

STATE OF MISSISSIPPI
Division of Family and Children Services

*Supervisor's
Guide
To
Implementing
Family Centered Practice*

2005



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Background Statement Regarding Family Centered Practice

Mississippi DCFS is embarking on the development of a Family Centered Practice framework that will guide the creation of standards of practice, supervisory activities and the day to day interaction between families, social workers and the community of caregivers and providers.

We have sought to craft a practice framework that is meaningful to the field. Housed within the framework are actual “how tos” for carrying out the complicated work of child welfare in as family centered way. These practices are interrelated, working together in a dynamic, synergistic way.

This practice framework will challenge every member of the Mississippi DFCS System to work to varying degrees differently than we have in the past. We believe that the practice of these principles will over time, safely reduce the number of children entering the system as well as improve the care of those that do.

It will require strong teamwork between the various units of the agency, and a willingness of every supervisor and social worker to look at biases, and personal values that may get in the way of effectively serving families.

The development of this practice framework is one facet of the many initiatives being undertaken by Mississippi DFCS to clarify our the implementation of family centered practice in child welfare services. This framework will be accompanied by tools and training. While not intended to be prescriptive, this practice framework is expected to be the litmus test against which we measure the quality of our work.

Ensuring child safety permanence and well being are foundational to the practice of child welfare –we believe that family centered practice is a way of ensuring these outcomes.

How Does Family Centered Practice Improve Outcomes for Children?

Family Is Our Foundation

- In America the family is a foundational institution—we expect parents to be responsible for taking care of their children—and when families need our help we have a responsibility to assist them. If the birth parents cannot assume a full time caregiving role—we need to find a family for the child who can—while at the same time finding ways to keep the child connected to his or her history.
- Children tell us over and over again that they are better off if they can grow up in their own families safely—and stay *connected to their roots*. This provides a continuity of relationship and history. This is better for the child both in the short term and as they evolve into adults. We *owe it to every child* to give them an opportunity to grow up with their family.

- 80% of children who age out of foster care in this country are home by the time they are 21 years of age.
- Termination of Parental Rights, while necessary in some instances—is a legal distinction, not an emotional one for either the child or their family.

Engaging families, and practicing in a family centered way keeps children safer.

- The State Of Minnesota found that Safety of children was not compromised by the engaging families earlier, not bringing families to court, and giving them more control over case decisions, and not bringing families into
- Moreover, there was evidence that child safety actually improved when the family is connected strongly to the community and not the child welfare system.
- Cooperation between families and the child welfare agency increased. Family flight (leaving the town or disengaging from their children decreased.
 - because of the more positive and supportive orientation
- When focusing more on engaging the families—as opposed to investigating, services were more targeted and results more successful
- Families who are engaged early in the process felt they had greater involvement in decision making, were more satisfied with the experience and were better able to care for their children.
- With five complete years of data, families continued to have lower rates of recurrence..¹
- Children’s long term mental health is damaged by losing consistent connections and stable living—with an adult who loves and unconditionally cares about them.
 - 21% of children who are adopted from the child welfare system have significant medical/psychiatric or emotional conditions. ²
 - A 1990 study found that the incidence of emotional, behavioral, and developmental problems among children in foster care (including depression, conduct disorders, difficulties in school, and impaired social relationships) was three to six times greater than the incidence of these problems among children not in out-of-home care.³
- By watching a family work through issues—the child is learning about how to resolve problems in life.
- Frequent and consistent parent-child interaction teaches the child why they cannot live with their family (if they cannot) and at the same time allows for optimal connection.

¹ Institute of Applied Research. St. Louis Missouri.. (2004)

² Lutz, Lorrie. Promising Practices in Adoption Competent Mental Health Services. Casey Family Services. 2002.

³ Dubowitz, H. (1990). The physical and mental health and educational status of children placed with relatives. Baltimore MD: Department of pediatrics, School of Medicine, University of Maryland.

Voices of Youth In Care

Jimmicka

Dear Mama,

I don't know where you are and sometimes I'm worried that you are dead. I wonder why you didn't want to come to our good-bye visit, and why you don't call our social worker. I feel scared that maybe something happened to you. I love you, Mama. Why did you do this? Why did you make us go into foster care? I wish you had kept us healthy by not giving us too much junk food. I wish you hadn't let anything hurt us, like the way Anthony hurt Laitsha's arm. When we were in the hospital for the doctors to fix Laitsha's arm, I was feeling scared. When Anthony got arrested I was happy.

Mama, I'm sad that we got taken away from you. I want you to be happy, but I don't think you are happy about me being adopted. I wish you could understand that I am in a good place now with Brigitte and Phil, because they do stuff with us we've never done before, and they discipline us, and they love us. Mama I hope that you are in a safe place, not hurt, and not worried. I hope that you are happy. I hope that you know we love you.

Love, Jimmicka

Lakeisha

Mama,

. . . I'm living with this African lady just until the end of the school year, then I'm going back to this lady named Jane.* She is really nice, but don't worry, she will never be as good as you. And just to let you know, every foster parent I have lived with, I called them by their name and not mama, because I only have one mama, and that is you. I am very proud to be your daughter. . . Maybe one day me, you, Derrick, and Tony can go to Busch Gardens as a family. DSS is always telling me I am never going to see you again, but I don't listen to them. They're just trying to turn me against you, but it ain't goin' work. Cause when I turn 18, I'm coming to live with you. I don't care what anybody says, I'm coming to live with my Mama. See Mama, now I'm 13 years old. I only got five more years until I get to see you. That's not that long, is it?

Madyson

Mom,

. . . . Because of you I hover over my food and eat it as fast as I can because I think it will be my last meal. I never feel full, either. I flinch and shield myself when people make fast movements around me. I hate being alone and cannot have my back to any closed door.

The worst is the horrible flashbacks and traumatic nightmares about my past. But I kind of want to say thank-you because it made me so much stronger. The only thing that stopped me from dying was myself. Without me I wouldn't have survived

You may not think what you put me through was wrong, but I do. You just need to know that I do remember and I'll never forget. But yet after all you put me through for some reason I still love you. I also forgive you.

Sincerely,

Madison

PS: I hope you love me too! Here's a poem about the way I feel.

I Still Love You

Mom, I don't know why
But every time I think of you
I want to cry.
Mom, I can't understand why
I love you so.
Even though your love
Would never show.
I think I did wrong by leaving you.
But Mom, why did you leave me too?
Mom, why do I still believe you're there,
Even though deep inside I know
You don't really care.
Mom, I want you to care
I want you to be there
Guess my dream will never come true
I just want you to know
Mom, I still love you.

Helping Workers Develop Their Critical Thinking Skills

Part of your task is to support the workers in improving their critical decision making skills. Below are Characteristics of a Good Critical Thinker by Nickerson (1987).

- ☞ Uses information skillfully and impartially
- ☞ Organizes thoughts and articulates them concisely and coherently
- ☞ Suspends judgment in the absence of sufficient evidence to support a decision
- ☞ Attempts to anticipate the probable consequences of alternate actions before choosing among them
- ☞ Has a sense of the value and cost of information, knows how to seek information, and does so when it makes sense
- ☞ Applies problem-solving techniques appropriately in domains other than those in which they were learned
- ☞ Listens carefully to other people's ideas
- ☞ Recognizes that most real-world problems have more than one possible solution and that those solutions may differ in numerous respects and may be difficult to compare in terms of a single figure of merit.
- ☞ Looks for unusual approaches to complex problems
- ☞ Can respect differing viewpoints without distortion, exaggeration, or characterization
- ☞ Is aware of the fact that one's understanding is always limited
- ☞ Recognizes the fallibility of one's own opinions, the probability of bias in those opinions, and the danger of differentially weighting evidence according to personal preferences
- ☞ Can strip a verbal argument of irrelevancies and phrase it in terms of its essentials
- ☞ Understands the differences among conclusions, assumptions and hypotheses
- ☞ Habitually questions one's own view and attempts to understand both the assumptions that are critical to those views and implications of the views

Use of This Document: Note to the Supervisors

The intent of this document is to support you in your process of developing and supporting your staff to be family centered in their work. This document should serve as a support to helping workers integrate family centered practice in all aspects of assessment, service planning and service delivery. We suggest that you use this document during the teachable moments of case staffing and case review.

"It is the responsibility of the supervisor as a case consultant to the worker, to prevent the premature commitment to a position, point of view, judgement and prevent staff from becoming unwilling to consider alternative interpretations based on further information."
Gambrill, 1990

Keep this tool nearby and when interacting with a social worker, ask them questions that are posed in the document, reflect on some of the practice issues identified, create experiences and opportunities for the worker and the entire unit to think about the art of social work practice—and why they entered the field in the first place. Critical components to strong supervision include the following—and they are under your control!

- ☞ Control; non-random supervision
- ☞ Use a standardized process and criteria during consultative supervision
- ☞ Focus attention on the decision-making process of the worker—what guided their thinking?
- ☞ Seek to reduce the influence of irrelevant information
- ☞ Know what you don't know
- ☞ Balance contradictory information and seek rationale
- ☞ Consider alternative explanations

Your specific tasks as supervisors include:

- ☞ To encourage and facilitate effective information collection;
- ☞ To help workers analyze case information and correctly identify threats to child safety;
- ☞ To assist in identifying difficulties in establishing sufficient safety/service plans;
- ☞ To increase worker competence; and
- ☞ To locate and address a worker's professional and personal characteristics associated with competence that limit effective child protective work.

This document may also help you as a supervisor remember how important it is to ensure that the way that you interact with the social worker is a role model for how the worker will interact with the family. Pay attention to body language, verbiage, ways that you ask for information, ways that you redirect. The words that we use reflect our thoughts and feelings about families.

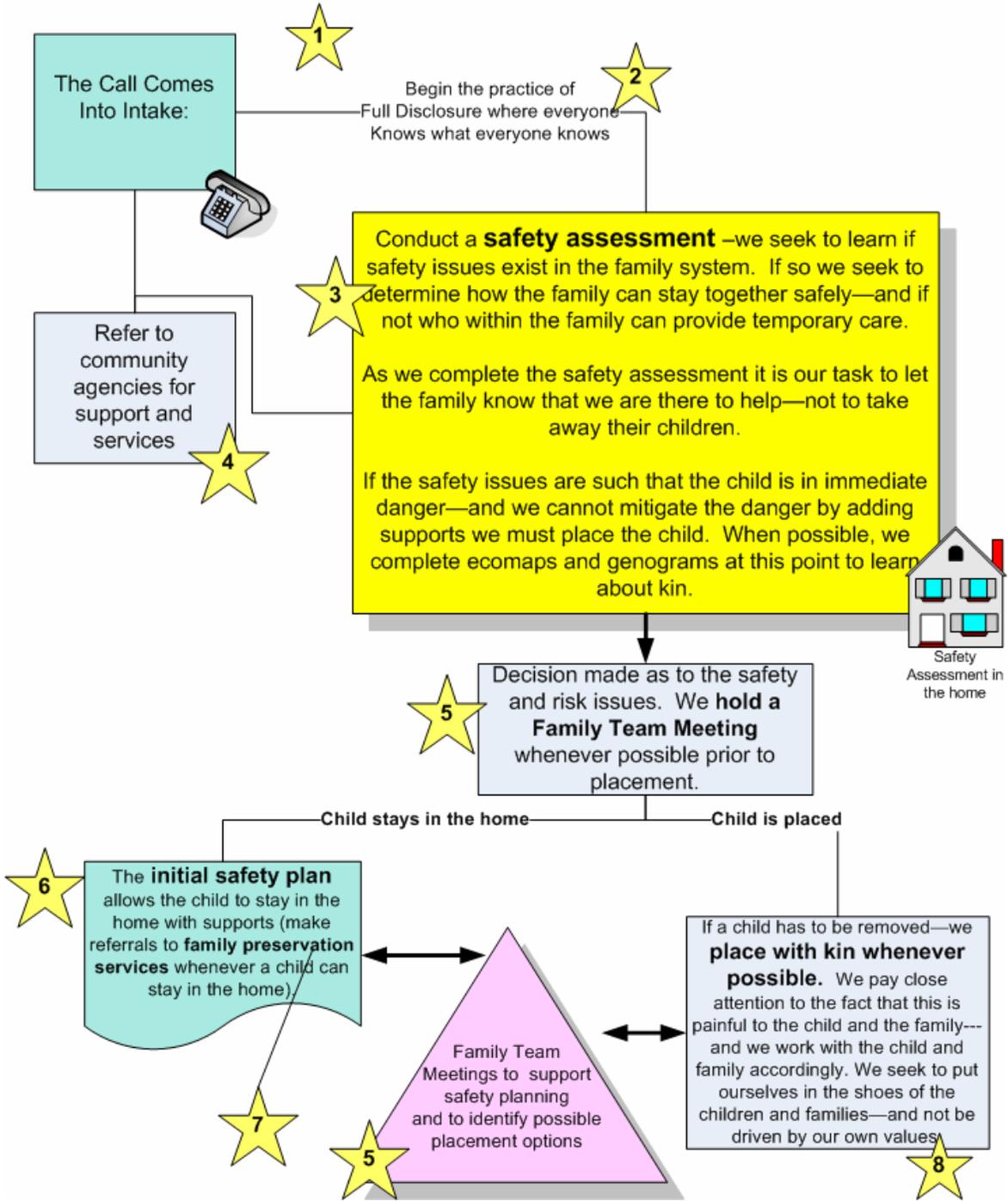
The document is comprised of both narrative and a visual aide. The visual aide is a flow chart depicting best practice from the point of the referral call, to case closure.

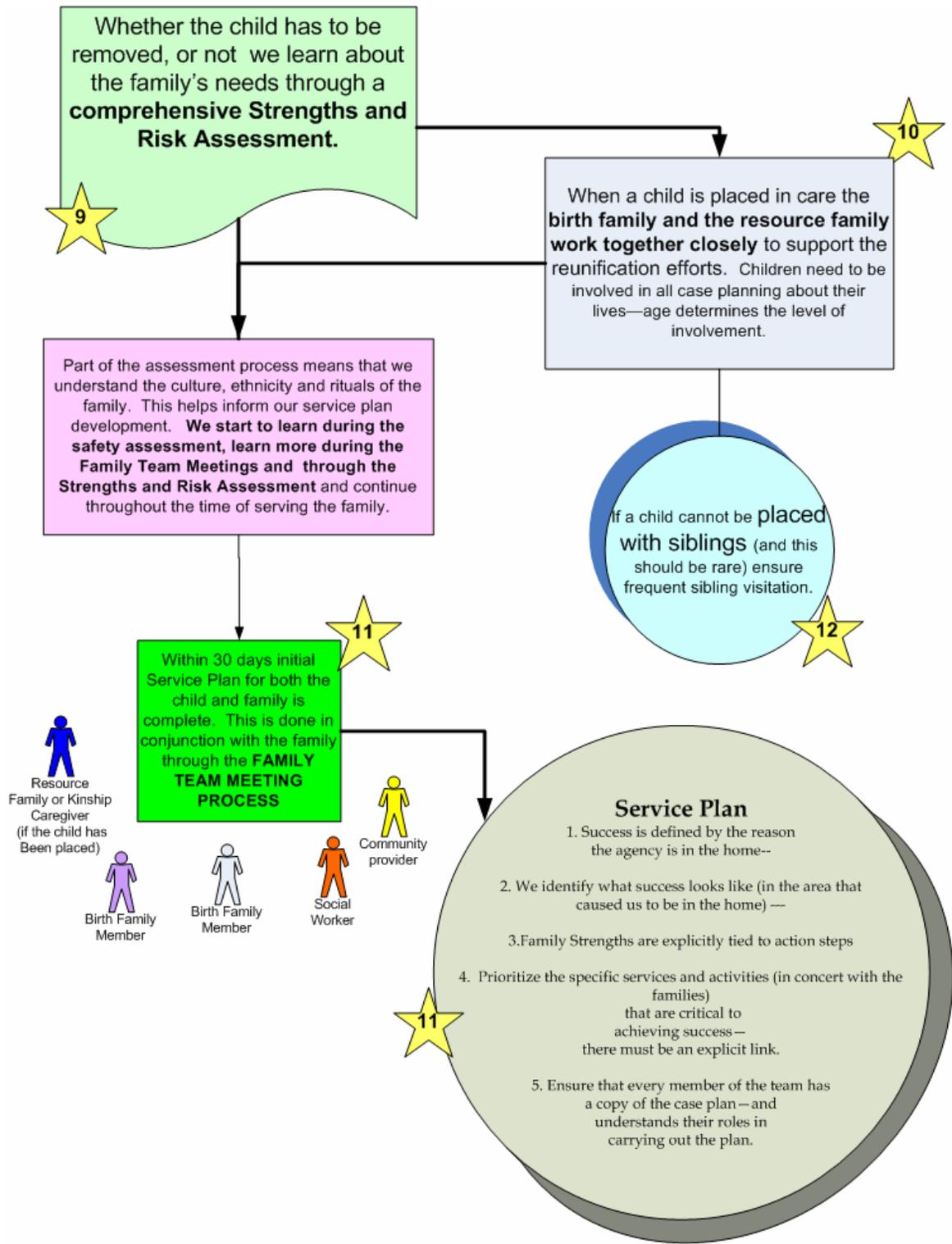
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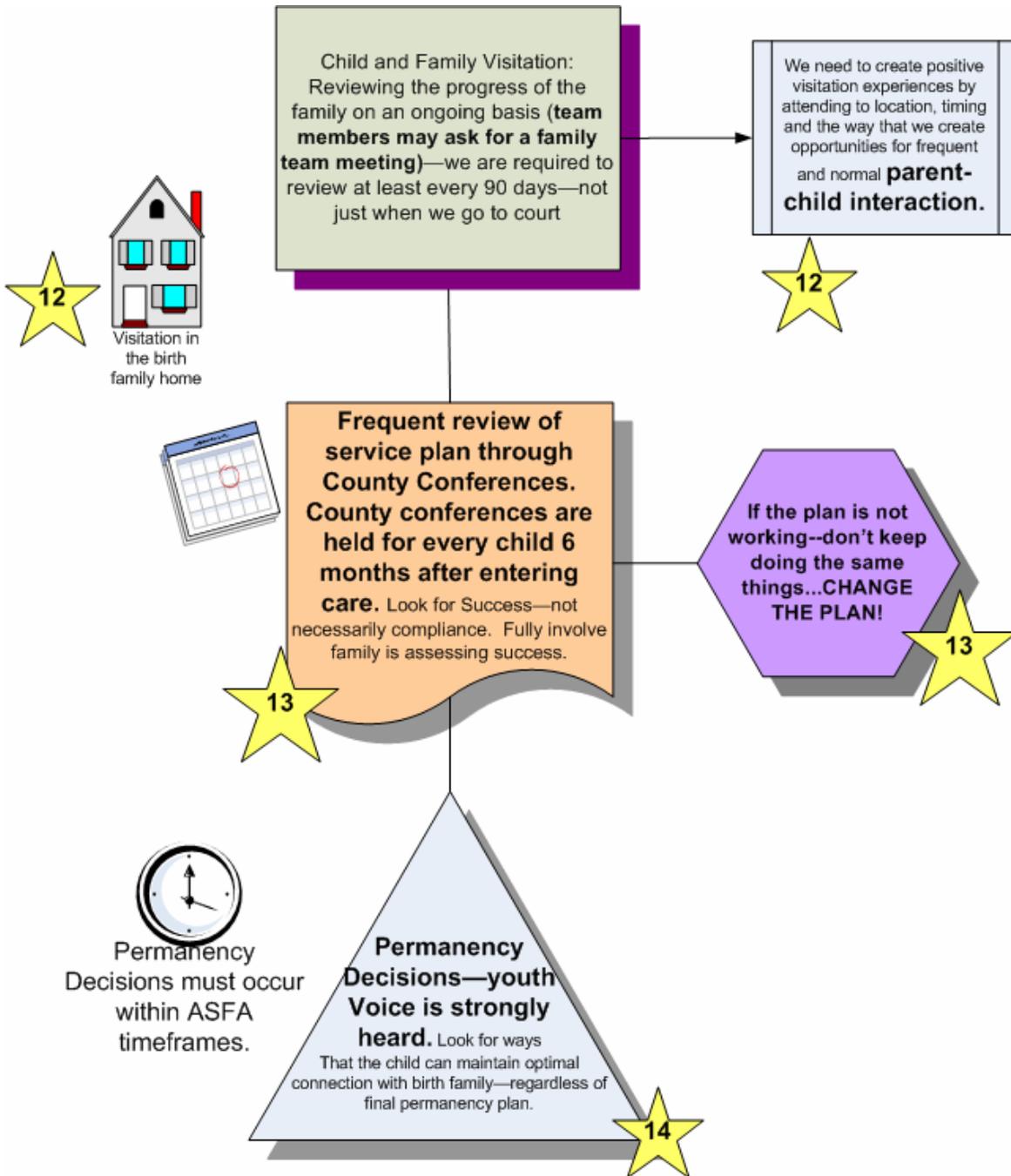
- ☞ A Best Practice Flow from case opening to case closure
- ☞ A narrative that describes best practice along the flow, how this practice looks in the day to day life of a social worker.
- ☞ Each narrative statement has a star with a number—reflecting where on the flow chart this practice can be found. This should further assist the social worker’s in understanding how, at each point in serving the child and family, these practices are demonstrated.
- ☞ Supervisory suggestions and reminders that address how to help your staff implement this practice area.

We thank you for your commitment to children and families and to the growth and development of your staff.

BEST PRACTICE FLOW







Narrative and Supervisory Practices

Practice Statement #1

We Engage Families Throughout the Intake, Safety Assessment, Planning and Service Delivery Process:

Intake and Safety Assessment Process

- During the intake call we find out from the caller what the family’s strengths and resources are. We also ask the caller about kin—people who care about the family.



- During the safety assessment we are honest with families—we practice full disclosure—we let the family know why they are involved, what needs to happen, and

consequences if they do not achieve goals.



- Everybody knows what everybody knows...we don’t hide behind the myth

of confidentiality.



- During the safety assessment we meet families where they are at. Workers need to ask

families:



- “Why do you think that I am here?”
- “Do you think that you have any issues that jeopardize the safety of your children?”

- During the safety assessment we learn about how the family interacts, who matters to them, what are their supports, what is it that they see they need help with, how they solve simple problems. We do this in the process of learning if there are any immediate safety issues for the child. We are assessing both for safety and looking for

ways to mitigate safety concerns.



- Some of the ways that we learn about family supports is to ask open ended questions like the following:

- “Who do you go to in times of need?”
- “Are there places in the community you go to for help?”
- If we have identified safety concerns we complete ecomaps (minimally) and genograms that depict family connections—and use the information compiled in setting up the Family Team Meeting and in case planning.

- During the safety process we seek to understand the family’s decisions about parenting.

- Throughout the safety assessment it is our task to ensure that families **know that we are there to help**—not to take away their children.
- If we do identify safety concerns, we craft an immediate safety plan for the family.



- Family Team Meetings are very helpful vehicles for crafting a safety plan and for

learning about kin who can support the family.



(Refer to *Worker's Guide to Facilitating a Family Team Meeting*)

Family Centered Strengths and Risk Assessment Process

- During the Family Centered Strengths and Risk Assessment is the art of using our

skills, compassion and empathy to have the family tell their story.



- We ask open ended, **strength-focused questions** that help us to understand how the family functions, where they have strengths, resources and capacities, where they have succeeded in the past—and how we can tap into those strengths so that they can again experience success.
- It is important to note that change NEVER occurs from a position of deficit—if change is to occur—it comes from a place of hope and confidence. Engage the family and provide the family with hope that things can get better.
- Within the *Mississippi Worker's Guide to Conducting A Family Centered Strengths and Risk Assessment* there questions that may be helpful in learning about the

following key assessment areas: These questions are designed to engage the family. We seek to be fully transparent—so that the family understands why we are asking the questions—and how their responses will assist in developing the service plan.



- The Family Perspective of the Issues (Family Story)
- Basic Needs: Food, Housing, Clothing
- Day to Day Parenting
- Family Fears
- Family Connections—Support System
- Child Mental Health

- Parent Mental Health
- Parent/Child Substance Abuse
- Domestic Violence
- Employment/Vocational Status
- Medical/Dental Needs

Service Planning and Service Plan Review (County Conferences)

- Engaging the family in the service planning process means that we NEVER develop



the plan and then bring it to the family.

- We look for explicit ways to engage the family in the process of planning for their own lives. The Family Team meeting is a vehicle for Service Planning—family’s know what is best for them—what will work.
- Family Centered Practice means that we look to the family to find solutions for their problems.
- We ensure that the family knows we are interested in their success—NOT simply in their compliance.

County Conferences

The County Conference is a method for engaging families and children in case planning for more **timely permanency on custody cases**. The County Conference does not replace nor substitute for the family team meetings held by the caseworker, but should serve to



strengthen and support this practice with the family.

The service plan review process is another point of family engagement. Does the family believe that the services outlined in the plan are helping to achieve the goals set forth? If



not, what else might be helpful?

Skills necessary to develop collaborative/engaging relationships with families include:

- Following the parent’s lead
 - The worker purposely nurtures a collaborative relationship with the family, while avoiding being controlling. Alliance building by letting the parent tell his/her own story may take more time than interviews directed by the worker, but it is a worthwhile investment.

- Empathic listening
 - The worker pays attention to the parent’s worries about the child and voices an appreciation of what the parent is coping with.
- Recognizing the parent’s and child’s strengths
 - The worker talks about what the parent has done well, empowering the parent.
- Finding common ground
 - Differences between the worker and family make building collaboration hard work, but usually they can agree on at least some of the child’s needs.
- Not taking the family’s behavior personally
 - Recognizing that the family has reasons not to trust, the worker avoids reacting to behavior that seems uncooperative but is driven by past victimization.
- Immediate response
 - The worker builds trust by finding something the parent wants assistance with that he/she can provide or arrange.

Supervising to Family Engagement:

Supervisors Did You?

- Talk to social workers about power imbalance—if social workers are to really engage families, they must first admit that there is a power imbalance—admitting that families have legitimate reasons to feel scared and lacking in trust of the system.
- Challenge workers who approach families with a “we know best” or an “I am in charge” approach. If supervisors do perceive these kinds of approaches are being used they must confront and redirect staff.
- Help workers see that we do not develop collaborative relationships with families by taking on a law enforcement role—we are social workers and supervisors have to assist staff in identifying with the social work profession—not the law enforcement profession. Use the scaling question “On a scale of 1-10—with 1 being law enforcement and 10 being social—where would you plot your professional identity?”
- Help workers make the transition from “cop to social worker”. During that initial contact we need to be about learning about the family needs—not “proving” if something happened.
- Help workers focus on the entire family as an entity that needs support to stay together safely.

- ☑ Attend to how the social worker’s values, biases and experiences may be influencing family engagement. “How do your past experiences impact how you are engaging the family?”
- ☑ Listen as the worker talks about the family—what is your sense of how they feel about the family—do they respect them or do they judge them pretty harshly—or somewhere in between?
- ☑ Carefully plan for the Family Team Meetings and County Conferences—ensuring maximum voice of the family.

Practice Statement #2

We Believe that the Family Has Solutions to Their Own Problems—We Search for Ways to find Their Solutions During the Assessment, throughout Service Planning and the Service Plan Review Processes

- Families and workers need to define success in the same way—otherwise how can the family know and understand where they are going? This co-definition should occur during the Family Team Meeting. (*Refer to Worker’s Guide to Facilitating a Family*



Team Meeting)

- Families most often have the information needed to make decisions affecting them. We need to ask the families what they think...and they should, in most cases, be the core decision-makers.
- While families may be struggling—if we believe that they have in the past been successful, made good parenting decisions, then we have to believe that they can do this again.
- We need to find ways to help parents rear their children –we look for ways for families to stay together safely.
 - We give families back the power to make decisions about their lives.
- The plan that we develop is an ongoing –living document—we craft it and revisit it frequently. So each time we visit with the family—we see if the plan is still a good plan for success.



- The plan is directly related to the reason that we are in the home.
 - We use the strengths as a foundation for actual service planning.
 - We identify what success looks like (in the area that caused us to be in the home) ---and then we prioritize the specific services and activities that are **critical to mitigating the need.**
 - The family tells us what they need most.

- The team—every member— has a copy of the case plan---and each has their role in assessing the efficacy of the plan. Anyone can call a team meeting to change the plan.
- Children need to be involved in all case planning about their lives—age determines the



level of involvement.

- When workers visit birth families, children and resource families the meetings have a purpose—assessing if the plan is accomplishing what it was intended—assessment of



progress explicitly linked to the reason that the children are in care.

- These are the kinds of occurrences that result in a case plan review or a Family Team



Meeting:

- *Any move of the child*
- *Resource family asks for a meeting—as they are struggling with the child and do not want the placement to disrupt*
- *The family is not making progress toward the definition of “success”*
- *The family is making progress and the services are no longer needed*
- *The family asks for a meeting*
- *The child asks for a meeting to talk about their lives*

Supervising to Inclusion and Ensuring We Hear the Family Voice

Did you?

- Review the file to ensure that the family has told their story, in their words.
- Find out if the worker believes that the family has ever been successful. Learn if the worker has any hope for this family. (There is a direct correlation in the research between the hope that the worker feels and the frequency of visitation and intensity of services).
- Does the language of the worker (written and verbal) reflect an understanding of the family—***not judgmental, reframes the family struggles, reflects the family's ideas about what might work, written in the family's voice—it is a less directive, clearly depicts a collaboration between the worker and the family.***
- Help the worker translate the worker's strengths into protective capacities?
- Ensure that the worker identified supports within the family network—and found ways to build on these family supports as a way to keep the children safe?
- How do you ensure that the worker and the family have a common definition of what success looks like so that service plans have optimal chance for success?

- ☑ Ensure that the children/youth are active participants in planning for their own lives?
- ☑ Ensure that the services being provided to meet the needs of the children, parents, and caregivers are culturally sensitive, responsive to family's needs and accessible—are they services that the family finds easy to access?
- ☑ Ensure that the worker has asked the family if they are satisfied with the services being provided?
- ☑ Ensure that the educational, physical and mental health needs of the child(ren) been assessed? Has the family's voice been active in this conversation?

Practice Statement #3

We Ensure Our Practice is Culturally Sensitive and Culturally Responsive

- It is our job to ensure that the service team practices in a way that honors the family's culture, race and ethnicity. We begin this process during the safety assessment



and continue it throughout the Strengths and Risk Assessment



- If a child is in out of home placement, it is our responsibility to communicate



information about the child's culture to the caregiver.

- Part of the task of learning about the culture/religion/ethnic background of a family is to understand the family's views on: discipline; cleanliness; housing standards—and to assess how these beliefs/practices impact child safety.
 - We need to acknowledge that there are differences in beliefs due to where children are raised and the economic status of the families—and incorporate this understanding into our assessment of child safety.
 - We make certain that the child maintains cultural connections and practices (religious, tribal, etc.)
 - Resource families and social workers must be encouraged to learn about and then
- 
- celebrate the child and family's culture and ethnic rituals.
 - Child welfare services involves entering into the culture of another person and making decisions that impact generations to come.

Supervising to Culturally Sensitive and Responsive Practice

Did you?

- ☑ Ensure that the worker discussed family rituals such as how the family celebrates holidays and they ensure that workers explore these rituals with families.
- ☑ Ensure that workers communicate information learned about family rituals to resource families. Supervisors encourage meetings between resource families and birth families where this information is shared.
- ☑ Supervisors explore with their staff the awareness of cultural differences—and how these differences impact parenting, housing standards, etc. “Where is it in your process of learning about the family that you learn about the family’s culture?”
- ☑ Supervisors ensure that the family’s culture is reflected in the case plan and services provided.
- ☑ One of the questions posed when worker’s exhibit frustration or anger at the family’s decision making or lack of attention to the children, is “How does our anger or frustration at the birth parents best serve the child?”
- ☑ Ask the workers “How did you enter into the culture of the family they are serving?”

Practice Statement #4

We Seek to Maintain As Well As Create Permanent Life-Long Connections For Children

- Placement is our very last resort.
- We believe that when we remove a child—pain and damage always occurs. It is not a “quick fix”...and there are a whole new set of issues to address. If we must remove a child, we do it planfully and attend to the child’s pain. 
- During the safety assessment and throughout the life of the case –we learn about kin—so that if a child has to be placed—they are placed with people the child knows. We ask specific questions about who matters to the child/family, who the child is close to and we conduct a genograms/ecomap to learn about kin. 
 - Throughout the process of serving the child/family we need to continually ask birth families about maternal and paternal kin (and connections)

- We need to ask the *children* about maternal and paternal kin (as well as others who are not “relatives” but they are “kin”—on an ongoing basis.



Placement with Kin

- It is families who define “kin.”
- Family relationships are enduring and offer permanent resources to their own



members.

- A range of individuals may be considered “kin,” depending on the family’s perceptions as to who falls within the concept of “family” and who can be depended upon to provide for the care, nurturing, teaching, and protection of children.
- Kinship care requires a realignment of relationships within an existing family (broadly defined) network. This realignment can be very difficult for birth parents, children, youth and their kin.
- It requires that we attend to the process of realignment and appreciate that from time to time birth parents, children, youth and their kin may become confused, scared, angry and resentful while at the same time being grateful, supportive, encouraging and loving.
- We need to find ways to help the family navigate these roles and the emotions associated—that have now changed in the kinship caregiving arrangement.

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Placement With A Resource Family

- When children are placed—the birth families and resource families are partners in shared parenting and resource families serve as a support and role model to the birth family.
 - A meeting between the birth family and the resource family should occur



within 30 days at the Family Team Meeting.

- Intent of the meeting is to:
 - *Establish a relationship*
 - *Begin to craft the ISP*
 - *Have the birth family share their knowledge about the child’s needs, likes, dislikes, sleeping schedules, napping, favorite food—*
 - *To discuss ongoing interaction—the role of each in making sure the child stays connected to his kin*

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- We practice Full Disclosure—everyone knows what everyone knows. We ensure that the resource family is provided with complete information about the child and the birth family. 
- Resource families are expected to assist the worker in ensuring that the child maintains connections to those that matter to him/her (resource family will receive a copy of the ecomap and genogram) 
- Family-centered practice will reflect a sense of urgency to achieve timely permanency for children in foster care, reflecting their need for the security and stability of being with a family.

Visitation As a Means to Secure Reunification and Maintain Connections

- If a child is placed outside the home, ***frequent and consistent*** parent-child and child-sibling interaction occurs.  Workers need to engage other members **10** of the team in ensuring that these visitations occur. There is a direct correlation between the frequency of visitation and successful reunification.
- The role of the worker in visitation is not simply to monitor parent-child interaction but to be a source of encouragement and to teach.
- Visitation is a child’s right—not something that they ever have to earn. We do not punish the child for the parent’s behavior by denying visitation.
- Visitation should occur in settings that are most conducive to bonding and family members enjoying one another. This means that the visits do not happen in the office unless absolutely necessary! 
- When planning for visitation we seek to find out:
 - The best time for the birth family
 - The best location
 - If the parent has planned activities—if we not we support them in this process
 - We suggest that the family eats together—a common and natural type of family interaction.

Maintaining Connections Even if The Child Cannot Return Home

- If a child cannot live with their birth family on a full time basis—we explore the concept of “optimal connection”—determining what IS the level of involvement a child

can have with their birth family.



-
- This discussion should include:
 - Letters
 - Photos
 - Annual (or more frequent visits)
 - Holidays
 - Birthdays
 - Relationships with grandparents, aunts, cousins

Supervising to Maintaining and Creating Life Long Connections While Striving to Achieve Permanency in the ASFA Timeframes

Did you?

- Asked the family to define who they think about as “family”?
- Did the social worker seek to identify kin during the safety assessment process?
- Did the social worker seek to learn about supports on which the family relies, during the safety assessment process?
- Did the social worker complete an ecomap/genogram or some other tool to identify kin? If so, did it help identify family resources and supports? How is the worker using this information?
Has the social worker sought to use these natural supports as part of the family’s case plan?
- Help the social worker to work through any value issues that they may have about “Dad” especially if Dad is incarcerated. How do worker’s personal opinions impact visitation in prison?
- Ask the worker how the permanency plan ensures optimal connection to the child’s birth family?
- Discuss with the worker how visitation is being used to support maintaining connection and part of the reunification process.

- ☑ Ask the worker the direct link between the service being provided and the permanency goal?
- ☑ Help workers address any value issues that may be reflected in sayings like “The apple does not fall far from the tree!” These words reflect a disrespect of families that need to be challenged during supervision.
- ☑ Ask the child who matters to them so that when the child comes into care they do not lose important relationships?
- ☑ If siblings had to be removed from care---did the worker seek to place the children together?
 If not, is there a specific plan for maintaining consistent and meaningful contact?
- ☑ If a child has been in a foster home for a long time—and moves to another permanent home—how are we helping the child maintain connection with the resource family? We cannot be the perpetrator of another loss for the child!!
- ☑ Has the social worker sought to use these natural supports as part of the family’s case plan?
- ☑ If a child has been in a foster home for a long time—and moves to another permanent home—how are we helping the child maintain connection with the resource family? We cannot be the perpetrator of another loss for the child!!

Practice Statement #5

We Engage the Community in Taking Responsibility For the Well Being of Their Children

- At the point of the intake call –we ask the caller what they are willing to do to support and help the family as a means to engage the community in child protection. 
- We serve as a catalyst for community organization encouraging and helping them to build meaningful supports for children and their families specific to their culture and language.
- We cannot be all things to all people—we must share the workload with the broader community to include providers, faith based organizations, community service entities, etc.

This occurs through the Family Team Meetings and the County Conferences.



- We strive to create a common philosophy about the work that we do. This means that we are all educators about the importance of 1) helping families be the protectors of their own children, 2) community agencies being responsive and non-judgmental of families in need, 3) community resources being accessible, and 4) families being part of the community decision making process.
- We support the community as they advance their role in primary prevention.
- We enter neighborhoods as collaborators in building a capacity to meet family's needs.

Supervising to Meeting Family Basic Needs Through Community Partnership

Did you?

- Ensure that the assessment has not focused solely on “diagnosis and treatment” but actually looked at what family’s need in order to make their lives work on a day to day basis?
- NOTE:** The Strengths and Risk Assessment provides ways for workers to ask questions that will better engage the family in identifying their basic needs.
- Check to see if the worker feels totally responsible for doing all of the work? Have they found ways to share the work with kin and informal community supports?
- Challenge the workers to interact with the resource families respectfully and with honor as members of the professional team. The more we engage the resource family the greater help that the worker receives.
- Have worker’s found ways to improve networks and community connections—and improve the family’s connection to specific community needs?

Case Examples

**To Be Used By Supervisors to
Illustrate
Family Centered Practice Lessons**

LISA

Following is an example of a case plan that was developed using a strengths/needs-based approach, which illustrates how focusing on a family's strengths shapes the identification of needs and design of services.

Lisa, the child of two teenage parents. When Lisa was three, she suffered a head injury from a car accident that left her with significant cognitive impairment, but she did well in a special education program.

Lisa was placed at age six after her mother had a difficult time following the birth of Lisa's brother, Alex. Alex remained with his mother for two years but subsequently went to live with their paternal great-aunt due to issues of neglect. While efforts were made to reunify Lisa and Alex with their Mother, Mom could not stop using drugs and safely care for Lisa and her brother.

Following the birth of another baby (Timothy) Lisa's mother went to prison on multiple drug offences and Timothy was placed in an adoptive home.

During these four years Lisa's father was also in prison. He did well in vocational services; after his release he married and Alex made a gradual transition to his home.

Lisa felt abandoned on many fronts. At age twelve, it became clear to Lisa that she was probably not going to see her mother for years (although she enjoyed letters from her in prison) and pleaded to be allowed to live with her father and stepmother. They were reluctant, partly because she was showing pretty strong sexually acting out behavior. In the end her father agreed to having Lisa come and live with them. It was not easy as Lisa's sexuality was very confused and she was both jealous of and loved her brother Alex.

There were many strengths in her father, stepmother, aunt, grandparents and great-aunt, who rallied around the family and were committed to preventing Lisa's risky behavior and sibling rivalry from threatening permanence with her father and stepmother.

The following service plan was developed during a collaborative meeting including the extended family and service providers. The tightly knit extended family's commitment to Lisa was a crucial strength behind the success of the service plan. They started out the process by coming together in a family team meeting and developing the following *plan*:

MEETING PARTICIPANTS

- Lisa
- Father

- Stepmother
- Grandparents, Aunt & Great-Aunt
- In-home program worker
- SCF worker
- Teacher

FAMILY STRENGTHS

- The family wants help
- The extended family is involved with the family
- The aunt has an especially good relationship with Lisa
- Parenting is new to their father but he wants to raise both children
- Lisa has a great sense of humor
- Their father recognizes that the children need to understand their mother and have a safe relationship with her.

FAMILY'S NEEDS	FAMILY SUPPORTS & SERVICES
<p>For Lisa to have stability in her life—both at home and in school.</p> <p>To feel she is loved equally with her brother and has a secure place in the family</p> <p>Lisa needs to learn how to protect herself from being a victim and safe ways to get peer attention</p> <p>Lisa needs to understand what she perceives is abandonment by her mother and her father needs to help describe her mother in non-negative ways</p> <p>Lisa and Alex need to have a relationship with her mother that is safe and they need to have a better sense of their childhood with their mother.</p>	<p>Family to meet monthly with Lisa's teachers and counselors</p> <p>In-home parent support to encourage equal treatment between the two children and reassurance to Lisa that her family is not going to abandon her</p> <p>In-home parent support to encourage non-blaming explanations of her mother's choices</p> <p>Lisa and her brother will do a scrapbook of pictures from childhood</p> <p>The family will have at least one outing a week chosen alternately by Lisa and Alex</p> <p>Individual coaching to help Lisa develop social skills; share with family and teacher</p> <p>Individual coaching to teach Lisa to anticipate risk and not put herself in danger; to share with family and teacher when she is involved in behaviors that may cause risk</p> <p>Individual coaching to encourage competence to get positive attention; share with family and teacher</p> <p>Individual coaching to explain her mother's</p>

	<p>actions and encourage mourning</p> <ul style="list-style-type: none">. Telephone meeting with mother in prison; mother won't make sexual references in letters and calls. Individual coaching to teach her to ask for help; share with family and teacher
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Jennifer

Jennifer is 15 months old and has been in the home for 7 months. Jennifer calls the resource parents “Daddy” and “Mommy”. It has been at this home that the child has learned to walk, talk and safely explore the world.

Jennifer’s resource parents are totally in love with Jennifer and want to adopt her very much. This is the second legal risk adoption placement for this resource family. The first time the resource family had a legal risk placement, the child went back to his parents. This was very hard for the family. The worker has indicated to the Resource Family that “this time should be different”.

Mom loves Jennifer and wants to care for her and love her. She visits weekly and loves the time that she spends with her daughter. Mom has a developmental disability and her children were removed because she allowed many men in the household, several who were violent, used drugs and left Jennifer alone when Mom was at the store. The neighbors called DFCS when they heard Jennifer crying.

Mom has tried to be involved in Jennifer’s life and with the resource family. She calls resource family many times a day...talks to her about her troubles, with boyfriend, with apartment, etc. She asks about Jennifer and wants to talk to her on the phone “just so that she can hear my voice”.

The Resource Family Mom does not always handle these calls well...sometimes she tells the birth Mom about a relative or friend who is going to adopt the child...this upsets birth Mom greatly. Sometimes resource family Mom can be condescending and hurtful.

The workers tries to mediate the tension by telling the Birth Mom not to call the resource Mom more than 1x daily.

Two months ago the worker filed a TPR petition which Mom contested. Court date in 4 months. Worker does not believe that Mom has the capacity to parent Jennifer safely.

The Resource Mom wants to be involved in all aspects of case...she thinks that the court case is way too slow...starting to complain to worker. This is creating tension in the Resource Parents--Worker relationship. The worker is beginning to think that the Resource Mom is way too pushy and demanding.

During the initial placement the Resource Mom initially played the role of mentor to the birth Mom...and then started to use the information she learned against her...told the worker everything negative and rarely shared positive things. Worker understands that this is because the Resource Mom is afraid child will be reunified with mom although she has been told this is extremely unlikely.

Cedric –Immediate Safety Planning

The following is an example of a case where the children had serious, immediate needs, and a description of how the caseworker reached agreement with the family on identifying and addressing those needs.

Fran is the eighteen-year-old mother of Cedric (age nineteen months) and Stella (age four months). Both children were recently placed in foster care after Stella was hospitalized with a skull fracture. Fran had left the children with her boyfriend, who could not explain the infant's comatose state when she returned. The couple broke up before the infant's birth after months of domestic violence, and she had been hoping they would get back together. She admits that the boyfriend has "no patience for crying babies," although she cannot believe that he hit or threw the infant.

Fran herself was raised in foster care as a result of her family's substance abuse, but she now has a relationship with her birth mother. Fran loves her children and has no regrets about having dropped out of school when she got pregnant. However, Fran indicates that she has trouble with depression, which leads her to depend on men for attention and support in parenting. Watching her son, who is a climber, is a big chore when she does not feel like getting out of bed herself. She benefited from an anti-depressant between her pregnancies, and thinks she should resume medication, especially since she is planning not to see her boyfriend again. She does not like the people at the mental health center; she has been avoiding going there because she thinks they will criticize her again for her isolated lifestyle and relationships with substance-abusing, battering men.

The worker in this case began the process of reaching agreement on the needs of the family at the hospital when he was investigating Stella's skull fracture. Fran agreed that the children needed to be protected from violence. A meeting was convened with Fran, her mother, the foster mother where Stella was living, a home health nurse, and a therapist from the mental health center who had not yet met Fran.

During the team meeting Fran actively participated in identifying her children's needs. In the process of identifying needs, Fran and her mother had a lively exchange; it seemed important for Fran to get approval from her mother. Fran's mother appeared to be a loving and caring grandma and mother. The foster mother also contributed ideas, especially about Cedric's developmental delay, which Ms. R and her mother recognized when it was pointed out. The mother, grandmother and professionals were able to reach common ground.

Stella's Needs (age four months)

- To be safe from injury or rough handling

- To recover from her head injury
- To be cuddled and not get overlooked
- To be talked to so her development is not delayed
- To be healthy, with regular food intake and less congestion

Cedric's Needs (age nineteen months)

- To be protected from climbing or getting out the door
- To be with his mother
- To learn to accept limits
- To learn to show his anger without hurting himself or others
- To improve his speech
- To interact with children his own age
- To be with his sister
- To know that his father loves him
- To be safe from injury

Fran said that she wanted help in establishing a daily schedule to meet the needs of the children; the foster mother agreed to assist her by bringing the children over for longer visits. During this time they would work on establishing routines and appropriate play and stimulation of the children. The foster mother asked for a baby-sitter for Stella so she and Mom could spend one-on-one time with Cedric to work on anger and setting limits. Fran also asked for a twin stroller so she could get out every day.

Supervised visits with Cedric and his father were agreed on—but all agreed that Fran should not have contact with him. Fran also wanted to enroll in literacy classes so she could read to her children, and the foster mother agreed to help her find a program.

Finally, the therapist suggested that Fran participate in the domestic violence group that had been set up by the mental health center. If Fran liked the leader, individual counseling with her was to be arranged. In the meantime, an appointment was set up with a psychiatrist for Fran to resume anti-depressants.

Case Examples of Minimum Standards of Safety

Sherise

Sherise is a sixteen-year-old mother who recently gave birth to Tanya. Sherise was raised by her mother (who loved Sherise –and who was an alcoholic and in and out of detox) and grandmother, both of whom died within the past two years.

Sherise and Tanya are at risk because of Tanya's chronic runaway behavior. Sherise has run away multiple times from relatives' homes, residential programs, and shelters. Her need for love and a steady home life, conflicts with her determination to "control her life". Her many caregivers have been unable to tolerate her struggle for independence and they simply do not trust her. Sherise currently comes and goes from her aunt's home; she does not attend school and is on the street late at night, but her aunt is tolerant and nurturing and is the primary caregiver of Tanya.

Tanya's Needs for Safety and Caring

- An attachment to at least one loving and caring adult
- To be cared for lovingly and protected from rough handling or abuse
- To achieve developmental milestones
- To be able to rely on a daily routine
- To be physically healthy

The caseworker found that while Sherise was not able at 16, to be the primary caregiver and consistently ensure for Tanya safety and well being -- Sherise's aunt combined with child care were able to meet Tanya's day to day needs. It was necessary to create a safety plan that built on Sherise's maturity and concern for the baby, but recognized the likelihood that she would only gradually settle down—as with most teens. In order to achieve a minimally adequate home, financial support had to be arranged, the aunt had to commit to accept Sherise when she returned from her "runs", and Sherise had to agree that she would not take the baby when she left home. Continuing efforts to help Sherise get her needs met in positive ways (including frequent individual attention from a mentor) were also necessary so that she could meet Tanya's needs.

Steven

Steven is a seven-year-old with severe cerebral palsy and a seizure disorder who entered care at age five as a result of medical neglect. There were problems in the home due to Dad's drinking and Mom's depression. Steven needs help to walk, still gets up at night, and requires constant attention; getting him ready for school in the morning is a chore. He has been in a foster home for two years and is attached to his foster mother.

Steven's mother and father want him to return home. They have another two year old child who is well care for. The father is employed and says he has given up drinking.

Steven's Needs for Safety and Caring

- To be helped to walk, dress, eat and bathe, and be encouraged to increase his self-care skills
- To feel loved
- To be protected from getting hurt due to his medical needs
- To receive medical care that will reduce seizures and enhance motor skills
- To get the most out of school possible.
- To be able to explore his love for and pleasure of music.

The social worker initially applied a high standard of care for Steven, insisting that he be treated as if he had the needs of a much younger child. The worker began to understand that caring for Steven required a knowledgeable caretaker who accepted his handicaps and wanted to help him achieve his potential. While his Resource Mom appeared to be the "best caretaker" –she was not the only one who could meet Steven's needs. The case plan became reunification. The worker wisely hired the Resource Mom to work with Steven and his parents during a gradual transition home, and to continue assisting them on a daily basis after his return. Her responsibilities included helping the parents become involved with Steven's school, and providing respite one or more weekends a month.

Jermaine

Sally is a twenty-year-old woman who has had a history of relapsing crack usage. After her first child was removed in another state, she decided that she wanted to change her life and completed a chemical dependency program. She became employed, entered a new and healthy relationship and had a second child, Jermaine, who is now three years old.

Sally often leaves her son with a neighbor, Ms. Anderson. Ms. Anderson's two children are in school and she is planning to return to part-time employment in a nursing home. Ms. Anderson reports that Jermaine seems bright but has delayed speech, aggressive temper outbursts, is extremely active and has difficulty concentrating. Although she is supportive of Sally and when Jermaine and Sally are together it is clear they love one another, Sally is not always consistent in her parenting—vacillating from lenient to very strict—almost punitive. Ms. Anderson believes that Jermaine's behavior problems are the result of lack of structure. Sometimes Sally voices frustration in her inability to calm Jermaine down or get him what he seems to want.

During a lengthy absence by his mother due to a new boyfriend, Ms. Anderson took Jermaine to her pediatrician for an ear infection and learned that he has significant hearing loss; the pediatrician recommends ear tube surgery.

Jermaine's Needs for Safety and Caring

- To feel loved
- To have consistent, non-punitive limits
- To develop age-appropriate language skills
- To learn how to ask for what he wants and manage frustration without becoming aggressive
- To improve his concentration
- To have normal (corrected) hearing
- To have supervision that encourages activity without putting himself in danger

The services that caseworkers designed to meet Jermaine's needs included: 1) a trained individual coach to teach Jermaine new behaviors and support consistent limits and cognitive stimulation by his mother **and** Ms. Anderson; 2) a language therapist who could work with Jermaine and develop routines with his mother and Ms. Anderson; 3) a recovering person to reduce Sally's isolation, offer sober friendship, accompany her to NA, and provide in-home instruction in how substance abuse impedes parenting; 4) day treatment for substance abuse for

Sally. It was decided to pay Ms. Anderson to provide in-home support and respite as needed. Instead of being placed in a foster home, Jermaine was able to stay at home as much as his mother was available, and Ms. Anderson received specialized training so she could meet Jermaine's needs while his mother was recovering.

In order to ensure minimally adequate homes for Sherise, Steven and Jermaine *particular child-rearing skills were not a requirement and could be developed in time if safety and caring existed*. Thus, the fact that Sherise did not hold her baby as well as a more mature parent or that Ms. Johnson did not provide consistent limits was not, in and of itself, a reason to remove the child from the home. Nurturing techniques could be strengthened over time, if the caseworkers saw that the child was loved and if they could set up a safety plan with family members/neighbors who could be trained and supported to ensure that the child's needs were being met.

In many cases, when immediate change in the behavior of family members is difficult to achieve, alternate caretakers in the family and/or in-home service providers can be relied on to meet the child's pressing needs for caring and safety. An effective intervention in many homes is to identify potentially loving and protective individuals in the household, ensure that they understand the child's needs for caring and safety, and obtain the agreement of one or more family members to take specified steps to meet the child's needs.

I