide the team’s understanding of Marco’s trauma-related needs and what each can do to meet them will also give the guardian an opportunity to get recognized for her caring and integrate mental health and education/day treatment services.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?

What are some ways you would you engage this family?

Who should/could you include on this Family’s Team?

How can you develop more lasting Informal Supports for this family?

9. Coaching the design of strengths/needs-driven services & supports:
“TERRI”

Terri is a 16-year old girl in a group home. Her mother is deceased, her father unknown and her 3 older siblings are not involved with her. The children entered care in 2006 due to abuse by their mother; Terri’s relatives rejected her because they blamed her for mother’s death a month later; placement with her maternal aunt was not successful. Subsequent placements in foster homes did not meet Terri’s needs. She has been moved back and forth between two group homes, which has involved changing schools. The staff of the group home struggle to respond to the individual needs of six teenage girls. Fortunately, she has had the same CSW and therapist for several years.

The CSW is requesting assistance because no one seems to understand what would improve Terri’s stability and emotional well-being. The CSW asks, “Would requesting another mental health assessment help?” “Would working with Terri to accept another foster home help?” “Would seeking relatives willing to try being involved now help?” “What can be done to connect Terri to a lasting adult connection before she is 18?” The CSW is aware that Terri’s history of loss, multiple moves, blaming by relatives and lack of a support system suggests trauma may be behind her dissatisfaction with her placements. The coaching focuses on guiding the CSW in considering how a team meeting, for which Terri was prepared, could lead to “thinking outside the box” to design services to meet each of Terri’s needs. The therapist is included in the discussion by conference call and they brainstorm Terri’s specific trauma-related and other developmental needs, with support from the coach. They realize that Terri’s need to have both normal adolescent steps toward independent decision-making and her need for nurturance send a mixed message to caretakers. Terri’s need to not be rejected also requires thoughtful responses from caretakers. Little is known about her education needs, and the CSW decides to sit down with Terri and her favorite teacher to discuss her school record and future goals. The CSW and therapist decide to have the therapist begin trauma treatment with Terri and to meet with her together to list her needs with her. Their hope is that this will lead to discussions of what caretakers could meet her needs—group home, relative, or MTFC/TFC—and then convening a team that includes current or prospective caretakers to present her needs.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?

What are some ways you would you engage this family?

Who should/could you include on this Family’s Team?

How can you develop more lasting Informal Supports for this family?

10. Coaching the design of strengths/needs-driven services & supports:
“ANA”

Ana is a 3-year old Hispanic girl in a FFA home; her 2 older siblings live with relatives. The children came into care almost a year ago as a result of neglect and exposure to domestic violence. Ana came into care not speaking Spanish, and her foster parents did not speak English. Ana is eager to learn and appears to be on track developmentally; she is on the waiting list for Head Start. Ana's mother and her boyfriend have found housing near his family. Ana's mother has finished medical assistant training and is about to start a job; her boyfriend works in construction, was laid off, but has just been hired on a new project. They are involved in a domestic violence program. Her foster mother monitors visits in a park near the foster home with her mother; even though Ana calls her mother's boyfriend "Daddy," he is not included in visits.

The CSW is requesting assistance because the goal of reunification remains, but it is unclear what her mother and her boyfriend would have to do to demonstrate they could keep Ana safe. Three months ago there was a community complaint about domestic violence, and since that time the CSW has not found Ana's mother at home in order to talk with her about the continuing risk that could present to her child. The coach is concerned that the CSW, who has a large caseload, has never met Ana's mother's boyfriend or observed Ana and her mother visiting.

The coach focuses on drawing out the CSW's ideas about how to do even more to build a trusting relationship with Ana's mother and her boyfriend so that their strengths and what it would take to meet Ana's needs could be clarified. The CSW doubts that having several meetings in their home, given their schedules of jobs and attending the program, is likely. The CSW decides to shape visits into a service that can be designed specifically around the child's needs, and in the process of supporting Ana's mother and her boyfriend in successfully visiting, their working relationship will improve. The coach offers to assist the CSW in using the manual for visit coaching to plan how to help Ana's mother and her boyfriend meet her needs in visits.

Suggested Coaching Questions:

What are the Strengths of this family? – What are the underlying Needs?

What are some ways you would you engage this family?

Who should/could you include on this Family's Team?

How can you develop more lasting Informal Supports for this family ?

Summary

This overview provides the primary content that articulates good practice, strategies to enhance practice and how good practice is measured. As staff are consistently coached to these practice strategies, better outcomes for children and families, should occur over time. QSR scores will provide DCFS with needed specific feedback regarding what is working at various practice points. QSR will provide valuable information to DCFS and DMH about what is working well and what can be strengthened.

In order to achieve a cross-departmental paradigm shift via training and coaching, it is vital for office based coaching to be consistently supported by local and senior management. In other jurisdictions facing similar lawsuits, it has taken 3-5 years to achieve and sustain measureable positive practice changes. A commitment to practice change and enhancement requires all community partners work together in a collaborative manner with the common goal of identifying and addressing the strengths and needs of the children and families that are served in Los Angeles County.

It is important to recognize that the development of this Coaching Manual has required a collaborative effort between County Departments as well as Community Providers. Many have been involved in assisting with the development and implementation of the Shared Core Practice Model, Enhanced Skill Based Training and Coaching efforts. The Inter-University Consortium along with the DCFS Training Division jointly developed a comprehensive (6) six-day skill-based training for Child Welfare and co-located DMH staff. California State University of Long Beach and the Center of Child Welfare contributed to the development of the Emergency Response Coaching Implementation. The California Institute of Mental Health conducted regional based training for Community Mental Health Providers for those providers working with children and families. The Los Angeles Training Consortium (LATC), who is made up of Wrap-Around Community Providers, assisted in developing curriculum and training for the implementation of coaching for continuing services line staff, in partnership with DCFS Training Staff. Quality Improvement staff also joined the Training Division and LATC Consortium in helping design the Coaching curriculum. Additionally, Community Providers will be trained in the (3) three-day skill-based training for Child Welfare and the one day QSR reviewer training, in efforts to increase coaching to the shared Core Practice Model and the QSR practice indicators. This collaborative commitment to strengthening the practice skills of staff is essential to the ongoing development of partnerships with children and families and all community partners; with the common goal of effectively addressing the underlying needs of children and their families so that children can safely thrive in permanent homes.