

# **NRCFCPP Concurrent Planning Curriculum**

## **Module 2: *Differential Assessment to Prevent Foster Care Drift***



### **Differential Assessment to Prevent Foster Care Drift**

#### **Session at a glance (3 hour Session)**

Review/Preview *15 Minutes*

Comprehensive Family Assessment – Rapid Review *30 Minutes*

Differential Assessment: Reunification Potential *45 Minutes*

Case Practice Exercise *60 Minutes*

*Optional:* Child Attachment Assessments *30 minutes*

*Optional:* Comprehensive Case Review and Re-Assessment *30 minutes*

#### **Session Objectives:**

- To use differential, comprehensive family assessments and case reviews to assess reunification potential and determine which families may need a concurrent permanency plan
- Apply differential assessment processes to a case example
- *Optional:* Assess child’s placement and attachment history in the context of a child’s current strengths, behaviors, adjustments to foster care and overall developmental needs
- *Optional:* Review and discuss the benefits and components of comprehensive case reviews of safety, progress, at regular intervals throughout the life of the case.

**Time** *3 hours*

#### **Overhead, handouts and other materials**

**Materials:** Easel, Flip Chart, Markers, Tape, Overhead Projector, Screen

#### **Handouts and Overheads**

**Handout 2.1** Concurrent Planning Review

**Handout 2.2** Attributes of Comprehensive Family Assessments

**Handout 2.3** State Family Assessment Form

**Handout 2.4** Differential Assessment Form: Reunification Potential

**Handout 2.5** Case Example – *Teresa*

**Handout 2.5** Child Attachment Chart

**Handout 2.6** Comprehensive Case Review

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#### **Review/Preview**

Welcome participants back from their break and review the focus of the previous session:

Concurrent planning is a “fast track to good social work practice” with children and families – not a fast track to adoption, as it is sometimes described/applied. It requires that social workers be as supportive as possible so that there is no sense of undermining reunification even when back up or contingency plans need to be discussed and implemented.

#### **Review what Concurrent Planning involves:**

- Engaging families in culturally competent, early comprehensive assessments, case planning and services needed to achieve timely permanency – reunification or an alternative plan B
- Engaging in a “Differential Prognostic Assessment” process to identify family situations in which a concurrent permanency plan/placement with a resource family is needed
- Using the crisis of placement as a motivator to engage families in case planning and to make behavioral changes
- Identifying relatives and tribal resources that can be placement/permanency resources early on in the case planning process
- Respectfully using full disclosure with birth families and foster/adoptive families throughout the life of the case
- Recruiting, training and supporting permanency planning resource families in addition to other types of foster families
- Increasing birth and foster parent partnerships in case planning
- Engaging in discussions with foster families about the need for a concurrent permanency plan and their interest in serving as a back-up permanency resource for children who may not return to their birth parents
- Collaborating with courts, attorneys and service providers to better serve children and families
- Determining when to pursue the alternative permanency plan such as adoption or guardianship when it is clear the parent(s) can not or will not care for their children

If not done in the last session, ask the group to identify the benefits of this practice approach and make a list on the flip chart.

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If not done in the last session, discuss the importance of secure attachments for children and the need to prevent foster care drift at this point in the curriculum.

Explain that Concurrent Planning targets and focuses the reasonable efforts needed with parents and children to be sure that children have every chance to stay with or return to their parents/families – especially those families where the likelihood of reunification initially looks low – before other decisions are made about where they will grow up.

Comment that information gathered from the comprehensive family assessment process is key to the successful implementation of Concurrent Planning, including information from:

- Initial assessments of safety/risk and reasons for child welfare intervention and placement
- Assessments of Family Functioning: assessments of parents, children, and family systems that examine family history; current strengths, presenting problems, and underlying needs;
- Prognostic Case Reviews to determine need for additional services and placements with resource families
- Child Evaluations

Explain that the way we assess what has happened, what is now happening, and what needs to happen – and the way we talk about it with families – will influence our capacity to engage families in the process of change.

With ASFA’s new timeframes for planning and decision-making, engaging parents in the process of change is even more critical. Concurrent Planning is needed as well because of these timeframes. For it will be difficult to talk with parents about the need for a contingency plan if we are not simultaneously working on motivating them to want to change – to be involved in planning, visiting and decision-making about where their children will grow up and who will raise them.

Explain that it is the role of the worker to engage, motivate, support, educate, advocate, connect, and to talk honestly about the strengths and concerns that emerge from the engagement, assessment and ongoing phases of the work with vulnerable families and children.

Ask if there are any questions or comments.

Comment that this session will focus on the types of Assessments that can be used to support timely and effective Concurrent Planning

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### **Differential Assessment for Concurrent Planning**

Comment that one of the core principles of the social work profession involves the concept of *Differential Assessment* – or *Differential Diagnosis*.

Differential Assessment is the process of:

- Individualizing our understanding of the individual, family or group in the context of their present circumstances, past experiences and potential for future functioning;
- Deepening our family-centered understanding of the child in the context of family, culture and community; and
- Strengthening our understanding of the personal, interpersonal and environmental context in which children and families exist and interact.

Explain that initially Concurrent Planning’s use of “Differential Diagnosis” applied to understanding the families strengths (or resources that parents could call upon that are associated with successful reunification) and identifying those circumstances within the family that are associated with a poor prognosis for successful reunification within the time period of one year – those factors that have been associated with foster care drift.

Explain that the Differential Diagnosis tools as developed by Linda Katz, Norma Spoonemore and Chris Robinson in Washington State are tools we will review later in the session. They must be used in conjunction with your agency’s Family Assessment tools so that all relevant information is gathered, assessed and discussed with the family to determine what next steps might be needed – that is, which families may need a concurrent plan.

### **Comprehensive Family Assessment**

Review the Comprehensive Family Assessment Form used by the jurisdiction where you are training. Also briefly review the Attributes of Comprehensive Family Assessments by using the overhead and referring to the **Handout 2.2 and 2.3**.

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### **Small Group Discussion**

Ask participants to refer to the Attributes of Comprehensive Family Assessments Handout and their own assessment forms. Ask that they meet in groups of 5 or 6 to review this list and their form, and to answer the following question:

What strategies work best for you to involve families in gathering this information?

### **Meaningful Comprehensive Family Assessments**

- Are collaborative – focus on doing with/not for
- Depend on extensive family input
- Build on resources, strengths, and potential capacity
- Identify and explore the core problems that brought child into care
- Explore underlying history of problems and needs
- Consider the child in context of family, culture and community
- Elicit the parent’s perception of the problems, what they’d like to see happen
- Describe CPS and courts’ perception of problems and recommendations
- Build on what may have been learned in other assessments
- Include an assessment of family’s environment, physical health, psychological factors
- Explore social networks - friends, family, buddies, acquaintances
- Explores relatives and resources for support, placement and possible permanency
- Are ongoing
- Can be used to enhance motivation to change
- Can create windows of opportunity for movement into process of change
- Explore options for the present and future
- Include a plan that articulates who does what, when
- Explore alternative options for safety, permanency and developmental well-being

After the groups have met for about 15 minutes, ask groups to report back on the ways they involve families in gathering this complex information by asking people to share a strategy they heard that they had not used before.

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Comment that a solid assessment with families can open doors to comprehensive case planning and discussions about difficult issues, exploration of options, and identification of resources. There are many ways to do this – genograms, ecomaps, and family group meetings – with the core skills of empathy, respect and genuineness (which will be reviewed later).

### **Differential Assessment: *Potential for Reunification***

Explain that another process that helps to guide our decisions about which families may need a concurrent plan is the Differential Assessment Tool developed by Katz, et al. This tool – Handout 2.4 – needs to be used with care and supervision. It is meant to be used to enhance our understanding of how families function and their capacity to make change within the timeframes we are now asked to work within – a tool to help us determine whether reunification within 12-15 months looks likely, and if not, how we can engage parents and families in more intensive services while at the same time placing the child with a placement resource that would be a permanency resource if reunification does not work out.

Review the Differential Assessment Tool with the group. Comment that this tool is meant to identify the *Strengths in Families* (for it is strengths that can help families change) and the present and/or past circumstances that might raise some red flags about the potential for reunification within 12-15 months.

Comment that this tool needs careful application, and an understanding **that this is not meant to rule families out or target those cases that should immediately move on to adoption.** RATHER it is a tool meant to help identify those children who need to be placed in resource family home in case reunification does not work out, **and** those families who would benefit from more intensive outreach, engagement, and services (reasonable efforts) to give reunification every opportunity to work.

Explain that the Differential Assessment Tool is used early in the assessment process within the first few weeks or months of when a case is opened (CHECK ON STATE POLICY ABOUT THE TIMING), to help determine services needed and if a resource family placement is needed. Ideally it would be useful to apply this tool at the time of placement, so that we might find a family who would be willing to commit to working towards reunification while also being willing to serve as a resource for permanency if that were needed later on – minimizing the number of moves a child would have to experience.

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Review the factors that are associated with reunification and the permanency planning ‘red flags’ or factors that are associated with a poor prognosis for reunification – or factors associated with children’s lingering in foster care.

Ask what timing the group believes would be best for the use of this tool? Lead a discussion about the pros and cons of doing this Differential Assessment early or later in the case (60-90 days).

### **Exercise: Case Application *Teresa***

Introduce the case of Teresa – **Handout 2.5** – and ask the small groups to reconvene to review Teresa’s case situation and determine how they might assess her strengths and the poor prognosis indicators – or permanency planning red flags.

Let the groups meet about 15 minutes and reconvene them.

Ask:

- *What strengths did they find?*
- *What red flags or poor prognosis indicators did they identify?*
- *What do they still want to know?*
- *What steps would you suggest happen next – with Teresa, with Tanya?*

Summarize by commenting that this is a difficult case – but not untypical of the kinds of families we work with in child welfare today.

- Teresa has had many traumatic experiences in her past – we would want to know what insights she has into her own experiences and how they might influence her ability to move on as an adult and as a mother.
- What can we do to help her stay clean and sober – and know how to handle stress and triggers that may tempt her to use again. What will she do when she does relapse?
- How does the foster mother feel about raising Tanya if Teresa doesn’t make it? Is she a permanency resource?
- If not, what should we do and when?

Comment that these are the kinds of questions we need to have answers to if we are to provide the best reasonable efforts to help the mother change and

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Sustain that change – as well as make sure that the baby, Tanya, doesn't have to experience any more moves or relationships disruptions than necessary.

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*Then ask:*

- *What would you do if you learned that the foster mother didn't want to adopt – but wanted to be a mentor to the birth mother?*
- *Would you move Tanya?*
- *Would you wait to see if reunification works?*

*Engage the group in a discussion about the assessment of Teresa's strengths and the permanency planning red flags. Let them know that we will be looking further at assessments of children's attachments as well as an overall case review when we return from the break – assessments that will assist us in better engaging the family members in the process of change.*

### **Concurrent Planning Case Example *Teresa***

Teresa is a 29-year-old mother of 4 children - all in out-of-home care. The older two (ages 10 and 8) are placed out of state with a paternal aunt who has agreed to adopt them. The third child (age 6) is placed with her paternal aunt in another county and Termination of Parental Rights proceedings have been filed against Teresa and the father. The last child was born 8 months ago, testing positive for cocaine. Teresa has a long history of drug addiction - having entered and left drug treatment programs three times in the past 5 years.

After the last baby, Tanya, was born, Teresa realized that she couldn't take having another child permanently taken away from her. She entered a 28-day drug treatment program that she had not attended before and made a "fresh start" as she put it. She has been involved in NA in her community and has seen an outpatient drug counselor twice a week for 6-7 months. She has visited with the baby twice a week since leaving the inpatient program, and her interactions are described as positive, nurturing and connected to the baby. The foster mother has served as a "mentor" and support to Teresa - helping her during visits to interact with the baby and engage in age-appropriate activities. Teresa has recently been able to take the baby to the park on her own during these visits. Parenting skills have not been described as a problem for Teresa.

You are aware by reading the record that Teresa has reached this plateau several times and then for some reason relapses and begins to use again. Teresa was in foster care she, and had been sexually abused by her mother's boyfriend. She had spent most of her teenage years in 3 different group homes. Tanya is described as a happy baby who plays easily with the foster

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mom and others. She has not experienced any serious developmental delays as a result of the prenatal crack exposure.

As her child welfare social worker newly assigned to her case, you have encouraged her progress and feel quite pleased that she has sustained change over time. You have made numerous community-based referrals for services and supports and are helping Teresa to find housing that would be suitable for a mother and child. Your supervisor is more skeptical, and says that Teresa may be a “relapse waiting to happen” and wants you to explore a back-up permanency plan for Tanya.

What strengths do you see? What red flags should we be concerned about? What permanency options exist? What should the next steps be?

### **Differential Assessment: *Child Attachment Experiences***

Lead into the next discussion by reminding the group of how Concurrent Planning supports the development of secure attachments by helping children to adjust to the separations, losses and unresolved grief that they experience when abused and neglected and when they are placed away from their parents to protect their safety.

Comment that the challenge of concurrent planning is to recognize that the rights and needs of parents and children change with the passage of time and that delays in decision-making can bring harm to children and families.

Let them know that we will now review a set of tools that are designed to help us better understand the children’s attachment experiences and needs and can be used to guide our assessments and casework actions with children and families.

### **Differential Assessment: *Case Review Tool***

Comment that Linda Katz and her colleagues have put together a set of questions (*See Handout 2.3*) that together can be used at key assessment and decision-points in the case.

Review this tool with the Teresa case.

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**Differential Assessments: *Conclusion***

When finished reviewing the tools and applying them to a case, conclude the Differential Assessment Section with a summary of how important accurate assessments are to the engagement and planning process – but when we are stuck with a family, it may be necessary to go back and re-assess where you are together, progress being made, concerns that may still exist and priorities that need to be set.

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