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**The Newspaper of the
 New England Association
 of Child Welfare
 Commissioners and
 Directors**

**Volume XXVI, Number 1
 July 2012**

COMMON GROUND

For Professionals, Advocates, and Families

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*The Newspaper of the
 New England Association
 of Child Welfare
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**JANUARY 2013
 THEMES:**

**Open Issue,
 Current State
 of Child Welfare**

Articles due by:
 November 2012

MA Commissioner Embraces Fathers and Fatherhood

By John Laing with Fernando Mederos and Amy Kershaw

It is a moment in my life that I will never forget; a moment that has helped me to see things more clearly and that challenges me to be better. A moment, that since I have been able to verbalize it, I find myself telling over and over again; a moment that almost didn't happen.

I remember the day vividly. I was at a meeting of the Massachusetts Department of Children and Families (DCF) statewide managers—a monthly gathering of nearly 100 agency leaders and managers from across the state. It was one of my first meetings in this role as a parent representative to the Senior Staff of the Massachusetts Department of Social Services (DSS) now officially known as Department of Children and Families (DCF). I

knew very few people in the meeting but felt comfort in having a long time mentor as a support. The day is very clear to me because it was the day I was meeting with my son's doctor regarding a decision to remove one of his eyes. Two days earlier my son was at work helping a customer when a co-worker playing with a BB gun, shot my son in the eye. As he describes it, he never knew what hit him but it was painfully clear, that he would never see with that eye again.

I sat in the meeting that day wanting to participate but my mind was with my son. As I explained to my friend why I was going to leave the meeting early, I realized the Commissioner was listening to the stress in my voice and seeing the



John Laing

concern on my face. He politely said that he heard a little of what I was saying and asked if I could tell him as well what I was going through. In a matter of seconds, I could feel my mind racing 100 miles an hour. I wasn't so concerned with telling my son's story and how it had affected me to my female friend because I reasonably believed that she would

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New England Youth Coalition Creates Sibling Bill of Rights

By Anthony Barrows

In January 2012, a group of young people in New England with experience of the foster care system met in Devens, MA to discuss the latest revision of their Siblings Bill of Rights. They created the Bill to highlight the importance of siblings to people who enter foster care. Almost two years earlier, when the Bill was first being imagined, these youth talked about how important siblings are as permanent connections, but also about how infrequently they get included in permanency plans. Many of the youth had lost touch with their siblings completely. Some had been reunited with siblings after long periods of time and felt that their relationships were forever damaged.

These youth belonged to the New England Youth Coalition (NEYC), a group of current and alumni foster youth and adult allies from across the six-state region who work together to better the quality of life for youth involved with the foster care system. The coalition has been operating under the guidance of the New England Association of Child Welfare Commissioners and Directors (NEACWCD) since 2008. NEYC is youth-inspired, having arisen from a Breakthrough Series Collaborative on Adolescent Permanency in Massachusetts that also included teams from Maine and Rhode Island. The teams who participated in that Collaborative included young people who had been in foster care, and those youth



Anthony Barrows

were thrilled to be able to meet other young leaders from other states. They wanted to keep meeting and working together, so they suggested the idea of a regional youth advisory board. NEACWCD supported the idea and offered to staff the group. When the Association sought funding, Casey Family Ser-

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Fatherhood Matters

By Douglas Howard

Research indicates that the unique way fathers interact with their children contributes to the healthy development of children from infancy through early adulthood (Heinrich, 2007). In recent years, the critical link between promoting responsible fatherhood and positive outcomes for children has attracted attention across the political spectrum at both national and local levels. This emerging paradigm has resulted in a community of foundations and organizations dedicated to supporting child welfare practice at both federal and local levels, and research informing a growing body of field literature, legislative, and policy enhancements. Organizations including the Administration for Children and Families, Casey Family Programs, the Annie E. Casey Foundation and the American Humane Association are actively collaborating with child welfare jurisdictions across the country in an effort to promote and support best practices in the field of fatherhood engagement.

The impact of father presence

Research indicates that children whose biological fathers are absent are on average 2-3 times more likely to be poor, to use drugs, to experience educational, health, emotional and behavioral problems, to be victims of child abuse, and

children residing in single-parent homes increased by 14 percent (from 214,000 to 249,000) surpassing the national increase of 12 percent (from 21,361,000 to 24,297,000).

Agency efforts

Dating back to 2001, comprehensive case review data and qualitative findings at both national and state levels have indicated a need for enhancing the efforts and effectiveness of child welfare organizations to engage and serve fathers. Federal findings (2001–2008) have consistently highlighted challenges surrounding fatherhood engagement in every child welfare jurisdiction nationally.

In 2007, the Department of Children and Families (DCF) fully integrated the federal Child and Family Services Review model into its statewide quality improvement system via a process known as the Connecticut Comprehensive Outcomes Reviews (CCOR).

This recent innovation equipped DCF with the unique capacity to assess how the agency serves mothers, fathers and children individually according to federal practice standards. Statewide data and findings suggest that fathers are statistically less likely to have their needs assessed and services provided, be involved in case planning

Many fathers felt misrepresented by their documented history and viewed face-to-face discussion as an opportunity to see them in a more rounded manner.

to engage in criminal behavior than their peers who live with their married, biological (or adoptive) parents (Horn & Sylvester, 2002).

Further, communities with high levels of father absence tend to also have high rates of poverty, crime, and young men in prison (Blankenhorn, 1995; Merrill, Schweizer, Schweizer, & Smith, 1996; Popenoe, 1996).

Conversely, research suggests father presence contributes positively to the physical health, cognitive development, safety, well-being, and educational achievement of children from infancy to adulthood. Children with involved, loving fathers are significantly more likely to do well in school, have healthy self-esteem, exhibit empathy and pro-social behavior, and avoid high risk behaviors such as drug use, truancy, and criminal activity compared to children who have uninvolved fathers (Horn & Sylvester, 2002).

In child welfare, data from the National Child Abuse and Neglect (NCANDS) and Adoption and Foster Care Analysis (AFCARS) Reporting Systems suggests that father presence contributes to lower rates of repeat maltreatment reports, shorter lengths of stay in foster care, higher reunification rates, fewer placement episodes, and greater stability in foster care (Velasquez, Edwards, Vincent and Reynolds, 2007).

Moreover, most foster children are not living with their fathers at the time they are removed from their homes (Malm, Murray, and Geen, 2006).

Connecticut has seen a steady increase in the number of children residing in single-parent homes, particularly in the last decade. From 2004 to 2010, the number of Connecticut chil-

and receive visits of adequate quality and frequency when compared to mothers and children (CCOR Round 1 Final Report, 2011).

In concert with the Department's ongoing efforts to support and promote healthy, thriving children and families, DCF is placing emphasis on fatherhood engagement as a critical component of family centered practice. The Department's Strengthening Families Practice Model provides that the most effective way to involve both mother and fathers in the child welfare process is through visiting them in their homes and communities.

Fatherhood matters

In 2009, the Department responded to the need demonstrated by the data by establishing the Fatherhood Matters Initiative as a component of its agency-wide Program Improvement Plan.

The overarching goal of the Fatherhood Matters initiative is to promote positive outcomes for children through the meaningful involvement of fathers in child welfare services. Some key objectives have been to offer data, information, and planning support to regional office staff and leadership and to partner with fathers and community providers throughout the process. This initiative represents DCF's effort to develop and implement strategies for more effectively involving fathers in the child welfare process, consistent with the Department's mission.

Key strategies

At the systems level, ongoing partnerships with Casey Family Programs, the Connecticut Department of Social Services, the DCF Acad-



Douglas Howard

emy for Family and Workforce Knowledge and Development, the Massachusetts Department of Children and Families, and national experts in the field of fatherhood engagement have been central to guiding the Department's fatherhood work.

A primary strategy of the agency's efforts to more effectively engage fathers across the agency's mandates has been emphasizing key areas of practice including engaging non-resident and incarcerated fathers. For example, despite having routine, ongoing contact with their children, non-resident fathers are seldom included in relative resource discussions or strengths and needs assessments conducted on behalf of the family. This substantially limits the scope and effectiveness of the assessment and overlooks the needs of fathers.

Some additional areas of emphasis in case practice have been:

- Early and ongoing efforts to identify, locate, and engage fathers in the child welfare process;
- Engaging mothers, children and kin in discussion regarding the identity of, last contact with and relationship with father;
- Assessing the needs and strengths of father(s) involved with the family as a crucial pieces to

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COMMON GROUND is published by The New England Association of Child Welfare Commissioners and Directors, Judge Baker Children's Center, 53 Parker Hill Ave, Boston, MA 02120. (617) 232-8390, Ext. 4275. ©1990 Judge Baker Children's Center; Claudia Jacobs, Founding Editor

Individual Subscriptions: \$15.00
Organizational Subscriptions: \$25.00
Agency Bulk Subscriptions: \$50 to \$150

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Floating Like a Butterfly After Special Encounter With Muhammad Ali

by Felix Manuel Rodriguez

Rarely does a man get a chance to meet his hero, write a book about his hero, talk about the impact and influence his hero had, be invited to his hero's 70th birthday party, and fist bump his hero. I am lucky enough to have this connection to the Greatest of All Time, Muhammad Ali.

My admiration for Ali began when I was about thirteen-years-old, living in the public housing projects. I grew up poor, surrounded by seven siblings with a single mother who barely spoke English. I was the youngest of the boys. My dad left when I was about five years old. Growing up, I didn't have any positive male role models to look up to.

I watched a film about Ali's life in and out of the boxing ring. The film highlighted his childhood growing up in Louisville, Kentucky, his flamboyant confidence, his 1960 Olympic Gold Medal victory in Rome, his classic fights with Sonny Liston, Joe Frazier, and George Foreman, and much more.

I instantly fell in love with Ali and immediately became an Ali fan—or what we devoted Ali fans call ourselves, “Aliologists.” I enjoy reading books and articles about Ali. I started collecting Ali memorabilia. By reading and watching old reruns of his boxing footage and life story, I gained a deep respect and admiration for him.

It never gets old. I was born in 1975, and I didn't have the privilege of witnessing some of his greatest fights. But that didn't matter to me. His life story and love for people inspired me. It was something I believed in. Ali loved people ... all people. He often visited sick and poor children around the world. Ali once said, “I love going to hospitals. I love sick people. I don't worry about disease.” He helped the homeless and saved a man from jumping to his death. His wife, Lonnie Ali, once said, “Muhammad is all about love.”

Ali's life and legacy is led by his six core values: respect, confidence, conviction, dedication, giving, and spirituality. I made a promise to the Champ. My three encounters with Ali cemented my commitment to live by these core values as best as I can.

In December of 2004, I had the pleasure of meeting my hero in person in Harlem, New York. Ali was promoting his new book *The Soul of a Butterfly: Reflections on Life's Journey*. I brought my nine-year-old son, JoJo, with me. Although we were warned that Ali will not be signing autographs or posing for photos. Ali not only signed autographs for us, he signed our book three times and once signed it “Cassius Clay.” He even waved for JoJo to come close so he could bear hug him. It was an incredible father-son moment that I had to write about. From that experience, Ali inspired me to write *Dad, Me, and Muhammad Ali: A Father and Son Story*, in which I highlight the importance of fatherhood and pay homage to my hero. The book is dedicated to the nearly 25 million father-absent children in America.

In September of 2010, Lonnie Ali invited me to conduct a book signing at the Muhammad Ali Center in Louisville, Kentucky. This was a huge moment in my young life and ranked among the top—next to the birth of my children, my wedding, and meeting Ali for the first time. I was certainly “floating like a butterfly” on this day. I played a small part of a larger celebration. The Muhammad Ali Center was celebrating Ali's 50th anniversary of winning the 1960 Olympic Gold Medal. Ali made a surprise visit, and another dream of mine was realized. I was able to present my book to him personally. Lonnie told me to sit with the Champ and to share my story. When I told Ali how much of an inspiration he was to me, he stopped



Felix Manuel Rodriguez with Muhammad Ali

browsing the book and with wide eyes he slowly reached out to shake my hand. My heart raced, and I had goose bumps. My hero reaching out to shake my hand.

This past January, I was invited to Muhammad Ali's 70th birthday party in Louisville.

Only 350 people were invited by Lonnie and family. I was humbled to have received an invitation. During the birthday celebration, I had an opportunity to sit down with my hero once again. This time, I told him that I loved him. I also asked if he could show me the famous right handed fist. The same fist that knocked out Sonny Liston and George Foreman. Ali slowly raised his fist, I raised mine, and together we fist bumped. Admirer and hero together again. It was a dream-come true experience. I am grateful to have built a friendship with him and his wife. Muhammad inspired and empowered me to believe in myself and to make a positive difference in the world.

Thank you Muhammad for inspiring this poor, skinny, Puerto Rican kid from the housing projects to believe that he too can make a positive difference for people of his race: the human race.

Happy 70th Champ! I love you!

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Fathers and Fatherhood

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be empathetic and share in my concern. I didn't have the same expectation about the Commissioner. I wasn't accustomed to men in my life asking me how I was feeling. It wasn't natural. Nonetheless, I told him the story.

What happened next was one of the most impactful memories of my life. Without hesitation, without permission, and without reservation Commissioner Angelo McClain embraced me and said “I'm so sorry for you and your son.” There was something deeply comforting in that hug and the words of support, and it was something I had never experienced before in my life. At almost 40 years old I had never felt the embrace of a man in a supporting, nurturing way. Like many men I had been embraced after shaking hands, as required by the “man code”, but had never received a hug like this.

I left the meeting to be beside my son but was overtaken with emotion about how that embrace made me feel. I could feel my eyes watering and didn't really understand in the moment why that expression was so impactful and then it hit me. I had dedicated my life as a husband and father to be present and loving to my children. I have embraced them and constantly assured them that

they are cared about. I give them something that I have never had and always questioned “was I over doing it.” I always wondered how they felt being embraced by me, and it was so clear now. If I wasn't around or didn't show love and provide nurturing, that there would be a void in them; a void that many men carry with them and that for some never gets filled.

It took only a moment for me to feel that embrace by the Commissioner, and to be changed by it. I experienced the deep impact of a moment of understanding and connection. However, I knew that DCF as an organization did not embrace fathers—did not provide that moment for them. That sense of being embraced—of being understood and supported—was not there for thousands of fathers. I knew that the existing culture in DCF routinely labeled or ignored fathers, and that fathers did not feel welcomed by the agency.

The fundamental issue was that by ignoring or pushing away fathers, we deprived children of the benefits that fathers can bring to them. We had much work to do. A major barrier was that many people harbored negative images of fathers (particularly low income fathers) and easily failed to look for them and engage them, or fre-

quently ignored fathers' strengths and desire to be in their children's lives.

In my own experience, I grew up without a father in my life. When I was young my father passed away and I never really got to know him except through the memories of my siblings and relatives and from the perspective of my mother. From my siblings and relatives my father was an incredible man. He was a politician in Jamaica and was very well known. Still to this day, I hear stories from others about who my father was, but that is not the perspective of my mother.

To my mother, my father was nothing more than a cheat. She constantly tells me how my life is so much better, never knowing him. That she was able to give me everything I needed and for many things that was the case. My work ethic, my moral character, drive and determination all came from my mother. She taught me how to be persistent and to persevere. She gave me love and care and stood by me in all that I personally strived for. What she couldn't give me though was that affirmation and support that I received by Angelo's (The Commissioner's) embrace. I never even knew that it was something that I was longing for until it happened. I saw some of my friends have their fathers around and I always wanted to know

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how it would have felt to have that father in my life. As a young child, I would dream about having my father or a father figure. I needed a man to talk to me about relationships, to play ball with me and provide the comfort of that which is only provided by a father or father figure. Mother's and DCF staff both need to understand and act on the fact that a positive, supporting and loving father can bring lifelong benefits to their children. We are starting to address this issue by providing an opportunity to talk about those benefits at every level of the Department.

Identifying the challenges

An essential part of the dialogue when working with fathers is to talk about fear. Men are socialized to conceal feelings such as disappointment, worry, embarrassment, jealousy, hurt, anxiety, shame, sadness, fear, frustration, and guilt. What we may see is anger. If we stop at the surface, it becomes an impediment for engagement, particularly if the worker believes that "an angry man is a violent man." It is easy to think that all fathers are hostile, angry, and abusive. The reality is social workers see a women's display of anger as something that they can deal with because it is necessary for the sake of the child. When men display anger, we are much less likely to ask "what are you feeling that's making you present as angry?" We don't engage in the same level of empathy nor do we value his involvement the same way. In positive father engagement, we talk about how when

a father expresses his feelings it might appear that he is angry/threatening when in fact he may be feeling many different emotions. Our job is to create a space to explore his feelings, concerns, and worries. Most often, the anger evaporates as soon as we show we are willing to listen.

Another big challenge to working with fathers is stereotypes and biases about fathers, including men of color and low income men in general. We are all influenced by negative images about these men: they are "absent fathers", "sperm donors", "gangbangers", "drug dealers", "batterers", "addicts and alcoholics", "criminals", "deadbeats", and so on. These images are inescapable, but our job is to put them aside, meet with men with an open mind, and look for strengths. What we personally feel about men in general, about men of color, about men's role as fathers, and about men's motives and worth, directly contributes to our willingness or lack of willingness to work with fathers. In fatherhood engagement we talk about and support staff to understand individual bias and institutional bias against fathers and how that might impact their willingness to engage with fathers.

When a DCF social worker walks through the front of someone's home, there is a power differential, particularly with low income families. If that power differential is combined with unconscious biases about fathers, even if it's "only" a tendency to overlook fathers, it's a powerful mixture. In addition, many fathers have already had engagements with other systems that have been ineffective, demoralizing, or



Fernando Mederos



Amy Kershaw

demeaning. So many men will expect DCF to treat them in that same fashion. So there is a setup for the father to feel slighted and for workers to interpret fathers' reactions as disinterest or hostility.

So we need to change a lot. The core idea of fatherhood engagement is to enhance children's lives by routinely reaching out to fathers to help them support the emotional, physical, social, spiritual, and financial well-being of their children. In practice, fatherhood engagement means working with all fathers in different ways, depending upon their strengths and risk factors. That is the same thing we do with mothers. We want to hold fathers responsible for stepping up for their kids and for respectful co-parenting, but we also want to "hold" and support men by building on their strengths.

What are we doing about them?

For the last two years we have been creating a Strategic Plan for Fatherhood Engagement that is ever evolving. It is top-down and bottom-up strategy. At the "bottom-up" level, we have Fatherhood Engagement Leadership Teams (FELTs) in area offices. These teams bring together social workers, managers, community partners and sometimes fathers who have been involved with DCF. In their monthly meetings, these teams identify strengths as well as gaps in fatherhood engagement at the office, provide training for staff, and design practice changes. Currently, 12 offices have FELTs. FELTs also create services for fathers. Fourteen offices have fatherhood groups and support groups for fathers.

We have started and maintained an ongoing workgroup around the issues of Fatherhood and Domestic Violence. Our commitment is to make sure that we work with men who have a history of domestic violence in the right way—to support their change process, build on their strengths, and make sure that our work provides safety for all

A Dad Can



change everything



bring stories to life



inspire great heights



build stronger foundations





open new worlds



The Massachusetts Department of Children and Families believes that:

- Fathers make important contributions to the well-being of their children.
- Parents are partners in raising their children, even if they don't live in the same house.
- When fathers are involved in a positive and consistent way, there are lifelong benefits to children.
- Fathers play unique and diverse roles in families.
- DCF has a responsibility to work with fathers and support their engagement with their children.

Fatherhood Engagement

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Fathers Involved in ME Child Welfare

By Virginia S. Marriner

What do you mean it is too late? I have been trying for so long to have a connection with my child. You already have a family to adopt him? But I have been here in Maine my whole life, why didn't anyone let me know?

As I have been seriously late in writing this article, it occurred to me that my thoughts of guilt and worry are very similar of those of a father who has not been sought out, who is finding he is too late to have a full role in his child's life, is struggling to be able to understand why this happened and why didn't anyone let him know?

I received plenty of notices that my article

ship with their fathers; all spoke about the choices they are making now to be sure they give their children what they need. Child welfare needs the voice of fathers to help agencies and practitioners to change their practice and to realize that children are more likely to finish school, go on to higher education, work and be a responsible parent when they are supported and nurtured by both parents.

Impact on Practice

This message and the conference in general ignited a small flame and allowed some very important connections to occur. Of most significant importance, Maine developed an alliance with STRONG Fathers www.strongfathers-

involvement. The STRONG Fathers Coordinator will provide technical assistance to the CPPC Steering Committee to identify and integrate father-focused programming.

The STRONG Fathers Coordinator will develop intentional learning partnerships with one case worker from each unit geographically assigned to CPPC neighborhoods. Coordinator will provide training and technical assistance to caseworkers through attendance at Family Team Meetings where fathers are present, debriefing after FTM's and ongoing TA consultation with caseworkers to increase their ability to engage fathers in cases.

The STRONG Fathers Coordinator will lead discussions bimonthly for units geographically assigned to CPPC neighborhoods, in collaboration with caseworkers engaged in TA intentional learning partnership. Discussions will focus on lessons learned through intentional learning partnerships, and ways caseworkers can apply lessons to increase father engagement and father participation in cases and in Family Team Meetings.

The STRONG Fathers Coordinator will work with the Parent Partner Team Leader to develop and implement STRONG Fathers short-term case support for fathers. STRONG Fathers case support will include preparation before the Family Team Meeting, attendance at FTM, and debriefing after FTM. Priority for case support will be given to (in order of priority): Fathers working with intentional learning partnership case-

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Fathers are critical to the well-being of children and child welfare has a responsibility to ensure their participation in the lives of their children.

needed to be in, there was a deadline – I was even given a “gentle reminder” to get it done! Fathers in our child welfare system are often completely left off the radar. They never receive that gentle reminder to get involved! There are often very good reasons and often not so good reasons why this happens. We are now hoping to leave that practice behind and identify, engage and include fathers in all of the work we do.

Listening to Father's Voices

Maine was very fortunate to have been invited to send a state team to the 2011 New England Fatherhood Conference held in Newport, RI. Thank you to Casey Family Programs and the New England Association of Child Welfare Commissioners and Directors. Each day began with stories fathers told of their childhood and then what they were doing as fathers to support and nurture their children. Some had supportive nurturing fathers, others grew up having no relation-

maine.org and engaged in a working agreement with DHHS, STRONG Fathers and Casey Family Programs to develop and implement a unified approach to improving the manner in which Maine's Department of Health and Human Services interacts with fathers by creating and delivering a pilot project serving offices involved with Community Partnerships for Protecting Children (CPPC): Portland, Biddeford, and Bangor. This agreement includes the following components:

STRONG Fathers program will offer regular evening father-focused programming. STRONG Fathers will take referrals from caseworkers in all units, with priority given to referrals from units assigned to CPPC. Fathers will additionally be referred to Parents as Partners weekly workshops. These workshops offer group support specific to Child Protective Service

Fathers and Fatherhood

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victims of domestic violence and enhances children's well-being. We are trying to make sure that we are delivering a consistent message that it is not a question of if we are going to engage men when there is a history of Domestic Violence but how and when we are going to engage them.

We have created a statewide campaign A DAD CAN... to send positive messages about engaging fathers and let dads know what they should expect from DCF. Posters about DCF's commitment to Dads now hang prominently in the DCF Central Office as well as in each of the Department's 29 local and 4 regional offices -- in places that workers and dads can see. This campaign affirms our commitment to the value fathers have for their children.

A component in DCF's new Social Worker Professional Development Program specifically addresses engaging fathers. All beginning social workers are given an opportunity to review the positive impact nurturing and consistent fathers

have on children. They also have a chance to learn and practice positive approaches with fathers.

We have developed a Father Family Fun Day and celebrate our 3rd annual event this year which demonstrates the Department's commitment to engaging and supporting fathers – and brings together other state and local leaders to send this message.

We have developed a practical toolkit for social workers on different aspects of engaging with fathers.

We are using fatherhood group models such as the Nurturing Fathers Curriculum, which provides a well-rounded educational and growth experience for fathers. It emphasizes emotional nurturance of children, understanding children's development and having appropriate expectations of them, positive co-parenting with mothers, and healthy discipline with kids. It also helps men connect their father “legacy” with their own vision of what kind of father they want to be. When men learn to show love and become more nurturing, it also changes the way that they feel about themselves and their role in the family and as a father.

And, this year DCF will convene the 1st Annual Fatherhood Summit with help from the Massachusetts Department of Early Education and Care (EEC) and seven other state agency partners who are coming together to better understand the impact of supporting Fathers to be present and active in the lives of their children and families. A key theme of this first Summit is how with cross system collaborations we can support a more supportive, loving, nurturing environment for families and increase the well-being of our children.

We are getting better and we are constantly trying to improve and it all builds from one Commissioner's willingness to embrace a father and to embrace fatherhood. We must hold men accountable for their actions and responsibilities but it is also important that we “hold” men. If we don't, they may never feel that embrace.

John Laing is a member of the Family Advisory Committee and is Parent Representative to the Senior Management Team, Massachusetts Department of Children and Families (DCF). He can be reached at johnlaing@johnlaingenterprises.com.

Fathers Involved in ME Child Welfare

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worker; fathers living in CPPC neighborhoods; Fathers attending classes outlined in item one.

The STRONG Fathers Coordinator will collaborate with Parents as Partners to add a father-focused training component for new caseworkers.

This work is well underway and received an additional boost of energy through our participation in the 2012 New England Fathering Conference held in Maine in March of 2012.

Re-energized in 2012

The 2012 conference consisted of three days of passionate speakers, dynamic panel discussions, inspirational stories from dads and numerous valuable workshops that supported fathers in an opportunity to recommit to being a dad and re-energized professionals in their work with fathers. This was an opportunity for the Maine staff who attended to explore the assets that fathers and family men bring to our community and the work with families. The Fathering Conference provided a very positive and balanced focus on the important role fathers can play in the lives of their children.

Fathers had the chance to share their experiences, including the challenges and joys of their fathering role. There were Roundtables specific

to child support, custody issues and male advocacy that allowed providers and parents to get state-specific information and learn about the relevant laws, policies and practices in each of the New England states.

Fathers shared stories of their resilience and strength, even when they had no or few positive father role models. Many of the dads spoke about multiple needs, problems and barriers, however, the one message that was clear was that their children were important to them and they wanted to do better by their children than had been done to them—and they were willing to put in the work. Fathers who spoke were able to share experiences of feeling mistreated by the system, with a general theme of not being listened to.

A strong message is that all of us in our professional roles need to remind ourselves and encourage staff to reach out to dads and see the possibilities of their involvement in a different light.

There was a great deal of time focused on the need for service providers and the systems to collaborate, such as with domestic violence response. The presenters were able to demonstrate how to work together and while not promoting father involvement at all costs—but promote the need to find, assess and include fathers when (and how) it can be done safely. The conference provided a good balance of the need to include fathers, but also the need to address safety as well. In Maine, Brian Clark of STRONG Fathers is helping to lead the work in understanding the

need to work closely with domestic violence liaisons to adopt the same language and develop a unified plan to address families where domestic violence occurs. The message is clear that if we are going to make progress in eliminating domestic violence it will come from men. They need to be an integral part of the process for change.

One DHHS supervisor reported:

“Overall this was an excellent conference that has motivated me to do more to remind workers to get fathers involved, to challenge workers on any barriers they have in preventing them from finding fathers and in seeking fathers who are qualified to be peer mentors”.

Fathers are critical to the well-being of children and child welfare has a responsibility to ensure their participation in the lives of their children.

Virginia S. Marriner is the Director of Child Welfare Policy and Practice, for the Maine Department of Health and Human Services. She has been in the public child welfare system for almost 30 years beginning as a child protective worker in the field. She is a strong advocate for family and youth voice in all the work we do. She can be contacted at: Virginia.s.marriner@maine.gov or (207) 624-7931.

Fatherhood Matters

continued from page 2

a holistic assessment of a family's risk and protective factors;

- Exploring the attitudes, perceptions and personal biases held by both agency staff and community fathers, which may impact fatherhood engagement practice; and
- Establishing Fatherhood Engagement Leadership Teams (FELT) in the regional offices to strengthen community partnerships, build on successes and lessons learned, and translate promising approaches from the field to the development and implementation of strategies for supporting practice.

What Fathers Say...

Over 80 community fathers have participated in regional Fatherhood Listening Forums designed to learn from and better understand fathers within their cultural and community contexts. Many of the fathers have volunteered to partner with DCF in planning and training activities following their participation

One father described his experiences like this:

“My participation in the meetings and trainings has been like therapy for me. The most important thing I've learned is that attitudes are a two-way street. Many fathers don't want anything to do with DCF because of what they hear from other people, and some DCF workers disregard fathers. I've seen a change in fathers and DCF workers in these meetings. Fathers are more willing to share their experiences once they feel they are being heard, and DCF staff are changing because of what they hear. I plan to keep coming to the meetings. (Clifton T., May 2012).

Often fathers associated their overall experience with the Department with their first contact with their social worker. Fathers often remarked positively regarding workers who “took the time to get to know me” and for “coming and speaking to me.” Many fathers felt misrepresented by their documented history and viewed face-to-face discussion as an opportunity to see them in a more rounded manner. Father's relationship with mother emerged as the greatest predictor of father having access to his child. Over half of the fathers reported being involved in at least one other state system.

Recent Successes, Short Term Outcomes

Recent successes have been observed across DCF offices, including increased staff interest and awareness. This heightened awareness has contributed to identifying staff “champions” in each regional office, implementing promising approaches, offering practical tools for supporting practice, and forming sustainable partnerships at both community and systems levels. At present, nine DCF sites are engaging in stra-

tegic efforts to improve services to fathers and families.

Douglas Howard is the Fatherhood Systems Coordinator for the Connecticut Department of Children and Families. If you are interested in learning more about the Department's Fatherhood Matters Initiative he may be reached at Douglas.Howard@ct.gov or at 860-550-6321

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CONCEPT: Moving CT Toward Trauma-Informed Practice

By Robert W. Plant, Ph.D., Kim Campbell, LCSW, Jason Lang, Ph.D. & Marilyn Cloud, LCSW.

In October 2011, the Administration for Children and Families (ACF) awarded the Connecticut Department of Children and Families (DCF) a 5-year, \$3.2 million grant to improve trauma-focused services for children in the child welfare system. Titled the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT), this initiative is a collaborative effort between DCF, the Children's Health and Development Institute of Connecticut (CHDI), the Yale Child Study Center, and the Consultation Center at Yale University. The CONCEPT Coordinating Center is located in the Connecticut Center for Effective Practice (CCEP), a division of CHDI. The specific goals of the grant are to:

- Support the workforce development of DCF staff to become more trauma-informed;

chronic traumas or those with limited support. These reactions most often include symptoms of depression and post-traumatic stress disorder (PTSD), including re-experiencing (flashbacks/nightmares), avoidance (not thinking about or talking about the traumatic event), and increased arousal (hyper-vigilance, difficulty concentrating, sleep problems, irritability). Fortunately, a number of evidence-based, trauma-focused treatments have been developed to treat, and even prevent these reactions in children.

CONCEPT builds upon previous steps that DCF has taken to develop trauma-focused care for children. As part of the Department's transformation to provide family-focused, strengths-based services that are more purposeful and intentional, DCF has identified trauma-informed practice as one of the six cross-cutting themes

A national U.S. Department of Justice survey from 2009 indicated that over 60 percent of children had been directly or indirectly exposed to potentially traumatic events within the previous year.

- Develop and institute a system-wide DCF protocol and quality assurance mechanism for screening and referring children in need of trauma-focused treatment and services;
- Disseminate two trauma-focused, evidence-based treatment models in community-based providers and in facilities around the state for assessment and treatment of children and youth screened by DCF:
 - Train additional community-based providers and selected facilities in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to expand an existing TF-CBT provider network;
 - Train community-based providers in Child and Family Traumatic Stress Intervention (CFTSI), a short-term intervention delivered acutely following trauma exposure.

ACF's release of the grant reflects the agency's recognition of the negative impact exposure to a potentially traumatic event can have on the well being of children in the child welfare system and the barriers untreated traumatic stress can create to achieving safety and permanency for children.

Child Traumatic Stress

It is well documented that many children and adolescents have histories of exposure to traumatic events. A national U.S. Department of Justice survey from 2009 indicated that over 60 percent of children had been directly or indirectly exposed to potentially traumatic events within the previous year (Finkelhor, Ormrod, Turner, & Hamby, 2005). Children involved with child welfare services present with even higher rates of exposure to traumatic events and most likely have been exposed to multiple events in their lifetimes.

While many children exposed to a potentially traumatic event recover without treatment, some will develop post traumatic stress reactions that adversely impact their daily functioning, particularly children exposed to severe, multiple, or

that guide all of our work. In this regard, DCF has begun to incorporate elements of the Child Welfare Trauma Training Toolkit developed by the National Child Traumatic Stress Network (NCTSN) into the training required of all new social workers in DCF. Between 2007 and 2010, DCF also expanded the availability of trauma-focused treatment across Connecticut by sponsoring the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Learning Collaborative. The initiative disseminated the trauma-specific, evidence-based TF-CBT treatment to 16 community outpatient clinics across the state. These sites continue to provide TF-CBT and offer treatment options for DCF youth.

Components of the CONCEPT grant

The first year of the CONCEPT grant is for planning, assessing system readiness, and developing specific plans for how each of the grant's goals will be accomplished. Work groups have been created to facilitate this work. A variety of stakeholders, including staff from all levels of DCF, community providers, and family representatives, have been recruited to work with DCF and its grant partners on these work groups. Work group activities have focused on establishing plans for implementation of each of the grant's components.

One of these components is the development of a trauma-informed workforce within DCF and efforts to combat secondary traumatic stress that often impacts the well-being and performance of child welfare staff. These activities will build upon and be integrated with DCF's past and current systemic initiatives to make the child welfare system more trauma-informed. Specific activities of the grant will include reviewing the current trauma training materials and protocols to determine if more trauma-specific material is needed in the training and to identify ways to include all of DCF staff in trauma training. Trauma-focused training will integrate trauma screening and referral to treatment. Finally, mul-



Robert W. Plant



Kim Campbell



Jason Lang



Marilyn Cloud

iple strategies are being considered to better support child welfare staff.

A second component of the grant supports developing and planning for the implementation of a system-wide standardized method of screening for trauma exposure and symptoms of traumatic stress of all DCF-involved children. This includes creating the screening tools and the referral tools and procedures for further assessment and treatment for children. Trauma screening and assessment training for staff are in development, as are modification of existing DCF data systems to capture trauma data and the design of quality assurance mechanisms to monitor the screening and referral process.

A third component is the dissemination of two evidence based trauma-specific treatments -- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and the Child and Family Traumatic Stress Intervention (CFTSI)—in community-based agencies and facilities across the state. A learning collaborative methodology will be used to train, implement, and support these practices. The dissemination of TF-CBT will build on the existing network and bring the service to communities where it is not currently available. CFTSI is a new, brief treatment model that can help prevent the development of PTSD in children exposed to potentially traumatic events. The dissemination of these models will include direct contributions from Dr. Judith Cohen, one of the

Continued on page 19

NE Convening on Trauma-Informed Safety Planning with Families of Children Ages 0–5

By Jen Agosti

Over the last several years, the six New England states have come together to address safety and danger assessments, safety planning with families, trauma-informed practice, and understanding brain science and the developmental needs of young children. While these topics and issues are all intimately connected, they can be siloed into specialty units or committees, often based on expertise, policy, and funding streams. In Portland, Maine on May 30–31st, the New England Association for Child Welfare Commissioners and Directors (the Association) and Casey Family Programs provided an opportunity for teams from each of the New England states to come together to talk about how these silos can be broken down in ways that will allow them to focus on intentionally bringing these threads together.

This Convening was intended to specifically build upon the combined work from the October 2011 Early Development, Science, and Child Welfare Summit and the November 2011 Safety Assessments and Planning with Families Convening, as well as the trauma-informed work that is currently underway in all of the New England states. Each state was invited to bring a ten-person team, including representatives from child welfare; courts; early childhood services; early education (e.g., Head Start); pediatrics; children's mental health; community partners; mothers and fathers; and foster/ kin caregivers. For some, this was the first time they had sat down together to discuss this work with this full group.

Convening goals

As participants, each state hoped to: 1) better identify how cross-cutting work could be integrated with other initiatives in their state as well as supported by the multiple systems involved; 2) develop a common articulated vision for an effective state system of assessing danger, and planning for safety, in partnership with families of traumatized young children; 3) identify the key values, policies, practices, and programs that would be needed to support this vision; and 4) identify the critical next steps to begin moving the vision into action, including who needs to be brought into the work; how this will be done; and what key issues need to be addressed.

Key topics addressed

The Convening began with a panel discussion that included various perspectives related to this complex and multi-faceted issue: the Deputy Commissioner of a state's Department of Health and Human Services; a pediatrician who is the Executive Director of an evidence-based home visiting program; a manager from a statewide non-profit human services agency; and a national expert on trauma-informed child welfare systems from San Diego's Chadwick Center for Children and Families. These panelists set the stage for the meeting by discussing several of the key questions that arise in this cross-cutting work, including:

- What does it mean to be trauma-informed?
- What does a trauma-informed safety plan look like in contrast to a non-trauma-informed safety plan?
- What are some of the tensions that may arise between 'being trauma-informed' and 'con-

ducting safety planning with families' for these young children?

- What are some of the realities of fear, anxiety, and responsibility for workers and for system partners when working with this population? What does it take to address/reduce some of this anxiety?

This discussion was further enhanced by reviewing some of the key data that are publicly available, including AFCARS and NCANDS data on children ages 0-5 being referred to child welfare; entering and exiting out-of-home placement; reasons for child welfare involvement; placement types; lengths of stay; and permanency goals. Data from the National Survey of Child and Adolescent Well-Being, along with comprehensive data from the organization Zero to Three were also shared to provide a robust picture of these young children and their experiences. These data, together with the panel discussion, highlighted the magnitude of and urgency to collaborate across systems in order to better meet the needs of these young children and their families.

Promising approaches and Cross-Team Sharing

Prior to this Convening, a series of interviews and several virtual 'Expert Meetings' were conducted with individuals from across New England and nationally. The conversations with these 40 plus individuals were used to frame the scope of the Convening, as well as to identify key issues and promising approaches to practice. The following promising approaches were used as the basis for cross-state breakout session-roundtable discussions:

- The use of trauma consultants, CT
- In-home services / Family FIRST, CT
- Trauma screening and assessment, Chadwick Center (San Diego, CA)
- Teaming approaches and cross-system training, VT
- Community partnerships at a "grassroots" level, ME
- Secondary traumatic stress, MA

The cross-state sharing of challenges, successes, and opportunities continued as a theme throughout the Convening, with participants using a variety of opportunities to network, share ideas, and brainstorm in both structured activities (e.g., World Café, affinity team sessions) and unstructured time (e.g., breaks, meals).

State Team work

Perhaps the most valuable aspect of this Convening (based on participant evaluations) was the time allotted for state teams to complete their own structured activities. They began by developing a state "road map" intended to highlight the multiple initiatives, programs, practices, policies, and priorities related to some aspect of this work. This exercise helped illustrate—in a clear and visual way—all of the opportunities for integration across the state. It also created a common and more explicit understanding of the various roles and responsibilities each partner brought to bear.

The state teams then worked together to identify their priorities as they tried to unpack and simplify this work. They talked discretely about trauma-informed child welfare practice; safety planning



Jen Agosti

with families; issues related to working with young children; and the intersection between them. As they rated themselves on their strengths and challenges, they were able to prioritize how they needed to proceed as a state. The Convening concluded with state team meetings in which states used a planning tool to help them crystallize and document their thinking. Each state team left with solid agreement about how this work would be carried forward within their own agencies, to new partners, and across the silos that might currently exist.

Takeaways

There were several issues that became clear over the course of this Convening:

- States need to have a common understanding of what a 'trauma-informed system' looks like for each agency/organization/partner;
- Working with young children raises many unique issues and concern that require special attention;
- There is a significant need to raise awareness about trauma and the specific needs of children ages 0–5;
- Many parents and caregivers of young children have their own trauma histories and experiences that must be addressed to support them in safely parenting their young children;
- Language across agencies and partners needs to be clear and consistent, especially with terms (e.g., 'safety planning') that might mean different things to different people;
- Agencies, partners, and families must have a clear and consistent definition and understanding of child safety in the context of child welfare;
- Agencies and partners must continue their efforts to authentically engage and partner with families in strength-focused ways as they plan for child safety;
- The issue of child trauma is not a mental health issue alone; every system that works with young children who have experienced trauma and their families must be trauma-informed;
- Agencies and partners need to find appropriate and effective ways to screen, assess, and treat trauma in young children; and
- Organizations must provide support to all those who work with and care for these young children to address secondary traumatic stress and vicarious trauma and promote staff's and caregivers' self-care.

Next Steps

The Association and Casey Family Programs are continuing to support states in this important work. Resources from this Convening and related to this work will be posted on Judge Baker's website in the coming weeks. Additionally, future meetings, facilitation, and consultation is being explored to meet states where they are as they each—in their own ways—strive to weave these threads together for young children.

Addressing Child Traumatic Stress in Child Welfare

By Catherine Meister

The placement stability and well-being of children is of paramount importance in child welfare. Many studies have measured the impact of childhood trauma on not only child stability and well being but also on well-being throughout the life span. The largest investigation ever conducted to assess associations between childhood maltreatment and later-life health and well-being is the Adverse Childhood Experience Study (ACES), which was conducted by the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. (<http://www.cdc.gov/ace/index.htm>) The ACES study found that early traumatic exposure negatively impacts individual's physical and behavioral health from childhood into adulthood in areas such as diabetes, hypertension and even cancer. There are effective interventions to treat individuals who have been impacted by trauma that mitigate its impact thus preventing later and more costly interventions and helping each individual to realize their full potential as a contributor in their community.

Lessons learned from Jack's story

Jack's story is an illustration of the effects of childhood trauma. Jack suffered severe physical abuse at the hands of his mother and his father, and was further traumatized when removed from his home due to the danger of the situation. The home situation never improved to the point that Jack could return safely so other permanent families were sought for him. Unfortunately Jack's relationship with his mother was terminated abruptly with no planned good bye visit and the last contact Jack had with his mother was when she told him she would "never stop fighting to get him back." Jack demonstrated many behavioral manifestations including very violent behavior toward his foster mother and his sister. He was hospitalized in an acute psychiatric hospital and then placed in a group home with his sister. Jack received treatment to help him regulate his behavior, learn anger

management and coping strategies. However, his trauma was never directly addressed for fear that this would heighten his behavior and cause additional problems. Jack utilized his coping strategies relatively well within the structured residential setting. After many attempts to find a home for Jack with his sister and another hospitalization he was ultimately placed back in a residential facility. Jack had been separated from his mother for over 7 years when the idea of contact with her began to be explored. When Jack was provided with photos and a letter from his birth mother he was finally able to open up and begin to explore the core of his troubles. Jack expressed great relief and talked about how much he loved and missed his mother.

As his early trauma is addressed it is hoped that he will begin to heal and perhaps be able to move on and be successful in a family. If Jack were not able to address his trauma history in a therapeutic setting with help to move past it he would likely be in need of a residential living situation indefinitely. For an adult this situation can translate to prison, or a psychiatric hospital. To help children in the child welfare system achieve well being it is critical that they have an opportunity for treatment to address past trauma.

Addressing the challenges

The first step in the process is to help child serving systems to have an understanding of trauma and its impact, often referred to as looking at issues using a "trauma lens". These "systems" include child welfare staff, foster parents, educators, physicians, behavioral health service providers, residential care staff, those who work in the judicial system, parents and any other profession that works with children and families. Once professionals are educated to use a trauma lens, tools must be provided to front line staff to help assess for trauma and make appropriate referrals for evidence based treatment.

The New Hampshire Division for Children Youth and Families (DCYF) has utilized grants to work with the Dartmouth Trauma Interventions Research Center to train staff and provide tools to child welfare and juvenile justice staff. The Bridge Project is a grant initiative that provides training to Juvenile justice staff and courts serving juveniles in the state. Juveniles being arraigned or adjudicated are administered a trauma screen and referred for treatment based on the screening results. Judges are educated to look at each case through a trauma lens to ensure that services being ordered for the youth are appropriate and evidenced based so that they will have the best outcomes possible.

Through another initiative, the Breakthrough Series Collaborative on Trauma Informed Practice, child welfare staff were trained to understand childhood trauma,



Catherine Meister

its impacts and evidenced based interventions. To sustain this in practice the training provided to all new workers has been updated to reflect trauma language. Staff is provided with screening tools to use with any child entering foster care to direct them to evidenced based interventions that meet their needs thus helping to increase placement stability. Forms and practices were changed to include trauma language and to help mitigate the traumatic impact of placement on children. This included creating an "all about me" sheet for children to fill out about themselves for the placement providers and another form for their parents to fill out telling a provider about their child. Changes in practice include phone calls with parents as soon as possible and visits within 24 hours.

DCYF is also working toward having resource parents become mentors to birth parents, increasing their collaborative parenting efforts with children in care. Having this relationship between resource parents and birth parent can help to mitigate the impact of placement on the child and accelerate reunification. Training on the impact of trauma is being provided to current foster parents through their ongoing training and trauma language has been incorporated into the initial foster parent training as well.

The Dartmouth Trauma Interventions Research Center has also trained over 300 behavioral health providers in evidenced based treatments for trauma including Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Parent Child Psychotherapy (PCP). These providers are located in all of the community mental health centers as well as in private practice and child placing agencies that provide in home therapeutic treatment.

Parents and youth have been given a voice in our child welfare system. A parent and youth have been hired by the agency to provide input into policy and practice and to act as mentors and advocates to youth in care and their parents.

DCYF is committed to continuing to provide evidence based treatment to our children in care and to make additional efforts to provide training to all child serving systems so that appropriate treatment can be provided to children in all settings. This effort will be continued by creating more effective screening tools and outcome measures and by assuring that there are trained and competent providers to meet the needs of the children. The mandate of child welfare is to provide safety, permanency and well being for all children. To meet that mandate and to sustain these efforts there must be changes in policy and practice as well as collaboration by all child serving agencies. There must also be support for this change at all levels including the administration of child serving agencies and local, state and federal government.

Catherine Meister is the Adoption Supervisor for NH DCYF. She has worked in the field of adoption for the last 10 years. Three of her own six children joined the family through adoption. She may be reached at Catherine.L.Meister@dhhs.state.nh.us



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VT and Other New England States Sign Sibling Bill of Rights

Essex, VT

At the 2012 Youth Conference held today at Johnson State College, Department for Children and Families (DCF) Commissioner Dave Yacovone signed a Sibling Bill of Rights — formally recognizing the value of sibling relationships and reinforcing the department’s commitment to preserving these important connections for children and youth in state care. Commissioner Yacovone was joined by DCF Family Services Division Deputy Commissioner Cindy Walcott, Youth Development Committee Board President Nick Gee, State Youth Development Program Coordinator Katherine Boise, and Americorps VISTA member Quinn Lockwood who also signed the bill.

The Sibling Bill of Rights was created jointly by the New England Association of Child Welfare Commissioners and Directors (NEACWCD) and the New England Youth Coalition (NEYC). The coalition serves as an advisory group to NEACWCD—identifying systemic issues that need to be improved from the perspective of foster youth.

The coalition spearheaded the bill’s creation because of their strong belief that child welfare systems throughout New England needed to do more to preserve the bond between siblings. The bill was inspired by the stories of youth in foster care across the region, many of whom had permanently lost touch with their brothers and sisters.

“At a couple of points in my life, I had no idea where my brother was,” said former foster youth Kara Woodard. “That really affected how I acted at my placement and affected my treatment in a negative way. It would have been really important for me to have that connection and at

least know that he was okay.”

Vermont’s Youth Advisory Board has already begun pulling together a group of youth leaders who will sit down with youth, gather their input, and work with DCF to craft a policy that will guide implementation of the rights outlined in the bill.

“One of the best things about this bill is the fact that it was youth-driven from the start,” said Americorps VISTA member Quinn Lockwood. “It’s a great feeling to know that policy will be created with direct involvement from the youth it will affect.”

The bill outlines ten basic rights for foster children—beginning with the basic tenet that siblings should be placed together whenever possible and then laying out specific ways to nurture and sustain sibling relationships when that is not possible.

“The Department for Children and Families fully embraces the values expressed in the Sibling Bill of Rights,” said DCF Commissioner Dave Yacovone. “It is now time for us to put words into action, and DCF is fully committed to working with Vermont youth leaders on the bill’s implementation. We applaud the New England Youth Coalition for their advocacy and hard work moving this bill forward and thank the Americorp VISTA Program for supporting our youth.”

“The importance of sibling bonds cannot be overestimated,” said Cindy Walcott, Deputy Commissioner of DCF-Family Services Division and current President of NEACWCD. “All too often in the past, children in foster care lost access to their siblings, losing a vital source of support and identity—not only during their childhoods but throughout their lives. Child welfare leaders in New England are committed to



VT DCF agency leaders and Youth Board president at the signing of the Sibling Bill of Rights

doing all we can to ensure these bonds are not only preserved but also strengthened.”

The New England Association of Child Welfare Commissioners and Directors is a consortium of child welfare agency leaders and staff members from Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Agency leaders created the association to develop policies that promote competent child welfare practices, share information, discuss mutual issues and concerns, and learn from each other’s experience.

The New England Youth Coalition consists of current and former foster youth and adult partners who work together to better the quality of life for youth involved with the foster care system through education, advocacy, and improvement of policy and practice. It has been meeting since 2008, and draws its members from youth advisory boards in all six New England States. Vermont has been an allied partner with the coalition since the coalition’s founding year.

MASSACHUSETTS



NEYC and MA Youth Advisory Board along with MA DCF leadership at the signing of the MA Sibling Bill of Rights

MAINE



Josh Calcia, NEYC member and Dan Despard, ME OCFS, display the newly signed ME Sibling Bill of Rights

RHODE ISLAND



Leaders from RI DCYF, members of NEYC, NEACWCD, and RICORP at the RI Sibling Bill of Rights signing.

Sibling Bill of Rights

Approved by NEYC & NEACWCD January 2012

Preamble: The New England Association of Child Welfare Commissioners and Directors recognizes the importance and value of sibling relationships. These rights are intended to guide the New England Child Welfare agencies and their providers in the delivery of care and services to foster youth with the commitment to permanency, safety and well being. This Bill of Rights was developed by the New England Youth Coalition with the support of this Association.

Whereas: the importance of sibling relationships is recognized and respected;

Whereas: sibling relationships provide needed continuity and stability during a child's placement;

Whereas: the sibling bond is unique and separate from the parent-child bond, and may include relations with people not linked by blood;

Whereas: siblings share similar history, heritage, culture and often biology that must be preserved;

Whereas: sibling separation is a significant and distinct loss that must be repaired by frequent and regular contact;

Whereas: every foster child deserves the right to know and be actively involved in his/her siblings' lives absent extraordinary circumstances. Every foster child:

1. Shall be placed with siblings.
2. Shall be in close proximity to siblings if unable to be in same setting to facilitate frequent and meaningful contact.
3. Shall be afforded contact with siblings regardless of geographic barriers. The methods for contact should be outlined in the child's service plan.
4. Shall be actively involved in his/her siblings' lives and share celebrations including birthdays, holidays, graduations, and meaningful milestones.
5. Shall maintain consistent and regular contact that will be included in service planning.

6. Shall be included in permanency planning decisions relative to his/her siblings. Foster children should know what the expectations are for continued contact when a sibling is adopted or guardianship.
7. Shall be notified by the child welfare agency or its agents regarding a sibling's change of placement.
8. Shall be informed when a sibling is discharged from foster care. Alumni shall be allowed to maintain contact with a sibling who remains in state care.
9. Shall be supported by the child welfare agency in his/her efforts to maintain relationships with siblings who are not in care or have been adopted or guardianship. The Department shall facilitate such contact as appropriate.
10. Shall have predictable, regular contact with siblings that shall not be withheld as a behavioral consequence absent safety concerns.

MA DCF and Partners Awarded Trauma Grant

Massachusetts Department of Children and Families (DCF) is pleased to announce that along with Boston Medical Center, the Justice Resource Institute, the L.U.K. Crisis Center, Inc., and the University of Massachusetts Medical Center have been awarded \$3.2 million in federal funding over the next five years to support the development of the Massachusetts Child Trauma Project, an initiative to address the impact of traumatic experiences on children served by DCF. The funding is provided by the U.S. Department of Health and Human Services Administration for Children and Families.

With this funding, DCF and its partners will work to build the capacity of behavioral health,

mental health, and support and stabilization service providers to utilize trauma-informed approaches in meeting the needs of children and families. Academic research demonstrates a strong correlation between childhood trauma as a result of abuse or neglect and poor academic performance, as well as emotional, behavioral, mental health, and medical problems. The project will provide training and on-going consultation in evidence-based trauma approaches and treatments to strengthen DCF casework practices and to ensure that appropriate services are available in local communities.

This strong public/private partnership will significantly advance the states efforts to build upon current national and local research to incorporate

trauma-informed and trauma-focused practices into the Commonwealth's efforts to strengthen families. Over the past two years, DCF has implemented a new Integrated Casework Practice Model to improve safety, permanency, and well-being for children and families. Through this new casework model, DCF has focused on the fundamentals of effective child protective services and successfully incorporated nationally recognized innovations. This new initiative will build on this solid foundation of collaboration and significantly advance practice approaches across the delivery of services to children.

NEN's Name Change

New England Network for Child, Youth & Family Services (fondly referred to as NEN) will now be known as Youth Catalytics.

The truth is that we've changed over the years. Our work includes New England, but is not limited to it. We're not really a 'network' or membership organization anymore, but instead provide expert research and training through fee-for-service consultation and grant partnerships. And finally, while we still work closely with child, youth and family service providers, we increasingly work as consultants to broader communities, schools, coalitions, public agencies, universities and foundations.

Out of the hundreds of words that could constitute a new name, one—'catalyst'—kept rising to the top. Its definition? Somebody or something that makes change happen or brings about an event. That's us.

So please welcome Youth Catalytics: Building better communities for youth through research and training.

All the things you like about us—the one-on-one attention, the customized trainings and consultations, the grant development, evaluation and research expertise—will still be here. In fact, they'll be getting better. Next month we will officially launch our new website and you'll see exactly what we mean.

For more information please contact Melanie Goodman, Executive Director of Youth Catalytics, at (802) 425-3006 or check the web at <http://www.nenetwork.org>.

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Adopt RI Uses Social Media for Recruitment and Support

By Pamela Lowell, MSW, LICSW

“Social media are forms of communication that use the Internet, including podcasts, RSS feeds, social networking sites, text messaging and blogs. Social media can promote collaboration with adoption agencies, advocates and organizations and connect them to important information and services. These tools offer new ways to deliver content, services, communities and channels of communications. People of all ages and backgrounds use social media tools in their personal and professional lives and we in the child welfare field can work to connect advocates to audiences that are active in targeted social networks.”—Child Welfare Information Gateway

Janine (not her real name) had been in foster care for over four years with a history of sexual abuse and neglect and multiple pre-adopt placements that had ended in disruption. When recruiters at Adoption Rhode Island are unable to find a match for a child locally, they expand their efforts nationally—and this is what they did for Janine. This girl was living in a group home when a family found her picture on Adoption Rhode Island’s web site—from over five-hundred miles away.

When the Tennessee family called to inquire about her, Beth Capron, the manager of ARI’s recruitment program, decided to set up a Skype interview, with the child’s DCYF worker also present, to answer many of their questions and also to assess from a recruitment perspective their viability as prospective parents. Beth said that, “It was interesting to see a family that you’ve only read about in their home study and to witness the interactions between them.”

Bernie Hicks, an employee at ARI (and an adoptive parent herself) sat in on the initial Skype interview and was excited about the process. “We were able to observe in real time how they reacted—or more importantly, didn’t react to information we gave them about Janine. It was much more informative than a typical phone call might have been. Everyone involved in the case was able to view body language and other non-verbal cues to assess the family’s interest and appropriateness

in deciding whether or not to proceed with them as an adoptive resource.”

Meeting the needs of children and families

For a waiting child hoping to meet an out-of-state family, contacting one another on Skype may help dispel initial fears and nervousness. Not unlike a “Welcome Book,” Skype sessions can be constructed to show a waiting child the physical layout of a prospective family’s home and neighborhood or introduce soon-to-be siblings, pets or a new school.

For adoptive families, viewing videos of waiting children can also help present the child in a different light, as living breathing kids who are just searching for a family who cares. ARI is looking forward to using more and more video clips of children, and a variety of other media on its improved website (www.adoptionri.org) to give kids a chance to more expressively introduce themselves to prospective families. Donna Rivera, Communications Coordinator, says “Visitors to the website will be able to look to



Pamela Lowell

way.” For example one teen who had been in state care most of her life uncovered irreplaceable childhood photographs by “friending” a foster mom from one of her previous placements. Long lost connections often contact the agency after viewing a child on the weekly television spot, Tuesday’s Child, in conjunction with Patrice Wood, and NBC 10, Rhode Island’s local news broadcast.

Making and maintaining connections

In many ways social media is a contributing factor in adoptions being more open. Although there are obvious downsides, the agency has seen many benefits to helping children and families navigate social media in safe and productive ways. For siblings placed apart, sometimes hundreds of miles

The advent of social media has brought many exciting changes to the field of adoption and opened up opportunities for connection that never existed before.

new features as a means of support and guidance as well, as it will offer an opportunity for waiting and post adoptive children and families, and adoption professionals, to share their experiences, offer advice and/or inspiration and eventually participate in interactive workshops.”

ARI also incorporates media into therapeutic groups. For example, this spring therapists offered a group that allowed teen boys the chance to write a rap song about their experiences in foster care. ARI’s student intern downloaded songs that the boys showed interest in, helped them find a beat to match their verses, and recorded them performing the final product. The boys are hoping to find a rap artist who will professionally record their efforts—stay tuned!

In the larger community, the advent of social media has brought many exciting changes to the field of adoption and has opened up opportunities for connection that never existed before. Leah Berg, manager of our Clinical Support services believes that “Media is helping kids connect with their birth families and other important relationships that they have developed along the

apart, Facebook and Skype offer ways to maintain a real, face-to-face connection, something most children desperately crave. Worry about sibling reaction is frequently an impediment when older children are asked to make an adoption plan. Social media allows for fast, real-time contact and can help dispel some of the guilt, anxiety and loyalty issues that naturally arise in these types of situations.

Additionally some of ARI’s clinicians use media like Facebook to help track down and reach out to the occasional teen that has gone AWOL from a residential program or foster care. One therapist posts to their page to encourage good choices and to assist them in getting somewhere safe and not on the streets.

Finally, Executive Director, Darlene Allen says that the use of social media has helped the agency to keep the community informed about relevant issues and upcoming fundraising and educational events. “It has also allowed us to communicate and hear back from the community in ways that enrich our work and support each other. For example, during National Adoption Month this past November, we posted stories from local adoptive families about what adoption has meant to them. Their stories were very personal and moving. They inspire all of us about why we do the work we do, and it is why we decided that our agency theme this year would be: **Together it is Possible.**”

Pamela Lowell, MSW, LICSW is a clinical consultant for Adoption Rhode Island. She is also in private practice and the author of the award-winning novel, Returnable Girl (Marshall Cavendish 2006) about a teen in state care and her journey to adoption.

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Family Time Coaching in Vermont

By Ruth Houtte

In late 2007, Cindy Walcott, Deputy Commissioner of the Vermont Department for Children and Families (DCF), Family Services Division, asked me and the District Director of the Barre office, to co-chair a workgroup to examine our decision making regarding visitation between parents and children in DCF custody. Walcott was worried that our default was supervised visitation, and she wanted us to look at best practice around this issue.

Our workgroup, which began meeting in early 2008, included a consulting clinical psychologist, a foster parent, staff from our Child Welfare Training Partnership, a supervised visitation provider, a Guardian ad Litem, and DCF staff. We educated and inspired ourselves by digesting best practice information, research findings, and guidelines for visitation from Ohio and Minnesota.

From the start, the group decided, that we wanted to elevate parent-child visitation (or family time) to primary intervention and make it a better experience for children, youth, and families. We also wanted to use this as an opportunity to build relationships between parents and alternate care providers. It is now 4 ½ years later, and we rarely hear the terms “supervision” or “visitation” in our practice in Vermont. Instead, we talk about “coaching” and “family time”.

Vermont Family Time guidelines

The group developed a guide, called the Vermont Family Time Guidelines, which:

- describes the values and benefits of family time, separation and loss & family time feelings, Shared Parenting Meetings, and how to create a comprehensive Family Time plan;
- presents the Family Time Coaching Model philosophy and structure; and
- includes a section on special considerations such as domestic violence, incarcerated parents, involving absent parents, and sexual abuse and another section that explores the trauma response present in children and parents coming to Family Time and how that impact might be managed.

A final draft of the Vermont Family Time Guidelines was presented to our Central Office leadership in early 2009. It was then presented to directors and supervisors and there was time given to discuss the values and model we were advocating. Given the cultural shift this new approach would require, we took the time to have some challenging conversations about our assumptions and prior practice. And we encouraged supervisors and directors to return to their offices and have similar conversations.

Moving from supervising to coaching

Once the Family Time Guidelines were finalized and approved, the workgroup:

- developed a policy that was consistent with this new approach;
- began working on reallocating resources to support this shift in practice (purchasing coaching services is very different from purchasing visit supervisors);
- developed training, in partnership with the University of Vermont Child Welfare Training Partnership, to help staff understand the coaching model and new guidelines; and

- conducted regional training sessions, which were mandatory for all staff.

Easter Seals of Vermont developed a year-long certification process for coaches. In addition to training in core skills (e.g., child safety, clinical, coaching, child development, and partnering), topic specific consultation groups are provided to explore challenges in serving, for example, parents with learning difficulties, substance abuse, and mental health challenges. Coaches are formally observed for skill acquisition and provided ongoing clinical consultation and supervision. Easter Seals of Vermont continues to provide training for coaches.

Current Practice in Vermont

Vermont’s Family Time Coaching Model is

Coaches help parents recognize their children’s changing needs, even through the often painful changes related to attachment, trauma, and development that come with separation.

based on Visit Coaching, a model developed by Marty Beyer, Ph.D. Coaches help parents recognize their children’s changing needs, even through the often painful changes related to attachment, trauma, and development that come with separation. They also help parents to set aside adult concerns and be fully present with their children in the time they have together. There is an initial interview with the parents and the coach to develop a list of the child’s needs that the parents want to work towards meeting. At least one of these needs is related to the reasons why the child is in care.

Before each Family Time there is a pre-meeting between the parents and coach to:

1. Set adult concerns aside;
2. Review the child needs the parent will be focusing on meeting and how the coach will support them; and
3. Plan for the day, including preparing the space, planning activities, and preparing for potentially difficult conversations.

Family Time occurs in the environment that is most natural and safe for the child – often that is the caregiver’s home, the parent’s home, or in the community. Very little family time happens in our visitation room in the office. During Family Time, the coach uses a variety of techniques to help parents meet the child’s identified needs. These techniques or “coaching skills” include modeling, assisting, prompting, cueing and intervening for safety.

Following Family Time, the coach and parents have a post meeting (or debriefing) where the parents complete a self assessment and the coach provides feedback notes. The notes, which focus on the child’s needs and how they were met, are the transparent documentation for those sessions and are provided to the social worker.

The Vermont Family Time Guidelines also call for Shared Parenting Meetings to occur between parents, caregivers, coaches, and social

workers. These are facilitated either by the coach or jointly by the coach and the social worker. The goal of these meetings is to build a relationship between the parents and caregivers, to develop the Family Time plan, and to jointly monitor progress in meeting the children’s needs. While policy provides for Shared Parenting Meetings every three months, most offices have found monthly Shared Parenting Meetings facilitate stronger relationships and allow for more movement in the case. By building communication between those parenting the child in care, these meetings have the potential to provide traumatized children with the continuity and relationships they so desperately need. It is sometimes appropriate for older children to attend, particularly teens who may have their own list of needs.

The last part of the model, as provided in the policy, is a monthly social worker observation. The social worker attends the coaching session to observe and sometimes participate and the post meeting to share in the feedback. This gives the parent an opportunity to demonstrate what they have been working on.

As part of their ongoing evaluation of their program, Easter Seals interviewed parents who had experienced Family Time Coaching. Key findings from the qualitatively analyzed interviews indicate that parents did experience critical components of the Family Time Coaching model: purposeful pre and post meetings, direct and transparent feedback, and support and guidance from the coach. Parents expressed some empowerment through their ownership of Family Time and teaming with their Coach. In contrast to the unclear expectations common to supervised visitation, parents perceived themselves as actively parenting during their time with their children. Further, their willingness to accept feedback indicates that they did not feel judged and, in an emotionally supportive structure, were more available to perspective taking.

http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/Vermont_Family_Time_Guidelines.pdf

Ruth Houtte has a Master’s Degree in Education and a Bachelor’s Degree in Social Work. She has 17 years experience with the Massachusetts Department of Social Services. And, since 2006, she has been District Director of the St. Johnsbury District Office, Family Services Division, Vermont Department for Children and Families. She can be reached at (802) 748-4922 or ruth.houtte@state.vt.us.

The writer wishes to thank Auguste Elliott, Mark Johnson and Susie Reed, from Easter Seals Vermont, for their feedback and help editing this article.

Better Responses/Better Results

Improving Our Work with Families Through Short Term Stabilization

By Jan Nisenbaum

In July 2009, the Massachusetts Department of Children and Families (DCF) introduced new approaches to casework practice through implementation of the Integrated Casework Practice Model (ICPM). “Differential response” is one of the key approaches embedded in our new Casework Practice Model. Differential response provides the opportunity to respond in different ways to a report of child abuse and/or neglect depending on the severity of the allegation, as well as the unique circumstances, individual needs and strengths of a family. During the past two decades, differential response systems have been implemented in more than two dozen States across the country.

Massachusetts’ Differential Response allows assignment of a “screened in” report of abuse and/or neglect for either an Investigation (emergency or non-emergency) or an Initial Assessment response. Generally, an Investigation is conducted for allegations of

reopening. Families may be assigned for Short Term Stabilization regardless of whether the Department’s initial response is an Investigation or an Initial Assessment. STS maintains our commitment to minimizing the transitions for families between social workers since families assigned to this track will have only one social worker.

What is Short Term Stabilization?

Short Term Stabilization benefits families by targeting our interventions to the specific issues that are causing the concerns about current family instability. Families assigned to Short Term Stabilization receive a streamlined assessment and service plan, solution focused interventions, and linkage to community services and supports. All STS activities are directed toward stabilizing the family situation in a timely manner which facilitates increased parental capacity that can be supported and sustained long after DCF involve-

ment is terminated. Accomplishing this clinical goal calls for an iterative application of the four cornerstones of our practice approach: positive engagement, progressive understanding, parental capacity building and consolidating gains. STS workers will be active “change agents” in partnership with the family and will promote the use of targeted stabilization interventions throughout our involvement with the family. Strategies and approaches such as informal counseling and coaching to families; solution focused interviewing, safety organized practice including safety mapping may be employed as tools to support the STS social workers’ efforts with a family. It is anticipated that after these STS interventions, families will have consolidated the gains necessary to strengthen their parenting capacity and sustain the family’s stability and therefore their involvement with DCF could be ended. If this has not occurred, and it is determined that the family requires longer term intervention or support from the Department, the family will be transferred to an ongoing unit for continued services.

- Family crisis/sudden stressor or external event that puts children at risk but may not be related to parenting capacities;
- Families for whom there is a low level of concern or a single identified issue that could be addressed effectively with interventions or services (e.g., medical neglect, educational neglect, adolescent behavioral issues, isolated disciplinary response, supervision of child(ren), etc.);
- First time involvement with the Department, with a low level concern.

Examples of screened-in reports that would not likely be assigned to short term stabilization include:

- Most reports of abuse and/or neglect that require a mandatory investigation (e.g., serious physical abuse, sexual abuse or severe neglect);
- A new report on a family that is already involved with DCF or was recently involved with DCF for a year or more;
- A report that involves chronic and persistent history of substance abuse or a repeated pattern of relationships involving domestic violence;
- A report that involves a dramatic escalation in the severity of abuse and/or neglect;
- A report in which there is an immediate safety concern that may require a child to be removed from their home or their current living situation.

The introduction of Short Term Stabilization provides an important new component to the Department’s Integrated Casework Practice Model. Through the ICPM the Department continues to strengthen our core casework practice functions and to integrate innovations. Our efforts across the Department are directed to Strengthening Parental Capacities and Improving Child/Youth Functioning. We strive to continually improve our responses with families, to improve outcomes, and to achieve our overarching goal to Strengthen Families.

Jan Nisenbaum is the Deputy Commissioner for Clinical and Program Services, Massachusetts Department of Children and Families, 600 Washington St., Boston, Ma. She may be reached at (617-748-2155) or by email at jan.nisenbaum.state.ma.us

For more information about the Department’s ICPM, please visit the DCF website at www.mass.gov/dcf.

STS supports the DCF’s goal of quickly connecting families to supports and services aimed at preventing future instability, repeat child maltreatment and case reopening.

sexual abuse, serious physical abuse, or severe neglect and an Initial Assessment is conducted when the severity of the alleged abuse or neglect does not rise to the level requiring an Investigation. Both an Investigation and an Initial Assessment are “protective” responses and the MA DCF has the same legal authority regardless of which response is initiated.

One of the primary goals of the ICPM is to minimize the number of transitions for families between social workers. Historically, families would transition between three social workers (an Investigator, an Assessment worker, and an Ongoing social worker). Through ICPM, the Department has decreased the number of these transitions. In the Investigation track, families assigned for an Investigation are involved with two workers (an Investigator, and then an Ongoing social worker). Families receiving an Initial Assessment response are assigned to the Assessment track and have only one social worker throughout their involvement with the Department. Minimizing the transitions between social workers substantially improves our efforts to promote positive engagement and empowerment, and continuity of care with families.

In March 2012, DCF added a new Short Term Stabilization (STS) track within our Integrated Casework Practice Model. STS is designed to standardize our approach and to strengthen interventions with families who would benefit from short term involvement with the Department. STS supports the agency’s goal of quickly connecting families to supports and services aimed at preventing future instability, repeat child maltreatment and case

ment is terminated. Accomplishing this clinical goal calls for an iterative application of the four cornerstones of our practice approach: positive engagement, progressive understanding, parental capacity building and consolidating gains. STS workers will be active “change agents” in partnership with the family and will promote the use of targeted stabilization interventions throughout our involvement with the family. Strategies and approaches such as informal counseling and coaching to families; solution focused interviewing, safety organized practice including safety mapping may be employed as tools to support the STS social workers’ efforts with a family. It is anticipated that after these STS interventions, families will have consolidated the gains necessary to strengthen their parenting capacity and sustain the family’s stability and therefore their involvement with DCF could be ended. If this has not occurred, and it is determined that the family requires longer term intervention or support from the Department, the family will be transferred to an ongoing unit for continued services.

Which families might benefit from Short Term Stabilization?

Factors that bring a family to the attention of the Department vary substantially. Sometimes they are experiencing a change in circumstance that has challenged the family’s stability or the parent’s capacity to maintain the safety and well-being of their children. For some families, this period of instability or risk to the safety and well-being of the children can be resolved within a relatively short

MA Interagency Restraint and Seclusion Prevention Initiative

Partnering Across Systems to Avoid Trauma and Support Positive Outcomes for Youth

By Robert Wentworth and Janice LeBel

Restraint and seclusion (R&S) are behavior management techniques commonly used across youth services including public and private schools, residential programs, medical and psychiatric hospitals, detention facilities, and secure treatment programs (LeBel, Nunno, Mohr & O'Halloran, 2012). They are designed to contain behavior that is considered aggressive, out-of-control, or dangerous to self or others (Day, 2008). The use, injury rates and incidence of death resulting from R&S with children and adolescents exceeds that of adult populations across care settings and has resulted in national attention, media scrutiny, and calls for legislative and practice reform in mental health, child welfare and education services (LeBel, Nunno, Mohr & O'Halloran, 2012).

In response to this growing concern about R&S use in child-serving settings, the Massachusetts Department of Children and Families (DCF), in partnership with the Massachusetts Department of Mental Health (DMH), organized a cross-system effort to reduce and prevent their use: the Massachusetts Interagency Restraint and Seclusion Prevention Initiative. The Initiative builds upon a 12-year statewide effort launched by the DMH involving all psychiatric facilities and brings together leaders from the state Departments of Children and Families (DCF), Mental Health (DMH), Youth Services (DYS), Early Education and Care (EEC), Elementary and Secondary Education (ESE) and Developmental Services (DDS) to work in partnership with the Office of the Massachusetts Child Advocate and parents, youth, providers, schools and community advocates to focus on preventing and reducing the use of behavior restrictions that can be re-traumatizing.

The Initiative partners share a commitment to serving youth and families in the most respectful manner possible and striving to ensure that treatment and educational settings employ behavior support methods that reflect current knowledge about the developmental impacts of early traumatic experiences.

Vision

All youth serving educational and treatment settings will use trauma informed, positive behavioral support practices that respectfully engage families and youth.

Guiding Principles

The work of the Initiative is guided by the following principles:

- Safety for staff and children is the first priority and informs all practice and policy considerations.
- Public and private agencies are partnering together and with youth and their families in this work. Each entity brings assets to the effort that has equal importance to the success of the initiative.
- Providing training and technical support opportunities is a shared responsibility of all partners in the initiative.

- All levels of the system must be afforded reasonable time and opportunities to make the changes required by any revisions of state agency regulations or policies.
- Data, research, practice wisdom and a framework of Continuous Quality Improvement informs all practice and policy changes to be implemented as a result of this Initiative.
- Recommendations and strategies implemented will focus on ensuring the sustainability of change over time.

Officially “kicked-off in May of 2009, the Initiative is expected to continue over several years. The five year goals include:

- Increase the number of settings with organizational change strategy that promotes non-violence and positive behavioral supports.
- Align and coordinate state-wide policies and regulations.
- Decrease the incidents of restraint and seclusion.
- Increase family involvement in development of behavioral support policies and practices.
- Provide resources and training for providers to increase their capacity to prevent and reduce restraint and seclusion.
- Improve the educational and permanency outcomes for children being served by all Initiative partners.

The work of the Initiative is guided by a 40 member Steering Committee and focuses on data gathering and analysis, training and convening of providers and schools, and development of new policies and regulations.

While the Initiative partners are not promoting a specific curriculum or model of care as part of this effort, they have endorsed supporting approaches at the state, program and school levels that are consistent with the SIX CORE STRATEGIES© to reduce the use of restraint and seclusion (see below).

The SIX CORE STRATEGIES© are:

- 1. Leadership Toward Organizational Change:** To reduce the use of restraint and seclusion by defining and articulating a mission, philosophy of care, guiding values, and assuring for the development of a Restraint and Seclusion reduction plan and plan implementation. Regardless of setting, each organization's leadership must actively oversee and accept responsibility for the successful implementation of this effort. The guidance, direction, participation and ongoing review by executive leadership is clearly demonstrated throughout the R/S reduction project.
- 2. Use Data To Inform Practices:** To reduce the use of R/S by using data in an empirical, non-punitive, manner. Includes using data to analyze characteristics of facility usage by unit, shift day, and staff member; identifying facility baseline; setting improvement goals and comparatively monitoring use over



Janice LeBel

time in all care areas, units and/or state system's like facilities.

- 3. Workforce Development:** To create a treatment/service environment whose policy, procedures, and practices are grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans. Includes an understanding of the characteristics and principles of trauma informed care systems. Also includes the principles of recovery-oriented systems of care such as person-centered care, choice, respect, dignity, partnerships, self-management, and full inclusion. This intervention is designed to create an environment that is less likely to be coercive or conflictual. It is implemented primarily through staff training and education and HRD activities. Includes safe R/S application training, choice of vendors and the inclusion of technical and attitudinal competencies in job descriptions and performance evaluations. Also includes the provision of effective and person centered psychosocial or psychiatric rehabilitation like treatment activities on a daily basis that are designed to teach life skills.
- 4. Use Restraint And Seclusion Prevention Tools:** To reduce the use of R/S through the use of a variety of tools and assessments which are integrated into each individual consumer's treatment. Includes the use of assessment tools to identify risk factors for violence and restraint and seclusion history; use of a trauma assessment; tools to identify persons with risk factors for death and injury; the use of de-escalation or safety surveys and contracts; and environmental changes to include comfort and sensory rooms and other meaningful clinical interventions that assist people in emotional self management.
- 5. Actively Recruit And Include Families And Youth:** To assure for the full and formal inclusion of consumers (youth and families) or people in recovery in a variety of roles in the organization to assist in the reduction of R/S.
- 6. Make Debriefing Rigorous:** To reduce the use of R/S through knowledge gained from a rigorous analysis of R/S events and the use of this knowledge to inform policy, procedures, and practices to avoid repeats in the future. A secondary goal of this intervention is to attempt to mitigate to the extent possible the adverse and potentially traumatizing effects of a R/S event for involved staff and consumers and all witnesses to the event. It is imperative that senior clinical and medical staff, including the medical director, participate in these events.

Continued on page 19

A Facilitated Learning Model for New MA DCF Workers

By John Vogel

On February 1, 2012, the Massachusetts Department of Children and Families (DCF), through its Child Welfare Institute (MCWI), began implementation of an innovative methodology for engaging newly hired staff in initial training and orientation. Inspired by the DCF Integrated Casework Practice Model (ICPM), the MCWI created this training program to help new staff demonstrate practice skills that are reflective of the agency's core values, priorities and key concepts of safety organized child welfare practices. This approach to training is founded upon the concepts and tools of interactive facilitation.

This newly designed training program represents a shift from the Department's traditional delivery of Pre-Service Training and appreciates that effective child welfare practice is less reliant on "what content a social worker knows" and more on "how well a social worker can facilitate change". This distinction informs the emergent curriculum design of the New Worker Professional Development Program (NWPDP).

A learner-centered approach significantly changes the nature of the relationship between the trainer and the participant.

Understanding that the purpose of new worker training is to prepare social workers with the practices and skills needed to engage with families, the MCWI adopted a learner-centered program design. A learner-centered approach appreciates the experience and knowledge that participants bring into the classroom and utilizes facilitated dialogues to create a deeper understanding of the principles, better relationships, and greater relevancy of the material. Ultimately, this approach helps participants leave feeling more confident using new skills and tools in practice. Learner-centered principles are directly aligned with a basic tenet of adult learning - that learning is an individual's process of incorporating new ideas and actions into their existing knowledge base or skill set.

Employing a facilitated learning model

A learner-centered approach significantly changes the nature of the relationship between the trainer and the participant. The role of the trainer transforms from "the expert with the answers" to "the facilitator asking questions" which represents a shift in thinking and new skills to capitalize on the power of questions to promote relationships in a shared learning experience. This is the fundamental principle of the Facilitated Learning Model of the DCF New Worker Professional Development Program (NWPDP).

In order for the NWPDP to successfully prepare new staff for the demands of child welfare work, the facilitator must master a range of facilitation skills and have knowledge of the content needed to effectively lead a series of learning dialogues. Facilitators are challenged to demonstrate these advanced skills in order to help new social workers,

- understand the purpose of practice tools
- know how to access supervisory, management, and area office support in decision making
- have a commitment to the shared values and purpose of DCF interventions,
- be able to reflect on their own practice skills and the impact that they have on families,
- build collaboration among all of the key stakeholders.

The facilitator of the training series plays the essential role in guiding the group through activities based on the foundational topics defined by the DCF competency model. This training model vests far more responsibility in the participants for their own learning of specific content and the review of training materials, both during class time and outside assignments, while simultaneously increasing the responsibilities of the facilitator to attend to the process of learning.

Realizing the exceptional demands on the facilitator in this learning model, the MCWI has created a structure for every day and each

module of the program. Meant to be a universal guide to group process and social work practice, this framework is called the "dialogue structure". The use of the dialogue structure is a key facilitation skill to create consistent classroom dynamics and connect the content across all of the days of training. This tool helps the facilitator to engage the participants by generating shared understanding and agreement about the purpose of the training and the hopes for the outcome of training. It is a process of inquiry that constantly engages participant to consider the following dimensions of effective dialogue:

- Purpose: Why are we here today?
- Context: What kind of things might make it harder for us to work together today?
- Agreements: How do we hope to work together?
- Stakeholders: Are we missing anyone?
- Desired Outcomes: What do we hope to get out of this dialogue?
- Content/Topic: What are we actually talking about today?
- Next Steps: What do we want to see happen next?
- Reflection: What worked for you as a participant today and what would you like to see upgraded for the future?

Program components

The facilitator's skill in using the dialogue structure integrates the three main components of the New Worker Professional Development Program. The following highlights the components of the training:

1. Foundational Concepts and Practice Values:
 - 12 days of classroom training in the first month (3 days per week)



John Vogel

- Competency-based, foundational, and aligned with the DCF core practice values and priorities
 - Each day of training highlights direct practice applications through routine use of case scenarios, skill development exercises, and group dialogue.
 - The purpose and desired outcome of each training day are clear and frame the content agenda.
 - Each day ends with a reflective evaluation of the learning experience.
2. Exposure to Direct Practice and Area Office Operations:
 - 8 days of On-the-Job training during the first month of employment (2 days per week)
 - The learning activities from the classroom are made relevant to new workers through shadowing more seasoned workers.
 - The purpose and outcomes of each of the 12-days of classroom training are transferred into direct practice through structured activities guided by their supervisors in the Area Office.
 - Newly hired social workers develop connections to their supervisor and co-workers, and area office.
 - The direct experiences of On-the-Job training inform the dialogues in subsequent classroom work.
 3. Emerging Practices and Skill Development:
 - 8 days of In-Service Selected Topics Training completed during first 4 months of case assignment.
 - These training days are designed to provide starting social workers with a more content-rich presentation of contemporary child welfare topics.
 - The content covers a more in-depth exploration of trauma informed practices, the use of decision support tools, engagement, understanding the legal system, case formulation, and advanced concepts in clinical practice.

The DCF New Worker Professional Development Program is an innovative approach to preparing staff for their initial casework. The facilitative learning model reflects the basic principle that learning is promoted through a process of inquiry and that a facilitator's skill in using a dialogue structure is the key to the deepening the participants' learning. On the surface, this model is a fairly simple set of questions designed to help participants think together. On another level,

Creating a Blueprint for the Future of Child Welfare

By Julie Collins

CWLA recently began to update its set of thirteen CWLA Standards of Excellence for Child Welfare Services. As the organization embarked on this process they quickly came to the realization that they needed to rethink the way the current Standards of Excellence are configured. At present, there are individual Standards of Excellence for each child welfare program area, including one that focuses specifically on management and governance for child welfare organizations and another whose focus is administration and organization. Each of these supports the current individual program standards, which cover a wide variety of programs including kinship care, foster care and adoption.

It became clear that what was needed was to create a “next generation” of child welfare Standards of Excellence—ones that would reflect the future of child welfare, or at least what we and the advisory group to the project envisioned - a child welfare system that is no longer siloed based on funding sources and/or program areas, but one that is driven by communities and the children, youth, families, agencies and other key stakeholders from within those communities. We recognized that what was missing was an overarching framework that would integrate the existing set of Standards of Excellence to reflect a cohesive, inclusive and seamless service delivery system.

Through generous support of the Jessie Ball duPont Foundation and the Freddie Mac Foundation CWLA has begun to actualize its work plan. As an initial step, we are creating the overarching framework that will, for the first time, provide guidance to community, children, youth, families, agencies and other organizations, on the critical operational, programmatic

and practice issues that will shape the future of child welfare. This document will provide guidance to these stakeholders who in their efforts to achieve improved outcomes for children, youth and families design and implement systemic and programmatic changes. The framework will also provide pragmatic suggestions for building effective organizational operations, accountability benchmarks, and sustainable change. The working title for this framework is the CWLA Standards of Excellence National Blueprint. This new tool will support systems’ changes by incorporating key research and evaluation information, as well as best practices that are identified as critical to improving outcomes for children and families in, or at risk of becoming involved in the child welfare system.

Work has been ongoing under the guidance of an Advisory Committee comprised of twenty-nine members and two reviewers, who represent CWLA public and private member agencies, board members, researchers, representatives from schools of social work, and other experts in the field.

To set the stage for our task, the following working vision for the project was created: Raising the Bar in Child Welfare Practice: CWLA is creating a new set of overarching standards that will unify all CWLA Standards of Excellence. This framework will connect contemporary child welfare issues to cross-cutting strategies and innovative practices. By forging a cohesive and integrated blueprint, we are raising the bar in child welfare practice so that children, youth, and families will flourish for generations to come.

To date, the work has been accomplished through two face-to-face meetings and ongoing targeted smaller work groups. It has included



Julie Collins

identifying the key domains of the framework, including youth and family engagement, communication and advocacy, leadership and workforce, practice, and multi-systems collaboration.

In addition, the work groups have been identifying the values and principles that will support this new vision, refining the domains and identifying the critical issues to be addressed in each area of the framework for the National Blueprint.

Next steps

CWLA is seeking widespread input on the National Blueprint from public and private child welfare member agencies as well as key stakeholders such as accrediting bodies. To accomplish this we will provide an opportunity for members and stakeholders in child welfare and related fields to review and provide feedback on the draft National Blueprint regarding applicability and relevance of its components as well as its ease of use. This review period will take place in early fall, 2012. CWLA is planning to release the CWLA Standards of Excellence National Blueprint at its National Conference that will take place April 14 through the 17th, 2012 in the Washington, DC area.

For further information please contact Julie Collins, Director of Standards for Practice Excellence at CWLA.jcollins@cwla.org or (202) 688-4155.

NH DCYF Designs a Practice Model

By Myriam Roeder

The design of the New Hampshire Practice Model, which began in January 2010, has been a collaborative process that actively involved all entities of the Division for Children, Youth and Families (DCYF) including Child Protection, Juvenile Justice and the Sununu Youth Services Center (SYSC). DCYF embarked on this journey in an effort to develop a shared vision for all staff, to ensure consistency in practice and policies statewide and to improve accountability for themselves and agencies providing services on their behalf. Each of these groups utilized an individual Design Team to ensure an inclusive process of the various programs associated with each of the Bureaus.

The Child Protection process has been completed, while the Juvenile Justice Design Team is due to complete their work by June 2012 and the SYSC Design Team is due to finish their process by December 2012. The SYSC team will also include the development of a full Practice

Model consisting of beliefs, guiding principles and strategies that center around restorative justice theory and practice. Restorative justice is an approach to working with offenders and victims in an effort to repair the harm that was caused and ultimately restore offenders to their communities. Restorative justice practices will be identified, taught and implemented at SYSC in 2012.

With leadership and additional funding, and to ensure the sustainability of the NH Practice Model, the following strategies have been developed: Solution-Based Casework, Structured Decision Making, Family Assessment and Inclusive Reunification, Solution-Based Family Meetings, Youth Action Pool, Supervisory Standards, Restorative Justice Practices, Parent Partner Strategy and Evaluation Activities. An evaluation structure has been established to ensure that the NH Practice Model is being fully evaluated. The evaluation process will inform DCYF management whether the out-

comes are being reached in order to potentially formulate corrective actions.

Myriam Roeder is the Adoption Manager for NH DCYF, where she has worked for nearly 20 years. She has been involved in the adoption program for over 13 of those years. She oversees the adoption assistance program, consults and provides support to field staff and to adoptive families prior determining the type of adoption assistance they are eligible for. She can be reached at mroeder@dhhs.state.nh.us.



Myriam Roeder

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Vermont's Annual Youth Conference

By Quinn Lockwood

On Wednesday, April 4, 2012, young people and adult partners from across Vermont attended the Department for Children and Families' (DCF) Annual Youth Conference, graciously hosted by Johnson State College. DCF Family Services Division partnered with the Vermont Youth Development Committee to sponsor this amazing youth leadership event. The Committee is comprised of members of the state youth advisory board, whose talented youth leaders were responsible for much of the planning and coordination that made this event a success. Their vision for the day, from workshop ideas to resource fair participants, was the driving force behind the event. State Youth Development Coordinator Katherine Boise worked tirelessly to make everything come together.

The theme chosen by the committee for this year's conference was "Your Jobs, Our Lives: Every Moment is an Opportunity for Change." The conference was widely attended by youth, staff and community partners. Attendees had the opportunity to choose two of nine workshop offerings, including sessions about permanency,

higher education and the work of the New England Youth Coalition on the newly-passed Sibling Bill of Rights. The day was rounded out with activities such as music, basketball, tie-dyeing, and a resource fair with information on affordable housing, employment opportunities, Planned Parenthood, and AmeriCorps programs.

Former state youth board President Nick Gee delivered a wonderful keynote speech to kick off the opening ceremony and set the tone for the day. Gee spoke candidly about his time in the system and inspired many attendees with his powerful message about turning adversity into opportunity. Nick was recently selected as Vermont's 2012 "Foster Club All Star". He is in Seaside, OR for several months this summer where he is kicking off his year-long position. Nick brings a wealth of leadership experience to the position, through his work as President of the Youth Committee and his partnership with the New England Youth Coalition as a youth leader from Vermont. His work has also been invaluable to the implementation of the Normalcy Survey, which will eventually be admin-



Quinn Lockwood

istered to all youth in a residential placement across the state. Those of us at DCF who have had the privilege to work with Nick know that he is dedicated to the work and an inspiration to workers and youth alike!

Since October of 2011, Quinn Lockwood has been the AmeriCorps VISTA member serving Vermont's Department for Children and Families, Family Services Division. Her work includes helping develop youth-driven policy and practice and working with young people from around the state to ensure the voice of youth is at the table. Quinn can be reached at (802) 769-6309 or quinn.lockwood@partner.state.vt.us.

Youth Coalition Creates Sibling Bill of Rights *continued from page 1*

vices stepped up in the early days to support this group, and over the last two years Casey Family Programs has contributed as well.

Creating the coalition

From the beginning, NEYC's aim was to be youth-led and adult-supported. As NEYC grew and matured, this stated aim became more of a reality. With the help of the National Resource Center on Youth Development, NEYC was able to articulate its mission and priorities, including the idea that the youth should take the lead, and that the adults should help them to do so. The Coalition works hard to balance the authority of the adults with the expertise of the youth to create an environment where young people can set their own agenda with the assistance and guidance of adults. To help nurture this environment, NEYC has created expectations for each role. Youth Leaders and Adult Supporters must both be committed to working from within the system to make positive changes in child welfare. To be a Youth Leader, young people must be over sixteen, be connected to a New England state child welfare agency's advisory board, and be committed to making positive change in the foster care system. To be an Adult Supporter, one must be affiliated with a state youth board or child welfare agency, have a passion for working with young people, believe that young people's involvement will benefit the system, and be committed to guiding the youth-led work of NEYC and helping its members grow. Also, although it is not a formal requirement, NEACWCD and NEYC pride themselves on their commitment to alumni leadership, and all three of the coordinators of NEYC have been foster care alumni.

Choosing priorities

Apart from these expectations for membership, NEYC also set several priority areas that they saw as critical to the well being of children in care. The first three were: education, health care, and permanency – familiar concerns for

people knowledgeable with the foster care system. Several ideas got floated, and some found traction—the requirement for foster youth to appoint a legal medical proxy once they are over 18 even found its way into federal law with the help of some NEYC members. The priority that sparked the lengthiest discussion, though, was permanency. Youth Leaders noted that lots of work is happening to make sure that foster youth have permanent families, but those efforts principally focus on parents and not on siblings. This is despite the fact that sibling relationships usually outlast parent-child relationships, even in families not involved in the system. They also noted that siblings are frequently separated in the foster care system; separations that frequently have little or nothing to do with safety or well-being. A consensus emerged that siblings needed to be included in permanency planning, and that systems need to do a better job at nurturing contact and visitation. The youth leaders concluded that these sibling issues were so important that they needed to be worked on separately from Permanency as a whole.

After months of training, preparation and message refinement, the Coalition met with the Commissioners and Directors in early 2010. They pitched several policy and practice changes related to their priority areas. The ideas that generated that connected most deeply with the agency leaders were around siblings: having automatic notifications when a sibling moves and developing a Siblings Bill of Rights that all six states could get behind. Duly impressed, the Commissioners and Directors agreed to continue supporting the work of NEYC, asked that NEYC be available to consult with and them about policy and practice change, and sent the Coalition off with an assignment: write that Siblings Bill of Rights.

The first step was for NEYC to scour existing laws and policies for good models. NEYC found Maine's sibling policies to be the most robust and drew the values statement in the Bill directly from Maine's language. Next, the Coalition settled on a few core issues to be addressed: visitation must occur, regardless of distances;

visitation must not be removed as a punishment; siblings should know each other's whereabouts, and be notified of moves; and non-biological sibling relationships must be acknowledged. The subcommittee tasked with the writing sent off the first draft to NEACWCD. Upon review, the Commissioners and Directors made clear to NEYC that they had to be sure that they could live up to the promises in the Bill, so they needed to revise the Bill to fit with six different existing sets of laws & policies. That began several rounds of revision and negotiation, including an in-person meeting between the groups. In late 2011, senior staff from Massachusetts' Department of Children and Families presented a revision to NEACWCD which the Commissioners and Directors approved unanimously and sent along to NEYC for their consideration.

Reaching consensus

This brings us back to Devens in January 2012. After hours of debate and discussion, NEYC agreed that the revised Bill addressed all of their core concerns and was not so vague that it made it easy to avoid or deny any of the rights. NEYC unanimously approved the Bill and created (to our knowledge) the first and only regional Bill of Rights of its kind.

Not a group content to rest on its laurels, NEYC immediately started spreading the word about the Bill, first by ensuring that each state would have signing ceremonies over the course of the year to promote the Bill locally. In the Fall, NEYC and NEACWCD will also stage a regional signing ceremony at the 2012 Permanency Convening. NEYC also sent several members outside of New England to talk about the Siblings Bill of Rights at both the Child Welfare League of America conference in Washington D.C. this February, and the National Pathways to Adulthood Conference in New Orleans this June. They even worked with Camp To Belong, a summer camp that brings together siblings separated by

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Youth Coalition Creates Sibling Bill of Rights

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foster care, to promote the Bill across the country in hopes of having other states follow suit.

As the campaign to highlight the importance of sibling connections goes on, the other work of NEYC continues as well. NEYC's most recent project is the issue of normalcy. The Coalition wants to help ensure that young people in care are given all the same opportunities for a 'normal' life as their peers: getting a driver's license, having internet access, going to prom, playing

sports at school, having sleep-overs. In the same way that the sibling issues immediately struck a chord, so too did this issue. Adult supporters from New Hampshire's DCYF drafted a survey to assess the day-to-day experiences of youth in residential treatment centers there and used NEYC as a consulting body to help edit and refine the survey. NEYC's input ensured that New Hampshire was asking the right questions, and in youth-friendly language. New Hampshire has promulgated the survey, and Vermont's DCF has adapted it for their state and will be imple-

menting it soon. The rest of NEYC is thinking about ways to administer the survey across the region so that they can analyze the data to recommend policy and practice changes – perhaps even a Normalcy Bill of Rights. Keep an eye out!

Anthony Barrows is the Project Manager at The New England Association of Child Welfare Commissioners and Directors. He may be reached at abarrows@jbcc.harvard.edu

Moving CT Toward Trauma-Informed Practice

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developers of TF-CBT, and Dr. Steven Marans, the developer of CFTSI.

CONCEPT activities also are supporting the data, quality, and evaluation needs of the grant. This requires data development activities to institute trauma screening within DCF and monitoring the delivery of evidence-based practices to support widespread utilization with fidelity to the treatment model.

Faculty members at the Consultation Center at Yale University Medical School are evaluating project implementation at different points throughout the life of the grant. During the planning phase, the evaluation will assess the readiness and capacity of DCF Area Offices and community providers to implement trauma-informed care for children and youth involved with DCF. The results of this phase of the evaluation will inform the planning efforts during the first year

of the initiative. Throughout the implementation of the grant, evaluators will assess the facilitators and barriers to the grant's implementation, the costs associated with CONCEPT program activities, and the effects of CONCEPT program activities on planned outcomes at the child, family, service provider, and system levels.

Challenges

As with any project, this work is not without its challenges. Currently, DCF is undergoing a tremendous amount of change, with several initiatives currently underway to move the organization toward a more family-focused and strengths-based service delivery system, including the Strengthening Families Practice Model and a Differential Response System. Competition for attention and resources is likely, and this can create difficulty engaging staff in the planning process and struggles around prioritizing changes in data systems.

Despite these challenges, CONCEPT has been well received by DCF staff and other stakeholders.

It has generated a great deal of interest within the Department, other state agencies, provider organizations, families and communities. Over the next four years, implementation of CONCEPT activities will provide additional opportunities for collaboration, learning, and improvement of services to children, families, and communities.

Bert Plant is the Director of Community Mental Health for the CT Department of Children and Families. He can be reached at Robert.plant@ct.gov or (860) 560-5035. Other authors are members of the CONCEPT Core Team working at DCF and The Child Health and Development Institute of Connecticut.

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Facilitated Learning Model for New MA DCF Workers

continued from page 16

the facilitative learning model is quite complex and visionary. As an approach to learning, this model changes the nature of the relationships, the power dynamics, the expectation of expertise, and the responsibility of participants. On this deeper level, the process of inquiry that is demonstrated by the facilitator serves as a parallel to a social worker's approach to practice with families, communities, and professionals in the field. The transformation that the trainer experiences moving from the content expert to the process facilitator is the precise shift envisioned for social workers as they become facilitators of change, helping families to keep their children

safe, stable and healthy. Social workers emerge from this program not as "experts" or fully competent practitioners but rather as curious learners confident enough to try out new skills in collaboration with their supervisors, colleagues and families.

This program is the most ambitious and complicated activity undertaken by the MCWI. Taking many years to design and develop, the recent implementation of this bold training program is by no means complete. Each day offers the MCWI staff new insights about how to improve and generate better ideas to support the growth and confidence of DCF social workers. The NWPDP is an exercise in emergent change. The hope that new social workers embrace inquiry in their role as

facilitators of change is tied to the Department's commitment to continuous quality improvement. The process of organizational quality improvement is driven by the essential questions that make clear the purpose and desired outcomes of a program. To this end, DCF will be asking for feedback on this new program from staff and managers to constantly ask whether we are preparing staff as well as we hope to, and what changes are needed to improve the learning process.

John Vogel is the Associate Director of the MA DCF Child Welfare Training Institute. He may be reached at john.vogel@state.ma.us.

Restraint and Seclusion Prevention Initiative

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Robert Wentworth is the Associate Commissioner for Planning and Program Development at the MA Department of Children and Families. He may be reached at Robert.Wentworth@state.ma.us Janice LeBel is the Director of Program Management at the MA Department of Mental Health. She may be reached at Janice.LaBel@state.ma.us. For more information on the Initiative please visit: www.mass.gov/def or www.mass.gov/dmh.

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Regional Round-Up

National

July 26–28, 2012

The North American Council on Adoptable Children presents the 38th Annual Conference in Crystal City, Virginia (just outside Washington, D.C.). To register visit www.nacac.org

July 30–August 3, 2012

CWLA Pride Model of Practice Implementation Training in San Francisco, CA. For more information or to register visit www.cwla.org.

September 2–4, 2012

Daniel Memorial Institute presents the 25th Annual Independent Living Conference, “Growing Pains” in Atlanta GA. For more information or to register visit www.danielkids.org.

October 14–17, 2012

The National Staff Development and Training Association holds their Annual Professional Institute Annual at The Hilton Portland & Executive Tower Hotel in Portland, Oregon. For information or to register visit www.aphsa.org.

April 14–17, 2013

CWLA National Conference: Making Children and Families a Priority: Raising the Bar; Washington, DC. For more information or to register visit www.cwla.org

Regional

October 12–14, 2012

New England Foster Care Association Biannual conference will be held in Portland ME. For more information visit www.affm.org.

The Center for Professional Innovation

After providing quality trainings and workshops for 27 years, we are pleased to announce Community Program Innovations is now the Center for Professional Innovation! To learn more and see their scheduled workshop visit their website at www.bridgewellcpi.org

Common Clips

From Place to Place

From Place to Place is a feature length documentary that follows the experiences of 6 youth who aged out of the foster care system in Montana. It chronicles their experiences as they work to change the system that they lived in and that they want to improve for those that come after them. It was directed by Paige Williams and produced by Matt Anderson. Clips of this powerful film and purchasing information may be found on the website www.fromplacetoplacemovie.com.

Child Welfare Information Gateway

The Information Gateway connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families. It features the latest on topics from prevention to permanency; including child abuse and neglect, foster care, and adoption. The Gateway promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. As a service of the Children's Bureau, Administration for Children and Families, U.S. Department

of Health and Human Services, it provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice, including resources that can be shared with families. To learn more and access resources go to <http://www.childwelfare.gov/aboutus.cfm>

North American Council on Adoptable Children

Founded in 1974 by adoptive parents, the North American Council on Adoptable Children is committed to meeting the needs of waiting children and the families who adopt them. For more information about NACAC, go to <http://www.nacac.org/>

What Works in Child Welfare

Revised Edition Edited by Patrick A. Curtis & Gina Alexander

Published: 2012

What Works in Child Welfare is the culmination of a body of research covering successfully implemented strategies in the field of child

welfare. This time around the authors have framed their work in the context of evidence-based practices (EBP). A wealth of information, this 548-page resource is divided into six sections: prevention, child protective services, out-of-home care, adoption, child welfare and integrated services, and technology—also new to this edition. What Works in Child Welfare is a must-read for every child welfare worker. For purchase information go to the CWLA online bookstore at www.cwla.org.

National Child Welfare Work Initiative Traineeships & Leadership Academy

The National Child Welfare Work Initiative holds training programs for middle managers and supervisors including The Leadership Academy for Supervisors which provides free online training for child welfare supervisors based on a leadership competency model specific to child welfare. All training is delivered online through self-directed, interactive learning using real-life examples. The learning experience combines pre-work, web-based courses, application on the job and participation in learning networks. To obtain more information on training or curriculum go to www.ncwwi.org.

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COMMON GROUND

**January 2013
DEADLINES FOR ARTICLES:
NOVEMBER 12 2012**

COMMON GROUND, the newspaper of the New England Association of Child Welfare Commissioners and Directors will not follow the usual procedure of selecting two themes and calling for articles on those topics for our January 2013 issue. It will be an Open Issue with no specified themes. In this way we hope to provide an opportunity for you to submit articles about topics of your choosing. There are many issues and concerns that may come to mind when considering the challenging and dynamic human service environment in which we live and work. The continual changes and new knowledge we are gaining give rise to many potential topics such as the effect of trauma on the families and children we serve, as well as on caregivers and those of us working in the field. One could focus on the effect of Child and Family Service Reviews on practice change or the impact

of evidence based practice on outcomes for children and families and systems. Consider these suggested areas or any others that come to mind:

- How has the residential care environment changed? What are these agencies doing to promote greater family involvement and to work with changing needs of their consumers?
- How has the continued focus on permanency affected practice and outcomes for children and youth?
- As baby boomers move out of the workforce what are agencies doing to develop new talent and leaders? What techniques are working for you agency in the area of workforce recruitment, development and retention?
- How are you using data to inform decisions about practice, decision-making and planning in your agency? Is there something to share with others regarding this topic?
- Families working with human service agencies often present complex issues that require collaborative responses from multiple agencies. Are you working on an innovative model of practice in the area of cross system cooperation and collaboration? Are there models that have demonstrated successful outcomes?
- How has the practice of greater family engagement been implemented in your agency and what are the effects you have seen from this?

How are the voices of parents and youth being heard and used to promote more effective practice and policy?

- As more kin become involved with child welfare agencies how are policies and practices changing?
- What interventions are being used to ameliorate the affect of stress and secondary trauma that staff in human service agencies may experience?

Do you have a strong feeling about any issue? Consider writing an opinion piece, a first person account, or a critique of policy or practice. Let others know about a wonderful book or video by contributing a review about it. While we hope these suggestions offer possible areas of interest to readers of COMMON GROUND we know there are many more. Please consider contributing an article on a content area of your choice to the January 2013.

Articles should be submitted to Julie Sweeney Springwater via email at jspringwater@jbcc.harvard.edu or by mail to:

Julie Springwater
NEACWCD Judge Baker Children's Center
53 Parker Hill Ave., Boston, MA 02120

For questions or information on Common Ground articles please contact Julie at (617) 278-4276.