

The Children's Services

Yellow Pages



Tools for Enhanced Practice

The Children's Services Yellow Pages: Tools for Enhanced Practice

PRACTICE TOOLS

The Children's Services "Yellow Pages" contain more detailed information about concepts, philosophies and practices referenced in Chapter 4, Child Placement. These "practice tools" are applicable in all aspects of the child welfare system in areas such as staff training, assessment, case planning, and service delivery.

This section is loosely organized by the five vision statements of Children's Services: **Community Based Support for All Families; One Coordinated Assessment Process; One Caseworker or Casework Team; One Single, Stable Foster Care Placement Within the Child's Own Community;** and **A Safe and Permanent Home Within One Year.** Most of the concepts and practice guidance described in the Yellow Pages, nonetheless, refer to more than one goal.

Children's Services staff are encouraged to use the Yellow Pages to learn new practice tools or to refresh their general knowledge about these subjects; to find references to additional material; and to spark their creativity in better serving families, children and youth.

I. Community-Based Support for All Families

. . . promotes a family's ability to cope with difficult situations and resolve family problems.

The family lives in a familiar community of individuals and services. Friends, relatives and other kin, neighbors, local businesspersons, their faith community, schools and others form a network of individuals and organizations that know and are known by the family. When a family becomes involved with Children's Services, the territory may become unfamiliar. When that involvement results in involuntary services and referrals to other public agencies outside of the community network, the territory can feel alien and threatening.

Traditionally, County Departments of Social Services have relied on their own resources and other public service providers when families needed help coping with family crises. Since 1980, Federal law (P.L. 96-272: The Adoption Assistance and Child Welfare Act) requires that substitute care for children be located in the child's own community whenever possible. Many agencies, however, have looked first at placement resources that were already available -- licensed foster care facilities. The informal support network and community resources known to and trusted by the family have frequently been viewed with less respect than traditional public helping agencies.

Community-based support for families requires a paradigm shift that looks first to the family's own community for support and services, that promotes collaboration between service providers, and that places the services where the family needs and can access them within their own community.

This section includes practice tools on:

- Interagency Collaboration
- Building Personal and Agency Cultural Competence

INTERAGENCY COLLABORATION



Collaboration, in the context of Children's Services, is a process of involving clients and other agencies in order to reach common goals. Whether interagency collaboration is designed to benefit one child or family, or is planned to enhance the quality of life for an entire community, it is an open and shared decision-making process. Those who collaborate draw upon the strengths, abilities and resources of each member in the group.

The County Department of Social Services has legal responsibility for assessment, case planning and review, arranging or providing services, and ensuring aftercare services. It is the County Department of Social Services that is responsible to the State Division of Social Services when there is an audit regarding the use of Federal funds. However, while the legal responsibility is an established factor, case decision-making and service provision is most effective when the process is collaborative.

Problems with Interagency Collaboration

Unfortunately, collaboration often begins out of frustration about a lack of coordination between systems working with the same families. Families may be known as clients or consumers by several community agencies or organizations. If there is a lack of a coherent coordinated services plan, individual service providers may actually be working at cross purposes or, at least, defining different criteria of compliance for families.

Regulatory and practice constraints can act as barriers to effective collaboration. Inflexible interpretation of laws, agency rules or procedures may limit an agency staff's ability to develop creative solutions or interventions to address the individual needs of families and children. While many agencies actually have the authority to share confidential information, individual staff members may refuse to share because they are concerned about inadvertently breaching confidentiality.

North Carolina General Statutes authorize the chief district court judge in each district to designate, by standing order, agencies in the district as "agencies authorized to share information" and names agencies that may be so designated.¹ Agencies so designated shall share with one another, upon request, information that is in their possession that is relevant to any case in which a petition is filed alleging that a juvenile is abused, neglected, or dependent, and shall continue to do so until the juvenile is no longer subject to the juvenile jurisdiction of the court. These agencies include, but are not limited to: Mental Health, Public Health, Social Services, local law enforcement, local schools, the District Attorney, Juvenile Services, and the Guardian Ad Litem. The law further states that "nothing in this section or any other provision of law shall preclude any other necessary sharing of information among agencies."

¹ N.C.G.S. 7B-2901.

In order to achieve the goals of specific family cases, it is important to implement a strategy of collaboration with all the agencies and persons involved with the family. The family-specific collaborative group develops one coordinated assessment that involves the family in a comprehensive evaluation of their strengths and needs. The first consideration in developing a collaborative team is the resources and needs of the family and child being served.

County Departments of Social Services should encourage collaboration among social workers and foster parents. Many foster parents can share parenting skills and experience with birth families and can learn from birth families about the child's history and needs. Foster parents can also provide first hand knowledge of the child's strengths and needs based on daily contact with the child for court reviews and case planning.

Community agencies that strive to provide effective wraparound services for a child or family should coordinate with all service providers to develop individualized family-centered plans that are based upon the family's strengths, values and preferences.

Collaboration with Other Agencies and Community Organizations

The Department of Social Services does not have the resources to meet the needs of all children and families in crisis in the community, nor can it achieve permanency for children without the community's help. The Department of Social Services has a critical role in keeping the community informed about patterns of problems that are affecting child well-being, such as:

- an increase in substance-addicted newborns,
- lead poisoning in children due to flaking paint in older homes;
- injuries or fatalities resulting from correctable conditions in the community, or
- a lack of licensed foster homes for HIV-exposed children.

Questions to Consider for Improving Collaboration

1. Are all elements of the child welfare system collaborating with a wide array of community agencies?
2. Are service consumers involved in community discussions about child welfare practice?
3. Is there a comprehensive format for assessment, case processing and planning that is interchangeable among service providers?
4. Do agencies have or need formal interagency agreements that support collaboration?
5. Does the community have a mechanism for assessing gaps in services and for assuring quality of service delivery?
6. Are community support outreach services extended to connect families with needed services?
7. Are a variety of foster/adoptive families and kinship care providers recruited and supported through a wide spectrum of service and community programs?
8. Do agencies collaborate to conduct specialized recruitment for families of color for adoptive and foster homes by reaching out to neighborhood and community programs and organizations?

Ideally, a collaborative effort includes all persons and organizations that are involved with families in the community:

- the family and its support system;
- public agency professionals,
- non profit organizations,
- elected officials,
- court officials,
- attorneys representing all parties,
- the family's extended family, kinship and community support system,
- substitute and respite parent resources, and
- persons from the business, faith and charity community.

BUILDING PERSONAL AND AGENCY CULTURAL COMPETENCE



Each individual, in order to become culturally competent, must first develop an awareness of his or her own biases and make ongoing efforts to overcome and prevent these biases from having a negative impact on the lives of others. Each person develops his or her own values and beliefs based on his or her interaction with the environment. Most people have values and beliefs about the world that are first taught within families and culture. It is important to remember that because we are all raised differently, and are exposed to differing cultures, we must assume that our personal world view is neither prevalent nor correct for others. For example, many people of color now living in the United States--African-American, Latino, Native American, Aleut, and Asian-- have different concepts of the traditional "family" than do most Euro-Americans. For most Euro-Americans, the primary unit of the traditional family is of the nuclear family, and as the dominant culture, values the independent nuclear family as the "normal" view and experience of family. The cultural experience of many persons of color is a long and rich tradition of the interdependent extended family and kinship network as being the base family unit. Even this seemingly simple difference in perspective has had significant impact on public policy and practice.

Social workers representing agencies should also be aware of cultural insensitivity at the agency level, as represented in policy and practice. The following considerations can to determine areas that need improvement.

- **Consider the community in which the agency operates.** What cultures are represented by the families our agency serves? Are there inherent problems in the way the agency's world view and these communities' world views differ? Does the agency actively recruit staff that reflects the ethnic and cultural makeup of the community?
- **Consider the diverse populations that the program serves, and assess how services can be tailored that are appropriate to their unique needs.** Are agency policies sufficiently flexible to respond sensitively to the individual needs of families? Does the agency have literature and interpreter services available and accessible for non-English speaking populations? Is receptionist staff trained to respond helpfully to all persons, regardless of language or cultural barriers? Does all staff recognize the different values, parenting styles, and traditions of different cultural groups?
- **Develop a strategy for raising the issue of cultural competence within the organization, both to staff and board members.²**

² U.S. Department of Health and Human Resources, "A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs," January 1994. Administration on Children, Youth, and Families, Family Youth Services Bureau, p.14.

Neighborhood family support groups, consumer advisory councils, and community leaders are valuable resources in fostering cultural competence among staff and board members. It may be helpful to establish an ongoing dialogue with consumer groups to identify and address cultural issues in service delivery.

Specialized training to improve cultural competence is available in both the public and private sectors. Staff members who do not demonstrate tolerance of or appreciation for persons of other cultural backgrounds and whose attitudes and resulting behaviors negatively impact the delivery of agency services should be given an opportunity to attend intensive training. To emphasize the importance of this issue, intolerance should be addressed as a performance issue.

II. One Coordinated Assessment Process

. . . involves the family in a comprehensive evaluation of their strengths and needs.



The coordinated assessment process is closely linked to the concept of community-based support for families. The coordinated assessment process begins with the family and their kinship support system. As those most familiar with the family's strengths and needs, these individuals and organizations know the history of the issues endangering the child, the attempts made to resolve the issues in the past, and the extent and limitations of their own strengths and resources. When the family's resources are put into place first, we are demonstrating our value of the family and its strengths and our acknowledgement that they are the primary experts regarding their family system. The primary utilization of the family and their kinship system allows county departments of social services to tailor their interventions to the individual strengths and needs within each family.

The assessment process must be coordinated among service providers in order to understand what the family needs without duplicating efforts. The basic components required for a comprehensive and effective assessment include:

1. An assessment of the child's safety and risk of future harm.
2. An assessment of the capacity and motivation of the parent(s) to provide a safe home. This assessment must include the parent's perception of their strengths and needs and suggestions for resolution of the issues that threaten the child's safety.
3. An assessment of the family's overall functioning, specifically in regard to:
 - Emotional/Mental Health
 - Parenting Skills
 - Substance Use
 - Housing/Environment and Physical Needs
 - Family relationships
 - Social Support Systems
 - Communication/Interpersonal Skills
 - Caregiver Life Skills
 - Physical Health
 - Employment and Income Management
 - Community Resource Utilization
4. An assessment of the child's unique needs that may require additional help, such as physical, psychological, or developmental needs.

5. An assessment of relevant resources available through the family and its kinship support network, including local community resources.
6. An assessment of additional resources needed from the public or contracted private sector.
7. An assessment of the parents' participation and response to the services provided and their progress toward resolution of the problems that jeopardize the child's safety and the family's stability.
8. An assessment of the agency's effectiveness as a service provider/case manager, including evaluation by the families being served.

In order to coordinate the assessment process, agencies must share the assessment information that they have with others who are involved in service delivery. This includes sharing of factual information with members of the family support network on a need-to-know basis.

This section includes information on:

- Community Assessment Teams
- Family Group Decision Making
- Outcome Accountability and Performance Review

COMMUNITY ASSESSMENT TEAMS



The Community Assessment Team provides interagency collaboration and accountability on behalf of every child served by the child welfare system. The Community Assessment Team reviews individual cases of children, identifies barriers to permanency for these children, and helps to ensure that a safe, permanent home for each child is being pursued actively. To accomplish its goals, the Community Assessment Team involves the family fully in the process prior to the child coming into DSS custody or as soon as the child enters the foster care system. The team is involved with ongoing assessments and planning for as long as the child is in DSS custody or placement responsibility.

The Community Assessment Team approach helps the agency to assure that children achieve permanency. The team focuses on child safety, addressing the factors that pose a risk to the child. The goal of the team is to help children safely remain in their own homes or to locate placement with a relative or a home where it is safe for the child to stay. If the child is in out of home placement, the focus is to assist in safely returning the child home, locating a safe, permanent placement with a relative or another approved person or to be adopted by the foster parent when this is in the best interest of the child and family.

The sharing of information in Community Assessment Team meetings is allowable under State laws regulating the disclosure of confidential information.³ However, a confidentiality statement must be signed by all participants in the meeting to ensure that shared confidential information will not be disclosed outside of the meeting.

Community Assessment Team meetings are used for case planning and the development or review of all sections of the **appropriate** Family Services **Agreement**.

Using Family Group Decision Making in Community Assessment Teams

Community Assessment Teams can use family group decision making techniques to involve the family actively and to place the family at the center of decision making in team meetings. There are two models of family group decision making that are explained in detail in the Yellow Pages.

One County's Community Assessment Team Model

Community Assessment Teams should be individually designed by each county to meet that community's needs. While there are various ways to conduct a Community Assessment Team process, one North Carolina County DSS has shared the model for Community Assessment

³ N.C.G.S. 7B-2901(c)

Teams that has been developed in their community as an example in this manual.⁴ That model is as follows:

Families participate in a single, coordinated assessment process that comprehensively evaluates strengths and needs. Families are encouraged to invite extended family members, neighbors, friends, clergy or anyone else to Community Assessment Team meetings. Agencies, schools, and other systems involved with the family are invited to participate in Community Assessment Team meetings.

This model is used to empower the family and community as real partners in assessment and case planning. Their involvement improves the system's capacity to understand and maximize the benefits of differences in perspectives. The Community Assessment Team model provides a greater strengths-based perspective for families involved with human service agencies and particularly those families involved with the children's services system.

Community Assessment Team Objectives

- to press for early assessment;
- to give family and community members decision making power and the resources necessary to make a difference in assessment and case planning;
- to use relatives to provide secure environments for children when out of home placement may be an issue;
- to give community-based liaison people and agencies influential roles in the assessment process;
- to conduct assessments outside bureaucracies in family and community settings;
- to support new placement paradigms, particularly those that break down traditional boundaries; and
- to help social workers perceive family strengths and see new family friendly options.

Protocol

1. The social worker or a staff member in another community organization determines the need for a Community Assessment Team meeting. Parents or family members can also ask that a Community Assessment Team meeting be convened.
2. The social worker determines this with the family and explains the purpose of the Community Assessment Team meeting.
3. The social worker and family agree on a time and place that is most convenient and comfortable for the family.
4. The social worker encourages the family to invite other family members, friends, kin, and other supportive representatives to the meeting.
5. The social worker invites school counselors, teachers, therapists, attorneys, Guardian ad Litem, clergy, or other relevant representatives to the meeting
6. The social worker makes contact with the family the day after the Community Assessment Team meeting to answer questions, review the meeting, etc.

⁴ Cleveland County Department of Social Services

Phases of Community Assessment Team Meeting

A. Information Sharing

This phase starts with an introduction of the parties present and an explanation of the assessment process. Family strengths are identified. The reasons for DSS involvement are outlined. If there is a CPS substantiation, the allegations and findings are relayed to the family. The family will have been informed previously of the findings of a CPS investigative assessment. However, it is important to clarify the issues that warrant DSS involvement at the start of the Community Assessment Team meeting.

B. Group Discussion

Family and agencies discuss strengths, issues, and services that need to be in place and level of DSS/Court intervention. The family and agencies arrive at a final decision and develop a formalized, written plan that is signed by the family and agency representatives. The family is asked if the plan is realistic, fair, and manageable. The DSS must determine if all safety issues have been appropriately addressed.

Distinction Between the Community Assessment Team and the Permanency Planning Action Team

The case of every child in the custody or placement responsibility of a County Department of Social Services must be reviewed periodically by a Permanency Planning Action Team. (Refer to Part IX, Case Reviews, for more information about the Permanency Planning Action Team.)

Generally, the size and scope of a Community Assessment Team is broader than a Permanency Planning Action Team. For example, Community Assessment Teams often convene prior to a child coming into agency custody, while reviews by Permanency Planning Action Teams are required only for children in custody. Furthermore, Community Assessment Teams often include more service providers, family and kin, and community members than the minimum required participants for the Permanency Planning Action Team.

County Departments of Social Services may use the Community Assessment Team in meeting the case review requirements outlined in 1201, Case Reviews. In fact, if a Community Assessment Team has been formed, it is usually desirable to use that team for case reviews. Participation in the Community Assessment Team, when convened for a legally required case review purposes, must meet the legal requirements regarding time frames and participants. In addition, the **appropriate** Family Services **Agreement** forms must be completed at the time of the review (**In Home Family Services Agreement, Out of Home Family Services Agreement, Family Services Agreement Review and Transitional Living Plan**

FAMILY GROUP DECISION MAKING MODELS



Family group decision-making is a relatively new approach to working with families involved in the child welfare system. This model provides families and their support network with the opportunity to make decisions and plan for the children. By being involved in protective planning, the parents become part of a collaborative -- rather than adversarial -- relationship with the agency. While the DSS maintains veto power over any plan, agencies in other states that have experience with these models have found that a majority of family-developed plans can be approved by the agency.

Family group decision making can be used in the Community Assessment Team, as well as the Permanency Planning Action Team setting.

The model is a solution-based approach to resolving problems. This model draws on the strengths and resources of the extended family, of the system and of other community agencies and individuals involved in the child's life. The main goal of this model is to strengthen individual families. This in turn leads to long-term solutions to family problems and safety for children.

The foundation of this model is based on a number of values and beliefs. Primary among them is the belief that families have strengths and can change. These strengths are what ultimately resolve issues of concern. Strengths are discovered through listening, noticing, and paying attention to people. They are enhanced when they are acknowledged and encouraged. People gain a sense of hope when they are heard. They are also more inclined to listen to others. Whereas advice can seem disrespectful, listening and suggesting options provide choices. Choices empower people.⁵

There are two basic models of family group decision-making: Family Group Conferencing and Family Unity Meetings. There are also numerous variations in practice with these models and a variety of names assigned to the process. Family Group Conferences and Family Unity Meetings have many similar aspects. They diverge somewhat in the actual design of the conferences or meetings. The basics of these two models are outlined here, and the term "family group decision-making" will be used in most cases to refer to both models for the sake of simplicity.

Purpose of Family Group Decision-Making

⁵ California IV-E Waiver Demonstration Project, 1997. Patric B. Ashby, Chief, Foster Care Branch, Sacramento, California.

The **Family Group Conference Model** was established in New Zealand through legislation in 1989. The **Family Unity Meeting Model** was developed in 1990 in Oregon.⁶ Both models have been adapted and implemented in many communities in the United States and internationally. The interest in developing and implementing these models was born out of several concerns about trends in the child welfare system, including:

- The disproportionate number of minority children living in non-relative out-of-home care;
- The unacceptable length of time that children were spending in out-of-home care;
- The number of out-of-home placements that many children were experiencing; and
- The desire to minimize unnecessary governmental intervention.

Family group decision-making also supports kinship care, strengths-based, family-centered practice, and the creation of partnerships with the family and community. Family group decision-making is a demonstrated method to improve the agency's provision of culturally competent services within the child's own community.

Families benefit from the family group decision-making process in that it can strengthen families by engaging their commitment and responsibility to protect and provide permanence for their children. The process tends to counter the isolation experienced by families who are involved with the child welfare system. Families' investment in, and ownership of, decisions are increased. The process recognizes that families have the most information about themselves to make well-informed decisions. It recognizes that individuals can find security and a sense of belonging within their own families, and it encourages families to form important links with their communities. Families have reported that the family group decision-making process has enhanced their feelings of being respected and understood within the context of their culture and traditions.

Child welfare agencies and communities benefit from family group decision-making. There is increased community ownership of child protection and permanence through collaboration and cooperation between the family and the agency and among agencies. The partnership between professionals and the family in decision-making can decrease the professionals' burden and responsibility, balances power, and increases the family's sense of control and commitment to solutions. Better informed decisions result when the family's expertise about their strengths and needs are valued.

The Family Group Decision-Making Process

Families can be referred for family group decision-making:

- when a case of child abuse or neglect is substantiated,
- when foster care placement appears to be imminent, or

⁶ For a more thorough discussion of these two models and experiences from the agency and family perspective, see Lisa Merkel-Holquin's article "Putting Families Back into the Child Protection Partnership: Family Group Decision Making" in Protecting Children Volume 12, No. 3 (1996), pp. 4-7. This issue of Protecting Children has several relevant articles.

- when foster care placement has occurred and alternative permanent plans are being developed.

Agencies interested in adopting this model should design a protocol for the referral process that identifies:

- screening criteria
- how families are referred,
- who will coordinate the process; and
- who will facilitate the meetings?

It is important that the person who will facilitate the meeting or conference is someone who can remain impartial and who does not have direct responsibility for the case.

Planning for the Family Group Decision-Making Meeting or Conference

Preparation and planning for the family group decision-making meeting is crucial to the success of the meeting and its outcomes. Care must be taken to balance the sense of urgency to meet with the need to assure broad family representation. The person identified to coordinate the process has a great deal of responsibility and will necessarily have to invest time in meeting with identified participants to prepare them.

Because of the time required to prepare for a meeting, interim plans may be required to assure that the child is in a safe environment. If the child can be maintained safely in the home with family supervision and support, this is preferable to out-of-home interim placement. If interim placement is needed, suitable relatives known to the child should be given first consideration.

The next step in preparation is to identify the participants to be invited to the meeting. "Family" includes **all those identified by the client as family**: the nuclear and extended family, kinship networks, friends and natural community supports. Community supports may include landlords, neighbors, clergy, and others. Representatives from agencies involved with the family and with knowledge of the issues also need to be invited. Agency representatives not only include the child welfare agency, but also mental health professionals, substance abuse treatment staff, teachers, school workers, health professionals, in-home aides, Guardians ad Litem, attorneys, and any other relevant persons involved with the family.

Although the participation of professionals in the meeting is critically important, the need for a broad base of family participants is a key to the success of the meeting and its outcomes. It is good practice to assure that there are more family representatives at the meeting than professionals. Children should also be included when appropriate for age, developmental, and emotional considerations. No child victim should be at the meeting without an adult support person. The child should help in identifying their support person, and this person should be prepared to accompany the child out of the meeting if needed. The coordinator should work with the child and family in identifying potential participants who can protect and care for the child. Other roles include supervising the implementation of plans, supporting the family in caring for the child, and maintaining contact with the child and family. Perpetrators should be

included in the meeting whenever possible, as they must be involved in constructively determining solutions and in implementation of plans.

The meeting coordinator should contact each meeting participant, preferably face-to-face. When a face-to-face contact is not possible, telephone contact is needed. The process for family group decision-making must be described in detail, so that each participant (family members and professionals) understands their role before, during, and after the meeting. The coordinator should work with each family participant around issues of attending the meeting. In many places, the convening agency pays for transportation so that family members can attend. If a family member cannot attend the meeting, they should be encouraged to write a statement that addresses their issues, that offers their ideas for solutions, and that can be read at the meeting. The coordinator should organize the meeting logistics and communicate them to all participants. Logistics include the time, date, and place for the meeting, as well as supplies, refreshments, seating arrangements, interpreters, transportation arrangements and any needed security arrangements. The time and place of the meeting should be carefully planned to be most convenient for family members, rather than the convenience of professionals. It is recommended that the meeting be held in a neutral setting rather than at the child welfare agency. Providing refreshments for the meeting can be a very positive setting of the atmosphere and is a natural context for families who come together to discuss family issues.

Holding the Meeting or Conference

The Family Group Conference Model

1. Introduction -- The conference should begin in the ways that are consistent with the family's culture and traditions. There may be a respected family member or other community member, such as a spiritual leader, that greets participants as they arrive. In many traditions, some sort of blessing or statement may be appropriate to opening a family meeting. The coordinator should introduce all participants to the group and explain their roles. The coordinator should clarify again the family group conference process, its purpose, and the goals of the conference.
2. Information sharing -- The social worker responsible for the case should present the facts of the child's case, along with the issues and concerns, to the conference participants. The social worker's presentation should be straightforward and respectful. Other professionals involved with the case then need to share any relevant information and concerns. Time should be allotted for the family to ask any questions that they have of the professionals. In the Family Group Conference Model, professionals do not share their opinions or make recommendations to the family.
3. The Family Meeting -- At this stage, the professionals and non-family support members leave the "family" (still defined broadly) alone in private to discuss the case. This private family meeting is at the heart of the family group conference model. It is believed that when the professionals remain in the room, the discussion among the family is hindered. Professionals tend to assume their traditional role of directing the decision-making. The family is charged with the task of developing a plan that will assure permanence for the child

and that will protect the child from future harm. This plan may specify a particular placement for the child, and should include plans for follow-up and monitoring of the plan.

4. The Decision - When the family has reached a decision, the social worker, other professionals and non-family members return to the meeting, and the family presents and explains their plan. Decisions should be made ahead of the meeting as to who may have veto power over all or part of the family's plan, and under what circumstances. Certainly, the social worker with responsibility for the child can veto the plan. Others who may be designated with veto power may include lawyers, the Guardian ad Litem, the parents, and the coordinator. Experience with this model has shown that the majority of plans developed by the family are acceptable and few vetoes are required. Depending on the legal status of the case, the plan may need to be presented to the Court for judicial approval.

The Family Unity Meeting Model

The Family Unity Meeting Model differs from the Family Group Conference Model in that it allows for the parents to veto the participation of any family member. This provision gives the parents much more control over who can participate in the meeting and with whom information is shared. Like the Family Group Conference Model, the Family Unity Meeting Model does discourage the exclusion of family members, but the Family Group Conference Model does not give the parents veto power over family member participation. Additionally, the Family Unity Meeting Model allows for the professionals and other non-family members to be present during the family discussion when decisions are made and the plan is developed. A facilitator is used throughout the process.

The stages of the Family Unity Meeting Model are as follows:

1. Introduction -- This stage is the same as with the Family Group Conference Model.
2. Strengths Assessment -- The strengths of the family are identified and discussed in the meeting.
3. Concerns -- The concerns of the social worker and other professionals involved are discussed and listed. Family members are given time to address their concerns and issues. It is important that all issues concerning the child's safety and family stability are clearly addressed.
4. Options -- In contrast with the Family Group Conference model, the Family Unity Model allows for the professionals to suggest options during the meeting. It is important that all options, including those that are not acceptable to the agency, are considered. While providing options, the professionals must encourage the family to suggest other options. The facilitator plays a key role as a neutral member of the meeting, assuring that the family members have a voice, and documenting the options and decisions for use in the final plan.
5. Family Discussion - The family is asked for their best thinking on how to deal with the concerns that have been expressed. The identified strengths of the family should be included in the discussion as to how these strengths can be used to resolve the concerns.

6. Decision - The final plan is detailed by the participants and a written agreement is formulated that outlines the specific activities that the family, community members, and professionals agree to do.

Post Conference or Meeting Events

No matter the model, the plan is written and distributed to the family members and professionals involved with the case. The plan should designate what services and supports will be provided, by whom, and when. A plan for monitoring the progress needs to be in place. In some cases, it may be necessary to schedule a follow-up meeting for case review.

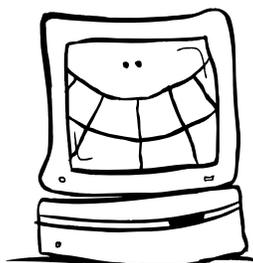
In most cases, the use of family group decision-making results in agreement of all parties to the plan. In those few cases where the family and the professionals cannot come to agreement, the dissenting views should be presented to the Court for a decision. Court review and sanction of the plan is necessary if the child is already in DSS custody or placement responsibility.

Implementation

When considering implementation of a family group decision-making model, the agency should evaluate the different models and design an approach that will fit best in that county and community. Community involvement is critical to successful implementation. Therefore, community members and professionals from a cross-section of agencies should be involved in the design to assure commitment to the process. Guidelines and explicit roles of all professionals involved need to be developed. Of particular importance in the design is the decision on whether to allow for a private family conference or to maintain the presence of the professionals throughout the meeting.

Before implementing family group decision-making into practice, facilitators and coordinators need to be identified and trained. Policy issues need to be addressed regarding participant involvement, referral processes, reimbursement for family costs, and participant and plan veto procedures. Case reviews and monitoring processes need to be addressed in policy. Finally, consideration is needed on how legal mandates will be maintained. It is advisable to discuss policies and practice designs with the agency attorney.

OUTCOME ACCOUNTABILITY AND PERFORMANCE REVIEW



For many years, North Carolina has required that counties report data into the statewide Services Information Systems(SIS). Some of this information has been specific to Child Protective Services (Central Registry), and Child Placement and Adoption (Child Placement and Payment System). The SIS is used to generate statistical reports and is available to conduct research. One reason that the State Division of Social Services and the County Departments of Social Services have not used data extensively is the recognized poor quality of much of the data included in the system. For county staff, information that is not used is often regarded as unimportant and, unfortunately, accuracy has not always been stressed. The Division, with cooperation from local Departments of Social Services, will work to improve the integrity of the data in its automated systems.

North Carolina is moving toward a unified, performance-based information management system that has great potential in generating accurate county-specific reports that will:

- provide feedback to both county and state governments on progress toward shared goals;
- give information on critical child protection indicators;
- enable quarterly reporting on cohorts of children who enter and progress through the children's services system within each county and compared to counties of similar size;
- help to identify areas of policy or practice that need informed adjustment in order to achieve desired outcomes;
- help to assess short and long term effects of changes in policy and practice;

The Division of Social Services is now producing two new reports:

- Experiences of Children Entering Child Welfare Custody in N.C.
- The Children's Services Outcomes Report

Making effective use of information begins with the identification of the outcomes we desired for children and families and the strategies for measuring them. It is important to realize that data must be interpreted at the local level by people representing a wide range of community interests and differing levels of expertise in interpreting data. Many communities are engaged in different initiatives that target the same population and have many of the same outcomes. Effective use of information involves organizing and sharing data in ways that add value to the

ongoing evaluation of system performance at the local level. Recognizing that the entire community is responsible for the welfare of children, County Departments of Social Services should promote the practice of sharing data for community self-monitoring, self evaluation, and modification of agency practice and goal setting.

The Division of Social Services conducts biennial reviews of agency performance based on **the Federal Child and Family Services Review process and instruments**. There is an increasing interest in agency accreditation. This process requires storage and interpretation of accurate information that will measure outcomes and performance.

III. One Caseworker or Casework Team

. . . ensures that everyone is working together toward a permanency plan for the child.



Too often the needs of children and their families are not well served by public child welfare agencies because children and families routinely experience frequent changes in social work staff. In the way that child welfare agencies are traditionally organized, children and families are likely to be served by different social workers through the process of intake, investigative assessment, CPS case planning and case management, child placement and adoption services. Furthermore, staff turnover is common and virtually guarantees that families will experience changes in workers within some stages of a children's services case.

County Departments of Social Services have developed new and different ways to reorganize staff to serve children and families along a continuum of care that better meets their needs. Approaches to reorganization include the one caseworker or the casework team model.

Several counties have chosen to maintain specialized social workers reorganized into single social work teams, so that the "team" follows the case throughout the child and family's involvement with the child welfare system. Members on the casework team often retain specialties but work together with and on behalf of the family. Some team positions take the lead in work and others, such as the adoptions social worker, act in a supportive position. The keys to success are the leadership of the supervisor and regular team meetings to discuss cases, so that all know and understand where families are in the process. The generic supervisor helps to assure continuity in the agency's overall involvement with a family.

A **single social worker model** involves "generically" trained social workers who may or may not be organized into teams that learn all children's services specialties and receive cross-training. The social worker is involved with the family from initiation of the investigative assessment through case closure. When the social worker is on leave or leaves the agency, the team can maintain contact with the family. The single social worker can provide consistency of relationships and has a broad knowledge of the family. The social worker can act as advocate and resource broker.

Casework teams extend beyond the boundaries of the Department of Social Services, to include anyone who is involved with the family, including members of the family support network, community members and professionals from other agencies. Court officials and the guardian ad litem may also function as consistent members of the family's team.

Limitations of the Traditional Child Welfare System Organization

When children and families experience this lack of staff consistency:

- The needs of the child and family may not be served promptly;
- Time is wasted by the social worker in one unit doing work that another social worker has done;
- Children and families are expected to relate to each new social worker and may experience new stress in developing relationships with each new social worker;
- Families are forced to explain their stories repeatedly to different people;
- Agency involvement may drag on for years because the case is changing hands and goals become lost;
- Social workers often are not able to collaborate with each other about the direction of work with a family due to changes in work responsibilities or places of employment;
- Family members may use the lack of continuity in social workers to misrepresent the reasons their family came into the system; and
- Important legal groundwork may be delayed or overlooked.

Advantages of the Single Social Worker or Casework Team

A single social worker or casework team is an organizational philosophy and practice in a Department of Social Services that benefits children, families and staff. By reorganizing into casework teams, some children's services units are minimizing the likelihood that families and children will experience multiple agency service providers.

Families served by a casework team are assigned to a team when the child comes into the system, usually following substantiation of child abuse, neglect, or dependency. Individual team members retain their specialties and take the lead responsibility at different moments in the life of the case. The team carries the agency responsibility for the case from assessment to case planning, and if appropriate, to foster care and adoption. While different members of the team may work with the family individually, each member of the team contributes to the work with the family and is able to assure continuity of information and services.

Benefits to Children and Families

- The family only has to explain their story once;
- Children tend to move to permanency more quickly;
- Information about the family is not lost;
- Any member of the team can help the family handle crises;
- The casework team, by involving family supports and community resources, is more likely to develop accurate assessments, relevant permanency planning options, and effective reviews;
- Community resources are more accessible to families;
- The same social worker or team works with the family throughout the life of the case and better relationships between the child and family and the social worker may result;
- Time spent transferring the case may be reduced or eliminated.

Results and Benefits to Staff

- The team structure allows social workers to share information and plan together;
- The team helps to dissolve organizational barriers that impede effective service delivery;
- Relationships between work units are improved;
- Social workers and supervisors are cross-trained in all areas of children's services;
- More people in the agency are able to respond effectively to the child and family's needs;
- Team members are able to anticipate the need for services for children who may be coming into foster care placement;
- Staff members gain the benefit of each other's knowledge and expertise;
- New social workers have access to other staff on the team who can help prepare them for their work with the family;
- Team members may share responsibilities, such as a family preservation social worker accompanying a protective service social worker during an investigative assessment;
- Shared decision making reduces the burden to the individual social worker;
- Information is not lost;
- The use of cross-trained social workers helps to maintain continuity in the social work relationship despite turnover of staff;
- Duties and responsibilities of each social worker can become more flexible, based on the child's and family's needs and strengths;
- Teams can involve others in the community to better serve the family;
- The group process often provides creative solutions to issues;
- Teams can share a sense of accomplishment when the child achieves permanency.

Implementation

Change is difficult. Reorganization of Children's Services will require input from line staff, families and foster families, as well as administrators and supervisors. Counties considering reorganizing into a one caseworker or casework team approach would benefit from contacting other North Carolina counties who have been through the change process and are committed to this approach.

IV. One Single, Stable Foster Care Placement Within the Child's Own Community

. . . provides temporary stability until a lifelong home for the child is achieved.

Children's Services agencies, particularly those mandated to protect children, have the responsibility to assure that their actions on behalf of the child cause as little harm as possible. In order to minimize the harm, the agency must step back from its organizational perspective and look at the situation **through the eyes of the child**. Looking through the eyes of the child results in planning that involves:

- short time frames;
- respecting the life schedules of the child and family when planning meetings;
- placement that minimizes the unfamiliar;
- clear information sharing and, to the extent possible, the child's involvement in decision-making;
- visitation arrangements that respect the child's bonds to parents, siblings, neighbors, friends, pets, and home;
- positive working relationships among the social worker, child, parents, siblings, foster parents, and mentors; and
- minimizing the number of damaging moves from one placement to another for a child.

When children must be removed from their homes, regardless of their experience within that home, they experience loss of the familiar and expected. Placement with familiar relatives or other kin, within the same school district, and within proximity to the family helps to make their transition to that placement less traumatic. The agency should immediately assess alternative placement resources with the family, even if the initial plan is to maintain the child in the home. The agency should also plan and focus on maintaining one single, stable placement for the child when a child must be removed from home.

This section includes an overview on:

- Child Development and Attachment; and
- Grief and Loss for Children in Foster Care.

CHILD DEVELOPMENT AND ATTACHMENT



Child Development

Initially, all children have the same basic needs. For the majority of those children, these needs are met by their family from birth. For some children, the birth family either cannot or will not meet these basic needs. When that happens, we must assure that while we are concerned with safety, we are also concerned that these basic needs are being met. Children need:

- **Care** - This is the basic need for physical safety, food, clothing, shelter, and to be clean and dry as an infant. This also includes the provision of necessary medical treatment.
- **Stimulation** - This includes the emotional and physical interaction that helps the child to learn about the world.
- **Continuity** - The assurance that the care will be provided by the same people over time. Multiple placements reduce the chance for continuous commitments.
- **Reciprocity** - Interaction with a significant person is critical. Through this a child comes to view herself as a valued person. The child is not only able to receive love, but to give love.

A child's sense of identity and worth grow out of nurturing and commitment. A child is able to attach when his needs for care and stimulation are met and he is nurtured. A child bonds and develops self esteem when he is involved in a continuous reciprocal relationship with an appropriate caregiver, and is able to count on the commitment of that person.

For the most part, children will meet and pass through a number of developmental stages in their life. Most children will accomplish the same tasks. However, each child will approach the task in their own unique way. The child's personality, physical abilities, and other individual attributes will impact the way he approaches and reflects each stage in his development.

It is the responsibility of the parent to create an environment that encourages the child to achieve his full physical, intellectual, and psychological potential. Children cannot accomplish the tasks alone, and parents cannot accomplish the tasks for the child. The parent-child relationship is crucial in the successful movement of the child through the process. Families provide an environment that is stable, safe and nurturing, and which stimulates and encourages the child in his growth. This environment provides reasonable expectations and limits that the child needs to feel a sense of accomplishment and security. Children need this support and external limit-setting in order to cope with the challenge and inevitable frustrations inherent in the developmental process. Children who do not receive this support from their parent become confused, insecure, and lacking in self-esteem.

Social workers need to be able to distinguish between normal age-appropriate behaviors, and those behaviors that indicate an unmet developmental need. Since the physical, emotional, and physiological aspects of the child's development are so interrelated, delays in one aspect often affect subsequent development in other areas. Since some of the most crucial developmental

milestones occur early in the child's life, early deprivation of appropriate stimuli and nurturance has the potential for severe long-term effects.

Stages in Child Development

Age	Emotional ⁷	Physical, Cognitive, and Language ⁸
0 - 18 months	Sense of Trust (trust in others) This grows out of consistent, reliable physical care from one nurturing caregiver. Poor, inconsistent care or multiple placements can undermine. If this sense of trust in others is lacking, there is much difficulty moving into next stage.	<ul style="list-style-type: none"> - The child discriminates among various stages of discomforts. (hungry, wet, tired) - Picks up objects - Sits, crawls, stands walks - Vocalizations - Imitates speech, understands commands
18 months - 3 years	Sense of autonomy (trust in self) This grows out of child's opportunity to make age-appropriate choices, and be separate from caregiver for brief periods with confidence. Excessively harsh or permissive treatment can prevent development of sense of autonomy. Loss of caregiver or sequential caregivers can severely stunt development. Without this sense of autonomy, children cannot learn to trust themselves	<ul style="list-style-type: none"> - Jump, run, climb - Learns to dress self with help - Toilet training - Solitary or parallel play - Vocabulary grows significantly - Asks and answers questions
3 - 6 years	Sense of initiative (right and wrong) By risks taking, observing, imitating, and fantasizing, a sense of personal initiative develops. By experimenting with behaviors, child develops a growing sense of right and wrong. Inconsistent caregivers inhibit this process, and punitive treatment leads to excessive guilt and feelings of worthlessness.	<ul style="list-style-type: none"> - Proficiency in self care - Magical thinking - Begins cooperative play - Physically aggressive - Increased motor skills - Increasing vocabulary (2,000 words by age 5)
6 - 10 years	Sense of industry (conscience development). Through relationships, child learns a sense of	<ul style="list-style-type: none"> - Substantial increase in motor skills - Learns to learn: read, write, basic math, etc.

⁷ Erik Erikson. (1950) Childhood and Society. New York: W. W. Norton and Co., Inc.

⁸ Vera Fahlberg. (1982). Child Development. National Resource Center for Special Needs Adoption.

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	accomplishment and an ability to problem-solve. Without consistent encouragement and support the child can feel defeated, discouraged, and inferior.	<ul style="list-style-type: none"> - Screens out distractions - Friendships with peers - Issues of fairness
10 - 18 years	Sense of identity (finding own place in the world). By building on all prior developmental stages, the child learns to see their abilities realistically and to develop their talents and interests in preparation for adult life. When prior stages have been inhibited or stunted, identity remains confused and full maturity cannot be achieved.	<ul style="list-style-type: none"> - Sexual development - Physical growth - Emotional changes - Increased skills - Identity with peers - Emancipation process

Adapted from Concurrent Planning: From Permanency Planning To Permanency Action.⁹

Attachment

For the most part, initial bonding occurs between the infant and his primary caregiver. This may be the birth parent, foster parent, adoptive parent, or other primary caregiver. Neither gender nor blood ties of the caregiver are as important as the attachment between the caregiver and the child. For the child, when that attachment is broken a tremendous loss occurs, similar in effect to the death of a parent. Children respond to this separation in many different ways. Responses may vary from severe depression to almost no reaction in children who have been emotionally neglected and have little attachment to their parent. Children in foster care who have experienced multiple moves are less likely to show a marked reaction to subsequent moves and resulting separation from caregivers. These children have developed a defense against the pain of repeated loss, and simply do not allow themselves to become emotionally connected to another caregiver. This lack of attachment will insulate them from the psychological pain of another separation. Unfortunately, this lack of attachment to the new caregiver also increases their chances of yet another change in placement.

Attachment is essential for all children. When a child has a strong and healthy attachment to his parent or caregiver, it allows him to develop both trust in others and reliance on himself. That supportive environment allows the child to negotiate the various stages of development listed above. Without attachment to a continuously present, nurturing adult, a child's core self is damaged, and the child is unable to fully develop emotionally and psychologically. The results are that we as social workers encounter children with very little conscience, poor impulse control, low self-esteem, poor peer relationships, and learning deficiencies. For the most part, these children will grow up to be parents whose own needs overshadow their ability to support

⁹ The above chart addresses developmental issues globally, and is not intended to be an in-depth guide for informing good social work practice. You are urged to take a more in-depth look at developmental issues. An excellent resource for this undertaking is *A Child's Journey Through Placement*, by Vera Fahlberg, (1991). Perspectives Press, P. O. Box 90318, Indianapolis, IN., 46290-0318.

and nurture their children. Many children who enter the foster care system have come from families in which the needs of the parents overshadowed those of the child. This has made it difficult for these children to learn to achieve a healthy balance between needs for dependency and autonomy.¹⁰

¹⁰ Op. Cit., Vera Fahlberg, Attachment and Separation, (1979).

GRIEF AND LOSS FOR CHILDREN IN FOSTER CARE



In **A Child's Journey through Placement**, Dr. Vera Fahlberg describes three stages that children (ages 6 months - 4 years) may go through when they are removed from parents or other caregivers to whom they are well attached.

- Initially the child may vigorously protest the separation. The child may try to recover the loss by searching for the parent, such as looking out the door or window to see them.
- The child continues to be watchful, but is less hopeful of regaining the former caregiver. He may exhibit signs of preoccupation or depression, yet quickly responds to the sound of cars or doors, expecting the lost caregiver.
- The child emotionally gives up, becomes detached and disinterested in caregivers.

Unfortunately, when young children withdraw from their new caregivers, it is not unusual for the adults to also withdraw from the child. This is to protect themselves from the feelings of inadequacy that may result from the unresponsiveness of the child. It is crucial for the social worker to work closely with both the child and the foster parent/caregiver to identify a normal grieving process and to help the caregiver patiently nurture the child.

In older children (4 years and older) a pattern of grieving can be discerned that closely follows the more widely accepted model of the stages of grief.

Stage of Grief	Identifier
Shock	Shock and Denial is most prominent when separation is abrupt. The child may emotionally shut-down and physically withdraw. The child may seem numb, mechanical. This is a normal reaction to emotional trauma.
Denial	Child may be prone to sleep and appetite disturbances as well as loss of attention span. Nightmares and forgetfulness is common. Diversion of energy to deal with intense pain leaves little energy left to process current environment. The child may have feelings of responsibility for events.
Anger	Children may act out, or turn anger inward (possibly self-destructive). Anger is commonly directed to others (foster parent, worker, etc.). Any minor request or event may be answered with an angry outburst. The child may run away.
Bargaining	Magical thinking; attempts to 'fix' situation with "if....., then I promise....."statements.

Sadness/Despair	Child will appear sad, possibly withdrawn. Tears may flow freely. Boys may have difficulty moving through this stage, and get “stuck” in expressing anger.
Resolution	Acceptance is on emotional level. Child may not like situation, but can accept it. Child should have increasing amounts of energy available to address developmental issues, including growth and change.

Social workers must be willing and capable of identifying and addressing the child’s emotional needs. It is important that the child receive permission to express his feelings and validation of those feelings. Statements like “don’t be sad,” “everything is going to be all right”, or “it’s not your fault”, are not helpful. They do not lessen the child’s pain, and may be a reflection of the adult’s lack of comfort with the intense emotion surrounding the situation. Empathic comment such as “most kids are really scared when they move into a new home like this,” acknowledges the child’s feelings and sends the message that such feelings are normal. This may give the child permission to talk about those feelings.

It is important to be honest with children when they come into foster care. Social workers do not have answers to all the questions that children raise. So many variables influence the short- and long-term outcomes of the child’s placement, what is true for today may not be true tomorrow. Children should be involved in the planning process to the fullest extent reasonable given their age and maturity. The social worker should have frequent contact and should share information with the child, especially during the early stages of the placement. By showing the child support for his feelings and demonstrating that adults can be trustworthy, the social worker is establishing an environment for the child to begin to form new attachments.

V. A Safe and Permanent Home Within One Year

. . . for all children for whom a County Department of Social Services has legal custody or placement responsibility.

For many DSS social workers, the goal of a year to permanence may seem the most difficult to reach. Children who have already been in the foster care system for more than a year still outnumber those who return home or achieve other permanency within a year. As efforts have increased to remove children in only the most desperate of circumstances, the children entering foster care placement are, on the whole, more challenging. Many children in foster care placement have already experienced multiple moves and, with their damaged ability to trust, options for permanency seem increasingly remote. Some are children with multiple handicaps that are loved and valued by their foster parents, but for whom adoptive or guardianship placement would jeopardize the funding streams necessary for their continued care. Some are older teenagers for whom no recent efforts have been made to find placement options.

The goal of a year to permanency is reflected within the data collection system: neither "Permanent Foster Care" nor "Independent Living" is allowable as a permanent plan goal. This change resulted for several reasons.

- When the agency **starts with the end in mind**, timely permanency for children entering the system is highly likely. Concurrent permanency planning is one of the tools that helps to assure that children do not languish in foster care when reunification is no longer the plan.
- **Permanent or Long Term Foster Care is a contradiction in terms.** Foster care is, by definition, a temporary living arrangement. The foster parent has no legal commitment to the child, since the agency maintains custody of the child. The living arrangement is always subject to change based on the request of the foster parent or the decision by the agency. There is no assurance that the child will continue to have access to the foster parent as a living or emotional resource after they reach the age of majority. Such a situation does not encourage trust.
- Likewise, **Independent Living** as a "permanent plan goal" relieves the agency of responsibility for helping the child find a permanent home that lasts beyond their eighteenth birthday. It is a "plan goal" that is more frequently based on the child's age than on the child's needs for stable, positive relationships with adults.
- The agency has the responsibility of **never giving up on permanency** for children in its custody or placement responsibility. Agencies that participated in the Families for Kids initiative and adopted the vision learned from experience that a number of these children did find permanency through adoption or guardianship. They also learned that by continuing to seek out permanent goals, children became connected to adults who may eventually become permanent resources.

This section contains information on:

- Concurrent Permanency Planning; and
- The Vision for Older Adolescents in Foster Care Placement.

CONCURRENT PERMANENCY PLANNING¹¹



What is Concurrent Permanency Planning?

Concurrent permanency planning is a process of working towards a primary permanent plan, such as family reunification, while developing at least one alternative permanency plan at the same time. It is a case management method effective in reducing the length of time a child spends in foster care placement.

When a child enters foster care, the primary plan is usually reunification, with the parents or caretakers from whom the child is removed. In concurrent planning, the social worker is developing at least one alternative permanency plan jointly with the family. If the Juvenile Court determines that reunification is not possible because it is inconsistent with the child's needs for safety and permanency, the alternative plan is implemented. Alternative permanency options include adoption, legal guardianship with relative or other approved caretaker, or legal custody with relative or other approved caretaker.

Concurrent permanency planning provides support and clear structure to families while keeping the focus on the child's urgent needs for both safety and permanence.

Why Use Concurrent Permanency Planning?

- Concurrent permanency planning is **child-focused**. Children need safe and permanent homes with secure attachments to nurturing adults. Foster care, by its nature, harms a child because it is a temporary arrangement when children need permanency and stability. Every move in foster care causes grief to a child and damages a child's ability to develop secure attachments, which are vital to healthy growth and development. Concurrent planning meets the child's need for a home that is safe, nurturing and permanent **and** that is achieved as quickly as possible.
- Concurrent permanency planning is **family-centered**. Alternative permanency options are developed with the parents and caretakers from whom the child was removed. Parents are fully informed about their child and his/her plan for permanence and are full participants in the planning and decision making. As full participants in the planning process, parents have

¹¹ Adapted for North Carolina from Linda Katz, Norma Spoonemore, and Chris Robinson: Concurrent Planning: From Permanency Planning to Permanency Action (1994) . Described in presentation by Sarah Greenblatt, Director, National Resource Center for Permanency Planning, at Concurrent Permanency Planning and Family Group Decision Making Conference, Raleigh, NC, February 3, 1998.

For more information about concurrent planning, this and other related publications can be ordered from: Lutheran Social Services of Washington and Idaho, Northwest Area, 6920 220th St. SW, Suite K, Mountlake Terrace, WA, 98043, (206)672-6009.

every opportunity to achieve reunification with their child, and, if reunification is not possible, parents may help facilitate the alternative permanency plan.

- Concurrent permanency planning assists social workers in actively determining **positive outcomes for children**. The actions of social workers are as important as the actions of parents in achieving permanency for children in foster care. Agency social workers can create or prevent foster care drift. Concurrent permanency planning gives agencies the tool to achieve safety and timely permanence for every child, whether through reunification, adoption, legal guardianship, or legal custody.

Law and Policy Requirements

Concurrent planning is a tool that helps social workers to meet the requirements of Public Law 96-272 (Adoption Assistance and Child Welfare Act of 1980) and Public Law 105-89 (Adoption and Safe Families Act of 1997).

North Carolina law requires a permanency planning court hearing at least within 12 months of placement to achieve a safe, permanent home for a child in foster care within a reasonable period of time. Therefore, county Departments of Social Services must be considering options for permanent placements for children removed from their homes throughout agency involvement with the family. The agency must be prepared to make recommendations about permanency options to the Court at the permanency planning hearing and other review hearings.

Benefits of Concurrent Permanency Planning

- reduces length of time children spend in foster care
- decreases the number of moves and relationship disruptions while in foster care
- supports children's developmental needs for continuity and stability in family relationships
- involves parents and family members early on in case planning
- can decrease adversarial relationship between birth families, foster families, and agency social workers
- can turn a crisis into an opportunity for change and growth
- can lead to increased safe and early reunification, as well as voluntary relinquishments, rather than adversarial TPR hearings
- identifies potential permanency planning resources from the start of agency involvement with the family

- reduces likelihood of adoption disruptions because children are adopted at younger age, often within their own communities
- facilitates recruitment of families interested in the possibility of making a long-term commitment
- can produce cost savings which can be reinvested in services for families and children

Steps in Concurrent Permanency Planning

1. Thorough Review of New Foster Care Case

When a child enters foster care, concurrent permanency planning begins with a thorough review of the case. The social worker must assure that all team members understand the history of the child and family and of the agency's involvement with the family. The one social worker/ casework team organization facilitates the process of case review because no information is lost in the transition from intake through placement.

Concurrent permanency planning ideally begins before a child enters a foster care placement. Throughout the agency's involvement with the family, the social workers should be gathering information that will assist in developing permanency options. Questions to answer include:

- what is the likelihood that this family will remain intact?
- where are any missing parents?
- who are the relatives and other members of the kinship support network that can serve as permanency resources for this child?

A thorough review of a foster care case lays the foundation for a solid concurrent permanency planning process. Understanding the context in which the child exists at the time a social worker receives a new case guides the development of a good case work plan. A thorough case review builds the foundation for a good legal plan as well, to move the child to safety and permanency. Social workers must work closely with the Juvenile Court system to achieve positive results for children. The facts of the case throughout the agency's involvement with the family are most important to building a good legal plan. A good case work plan that is thoroughly documented is a good legal plan.

Critical questions in reviewing cases and beginning the concurrent planning process include:

- what are the critical issues that brought this child into care?
- who are the biological parents and have they been contacted?
- who are the members of this child's kinship support network?
- is agency's involvement with this family well documented?

2. **Assessment of Family Strengths and Needs / Development of the Out of Home Family Services Agreement**

An assessment of family strengths and needs, together with the family, is critical. The assessment of family strengths and needs is the basis for developing the **Out of Home Family Services Agreement**. The **Out of Home Family Services Agreement** must be developed jointly with the family. The **Out of Home Family Services Agreement** is required in policy to be completed within the first 30 days of a child's placement in foster care. Therefore, the first family strengths and needs assessment must occur in those first 30 days. An assessment of family strengths and needs will also be an ongoing process throughout the agency's involvement with the family.

The **Family Strengths and Needs and Family Reunification Assessment** are the required tools to use in the process of assessing family strengths and needs. Refer to dss-5229 and dss-5227 forms for more information.

In assessing family strengths and needs, the critical issue or issues that brought the child into foster care must be identified. Reunification efforts outlined as activities in the **Out of Home Family Services Agreement** must be directed at those problems that directly impact the child's safety and health. There may be many other needs within families that do not directly effect the child's safety and health. Secondary issues may be identified and addressed, but they are not the primary focus of reunification efforts. To identify the critical issue, the assessment team should clearly identify the conditions that must change in order for this child to be reunited safely with the family.

The **Out of Home Family Services Agreement**:

- guides services throughout the agency's involvement with the family;
- focuses on the critical issue or issues that must be corrected before a child is reunified with the family; and
- identifies short-term objectives and activities that are clear to the parents as well as to the agency and other service providers.

The **Out of Home Family Services Agreement** is family-centered because families help to identify the objectives and activities needed to address the problems that led to agency intervention. Completion of activities and progress or lack of progress toward the plan's objectives must be documented thoroughly on the **Out of Home Family Services Agreement**.

The assessment of family strengths and needs should also include a reasoned assessment of the probability that the child will return home, based on the family's capacity to benefit from services aimed at reunification. Most families whose children enter foster care have the potential to make use of services and to improve the conditions in the home that necessitated their child's removal. Many families have appropriate relatives and other kin to take care of their children when the parents cannot. Some families, however, are so dysfunctional and lacking in support systems that agency intervention is not likely to make a meaningful difference in their quality of

parenting. Social workers must identify early those families in which reunification efforts are not likely to be successful.

3. Search for Relatives and Kin

The social worker or casework team should begin a search for relatives or other members of the kinship network immediately when receiving a new case. Often, relatives and other members of the kinship support network are identified when the case is open for child protective services. Whether or not relatives were identified earlier in the agency's history with a family, a social worker who is receiving a new foster care case or who is receiving an open foster care case is responsible for assuring a thorough and documented search for relatives and kin.

This process includes:

- determining and documenting a child's status as Native American for compliance with the Indian Child Welfare Act and following procedures required under the Act;
- identifying, locating, and contacting alleged and legal fathers (using child support enforcement data bases or other available information systems and placing legal notices in the newspapers, etc., as needed, to find missing parents);
- conducting a search for responsible relatives by talking with the family and its support network as well as by talking with others who have worked with the family and reviewing agency records;
- contacting relatives who may be a support and/or placement resource for the child and family;
- assessing the suitability of relatives who express willingness to be a resource, assisting as needed to meet approval requirements.

Accomplishment of these steps within the first 30-90 days of placement sets the groundwork for a family-centered, culturally competent concurrent planning process.

The social worker should develop a genogram with the family in order to identify family members and their relationships and should develop an ecomap with the family in order to identify friends, neighbors, agencies, churches, service providers and others that serve as a source of support or a source of conflict to the family.

4. Develop Alternative Plans

The **primary permanency plan** is usually reunification. Reasonable efforts to reunify families after a child has been placed in foster care are required by law, unless the Court has determined that reasonable efforts are not required because these efforts would be futile or inconsistent with the child's need for a safe, permanent home within a reasonable length of time. When the primary plan is reunification, a service plan is developed with the family and thoroughly documented on the **Out of Home Family Services Agreement**.

An **alternative permanency plan** is a back-up plan to achieve a safe, permanent home for a child within one year if and when reunification efforts fail. The alternative permanency plan is fully developed while the family is working for reunification. "Plan B" is then ready to implement if and when reunification efforts are ceased. With an alternative permanency plan, the child can achieve a permanent home much more quickly than if the social worker had waited to begin planning for a permanent home until after reunification ceased.

Alternative permanency options include adoption, legal guardianship or legal custody. Social workers should explore options for permanency with relatives or other kin and with foster parents and conduct early assessments of potential permanent placements. Social workers also begin the legal case building for termination of parental rights and, if adoption is the alternative permanency plan, begin collecting the required information for the adoption process. The development of the alternative permanency plan should be thoroughly documented and attached to the **Out of Home Family Services Agreement**.

5. Full Disclosure

Concurrent permanency planning requires full disclosure of information with parents. The process is family centered; therefore, social workers must be open and honest with parents and must tell them directly:

- parental rights and responsibilities;
- what is expected of them to achieve reunification;
- the consequences of their actions or inactions in meeting the objectives of the service plan for reunification;
- what the alternative permanency plan is if they do not meet expectations for reunification.

With full disclosure, parents are fully aware of the alternative permanency plan for their child. **Parents should be told that an alternative plan is not an attempt to undermine their efforts to reunify with their child, but rather the alternative plan is a plan for permanency only if reunification fail.** Parents must understand that foster care, by its very nature, has the potential to harm their child and that it is in their child's best interest to have a plan that helps them achieve permanency quickly. The longer children live with the uncertainty of foster care, the greater harm to their development. Full disclosure ensures that parents understand the consequences of foster care and empowers them to choose the options that are best for them and their children.

Full disclosure also means that social workers provide open and honest information to all others that are significant to the case. Social workers should explain, as needed, to parents, relatives, foster/adoptive families, attorneys, other service providers, etc. the following information:

- the harmful effect of foster care on the child;

- the inability of the child to form secure attachments to a nurturing adult when the child does not have a stable, permanent adult in his/her life;
- the occurrence of developmental problems in the child when breaks occur in a child's attachment;
- the need to develop an alternative permanency plan in order to assure the child a permanent home as quickly as possible and to assure the child's proper attachment and development;
- the need to develop a foster/adopt or relative placement as the alternative permanency plan in order to reduce the damage done to the child by substitute care;
- the importance of parental behavior, not parental promises, in meeting the objectives of the service plan;
- the need to begin implementation of Plan B if parents do not make progress toward reunification;
- the use of family group decision making to plan for the child.

Discussion of voluntary relinquishment of parental rights should be an integral part of the agency's work with parents, because adoption is an option to provide permanency for children. **Parents need to know all of their alternatives from the beginning if they are truly to be empowered to choose the future that is best for themselves and their children.**

6. Focus on Time Limits and Behaviors

The **Out of Home Family Services Agreement**, when reunification is the primary plan, focuses on activities that are behaviorally specific and time limited. The parent's behavior, therefore, determines the outcomes of the case. Parents are expected to complete activities and they must demonstrate progress toward the objectives of the case plan. **Social workers must be clear with parents that progress depends on what parents actually do, not what they promise to do.**

By using time limits, the case moves forward more quickly. Parents are expected to meet objectives of the **Out of Home Family Services Agreement** within specified time frames and failure to do so will have consequences. Time limits are critical because placement of a child in foster care is a crisis for children. Social workers must treat every step of the case with a sense of urgency in achieving permanency for the child, whether through reunification or an alternative option. The crisis of foster care placement can serve as a motivator to engage parents in planning.

Legal requirements for timely court reviews and Permanency Planning Action Team reviews of cases are also tools for setting clear time limits and moving the case forward.

7. Use Parent-Child Visitation Effectively

Parents and children who visit regularly are more likely to be reunified and effective visitation ensures that concurrent permanency planning is family-centered. A critical component of the Family Services Case Plan is a visitation plan based on the child's age

and developmental level that ensures frequent, regular and meaningful contact. Frequent visitation maintains the parents' and child's attachment to each other and keeps the child foremost in the parents' thoughts and concerns. Parents can be more likely to work (and to work quickly) toward reunification when visiting frequently with the child. Visitation also provides opportunities for the social worker to observe whether parents are making progress on the objectives of the Family Services Case Plan and improving their parenting skills.

8. **A Good Case Work Plan is a Good Legal Plan**

The agency social worker must have ready access to an assigned attorney to design and implement the case plan collaboratively. Throughout the life of the case, the social worker should scrupulously document the parent's level of compliance and progress so that if it is necessary to terminate parental rights, the legal case will be well-prepared and ready for filing at that decision point. A good social work plan is a good legal plan, but carrying it out requires social worker/attorney to work together well. Without good legal support for social workers, children remain in foster care longer.

For court purposes, the social worker must keep written documentation on every attempt to provide services to the family and family's response, including their progress in meeting objectives, as well as their efforts. Copies of reminder letters to parents, referral letters to evaluation and treatment providers, and reports received constitute legal evidence and should remain in the case file.

9. **Use Permanency Planning Resource Families**

In many cases, the child can be placed in a ***permanency planning foster home*** (foster/adopt) so that if the plan to return home fails, he/she will not have to move again into an adoptive placement. Foster parents are recruited and trained as foster/adopt parents and are treated as partners in parenting while reunification is the primary plan.

Again, parents are fully informed. The value of potentially permanent placement is so vital for children's well being, it must override objections based on fear that the placement will interfere with reunification efforts. The possibility of misuse exists, but we must not overlook the improper use of "temporary" care and what it has caused.

Steps to Implementation

Assess Data: Gather data to understand foster care population demographics and to assess need for expedited permanency planning efforts; develop baseline data and indicators to track progress over time

Review Laws/Regulations/Policies Needed: Assess whether statutory and/or regulatory changes are needed to support timely decision-making and changes in federal law

Strengthen Commitment to Permanency Philosophy: Assess organizational commitment to implement family and community-centered practice; child-focused permanency planning; as well as open and inclusive approach to working with birth parents and foster/adoptive parents

Provide Leadership: Identify an agency "champion" to guide the initiative

Develop Stakeholder Support: Identify internal and external stakeholders who need to be involved and informed of philosophical, organizational and practice shifts (all levels of agency staff, courts, attorneys, community services, consumers, family representatives)

Develop Specialized Recruitment and Retention Strategies: To find and support resource families

Build Community Service Linkages: Identify and develop linkages with drug treatment, domestic violence, mental health, and health care services for families and children - so services can be front-loaded

Identify Program Policies / Procedures: Identify policies and procedures as well as case review systems needed to make the shift to concurrent from sequential case planning, case review and decision-making efforts

Provide Training and Support: Develop strategy to train staff, foster parents, stakeholders in concurrent permanency planning program and practice shifts

THE VISION FOR OLDER ADOLESCENTS



Teenagers are over-represented in the “foster care backlog,” often lagging behind in many of the goals included in the vision of Children’s Services. Most have already been in placement for more than one year; averaging over three years in care. Many have behavioral and emotional problems resulting from a lack of trust and bonding with their families, making placement in permanent homes with family or through adoption difficult. Most have endured a succession of placement assessments, social workers, and foster care or group placements.

Services for Teens Entering Foster Care

Many youth entering care as teenagers are doing so because of a negative interaction between the teen’s developmental stages, parents without the skills to deal appropriately with the resulting behaviors, juvenile court involvement, and/or burned out community resources. Behaviors that are normal for teens are often exacerbated by life experiences, and their ability to relate constructively to adults in authority may be at least temporarily non-functioning. Services designed to prevent placement should include family assessment, parent education, family counseling, community mentors for the youth, and realistic opportunities for the youth to have legitimate experiences as a developing adult.

Even with effective placement prevention efforts, sometimes a respite is needed. County Departments of Social Services, seeking to meet the requirements of law, may seek to place the youth in “the most family-like environment possible,” often foster family homes. It may be unreasonable to expect some youth to relate to adults in a family-like environment. Through a series of failed foster family placements, youth move eventually to group homes or residential institutions where their behavior can be contained by the structure. By the time the youth get control of their behaviors, they have often “burned the bridges” back to relatives or other kin or to normalizing foster family homes. For many teens, a more appropriate plan is to **first** place the child in a structured environment that does not require extensive interaction between the teen and one or two caregivers for basic needs to be met. Group care facilities allow youth to form trusting relationships with adults more slowly, while negative behaviors are addressed through program structure and peer pressure.

For older youth newly entering care, the goals should be maintained as for any other foster child:

- *Community-based support before and during placement*
- *One coordinated family assessment*
- *One social worker or social work team for each child throughout the time of custody*
- *One single, stable foster placement, and*

- *One year to permanence.*

Goals for Teens Already in Foster Care

1. Comprehensive Services and Support

The primary goal for each child, including older foster teens, shall be a permanent family. This may mean reunification, adoption, custody or guardianship. Resources outside of the family may provide ongoing stability for these youth. Regardless of the permanent plan, older foster teens ages 16-21 shall be provided the help and support they need to become self-sufficient. With the active input of foster youth, county agencies should develop and provide appropriate independent living training and experiences, including the involvement of interested family and community mentors who can assist in developing social and employment networks, skill development, and establishment of long-term supportive relationships that can last into adulthood. Federal Independent Living funds, supplemented by county resources, are used to help acquire needed services.

2. Comprehensive Assessment

Older foster youth, their families, kinship network, service providers and caregivers will participate fully in a single, coordinated assessment process that evaluates their strengths and needs as related to achievement of increased self-sufficiency. The assessment shall be the basis of planning for comprehensive services and youth development.

3. One Case Work Team

Older foster youth shall work directly with the social work team, consisting of the Independent Living liaison, permanency planning social worker, interested family and mentors, and caregiver in monitoring goal achievement and planning for further progress toward self-sufficiency.

4. Placement Stability

Services shall be directed at the achievement of placement stability until a permanent plan is achieved or until the youth makes a satisfactory adjustment to an independent living arrangement as an adult. The DSS shall at all times seek a permanent, legally secure placement with suitable relatives or other kin, or placement in an adoptive home. If an appropriate placement is not found, placement will be provided in a foster home or facility that provides appropriate transitional training toward independent living.

5. One year to permanence

- * Like every other child, older foster youth deserve permanent relationships that will last beyond their eighteenth birthday. Many older foster youth are interested in being adopted,

and proceedings to terminate the rights of absent or uninvolved parents may be appropriate. The adoption of an older foster child often manifests in the reduction of difficult behaviors that are rooted in insecurity about the future. For foster youth who have formed affectional bonds with foster parents, adoption by those foster parents may be an ideal permanent plan. Agencies also have a responsibility to search for relatives and other kin who can offer a safe, appropriate living situation. If adoption is not possible or advisable, legal guardianship can be secured through the Juvenile Court, helping the youth and guardian to maintain a relationship without the involuntary involvement of DSS. However, if a permanent alternate placement has not been or will not be achieved by the time the youth is eighteen, the youth shall be given an opportunity to sign a **Contractual Agreement for Continuing Residential Support (CARS)** to assure agency support while the youth continues in educational or vocational training. **Also, a youth who was discharged from agency custody between the ages of 16 and 21 and who, between the ages of 18 and 21, wishes to re-enter DSS placement authority under a CARS agreement shall be allowed to do so under certain conditions. (Refer to Section 1201, Adolescent Services for more information.),**

Voluntary Services for Emancipated Children

When children ages under the age of 18 are emancipated through the Court, by marriage, or by joining the armed forces, they attain the legal right to sign contracts in their own behalf. Emancipated youth have the right, therefore, to sign a **Contractual Agreement for Continuing Residential Support (CARS)** or to request voluntary services should they determine the need to do so.

Emancipated adolescents are rarely ready to assume the full responsibilities of adulthood, despite the protections that are designed to prevent premature emancipation. Most emancipated youth are unwilling to admit their need for assistance until their situation provides no other alternative. The agency should make every effort to negotiate services with these youth to help assure their successful transition to self-sufficiency. As with all voluntary services, both the agency and the youth have the right to terminate the contract for services at any time. Perhaps because of this fact, youth in this situation are more likely to exercise better judgment than they might if they have no choice.