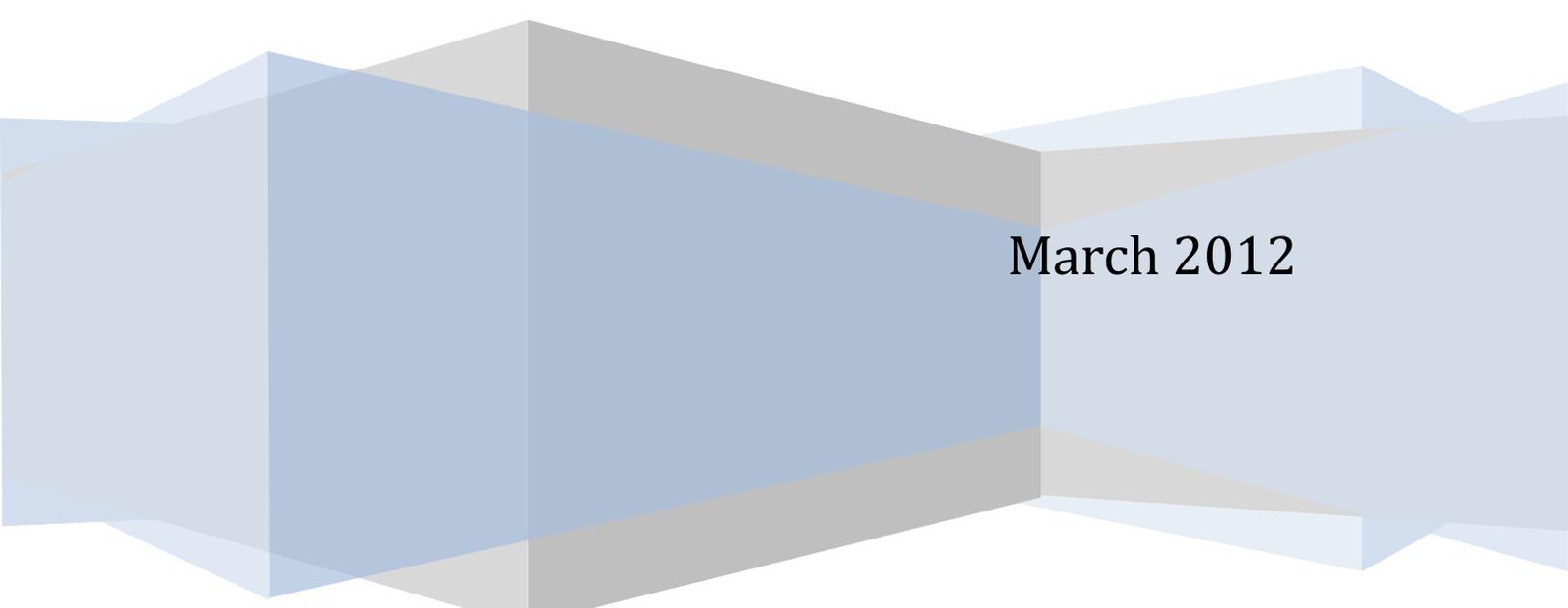


Safety Assessments and Planning with Families

**November 2011 New England Regional
Convening**

*Casey Family Programs & the New England Association of Child Welfare
Commissioners and Directors*



March 2012

Safety Assessments and Planning with Families

New England Regional Convening

November 15-16, 2011

FOLLOW UP ON STATE QUESTIONS

This document is intended to reflect some of the key practices and initiatives that were shared at the November 2011 New England Convening on Safety Assessments and Planning with Families. It was developed in response to participant questions about specific work being done in other New England states. As such, it does not reflect all work related to safety assessments and planning with families being done in the six states.

The practices and initiatives highlighted here have been divided into discrete sections for ease of reference, although some may apply to more than one section. More detailed information, including guidelines, tools, and other related documents, will be available on the New England Association for Child Welfare Commissioners and Directors website (<http://www.jbcc.harvard.edu/advocacy/neassoc.htm>).

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INITIAL INVOLVEMENT AND DECISION-MAKING

Who Did You Call after Me? – Maine

Maine, through their participation in the Breakthrough Series Collaborative, tested a practice in which parents were asked one simple question during the initial interview: “After you got my call, who did you call first to let them know?” The response to this question not only provided important information about the supports in the family’s life, but also opened up conversations about the family’s natural supports.

This practice has been shared in Senior Management meetings and at Statewide Supervisors meetings. The recommendation to ask this question has gone out to all Districts. This is considered a part of the state’s overall *Signs of Safety*¹ engagement approach. Currently the response to this question is documented in the Case Narrative Report in Maine’s SACWIS. Although it is too early for improved quantitative outcomes related to this practice, social workers have provided positive anecdotal feedback about its use.

Engaging Families Early – New Hampshire

Central Intake Staff in New Hampshire have all been trained in Solution Based Casework (SBC) and are examining ways in which they can incorporate SBC questions into their practice. They ask the reporter if they can identify or have knowledge of the family’s strengths during the initial phone referrals. They also inquire as to who/what resources are available to the family and how those resources might be able to assist with the identified problem. Central Intake also asks school reporters what they have done to help resolve the problem/issue being reported. These SBC questions are accompanied by standard questions regarding risk. These responses not only help the investigator form a strength-focused picture of the family, but also provide strengths on which he/she can focus in initial interactions with the family that ultimately support positive engagement.

All of the reports for abuse and neglect in New Hampshire go to a Central Intake Unit located in Concord. Thus, this practice is being used for all intakes received across the state. Standardized questions related to SBC will become policy over time.

¹ The *Signs of Safety* is an innovative strengths-based, safety-organised approach to child protection casework, created in Western Australia by Andrew Turnell and Steve Edwards working with over 150 front-line statutory practitioners. The Signs of Safety model is an approach created by practitioners, based on what they know works with difficult cases. The approach has attracted international attention and is being used in jurisdictions in North America, Europe and Australasia. (retrieved online 2/28/2012 from <http://www.signsofsafety.net/signsofsafety>)

PARENT ENGAGEMENT AND SUPPORT PRACTICES

Parents as Partners² – Maine

Maine has developed a *Parents as Partners* program in the Portland area that is managed by the [Community Partnership for Protecting Children](#), an organization that draws from private businesses as well as non-profits and government agencies. (See the Community Partnership section below for more on CPPC.) The *Parents as Partners* are a group of parents who have successfully reunified with their children and are now dedicated to helping other parents involved with Child Protective Services.

The group offers a variety of supports and services including:

- individual support to parents via phone or in person;
- support to families with Family Team Meetings, including preparation and attending with parents, if desired;
- facilitation of confidential weekly support groups for parents;
- a five-week class for parents, [Orientation to Child Welfare: Building a Better Future](#), designed to educate and support parents with open cases;
- facilitation of meetings between birth parents and foster parents to promote communication and understanding for the benefit of the children;
- support at supervised visits; and
- continued support for parents whose rights have been terminated.

Parents as Partners provides these services and supports to parents and families at any stage of involvement with child protective services; parents who have children in out-of-home placement through court proceedings; and parents in recovery. All services provided by the group are free of charge.

Better Together – New Hampshire

New Hampshire has worked with Casey Family Programs to develop a cadre of internal trainers on the Better Together curriculum. This curriculum strives to facilitate and support authentic partnerships between parents and social workers. The core of Better Together is training birth parents, child welfare staff, and community allies together to learn more effective ways of engaging and partnering through the treatment planning

² Information provided here was retrieved from the [CPPC website](#) on 12/14/2011.

process. There are four key components of the Better Together model that drive the outcomes and approach:

- Partnering effectively;
- Recognizing expertise;
- Practicing respect and equality, and
- Exploring culture.

New Hampshire is currently spreading Better Together across the state.

FATHERHOOD ENGAGEMENT PRACTICES

Engaging Fathers in CPS Services: Fatherhood Engagement Training – Connecticut

The Child and Family Service Review regularly notes that most states perform poorly in the area of engaging biological fathers in child protective services cases. The Connecticut Department of Children and Families, in recognizing this issue, created a training entitled *Engaging Fathers in Child Protective Services Cases*³ to educate staff about the benefits derived from children in having their fathers actively involved in their lives. The training was originally created and presented in 2007 by Child Welfare Trainers Christine Keys, Tara Hall, and Orlando Cuadrado. Since that time, Child Welfare Trainers Michael Smith (2008) and Anthony Gay (2010) have been the primary presenters through DCF's Academy for Families, Workforce, Knowledge, and Development.

This is an experiential two-day training that allows participants to delve into their thoughts, beliefs, and biases around the issues of involving fathers in child protective services cases. Participants are trained on differences between men and women, societal and systems barriers, and the impact of fatherlessness. The training utilizes "Show Your Love," a video produced by Boston University Film Producer Sam Kauffmann which highlights the impact fathers have on their adolescent children.

A key component of the training is a panel discussion which includes fatherhood service providers, as well as fathers who have experienced the child welfare system. They speak candidly about their engagement, or lack thereof, and provide for staff suggestions on how to engage fathers.

³ See CT Fatherhood Matters Overview 011112 (Word document); CT Newly Revised Fatherhood Training CPS (Word document); and CT Engaging Fathers (CK) (PowerPoint).

The learning objectives for the training include both knowledge objectives and skills objectives.

Knowledge Objectives

- Name the reporting methods and trends in child welfare that directly impact case practice standards;
- State local and national fatherhood principles;
- Identify critical points of engagement in the life of a family;
- Describe the impact of father involvement on the developing child and long-term outcomes;
- Explain the difference in communication and parenting styles between fathers and mothers;
- Identify the role of Child Support Enforcement agencies;
- Relate the impact of father-inclusive practice on permanency outcomes for children; and
- List diligent search tools to locate fathers.

Skills Objectives

- Relate how one's own values, beliefs and experiences impact case practice;
- Overcome case specific barriers to father involvement;
- Apply effective communication techniques to increase father involvement;
- Develop father-inclusive case plans;
- Recommend activities to increase or improve interaction between father and child; and
- Build resource list of father-friendly practice agencies and services.

The training is offered to all staff at the Department of Children and Families, however, social work staff, including Social Work Case Aides, Social Workers, and Social Work Supervisors have been the primary audience. It has been condensed into shorter versions for the purposes of presenting at conferences or for social service providers who have requested the training. The training in condensed format has been presented to Head Start, Family Based Recovery, and for Intensive Family Preservation Staff, as well as to a group of trainers representing four other New England states through the New England Association of Child Welfare Commissioners and Directors in November 2011.

The training plan is continually evaluated and updated. The Department utilizes Fatherhood Systems Coordinator Douglas Howard who provides data obtained through the Department's LINK system, and knowledge gleaned from listening forums to enhance the curriculum.

While the impact of training can be significant, there is no current research which connects improvement in engaging fathers to specific training. Anecdotal information from staff who have attended the training indicate an increase in awareness of the issues, as well as awareness of their past practice which may not included a focus on the engagement of fathers. Evaluations are completed at the end of each training session and input from staff is considered when the curriculum is reviewed. The participants note that the variety of learning tools, ranging from small group activities to video to panel discussion make the training effective. Below are a few excerpted notes from the section of the evaluation which asks, "As a result of this training I plan to:"

- *Continue to ensure that fatherhood engagement is evident in case plans, practice, and court work*
- *Actively engage fathers in cases where fathers are not involved*
- *Assure that fathers have equal roles in visitation at foster homes*
- *Engage fathers in a more diligent manner. Provide fathers with equal opportunities as we do mothers*

The curriculum is available upon request. It has been shared with the training divisions of the other five New England States. The Academy for Families, Workforce, Knowledge, and Development is available to provide such training as well.

Fatherhood Initiative & Nurturing Program – Massachusetts

Fatherhood engagement as a formal initiative at DCF began in 2006 with the establishment of a position of Director of Fatherhood Engagement. The focus of activity since that time has been to:

- Examine and understand patterns of practice with fathers in the agency— understand strengths as well as challenges; and
- Develop an effective practice framework for engaging fathers that is field-based, practical, and closely integrated with existing practice models in the agency.

The importance of field-based practice cannot be overstated. The Director of Fatherhood Engagement has developed Fatherhood Engagement Leadership Teams (FELTs) at local Area Offices as the primary vehicle for changing practice. The FELTs are groups of workers, supervisors, and usually an Area Director, who meet monthly and take responsibility for changing practice in their local offices. They usually take on the following tasks:

- Analyze practice at the local level, identifying strengths and gaps;

- Design and implement changes in procedures to address gaps in practice;
- Design office-wide training events to maximize positive engagement with fathers; and
- Develop new services for fathers (usually fatherhood groups).

The work of the FELTs over the last six years has advanced knowledge of fatherhood engagement in child welfare and “what needs to be done” in multiple ways:

- One-half to two-third of fathers are not living with the mother and children. It is crucial to develop a practice framework that calls for routinely identifying, locating, and engaging these fathers. Otherwise fatherhood engagement will overlook the majority of fathers.
- Identifying and locating fathers in intake is crucial. Reporters of child abuse / neglect often have information about out-of-home fathers for legal reasons. Routinely inquiring about the fathers is crucial.
- Learning how to work with single moms in order to facilitate the engagement of out-of-home fathers is critical. If the mother has physical custody of the children, working with her is essential.
- Developing the capacity to engage fathers in positive ways despite common stereotypes about them and despite fathers’ distrust and reluctance to engage with child welfare is critical.
- Establishing services for fathers is crucial. Responsible Fatherhood Groups are an evidence-based intervention that is particularly effective at helping fathers move forward in a positive way. Over half of the state’s 29 Area Offices have onsite or closely affiliated fatherhood groups for DCF involved fathers.
- Creating lasting partnerships with fathers who have been involved with DCF is immeasurably helpful. DCF has found that when fathers who have been involved with DCF speak to and train child welfare workers the results are dramatic. Fathers also co-facilitate fatherhood groups and serve on Parent Advisory Councils.

Finally, DCF has moved forward to making a clear institutional commitment to fatherhood engagement as a core issue for child welfare practice in Massachusetts:

- A two-year strategic plan for fatherhood engagement has been developed and is under review by Senior Staff. This comprehensive plan will be initiated in the field in early 2012.
- A Practice Point for Fatherhood Engagement in the Integrated Clinical Practice Model has been developed and is under review by the Social Workers Union in MA. This document is detailed roadmap for fatherhood engagement in child welfare in MA under the new practice model.

- A series of practice guidance tools have been prepared for social workers. There are 18 tip sheets that address specific practice challenges that arise in working with fathers in child welfare. These tip sheets reflect both best practice and current research on how fathers benefit children. The tip sheets guide workers in how to address difficult issues in working with fathers in ways that reflect what we know of successful fathering from research.

Massachusetts also has several [nurturing programs](#) through their Patch programs in Dorchester, New Bedford, and Athol. (Patch in Dorchester) that supports fatherhood engagement. These programs were developed in 1998 by Mark Perlman of Massachusetts. It was field tested in Florida and several other states. Soon after, the Family Nurturing Center successfully piloted Boston's first Nurturing Fathers Program which is now spreading across Boston and into Western Massachusetts.

The curriculum is designed for fathers, whether or not they have custody of their children, and meets for 13 weeks for 2.5 hour sessions. Fathers are welcome to bring their children as child care is provided, but, unlike programs designed for the whole family, there are no children's groups. The program focuses on the specific needs of men in their role as fathers. Each week, participants use a journal outlining home activities designed to enhance their knowledge and growth. Along with the traditional nurturing concepts, the program emphasizes the importance of shared power between co-parents and explores patterns of fathering in previous generations.

Throughout the program, fathers work on defining their vision statement of "*The Father I Choose to Be.*" At graduation, families and friends are invited to celebrate with the dads and hear each participant publicly share his "*Commitment to My Family.*"

SAFETY PLANNING AND SIGNS OF SAFETY

Family Safety Planning Meeting – Vermont

Family Safety Planning Meetings (FSPs) are used early on as well as during case transfers and permanency planning or at other key decision points. They are similar to the safety mapping meetings done in the *Signs of Safety* model and are intended to bring people together, including families and their extended families and supports, to address both safety and risk. A practice / protocol has been developed to provide additional guidance on how these meetings should be conducted.

These meetings are facilitated by contracted, independent facilitators through Child and Family Support Contracts. (Each office has this type of contract.) The facilitators are

trained through the state's Child Welfare Training Partnership, which includes training, observation and coaching before certification is granted to the facilitator. In addition to facilitating the meeting, the facilitator prepares family members that are to be in attendance. Family members are encouraged to identify other family members and informal supports that could attend to support them and be part of the plan that is developed. The facilitator also works with staff to get clarity on the purpose of the meeting and the risk statements that require planning to mitigate. It is important that these are specific and clear.

There is an overall framework that is followed for the meeting. This framework is put up on a large dry erase board and filled in by the facilitator as the meeting progresses. Someone agrees to scribe so that at the end of the meeting copies of the completed framework can be made and everyone in attendance leaves with a copy.

There is currently no written policy on the use of FSPs. Meeting participants are requested by the facilitator to complete a satisfaction survey at the end of the meeting and the state has data from these surveys that indicate family members are satisfied with the process, feel the right people attend these meetings, feel that they were prepared to participate, and feel that an appropriate plan results from the meeting.

Signs of Safety – Maine

Maine has been working to implement [*Signs of Safety*](#) to engage families in the problem-solving process. All staff now use this model of practice. The *Signs of Safety* model implemented in Maine includes the following key components:

- Safety mapping and safety planning;
- Active engagement of families; and
- Facilitated Family Team Meetings (FFTM) prior to any removal.

Currently the Child Protective Assessment policy is under revision to be compatible with *Signs of Safety*. Regular Practice Model Implementation (PMI), the framework under which *Signs of Safety* is trained, implemented and monitored, News Flash updates come out from the Director with implementation strategies and clarifications on practice that guide the utilization of the model.

Two people in each district, a Caseworker and Supervisor who received specialized up-front training by the developer of *Signs of Safety*, Andrew Turnell, facilitate the safety mapping / safety planning / family team meetings. All staff were subsequently trained in a two-day training provided by Connected Families, which is affiliated with Andrew

Turnell. Staff continues to participate in web-based trainings with Connected Families. Andrew Turnell is returning to Maine for a week in late March 2012 to build on learning and support further implementation. Additionally, Paul Martin, Child Protective Program Specialist, is piloting individual coaching with supervisory teams in one district.

Safety Maps are used for documentation and include harm and danger statements. *Signs of Safety* Assessment and Planning Forms (Safety Maps) and the FTM Summary Report are required to be entered in the Case Narrative.

Parents and youth are informed of the need to hold a meeting and of the potential outcomes. An example of the preparation process is the Caregiver Letter that helps to prepare the resource parent or family members. Below is an excerpt from this letter:

“A first placement should be the last placement before a child achieves permanence. That’s why DHHS is motivated to work very hard to support you and the child placed in your home. You are an important member of the child’s planning team, so your active participation in ongoing Family Team Meetings (FTM) is essential. Your knowledge of this child, and your commitment to him or her, is critical to making plans that will best meet the child’s needs.

In case of a considered removal from your home a Facilitated Family Team Meeting (FFTM) will be held, with you as an important participant. This meeting will be held before any child is moved. It will be led by a trained facilitator and will include you, the child’s family and other case-related professionals. The goal of the meeting is to determine if providing you or the child with additional supports or services might stabilize the situation, identify needs and maintain the placement. If the child must move, we will count on your help to ensure a transition that includes as little disruption to the child as possible.”

Anecdotal reports from families and providers have been received saying that families are appreciative of the process, have a better understanding of the issues they need to address and feel listened to.

There are several written protocols or guidelines available to guide this work:

- FFTM Protocol: Document laying out the expectations as to the process of FFTMs.
- FFTM Referral Form: Completed by the caseworker when requesting a FFTM, given to the FFTM Supervisor to assign.
- FFTM Script: Script that can be used for the facilitator if/when they are contacting a family who may be reluctant to having a FFTM or who may have declined participation in a FFTM.

- FFTM Summary Report & Safety Map: These tools are to be used to document the FFTM meeting as well as the Plan that is developed in that meeting. These documents will be distributed to all meeting participants at the end of the meeting or within 48 hours from the end of the meeting. The documents will be copied and pasted into the MACWIS narrative log with a copy provide to the FFTM supervisor and the PA.
- Message to Caregiver Letter: To be given to caregivers at time of initial placement, this letter informs caregivers of the FFTM process and their role in that meeting in those situations where the agency believes the child needs to be removed from the caregivers' home however the caregiver disagrees with that decision.
- Invitation to a FFTM: When an FFTM is scheduled, a written invitation should be given to the caregiver.

Maine has learned several key lessons through these implementation efforts:

- There is a need for SOS Practice Leads and FFTM facilitators to meet to discuss how things are going and what can improve practice.
- There is an identified need for additional coaching that is district and supervisory unit focused.
- Observation of other practitioners is a good learning tool.
- A discussion board on the internet was thought to be a good idea in order to share what is happening.
- Additional training regarding domestic violence, dealing with difficult participants, integration of *Signs of Safety* and FFTM and increased comfort in using Appreciative Inquiry is an identified need.
- There must be clarity around the use of the forms that support the work.

SUBSTANCE ABUSE PRACTICES

Use of UNCOPE in Investigations and Treatment – Maine

Maine has focused on the issue of substance abuse largely through its intentional and historical partnership with the Office of Substance Abuse. This partnership resulted in the development, testing, and eventual implementation of the UNCOPE screening tool in investigations and treatment.

Maine uses the UNCOPE as part of a universal screening for substance abuse in all child welfare family assessments. UNCOPE, which stands for “used, neglected, cut, objected, preoccupied, emotional discomfort,” consists of six brief questions found in existing

instruments and assorted research reports. It was pilot tested in three counties in 2005 and following an evaluation of the pilot testing was implemented statewide in 2006. It is intended to be an interactive process with the client (including contacting collaterals).

Case Workers are trained during Pre-Service on the use of the UNCOPE as well as associated policy guides. Below is an excerpt from state policy about the use of the UNCOPE:

Caseworkers will use the UNCOPE tool in all assessments. UNCOPE will be used with all parents and caregivers in the home. When concerns are raised for parents and caregivers who live outside the home--but have regular contact with or responsibility for children who are the subject of the assessment—caseworkers should consider using the UNCOPE.

Responses to the UNCOPE are to be documented in MACWIS. When the UNCOPE is not used, the caseworker must document the reason in the narrative log.

The UNCOPE is to be used as a guide. The questions need not be asked verbatim, but should be incorporated into the interview in a natural way.

The results of the UNCOPE become a part of the record and are a determining factor in the use of the Families Affected by Substance Abuse (FASA) network. From policy:

In Child Welfare cases where parental substance use/abuse has been identified as a risk factor (through use of UNCOPE and other assessment) and further evaluation is necessary, caseworkers are to utilize the Families Affected by Substance Abuse (FASA) network of providers for a specialized substance abuse assessment. The FASA network includes licensed substance abuse treatment providers who have been specially trained to conduct substance abuse assessments with families involved with Child Welfare. The network provides a more consistent substance abuse assessment process for cases involving child abuse and neglect and the completion of a specialty substance abuse assessment is essential to appropriate intervention and treatment. The combination of having a uniform screening tool (UNCOPE) and a common assessment process will lead to better outcomes for families.

In addition to the UNCOPE, Maine also collaborates with the Office of Substance Abuse on a statewide Child Welfare/Substance Abuse Advisory Committee and a statewide Drug Affected Infant/Drug Endangered Children/FASD Task Force.

PLACEMENT-RELATED PRACTICES

Foster Adoptive Support Teams (FAST) – Connecticut

These teams are used by Connecticut to provide specialized support to foster adoptive parents, including kinship placements. The FAST⁴ program's goals are to support and stabilize foster and adoptive families so that children can live in safe, stable homes with minimal disruptions. FAST services to foster and adoptive families are provided in the context of the specific child's needs and will assist the foster and adoptive parents.

Details about these teams have been provided from the CT team:

- *Contracting:* The teams are contracted through different local agencies throughout the state. UCFS (United Community and Family Services) covers three counties in the state (New London, Windham and Middlesex) and uses Masters-level family therapists. FAST provides up to 12 weeks of support with one extension possible (for total of 24 weeks).
- *Families Included:* These teams are available to all foster/adoptive families (also available post adoption) in all counties in the state. FAST teams are contracted through local agencies.
- *Services Provided:* The teams are responsible for the following key services:
 - Crisis intervention and support to FAST families 24 hours a day, 7 days a week for a period of up to 12 weeks.
 - Developing and implementing an in-home behavior management plan
 - Expanding problem-solving skill
 - Developing and utilizing existing resources
 - Referrals for appropriate therapy, specialized therapy and respite,
 - Ongoing coordination with educational resources, primary care and other providers as needed
 - Talk with foster families about developmental issues, trauma information, etc.
 - Provide home visits; very hands on including in prime time hours (24 hour coverage available via phone); and
 - Focus on in-home services (some provide respite, but some region do not believe that should be part of parenting so it is not a focus).
- *Timing:* Seems to be effective if referral to FAST happens before issues arise. Currently working to get automatic referral and not wait until foster / adoptive family is in crisis.

⁴ See CT FAST Referral Form.

The FAST Program operated within a teamwork model, collaborating amongst DCF SW, FAST workers, foster and adoptive families and community service providers. This home-based service includes an initial service planning, case review and transition planning meeting.

The Department is planning to implement an array of assessment tools to be used with foster/relative caretakers. These tools are designed to increase child safety by mitigating threats of immediate serious harm during a CPS investigation, increase placement stability and provide support to "providers" differentially based on their level of need and child characteristics, and improve child well-being by identifying gaps between provider ability to provide care and child specific needs. This approach will enhance the Department's ability to respond to the unique training needs of foster parents and relative caregivers. Given the implementation of other major initiatives, the Department intends to implement these tools in the spring 2012.

Intentional Support for Families at Time of Placement – New Hampshire

New Hampshire has developed a 'bundle' of practices focused on easing the stress of placement for children, their birth parents, and foster parents. The practices begin with a required phone call on the first night of placement. This call is made between the child and birth parent (facilitated by the foster parent) to ensure that the parent hears the child is okay and the child hears his/her parents' voices before going to bed. This is followed by a visit within 24 hours between the child and birth parents. The final piece of this practice is the use of mutual *About Them/Us* forms. These forms are filled out by both the birth parents and foster parents to exchange information about the child's likes/dislikes as well as about each family more broadly. New Hampshire is currently developing this 'bundle' further by testing the practice of having birth parents accompany the child to the actual physical placement.

This information is documented as case activity information in the state's information system (Bridges). The *About Them* forms are completed by the foster parents and come in a variety of formats including photo albums; two-sided sheets with information and photos completed by the family; or a couple of sentences about the foster home that is shared verbally with the child and birth family. Both the *About Them* and *About Us* forms can be found on the Foster Club website (<http://www.fosterclub.com>).

This "bundle" has been made a part of practice and is an expectation statewide for every placement. Each office maintains a tracking form indicating the barrier when a portion of the bundle has not been implemented. New Hampshire believes that this bundle of

practices has truly had an impact on their ability to engage with children, youth and families and is works particularly well with their *Solution Based Casework Model*.

Family Share - Maine

Maine, as part of the Breakthrough Series Collaborative, began testing ways to bring together foster families and birth families to develop and support their relationships. They wanted to move beyond the sharing of information in written formats by convening joint meetings in which they could meet and talk face-to-face. These meetings have been tested in several offices in the state and are known as “Family Share” meetings.

These meetings occur at the time of placement or within five days of placement. They should also be used when a child is moved to one foster home from another, and can be very helpful at the time of an adoptive placement. They are facilitated by trained caseworkers (trained via video developed specifically for this purpose). The casework is also responsible for preparing and supporting parents and foster parents to participate. Additionally, the training video is presented during resource family training. The meeting and results are documented in the case narrative log.

Although this practice has not yet been codified in policy, below is an excerpt from the training video:

The Department of Health and Human Services recognizes, through our Practice Model, that birth parents are really the experts on their own children. The FAMILYSHARE model respects and acknowledges that expertise and calls upon resource parents and birth parents to work collaboratively, with support from their caseworker, so that the care of the child can be the best possible. We also believe the FAMILYSHARE model sets the stage for a mutually respectful and collaborative working relationship between the birth parents and resource parents that will benefit the child throughout the time they are involved in the child welfare system.

In this training video you will hear first-hand from birth parents and foster parents about how a close working relationship set the stage for lifelong connections for children. You will hear from caseworkers who will share how FAMILYSHARE positively impacts the work that they do.

Family Time, Coaching and Shared Parenting Meetings – Vermont

Vermont has transformed the way they think about visitation when a child is placed in out of home care. This transformation includes the language that is used to describe it as well as the practices that it incorporates. Known as Family Time (rather than ‘visitation’) in Vermont, credentialed specialists provide coaching to parents, rather than more traditional supervision. They consistently operate under the premise of “why can’t we do unsupervised visits?” rather than the converse. The workers still see the family as well, but the shift has been from one of ‘supervised visits’ to ‘coached family time.’ Family Time is a right that parents and children have and is not subject to compliance with case plan expectations nor is it used as a reward or sanction.

The development of practice guidance for Family Time and Shared Parenting Meetings occurred over an 18 month period and resulted in the Vermont Family Time Guidelines. The implementation of the guidelines meant cultural and practice shifts for staff and the agency. The process of development and implementation was as critical as the eventual product. The development of the guidance was inclusive of multiple perspectives; researched many other states’ practices and policies; reviewed existing best practice research; solicited and received feedback and concerns from staff and partners across the state; and continuously generated interest and buy-in around the values and practice principles. There was also training developed and rolled out to all staff and foster parents. There were changes in contracts required to shift from purchasing visit supervisors (relatively low skilled) to purchasing coaching services, which requires a very specific set of important skills. Finally policy was rewritten.

Overall the implementation has required a culture shift from one in which supervised visitation meant that visit supervisors or workers sat, watched, took notes, and focused on what was needed for court documentation to one that was focused on supporting the parent in spending ‘successful and fun’ time with his/her child. As part of this, it was necessary to address issues related to separation, loss, and post-family time reactions (from parents, children, foster parents, and social workers). Key components of the practice include:

- ***Coaching:*** Coaching is done by dedicated contracted staff who are highly trained in the Visit Coaching model developed by Marty Beyer. After initial training, coaches observe coaching sessions and are then observed conducting sessions. They have ongoing clinical consultation. Some principles of the practice include: family time is held in the most normal environment possible (families’ home, foster parent’s home, playground, etc.); very little family time is conducted in the office visit room; coaches conduct both pre- and post-meetings with parents; social workers are expected to attend one family time per month and participate in the post meeting; the coaches don’t work with the family in other capacities,

- such as facilitating family centered meetings; and during the family time the coach cues and supports the parent to meet the child's needs.
- *Pre-Meeting:* Before each family time occurs, the coach meets with the parent for roughly 15 minutes to discuss the following:
 - What are needs of the child that the parent wants to meet during the visit?
 - How will the parent try to meet these needs?
 - How can the coach support the parent in doing so?
 - *Post-Meeting:* Following each family time, the coach and parent have time for self-reflection and self-assessment. They focus on three questions:
 - What do I think I did really well during this family time?
 - What did I try that was new?
 - Feedback from coach
 - *Shared Parenting Meetings:* Foster parents and birth parents meet within five days of placement to talk about expectations and how to work together to care for the child. The parent is able to share information about their child's routines, likes and dislikes, needs, etc. The foster parent can share information about their home and family. This allows children to see everyone talking and working together. It also provides an in-person opportunity to share information about the child and placement. The meeting is co-facilitated by the coach and the social worker. Policy requires these meetings to occur at least once every three months, but they sometimes take place monthly. Logistics of family time are set up and reviewed at these meetings.
 - *Documentation:* Workers were initially concerned that this family time would not provide them with the documentation they needed for court. They still have notes on the family times as well as monthly summaries. Parents are also provided with this documentation to reflect on. The major shift has resulted in workers recognizing that family time is about reunification and moving towards another permanent goal when reunification is not possible, not about what they thought they needed for court documentation. The documentation is the plan for the family time, how it was met, and the parent's self assessment.

Since the implementation of family time, visits in the agency office have become less and less frequent. While it took roughly 2.5 years to become fully embedded in the agency, courts and other system partners are now using the language of family time, coaching, and support. Social workers feel that progress within families is moving

forward more quickly as well, citing more civil and respectful dialogues between birth parents, foster parents, and staff.

PERMANENCY PRACTICES

Reinstatement of Parental Rights – Maine

In June 2011, a law was passed in Maine allowing for parental rights to be reinstated after a termination. The state is now developing guidance as to how the law will be implemented.

The focus on this issue developed out of information learned from Maine’s federal Adoption Opportunities Demonstration Grant: that in the process of family finding for children who had been in care for many years, birth parents were identified as a viable resource several years later. When a birth parent who had a termination in place was identified as a viable resource, the only option was for them to go through the adoption process.

Staff have been very responsive to this law and are pleased to have the chance to offer this opportunity for a young person to go home in a structured, safe manner. The process allows for a thorough assessment and transition plan.

The statute contains specific guidelines⁵ for the state to follow. Maine is currently in the process of having the associated policy rolled out for comment by staff and stakeholders.

Permanency Roundtables – Maine, New Hampshire, Rhode Island, Vermont

Casey Family Programs has sponsored Permanency Roundtables in Maine, New Hampshire, Rhode Island, and Vermont. They have demonstrated promising results in states, for the youth upon whom they have focused their attention, as well as on shifting practices related to permanency. These Roundtables, in exploring permanency from a variety of perspectives with no preconceived notions other than “we know we can find someone,” have provided an openness and support for staff that ultimately has transformed the way they think about permanency for older youth.

The Permanency Roundtable Project⁶ (PRT) began in the fall of 2008 as a collaboration between the Georgia Department of Human Services (DHS)/ Division of Family and

⁵ See Maine Reinstatement of Parental Rights Statute.

⁶ Retrieved online from the [Casey Family Programs website](#) on 12/14/2011.

Children Services (DFCS), Casey Family Programs and Care Solutions, Inc. The project focused primarily on children under a federal consent decree in Fulton and DeKalb counties. The purposes of the Permanency Roundtable consultations were:

- To develop a plan for each child to achieve permanency;
- To stimulate thinking and learning about pathways to permanency for these and other children in foster care; and
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

Since the beginning of the roundtables in Georgia in 2008, the state has achieved a notable outcome. Over 50% of the youth who have been reviewed as part of the Permanency Roundtables (often considered to be the 'most difficult' youth) have achieved legal permanence.

The Vermont Experience

Vermont began its Permanency Roundtables with two principles and values trainings for all staff as the kick-off. These were intended to be inspirational meetings that provided basic information about the goals, purpose, and plans for the roundtables. The roundtables were viewed by agency leadership as opportunities for staff development. As such, they tried to include as many staff as possible as case presenters created their own criteria for which cases would be reviewed.

Based on the model, several staff were selected to serve as team members to which cases would be presented. Other team members came from Casey Family Programs and Lund Family Center making this a unique public/private partnership. These team members received additional training in preparation for the roles that they would serve on the team. Staff who were selected to present cases at the roundtable were provided a brief outline to complete about the family including a genogram. Presenters were encouraged to share only a quick synopsis of the case and focus primarily on what had been tried for the child related to permanency, rather than the more traditional focus on the history of the child's involvement with the agency.

The supervisor and social worker came to the roundtable to present together and all team members and presenting staff felt there was an incredibly positive and supportive tone that was set about the work that had already been done on behalf of the child. They were given an uninterrupted 20 minutes to present their work as part of a structured six-phase process.

From the workers' perspectives, attending the roundtable did not require much additional preparation (a one-page summary and genogram). The roundtable lasted for

roughly two hours and allowed for intensive brainstorming and action planning; helped identify system constraints around permanency and aging out (e.g., access to specific services only at the expense of achieving legal permanency). The Action Plan that was generated as an outcome included action steps for many people in the room, not only the social worker, which reinforced the supportive nature of the roundtable.

The New Hampshire Experience

New Hampshire experienced a very similar process to Vermont, although they decided to include youth in the roundtables at the beginning. They planned two waves of PRTs on each case, the first with only professionals and the second with the youth present. The first wave was seen as an important opportunity for DCYF staff to understand the process and prepare the youth. But the second was seen as essential for including the youth in thinking, planning, and decision-making. An additional round of training specific to youth engagement and participation was provided to participants prior to the second wave of reviews.

Overall, having youth involved, even though many workers were initially anxious about it, encouraged staff. People generally wished that they had more time between the two waves. They found that the better youth and their supports were prepared, the better and more effective the PRTs were. A key observation from many staff was that having youth and their connections present often radically altered their planning.

The Maine Experience

Maine shared the concerns regarding the high number of older youth currently in care and aging out of the foster care system without achieving permanency. They kicked off this permanency work with a day-long values training on August 25, 2011. This training ensured that the needs for permanency for these youth were understood, as well as the poor outcomes for youth who do not achieve permanency. The PRT process was also introduced to staff at this training.

Maine opted to change the name from Permanency Round Tables to Permanency Review Teams. They believed that this name and introducing it as a review better fit with Maine's vision. It is also a term that is familiar to staff and one used mainly in their residential review process with great success. Some districts were already reviewing older youth in care for permanency and connections and the state did not want to invalidate that work for staff. Thus, the PRTs were presented as a process to enhance what was currently being done and to build additional skills for staff in working with older youth.

In addition to the August kickoff, a three-day training was held on September 27, 28 and 29, 2011 to work with the staff, supervisors, and practice leaders on how to talk to older youth regarding permanency; how to “get past the no”; and the Family Team Meeting structure for older youth. A skills training specific to how PRTs are structured was held on October 17, 2011.

The PRTs for the 48 selected youth were held on October 18, 19, 20 and 21, 2011. Caseworkers and supervisors who attended reported that they very much liked the process as they were able to take the time to focus on the case and brainstorm possible permanency options. They also reported it was a respectful process and helped to have fresh eyes looking at the case. Similar to New Hampshire’s model, a Family Team Meeting (FTM) that includes the youth is held within a month of the PRT to continue work on the Action Plan that was proposed. This FTM group continues to meet until legal permanency is achieved.

Moving forward, Maine is incorporating the PRT process into district practice, as part of their overall “Comprehensive Youth Permanency Strategy.”⁷ The decision has been made that districts will talk to staff who attended and take the portions of the PRT that worked well to meld into the reviews districts were already conducting to enrich the process. They will be tracking information regarding the first group of 48 youth reviewed as well as tracking future youth reviewed. They also recognize that they have work to do with the provider community, specifically the legal community and the therapeutic foster care agencies, to education them in the importance of this process and permanency for older youth.

The Rhode Island Experience

Rhode Island chose to adopt the Permanency Roundtable methodology to further strengthen the work of their existing Permanency Support Teams (PSTs). The PSTs have been meeting for several years on a weekly basis in each of the regional offices. The Rhode Island planning team felt that the PRT methodology would bring greater consistency and structure to these meetings, therefore achieving more positive permanency outcomes for children and greater support for staff. These teamings continue to be called PSTs to support the idea that this is a continuation of their current practice rather than something ‘new.’

⁷ This overall strategy was developed in Maine in partnership with Casey Family Programs, Annie E Casey Foundation, Casey Family Services, and Jim Casey Youth Opportunities Initiative.

Like the other states, Rhode Island first held a Permanency Values training that was broadly attended by over one hundred and eighty staff from DCYF and private providers. The four PST teams included both DCYF staff and private providers. These team members, along with several administrators, attended a Skills training to deepen their understanding of the methodology. For the rollout, the teams reviewed forty-four cases over the course of four days. The DCYF workers and team leaders presented cases that had been selected via an algorithm that predicts those children who are least likely to achieve permanency. Both staff presenting cases and those staffing the PSTs were enthusiastic about the process and Rhode Island plans to continue to use the PRT methodology in the regional PST meetings.

Family Accelerated Inclusive Reunification (FAIR) – New Hampshire

In New Hampshire, FAIR meetings are held within ten days of placement. Subsequent meetings occur at four months (120 days) and ten months (300 days) from date of removal. These meetings include family and stakeholders and explore various decision making points, all with the simultaneous goals of achieving reunification and ensuring that families have what they need to be prepared to support the reunification successfully. These meetings strive to engage the family and other team members in an intensive, collaborative discussion regarding the safety, permanency, and well-being of the child.

At the time the child is placed, the parent is provided a FAIR brochure and the social worker is expected to provide an explanation to them as to what the FAIR meeting involves. Given that the time of removal can often be an emotional one, a few days later the FAIR facilitator does a follow up phone call/invitation to the FAIR meeting. Questions the parent may have are answered at this time and the process is explained in greater detail. The parent is also empowered to bring other family members and/or supports to the initial and follow up FAIR meetings.

DCYF contracts with a local human services agency to carry out the FAIR program statewide. Facilitators are required to possess a Master's Degree in a related human services field with some knowledge/experience in the child welfare system. Facilitators have participated in various agency trainings, including Solution-Based Casework.

The meeting is logged into Bridges (the state's SACWIS). The facilitator uses the FAIR form, which identifies the questions to be addressed at the meeting. The facilitator completes the form based on the family and other team member's responses and ensures a copy is placed in the social worker's or probation officer's case file. Action steps are completed at the end of the meeting and copies are provided to all parties.

The state has developed clear guidelines for FAIR meetings⁸. In September 2011, DCYF also developed a PowerPoint presentation⁹ for a national webinar that was done with counterparts from across the country. This was an effective tool for explaining FAIR to out-of-state professionals.

SYSTEM-LEVEL PARENT AND YOUTH ENGAGEMENT PRACTICES

Involvement of Parents in System-Level Work - Connecticut

Connecticut's work in the Breakthrough Series Collaborative inspired the Department to explore different ways of engaging parents in system-level work. Following their involvement in this project, they hired a parent focused specifically on cases in which workers were having challenges engaging families. The state found flexible money to continue this work and plan to expand and sustain it.

Parents are now included on statewide Advisory Boards, Task Forces, and workgroups. The Training Institute strives to ensure that their voices are now incorporated into staff and community trainings as well.

Involvement of Parents and Youth in System-Level Work - New Hampshire

New Hampshire has hired a Program Specialist whose primary role and responsibilities are focused on building a "parent-partner" program. This person has been instrumental in coordinating the roll-out of Better Together / Birth Parent workshops across the state, establishing a fatherhood engagement initiative, and creating a plan for developing a continuum of opportunities for parents to "partner" with New Hampshire on a wide range of activities.

As a result NH has begun to develop a 'parent pool' from which parents are invited and drawn upon to participate on a volunteer basis or in receipt of a stipend, based on the level of involvement and associated expectations (e.g., reviewing policies, serving on advisory groups/planning teams, providing periodic consultation, etc.). It is anticipated the evolution of this program will eventually result in creating a resource for District Offices when a parent involved with the agency would like support from another parent.

⁸ See NH FAIR Guidelines.

⁹ See NH FAIR PowerPoint presentation.

In addition New Hampshire has a parent and a youth contracted with outside agencies that serve as consultants to DCYF. The Parent Leader and Youth Leader sit at the state Central Office but work directly with state office and field office administration, program specialists, and staff on the development and implementation of strategic plans to further youth and family engagement and achieve effective transitions to permanency.

New Hampshire has also used Casey Family Programs' [Strategic Sharing](#) curriculum with identified parents and youth to help develop their skills as advocates and partners. The Better Together curriculum (see above) is also being used statewide to help better understand and develop partnerships between birth parents and staff.

Involvement of Parents and Youth in System-Level Work - Massachusetts

In 2004, Massachusetts had a strong leadership commitment to bringing parent and youth into Department planning and decision-making at a system-level. Based on that initial leadership, the state now has many sustained ways of ensuring parents and youth are involved in system-level work.

Two family members are standing members of the Senior Staff, and actively participate in all Senior Staff meetings and associated consultations and decisions. Additionally, seven parents attend the monthly Statewide Managers meetings. The primary criteria for participation in these capacities is to be at least one year post-involvement with the Department.

In addition to the inclusion of parents at the most senior levels of the Department, DCF also has a dedicated staff person who serves as a Family Representative. In this role, she oversees the Statewide Family Advisory Committee, which includes birth parents, foster parents, youth, and kin. This Committee reviews all Department RFRs before they are released to ensure they reflect parent and youth perspectives; participates on Area Office Boards; reviews Departmental policies and letters (language reviewed for family-friendliness); and participates in Central Office committees and meetings. Managers from other programs in the Department often attend Statewide Family Advisory Committee meetings to present information and gain the valuable insights this group provides. Stipends are provided to individuals who attend these meetings.

The funding of the dedicated Family Representative position as well as the stipends for parent and youth participation was initially through Casey Family Programs. It was subsequently picked up by the state to sustain through federal block grants.

COMMUNITY PARTNERSHIP

[Community Partnerships for Protecting Children \(CPPC\)¹⁰ – Maine](#)

Community Partnerships for Protecting Children (CPPC) began in Portland in 2006 as a locally driven, national initiative built upon the recognition that the traditional state-agency, enforcement-oriented approach to child welfare is not the best way to prevent child abuse and neglect. Instead, CPPC's approach aims to enhance the welfare of children and their families by engaging multiple organizations and individuals to serve and support families *before* there is a need for the more costly intervention of child protective services.

Currently serving Cumberland County residents in Southern Maine, CPPC is a partnership that is truly focused on bringing together all available resources to keep children safe in their own families, neighborhoods, and communities. For any family, these supports may include: child welfare, counseling, substance abuse services, child and adult education, housing assistance, recreation, church-sponsored camperships, shared babysitting and neighbor supplied meals.

There are currently 36 agencies and organizations that have signed a CPPC partner agreement to provide regular support through skilled personnel and in-kind services. Funding for CPPC is provided through a blend of public, non-profit, private agency, and business community support. (Currently 14 agencies, organizations, and local businesses provide funding.)

CPPC, in addition to collaborating across agencies and organizations in order to provide families with integrated services and supports, also builds community on a local level. Neighbors gradually come to rely on one another, not the social service system, for help. This development of informal resources accomplishes the following:

- Fostering a sense of community;
- Expanding local capacity for mutual support;
- Gradually reducing a family's reliance on formal services; and
- Building neighborhood leadership and institutionalizes a grassroots structure that identifies strengths and experiences that too often go unrecognized and untapped.

Maine is planning to spread CPPC to two additional communities in 2012: Biddeford and Bangor. Maine is also incorporating a Fatherhood Initiative into the CPPC component.

¹⁰ Information provided here was retrieved from the [CPPC website](#) on 12/14/2011.