Los Angeles County Shared Child Welfare/ Mental Health Core Practice Model

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Overview: Why a Core Practice Model is Important

As part of our enhanced collaborative efforts to improve the quality of child welfare and mental health services, the Los Angeles County Departments of Children and Family Services (DCFS) and Mental Health (DMH) have come to an understanding that we need to develop and implement a shared and consistent approach to working with families and children/youth. The two Departments have committed to a shared Core Practice Model (CPM), which requires substantive systemic and practice changes, to integrate services, supports and trauma responsive approaches. A fusion of practice principles from child welfare and mental health is required to ensure that the underlying needs of children, youth and their families are identified and that individualized, intensive home and community-based services and both formal and informal supports are identified to meet the child's/youth's individualized needs. The method to meet those needs is focused on building child/youth, parent, relative and foster family strengths so they might grow together in safety, with health and life-long support and in life-long families.[1] Thus, the identified team members, formal and informal, can participate and contribute in identifying the child/youth and family's strengths, underlying needs and define their role in the child and family team to meet the child's/youth's needs (The Child Welfare Policy Practice and Group, Montgomery, Alabama).

This CPM is the articulation of the "best thinking" from the Departments' shared values, principles, and vision for practice in Los Angeles County. The blending of practice principles from child welfare and children's mental health is organized around four elements from a system of care approach: **Family Strengths/Child Needs-Based Approach** is when services are driven by the needs of the child/youth and family and are addressed through a partnered strengths-based and trauma responsive approach. **Multi-Agency Collaboration in the Community** implies that the locus and management of services should occur in a multi-agency collaborative team and are grounded in a strong community base. **Teaming** involves building and strengthening the child/youth and family support system, whose members meet, communicate, plan together, and coordinate their efforts to address critical issues/needs. **Cultural Responsiveness** ensures that the supports/services offered, the agencies and family supports participating, and programs generated are responsive to cultural context and characteristics of the family, and their possible experience and exposure to trauma is subjective and individualized.

The target population entering through Los Angeles County Child Welfare and Mental Health systems have often experienced acute, chronic and complex trauma.

[1] Los Angeles County Vision and Practice Principles, 2008

There are a variety of traumatic categories including Acute Traumatic Stress Post Traumatic Stress, Trauma Grief and Developmental (Complex) Trauma. As a result, children, youth and families experience a variety of functional, social, and emotional problems and trauma responses. These children/youth and families may be organizing their lives around reliving and warding off traumatic memories, reminders and affects. Oftentimes, these behaviors are labeled in an unfavorable manner by our departments. Therefore, creating a "trauma lens" is imperative to understanding and translating these behaviors and symptoms into underlying needs specifically related to trauma.

The purpose of an effective CPM is to define how practice in DCFS and DMH will be effective to both engage families, and identify the activities and supports that will guide our practice in partnership with communities and families.[2] We identified a CPM which focuses on outcomes for families, rather than compliance, and guides practice to achieve the three **Adoption Safe Family Act** outcomes - Safety, Permanence and Child and Family Well-being.[3]

Our practice model defines organizational excellence, operationalizes standards of practice, and identifies ways in which best practices can help the field understand and address the root causes of disparities and maltreatment that exists in child/youth and family outcomes. It is one of three fundamental change efforts that will move us forward to improve the quality of services provided by both Departments and their contracted service providers, and will enhance our collaboration with families, community partners, and other stakeholders. It will become "the way we work in partnership with children/youth and families." The objective of the CPM is to promote consistent best practices that are guided by values and principles, therefore, increasing the likelihood of positive outcomes for children, youth, families and our community.[4] The other two fundamental elements of this practice improvement adaptation are the development and delivery of Coaching and Mentoring Skills Enhancement and the creation of our Quality Services Review (QSR) process, which will measure the effectiveness of how we implement the CPM.

Practice models that are anchored by principles of engagement, teaming, assessment and individualized planning are based on best practices principles that have been in use for decades. Outcomes for children improve when these practices are employed as performance expectations supported by training, coaching and supportive system realignment. It is the Child Welfare Group's experience that where such practice models are implemented with fidelity system-wide, there are improvements in outcomes. The Shared Core Practice Model also mirrors the Wraparound practice model, which has a documented record of improving outcomes.

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[2] Positioning Public Child Welfare Guidance, 2009
[3] Portfolio and Training Guide for New CSWs, 2005
[4] Blueprints Center for the Study and Prevention of Violence website: http://www.colorado.edu/cspv/bluprints/

There is abundant "practice based evidence" that family-centered, strengths-based, solution-focused, outcome-oriented, team-driven practice works in frontline case practice. At this point, major randomized control group studies have not been conducted to "prove it" -- and may never be conducted because a child welfare agency cannot put kids and families in urgent need in a randomized control group.
Dr. Ray Foster, Consultant, Human Systems and Outcomes

The Core Practice Model

The CPM encompasses the child welfare services mission and vision for best practice and goals (as well as the DCFS' practice approach toward meeting these goals) and guiding principles developed in partnership with DMH. The model delineates the continuous set of activities performed by DCFS staff, mental health practitioners and county contracted providers in the five key practice domains: ***Engaging, Teaming, Assessing, Planning & Implementing, and Tracking & Adapting,*** while relying on common knowledge from the legal and professional foundations of child welfare practice and a trauma responsive approach. In addition, the CPM incorporates a new concept known as the ***Long Term View***. The long term view is the degree to which there are stated, shared and understood safety, well-being and permanency outcomes and functional life goals for the child/youth and family. These goals should clearly specify the protective capacities, desired behavior changes, sustainable supports and other accomplishments necessary for safe case closure. In a broad sense, having a ***long term view*** of a better life enables the child/youth and family and those helping them to see both the next step forward and the end-point on the horizon-thus providing a clear vision of the path ahead[5].

The CPM and the QSR are designed to co-evolve together as the practice model emerges and unfolds over time. As the standard of practice advances, the QSR will be refined to reflect these advancements. Future core competencies and practices will include trauma-responsive approaches, healing supports, the inclusion of best and promising treatment practices that will address child/youth developmental stages to ensure appropriate interventions are made when addressing the child or youth's unmet needs.[6] The CPM provides a *conceptual foundation* for the practice indicators contained in the QSR protocol. The values, principles and functionalities of processes considered to be *best practice* provide the basis for the practice indicators contained in the QSR protocol.[7]

[5] Human Systems and Outcomes, Inc., 2010
[6] Trauma Among Youth in the Juvenile Justice System, 2007
[7] Leading Practice Developer – Human Systems and Outcomes, Inc., 2010

Vision for Shared Practice

- Children/Youth are first and foremost protected from abuse and neglect and maintained safely in their own homes.
- Services and supports build on the strengths and power of the child/youth and family.
- Services and supports are individualized and tailored to address the unmet needs of each child/youth, family and caregiver.
- Services are delivered in a fair and equitable manner through a multi-agency collaborative approach that is grounded in a strong community base.
- Family voice, choice, access and preference are assured throughout the process.
- Services incorporate a blend of formal and informal resources as the family's circle of support designed to assist them with successful transitions that ensure long-term success.
- Services are culturally responsive and respectful of diversity, including individual beliefs and values.
- Services are trauma responsiveness and respectful of the broad range of children's/youth's potential reactions to trauma and loss.
- Services and supports are provided in the child's/youth's and family's community.
- Children/Youth have permanency and stability in their living situations.
- Honesty, transparency and trust guide the work with children/youth and families.

We believe that the implementation of this CPM will over time, safely reduce the number of children/youth entering the child welfare system as well as improve the care and outcomes of those that do. It will require strong teamwork between departments, with the children/youth and families entering the child welfare system, caregivers, contracted agencies, as well as, our community, and a willingness to look at institutional biases and personal values that may interfere with effectively serving families. Exceptional leadership and staff will need to expand awareness and think critically to guide policy, support effective implementation and identify desired outcomes as part of practice model development. We know that accountability at all levels of service will contribute to successful results.

In addition, ongoing trainings along with coaching and mentoring will assist with enforcing the trauma lens with staff in both the child welfare and mental health

systems. Trainings will assist staff in recognizing their own compassion fatigue and vicarious trauma. Leadership and management will consider the level of distress and compassion fatigue that staff feel in working with traumatized children/youth and families and its impact on health and productivity. Management will promote self-care, and build resources to help staff, help themselves. Coaches will help supervisors and staff with translating hunches around the child's/youth's trauma-related and needs into ideas as to how to meet the child's/youth's needs. New meaning will be created about the child/youth and family's trauma history and experience. Psychoeducation regarding trauma related needs will be provided to the child and family team to increase their understanding and explore ideas on how the team can meet the child/youth and family's trauma related needs.

Guiding Principles & Practice Standards

We Believe In…

Child Protection & Safety

<u>Principle:</u> All children and youth have the right to live in a safe environment, free from harm, abuse and neglect.

- **Children/youth's physical and emotional safety is vital.**
- **Infants and children/youth have the right to be part of a safe family both in home and out of home care.**
- **Children/youth have the right to opportunities that encourage healthy development.**
- **Children/youth have the right to be free from exploitation.**
- **Children/youth have the right to an environment that promotes mental and physical health.**
- **Children/youth have the right to share their experiences with trauma and loss.**
- **Children/youth have the right to describe factors that increase their sense of safety and protection.**

Practice Standard: *Children/Youth who are neglected or abused will receive immediate and thorough assessments leading to decisive and immediate action to ensure their sense of safety and increase their protective factors.*

Child Focused Practice

<u>Principle:</u> Assessments and case plans that focus on strengths as well as a child's/youth's underlying needs provide the best guide to effective intervention and lasting change.

- **Include children/youth in assessment/case plan development whenever possible and ensure that the relationships, goals and wishes that the child/youth has shared are being supported.**
- **Create individualized assessments/case plans that address the specific underlying needs of the child/youth.**
- **Be aware of the broad range of children's/youth's potential reactions to trauma and loss to complete a competent assessment of the client's strengths, underlying needs and implement effective interventions.**
- **Ensure that we use language that the child/youth understands and frequently check in on communication styles and terms.**
- **Children/Youth in placement will be provided with the support needed to permit them to achieve their educational and vocational potential with the goal of improving their future well being.**
- **Children/Youth will receive adequate and timely medical and mental health care that is responsive to their needs.**
- **Children/youth deserve to be heard and understood.**

Practice Standard: *Children/youth will be actively involved in the assessments/case plans that identify strengths, protective capacities, underlying needs as well as risk factors. These comprehensive assessments and case plans will inform all plans and provision of services and supports.*

Family Centered Practice

<u>Principle:</u> We recognize that all families have unique strengths and their voice and choice is critical in making decisions about their children's physical and emotional well being and when empowered, can best meet their children's needs.

- **Families can and do change.**
- **Families deserve to be engaged in an honest and respectful manner.**
- **Families have a right to culturally appropriate services, trauma responsive services, supports and interventions that strengthen their protective capacities, recognize trauma-related symptoms and challenges, reduce risk, and create long lasting change.**
- **Healthy families are essential to a child's/youth's development and are the primary source of nurturing and protection for the child/youth.**
- **Families are central partners in assessing their needs, describing their trauma history and experience, exploring solutions, and making recommendations and decisions to support the child's/youth's well-being.**
- **Utilize a support person (formal or informal) identified by the family to assist them in advocating for their own needs and identifying potential solutions that validates the family's experience.**
- **A "family" is defined largely by its members, including mothers, fathers, and other significant individuals who may or may not be related to or currently involved in the child's or youth's life.**
- **Mothers, fathers, family supports, relative caregivers, as well as non-related caregivers, deserve support and respect in their efforts to nurture their children.**
- **The first choice of placement for children and youth is with family members and siblings; however, when they are not placed with family members or siblings, maintaining those relationships through appropriate visitation in a natural setting remains essential to achieving desired outcomes.**

Practice Standard: *Plans, services, and supports will be strength-based, needs-driven, and individualized. Plans and services will build on the family's existing strengths in order to meet identified needs, reduce risk and increase protective capacities. Siblings will be placed together; when this is not possible or appropriate, siblings will have frequent visitation opportunities.*

Strengthening Child & Family Well-Being and Self Sufficiency

Principle: To strengthen Child/Youth and Family well-being, plans, services, and supports must build upon family strengths. They must be individualized, well planned and include well-matched community resources and partners for both families and care givers.

- **Engaging families in a respectful and honest manner promotes participation that focuses on and supports strengths.**
- **Families deserve every opportunity to have their culture and unique strengths affirmed as they become key players in developing goals related to safety, permanence, and well being.**
- **Effectively working with the family requires understanding and applying relevant information to casework and decision-making processes using the family's cultural lens and trauma responsive lens.**
- **Strengths emerge from establishing trust and from building partnerships among the family, community, providers, and the public child welfare system.**
- **Continually assess, arrange and structure culturally appropriate activities in the most natural environment possible that supports the child/youth and parent/child relationship.**

Practice Standard: *Planning and implementation of the plan will be designed to achieve the goals of safety, permanency, and well being. Plans will specify steps to be taken by each member of the child and family team, timeframes for accomplishment of goals and concrete actions for mentoring progress.*

Community-Based Partnerships

<u>Principle:</u> Children/Youth and Families involved with community-based formal and informal supports sustain family strengths and increase the safety of children and youth.

- **Families deserve coordinated services in which all the agencies working with them share similar values and team with one another to provide a seamless array of services.**
- **Work with families includes partnering with natural neighborhood supports, schools, faith-based and other cultural community supports that the family identifies.**
- **Identifying and strengthening formal and informal supports empowers children/youth and families.**
- **Community partnerships need to include access to adequate resources for caregivers and families.**
- **Service providers and community resources are responsible for being a part of the family team and should reflect the diverse needs of the children/youth and families we serve.**
- **Service providers and community partners need to provide services using a cultural sensitive and trauma responsive lens reflecting the unique needs of each family.**
- **Families who maintain a healthy interdependence with extended family, friends, spiritual organizations, cultural and community groups, school, agencies, and the natural environment are more successful at sustaining their strengths and protective capacities allowing them to keep their children in a safe and permanent living situation.**
- **Exploring, valuing, and connecting families to an array of service supports, cultural practices and traditions, can assist them with their ongoing needs by extending their circle of support.**

Practice Standard: *Providing services and supports in the communities in which families live make it more likely that these*

formal/informal supports will be more relevant and accessible to the family in turn creating long lasting change while at the same time keeping children and youth safe.

We Believe In…

Permanent, Lifelong, Loving Families

Principle: All children and youth are entitled to enduring family relationships that provide a sense of stability and belonging, and a sense of self, and will respect the child/youth's past, present and future.

- **Ensure that every child/youth has a lifelong, loving, family by partnering with all family members and caregivers to develop and support safe family relationships and multiple paths to permanency.**
- **Every child/youth and family should have a shared understanding of their safety, well-being and permanency goals and the time frames for achieving safe case closure.**
- **Consistently and repeatedly partner with the child/youth, birth parents, extended family, caregivers and community supports in solution and outcome focused planning and decision making.**
- **Reunification is the initial permanency goal, exclusive of extreme circumstances. Reunification should occur as soon as implementation of in-home services can ensure safety, with on-going services addressing underlying needs and risk factors and their healing process.**
- **When reunification is not possible, we work to place children and youth with a family member and to achieve legal permanence through adoption or guardianship.**
- **If family members are unable to provide a permanent home, we work toward adoption by a qualified, licensed pre-adoptive home.**
- **When we have exhausted all efforts toward legal permanence, we work to ensure each child/youth has a permanent, mutually agreed-upon connection with at least one committed adult who is safe, stable and able to provide love, unconditional commitment, and lifelong guidance and support.**

Practice Standard: *Life-long connections are critical for children/youth. Permanency planning begins at first contact and we proceed with a sense of urgency until permanency is achieved.*

We Believe In…

Cultural Responsiveness

Principle: The cultural, ethnic and spiritual roots of the child/youth and family are a valuable part of their identity and provide important strengths, resources and natural supports.

- **Families are diverse and have the right to respect for their economic, ethnic, racial, cultural, and religious experiences and traditions regardless of gender, gender-identity, sexual orientation, age, or physical disability.**
- **Cultural exploration and awareness of the ethnic roots and social context includes the lived experiences of both the family and child/youth.**
- **Children, families, cultures and subcultures are diverse and they all experience trauma differently regardless of their age, gender-identity, ethnicity, sexual orientation or physical disability. Response to trauma is a unique experience.**
- **A "Traumatic Event" is defined and experienced differently by everyone: the child/youth, family, caregiver and community.**
- **Understanding diversity and approaching others without assumptions helps us inquire and learn about the families we are working with and their values, beliefs, culture and traditions.**
- **We serve children, youth and families in a manner that respects, supports, and strengthens their identities.**
- **We understand that normal is different for everyone and take necessary steps to understand what "normal" is for the family, culture and community.**
- **Children and youth in kinship care as well as foster care deserve continuity of their culture and traditions.**
- **We expand our awareness and understanding of institutional and personal bias.**

Practice Standard: *The Departments will ensure its staff and community partners understand and serve children/youth and their families within the context of their unique cultural experiences, which includes beliefs, values, race, ethnicity, history, religion, and language.*

Best Practice and Continuous Learning

Principle: The Departments embrace an environment of shared commitment, accountability, continuous listening and learning. Our staff, partners, and the children/youth and families we serve provide a wealth of information to help better serve children/youth and families.

- **Staff will stay abreast of and utilize culturally-appropriate, trauma responsive, evidenced-based and promising practices.**
- **Services will be provided by committed, qualified, trained, and skilled staff that is aware of the cultural factors and trauma factors that impact safety, permanency and well-being.**
- **Supports and services for children/youth and families are sensitive and responsive to the trauma and loss they may have experienced.**
- **Staff will be provided with ample opportunities for continuous learning via coaching and in-service trainings.**
- **Exploring positive growth and change observed in families can assist them in building on their strengths for future growth.**
- **Child/youth, family and community input are essential to the continuous learning process of the departments and agencies involved.**
- **Evaluating the quality of services, family, and system level outcomes is a continuous activity that will assist in the improvement of outcomes for children/youth and families.**

Practice Standard: *We will remain committed to changing the current system to reflect our growth as departments providing critical services to children/youth and families in a culturally and trauma responsive manner.*

Core Elements of Practice

Key Activities

Core Elements of Practice

ENGAGING

Engagement is the process of relating with the child/youth, mother, father, extended family, primary caregiver, and other team members for the purpose of building a genuine, trusting and collaborative working relationship. Engagement is based on honesty, unconditional positive regard, and respect for diversity. It involves an inclusive planning and exploration process and ability to understand and work through conflict related to participating in services. Face-to-face meetings, telephone conversations, and letters are all opportunities to encourage and maintain engagement. [8]

Engagement is an essential part of strength and needs-based practice that is culturally responsive. It involves staff developing positive rapport and effective working relationships with children/youth and families to bring them in as full partners in case planning and goal accomplishment. It also involves using inquiry and mutual exploration with the family to find, locate, and learn about other family members and supportive relationships with children/youth and families within their community. The quality of the relationship is the single most important foundation for engaging the child/youth and family in the process of change. Children/Youth and families are more likely to pursue a plan for course of action that they have a voice and choice in designing. Strategies for engagement may vary, depending on the length of time a case has been open and the permanency plan for the child/youth.[9]

Engagement is not a one-time effort to build rapport at the beginning of a case but an ongoing process of staying delicately in step with a child or youth and his/her family in a cultural/community context throughout their involvement with the child welfare system. It includes:

- Being sensitive to the degree of change observed in families and responding appropriately.

[8] DC Child and Family Services Agency, Out-of-Home Practice Model, 2009b
[9] DC Child and Family Services Agency, Out-of-Home Practice Model, 2009a

- Periodically incorporating new members, including family members who have not yet participated, into the team.
- Reassessing and adjusting the case plan to reflect changing circumstances and/or needs.
- Good communication, active listening skills, and genuine caring.
- Knowledge of and respect for differences among individuals, families and communities with awareness of cultural contexts.
- Ability to partner with and appreciate individuals and families in the context of their cultures, including ethnicity, religion, nationality and their unique trauma history.
- Willingness to meet with families in their homes or community-based environments that are safe and inviting, as well as, at a time that is convenient for them.
- The use of clinical judgment in determining whether it is appropriate to engage or re-engage family members, especially in cases involving sexual or physical abuse that resulted in criminal charges.
- Actively pursues and values the perspectives and abilities of families and their communities in all teaming and casework practice.

Core Attitudes and beliefs for successful engagement:

- Openness to authentic communication in which people honestly express themselves and others truly hear them.
- Empathy characterized by understanding and compassion for personal experiences.
- Empathy towards the child/youth's and family's trauma experience and history, and associated factors, when creating a safe and comforting environment for the helping relationship to develop and co-exist.
- Experience in building helping relationships.
- Interpersonal skills that demonstrate genuine interest in and respect and empathy for all children/youth and families and the roles they play in the family.

TEAMING

The Child and Family Team (CFT) is the basis of the Core Practice Model. Every child/youth under DCFS supervision deserves a CFT. Through teaming, the family, the social worker, the clinician, and the other team members have the opportunity to work together in planning, coordinating and decision-making. Decisions with the child/youth and family are more effective when the family is empowered to make decisions. When team members including the child/youth and family have shared ownership in identifying their strengths, 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. In partnership, we will have an understanding of how the child/youth and the family respond to trauma. At its best, teaming embraces family inclusion, supports guidance, and respects diversity of views as well as cultural diversity.[10] The CFT meets and makes decisions about what services and supports are needed, how they should be accessed, how to track success of the plan and make individualized adaptations as necessary so that the safety and permanency goals can be achieved. In addition, the team advocates for children/youth and families based on their strengths, resources, and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice, and developing the ability to advocate for themselves. Individual team members can define their role and collectively they can determine how they each will help soothe and meet trauma related needs. Team coordination efforts are essential to addressing the unmet needs of the child/youth and family and it calls for every team member's input, participation and follow through. Clearly defined roles in meeting the child's/youth's unmet trauma related needs are essential in working collaboratively for safe case closure and permanency.

CFTs are useful to gather important information about strengths and needs that contribute to the overall assessment of a family's situation. The team is composed of members who are important to the success of the child/youth and family, both those formally involved and those who provide informal support. The social worker encourages and assists families in building and/or enhancing their own informal circle of support that might include family members, neighbors and friends, and representatives of formal systems, such as schools, counselors, community organizations, domestic violence and mental health care systems, substance abuse prevention and treatment agencies. They also recognize and appreciate the strength and support that a family's community, cultural and other natural relationships can provide, which inspires and insists that the social worker engage not only the family, but the family's entire system of support so that the family can be best served. Social workers coordinate and lead the teaming process of shared decision-making. It is imperative that staff understand and address safety, health, education, culture, spiritual and other family needs through ongoing partnership with family and supportive communities including exploring and responding sensitively to current and historical trauma and loss family members and caregivers may have experienced.

Effective team composition cannot be stagnant; therefore, whenever possible the family should bring in members who are identified as supports to the child/youth and family. The team process needs to evolve as the needs, strengths and strategies of the

[10] DC Child and Family Services Agency, Out-of-Home Practice Model, 2009d

child/youth and family change. Children/Youth need to have a strong voice in who participates in the team meetings. Youth in foster care who are transitioning to adulthood and are exiting the system tend to be more successful at achieving independence when their strengths are acknowledged and they have an active voice for their own needs. This is due to having established relationships with caring adults who will support them over time.

The needs and vision/long term view of a team meeting determines the participants. Team meetings should occur regularly and especially around changes in placement, goals, team members, or circumstances of the child/youth, or family. Team meetings are also the vehicle through which regular and ongoing case planning is facilitated. No decisions should be made outside of the team.

ASSESSMENT & UNDERSTANDING

Assessment is essential to addressing the child/youth and family's unmet needs. Assessment begins at the time of engagement. Assessment is a continuous process of gathering and analyzing information that supports sound decision making. The family assessment is an essential part of empowering children/youth and families through the identification of underlying needs, strengths, skills, protective capacities, and motivation for change. We recognize and support the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow. We understand that families and children/youth possess strengths they can draw upon to bring about change in their lives. When assessing families, we identify and build up these strengths. Assessments also assist in the process of recognizing that families are partners in decision making as it relates to meeting their needs. Assessments need to be done by the entire family, not just by the social worker and they should explore the underlying causes of child maltreatment or risk of abuse and neglect, and the potential factors that prevent the family from making the necessary changes to keep their children safe. In addition, assessments must include and identify the risk of harm to the children/youth and identify the protective factors of the family. Lastly, assessments should include possible mental health or physical health issues as well as signs of substance abuse, domestic violence and trauma related signs and symptoms.

Effective assessment views the children's/youth's behaviors and symptoms with a trauma response lens. Oftentimes, children/youth experiencing fear, powerlessness, helplessness may be withdrawn or exhibiting aggressive behaviors as a response to their trauma history. The trauma lens will help understand the children's, adolescences' and families' unique response and experience with trauma, therefore, translating the exhibited behaviors to the underlying need behind the behavior.

Effective assessments support team members' decision making as well as lead to crucial understanding of the dynamics of child maltreatment. They also provide and inform the choice of intervention strategies and supports available to the child/youth and family to help the child/youth and family make lasting changes that lead to desired outcomes.

A family assessment identifies and evaluates the current level of family functioning, the current risk to the children/youth of abuse/neglect, the family's protective factors, and the family's strengths and service needs. It is a comprehensive analysis that consists of gathering information about the family from a number of different sources to develop a clear sense of immediate needs that the child/youth and family may be facing. An assessment is necessary for the team to gain a greater understanding of a family's current and past situation, culture, family dynamics, underlying needs, strengths, protective factors and concerns from all team members' points of view. Finally, the family strengths and needs assessment aids in identifying the most appropriate services to help families overcome the challenges they are experiencing. The family is always at the center and their input must be included in the assessment process.[11]

PLANNING & INTERVENTION

Case planning is a process that involves developing a road map for moving the child/youth to permanence promptly while also addressing his/her safety and well-being. Effective planning requires the team to support the family in staying focused on key concerns and establishes clear linkages between the identified needs, desired changes, and how family strengths can be used to reach the plan's goals and strengthen the family's protective capacities. Based on the strengths, resources, and perspectives of the families and supportive communities, the team identifies, locates, advocates for and supports healing practices and traditions to address trauma, loss, behavioral health recovery, child safety and other child/youth and family needs. Goals need to be behaviorally specific, culturally appropriate, realistic to the healing process,, time-limited, measurable, and understood by all involved in the planning process.

Planning and intervention require the utilization of a strength-based, solution-focused approach, in which the child/youth and/or family define and monitor goals for them to achieve timely permanence. Case Planning is a dynamic process in which professionals use the strength of their relationships to identify the following:

- Child/youth and family's unique strengths and underlying needs
- Psychological stressors

[11] DC Child and Family Services Agency, Out-of-Home Practice Model, 2009e

- Formal and informal supports
- Placement considerations
- Timeliness of services and interventions to be provided
- Quality, frequency and setting of visits between parents and children/youth as well as child sibling visits
- Coping skills for each child/youth and family
- Protective factors of family members to ensure safety and reduce risk

It is critical for the child/youth and family to be consistently involved in case planning. **Case planning involves child welfare practitioners, service providers, and the family's natural supports to work together with the family to design strategies that assist the parent and child/youth in making successful life changes that lead to permanency.** Case plans consist of:

- Child/youth and family strengths and needs, as outlined in the Structured Decision Making (SDM) tools.
- Overarching goals with specific, measurable, achievable, relevant, time-sensitive objectives and steps that support the goals.
- Placement specifications that include, type and length of placement, child/youth and family's preference for placement, as well as identification of friends and extended family members as possible placement options.
- An outline of specific interventions to address unresolved trauma-related needs, risk, safety, and well being and to achieve timely permanence.
- Progress toward achievement of goals and addressing the underlying needs since development of the previous case plan (if applicable).
- A schedule outlining the frequency, quality and location for parent-child and child-siblings visits. Visitation should strengthen the parent-child relationship in a way that supports reunification. It should also take into account trauma history, cultural and community settings whenever possible so that visits occur in natural and safe settings.

TRACKING & ADAPTING

Tracking and adapting is a method to ensure the team's plan is implemented with the necessary people, intensity, and quality and to determine whether services and supports are meeting the needs identified in the plan. This is critical for accountability

and achieving the desired outcomes of safety, permanency, and well-being. Day-to-day practice with families and planning for children/youth will include:

- Making decisions and planning based on concerns about the child's/youth's health, trauma history, risk, safety, permanency, and well-being.
- Utilizing teaming and other processes to review the child/youth and family's status, service progress, appropriateness of permanency goals, effectiveness of interventions and supports aimed to assist in the achievement of goals and met needs of the child/youth and family.
- Assure that children/youth are receiving trauma responsive services and/or treatment if they have experienced traumatic experiences and traumatic stress symptoms.
- Verifying that the service plan maintains relevance, integrity, and appropriateness.
- Monitoring that essential needs are being met; goals related to safety, risk of harm and permanency have been achieved.
- Ensuring that plans are modified as goals are met and circumstances change for the family and the child/youth.
- Providing continuous or frequent monitoring, tracking, and communication of the child/youth and family status and service results to the team.
- Ensuring that timely and thoughtful adjustments are made so that achievement of permanency for the child/youth is achieved with little to no interruption.

Every assessment and decision is a product of the work of the social worker and family, and in many cases, inclusive of the collaborative work of both within the context of the family team. A successful plan will meet an identified need, not complete a checklist of services. If supports and services do not appear to meet important identified needs, the team is responsible for refining the plan in a timely manner. Tracking and adapting is an important process for the following reasons:[12]

- The team needs to know what they are doing well, as well as what needs to improve or be done differently.
- Sometimes services or referrals are not meeting the targeted needs and we need to adapt and revise our plans in order to reach permanency in a timely manner.

[12] Community Partnerships for Protecting Children, Community Partnerships Offer a Means for Changing Frontline Child
Welfare Practice, 2005

- Sometimes team members may agree to do something in a meeting that is not realistic for them.
- To reduce the length of time that children/youth stay in care.
- The team needs to ensure that there is follow-through with commitments.
- When little to no progress is being made, it is imperative that the team addresses the possibility of lack of motivation and hope of the child/youth and/or family. Often this leads to children/youth acting out and/or families detaching which has significant and dire consequences for permanency.
- Ongoing understanding of the child/youth and family's unique trauma experience will help the team know how to intervene accordingly.

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