

BEYOND FAMILY PARTNERSHIP MEETINGS....

BUILDING A FAMILY ENGAGEMENT AND TEAMING PRACTICE

VA DEPARTMENT OF SOCIAL SERVICES – DIVISION OF FAMILY SERVICES

The goal of all the program areas of the Division of Family Services is to support local agencies to utilize the Virginia Children's Services Practice Model as the foundation of their day to day work with children and families. These principles include;

- Belief that all children and youth deserve a safe environment
- Belief in family, child and youth-driven practice
- Belief that children do best when raised in families
- Belief that all children and youth need and deserve a permanent family
- Belief in partnering with others to support child and family success in a system that is family-focused, child-centered and community based.
- Belief that how we do our work is as important as the work we do.

Building on the Virginia Practice Model, the Quality Service Review provides description and measures for the practice indicators of family engagement, voice and choice for families and team formation and functioning have been shown to improve outcomes for children and families. Below are core concepts for these three indicators.

Core Concepts for Engagement

The central focus of Engagement is on the diligence shown by the team in taking actions to find, engage, and build rapport with children and families and overcome barriers to families' participation. Emphasis is placed on direct, ongoing involvement in assessment, planning interventions, provider choice, monitoring, modifications, and evaluation. Success in the provision of services depends on the quality and durability of relationships between agency workers, service providers, and children and families. To be successful, the child and family's team must:

- Engage a child and family meaningfully and dynamically in all aspects of the service process,
- Recognize their strengths and focus on developing the positive capacities, as well as addressing the diminished capacities in order to build and maintain rapport and a trusting relationship.
- When appropriate and/or necessary, thoughtfully and respectfully conclude the relationship when the case is closed or the intervention goals are achieved.

Strategies for effective case management should reflect the family's language and cultural background and should balance family-centered and strength-based practice principles with use of protective authority. Best practice teaches that team members should:

- Approach the family from a position of respect and cooperation.
- Engage the family around strengths and utilize those strengths to address concerns for the health, safety, education, and well-being of the child.
- Engagement of child and family in case planning and monitoring process, including establishing goals in case plans and evaluating the service process.
- Help the family define what it can do for itself and where the child and family need help.
- Engage the child and family in decision making about the choice of interventions and the reasons why a particular intervention might be effective. This includes discussion of the logistics of getting to and participating in interventions in a manner that is practicable and feasible for the family.

Core Concepts for Voice & Choice

The family change process belongs to the family. The child and family should have a sense of personal ownership in the plan and decision process. Service arrangements are made to benefit children and families by helping to create conditions under which the child can succeed in school and life. Service arrangements should build on the strengths of the child and family and should reflect their strengths, views and preferences. The parent and/or caretaker (as appropriate) have a central and directive role, providing a voice that shapes decisions made by the team on behalf of the child and family. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning interventions, provider choice, monitoring, modification and evaluation.

The child and family should have an active role and voice in developing goals and objectives, as well as in the development and implementation of plans. This includes, but is not limited to:

- Knowing and explaining his/her strengths, needs, preferences, and challenges so that others may understand and assist.
- Understanding, accepting, and working toward any non-negotiable conditions that are essential for safety and well-being.
- Attending team meetings and shaping key decisions about goals, intervention strategies, special services, and essential supports.
- Advocating for needs, supports, and services.
- Doing any necessary follow through on interventions.
- Providing quality and frequent visits between agency worker and the child, mother and father.
- When ICWA (Indian Child Welfare Act) applies, active efforts are required to assure a role and voice for the tribe.
- Child and family satisfaction may be a useful indicator of participation and ownership.

Core Concepts for Teaming

Teaming focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem solving, providing effective services, and achieving positive results with the child and family. There is no fixed formula for team size or composition. Collectively, the team should have the authority to act and ability to assemble supports and resource in behalf of child and family. Team functioning and decision making processes should be consistent with principles of family centered practice and system of care operations. Unity in effort and commonality of purpose apply to team functioning. Present child status, family participation and perceptions, and achievement of effective results are important indicators about the functionality of the team.

Unity of effort, commonality of purpose, and effectiveness in problem-solving = successful teamwork

- **Formation** - Team members should include all available family members, child welfare social worker and supervisor, any contracted service provider, health care providers, educational partners, child and parent advocates. When applicable team members should also include mental health professionals, spiritual leaders, caretakers, Guardian ad Litem and CASA volunteers and others as identified. Collaboration among team members from different agencies is essential. Team composition should be competent and have the right balance of personal interest in the family, knowledge of the family, technical skills, cultural awareness, authority to act, flexibility to respond to specific needs, and time necessary to fulfill the commitment to the family.
- **Functioning** - Most importantly the teaming process must develop and maintain unity of effort among all team members. Team members should develop a unified vision of what would have to happen for the case to close. The team must assess, plan, implement and prepare for safe case closure.

Practice Strategies

The Family Partnership Meetings (FPM) are one practice strategy for insuring that family engagement, voice and choice and teaming are part of the agency's day to day case work practice. The FPM decision making model was adopted by the state because it incorporates these aspects of practice which have been strongly correlated with improved outcomes for children and families. However, Family Partnership Meetings are only one strategy and generally occur infrequently over the course of a case and, therefore, are not sufficient in and of themselves to insure systems change. Additional strategies are needed.

We are proposing the use of a regular Child and Family Team meeting as a continuation of the work of FPMs. This meeting would include the youth, parents, extended family and all service providers. It would provide a mechanism by which regular review of services and progress would be shared among all the individuals involved in the case and where the family's needs and preferences could routinely inform decision making. In the matrix which follows the FPM and Child and Family meeting are compared and contrasted. The opportunities for family engagement, incorporation of voice and choice and teaming are clear in both, but differences are also highlighted.

Comparison of FPM and CFTM

Family Partnership Meetings (FPM)	Child and Family Team Meetings (CFTM)
<p>Purpose: To involve birth families (parents and extended family members) in all critical case decisions and to insure a network of support for the child and the adults who cares for him/her.</p>	<p>Purpose: To involve birth families (parents and extended family members) in on-going case planning, monitoring and adjusting; to insure that all team members have access to all information about the case; to insure that all team members understand the goal(s) of service provision and the current plan to protect the child and to achieve permanency; and to insure a network of support for the child and the adults who cares for him/her.</p>
<p>When: At the point that a critical case decision must be made: potential child removal; potential child placement change (placement disruption or change in FC goal); or reunification.</p>	<p>When: Regularly or as often as needed, whichever is soonest. Ideally, meetings will be held at least quarterly and the next one will be scheduled at the end of the current one.</p>
<p>Who: family and extended family; youth; social worker; supervisor; family supports as identified by the family; providers (maybe); attorneys (maybe); CASA (maybe); eligibility worker (maybe); community representative; FPM facilitator.</p>	<p>Who: family and extended family; youth; social worker; supervisor (maybe); family supports as identified by the family; resource family or placement representative; school representative; all treatment providers ; attorneys; CASA; eligibility worker (maybe) Probation officer (if applicable), etc.</p>
<p>Logistics: scheduling to maximize parent and family participation; ideally held in neutral location; consider use of conference calling; and transportation and child care should be provided by LDSS.</p>	<p>Logistics: scheduling to maximize full team participation, including parents, resources parents and critical extended family members; usually held at LDSS or service provider office; consider use of alternative meeting space and/or conference calling; and transportation and child care should be addressed (meetings are scheduled in advance, so community based or natural resources can be engaged.)</p>
<p>Values based upon:</p> <ul style="list-style-type: none"> • All families have strengths • Families are the experts on themselves • Families can make well-informed decisions about keeping their children safe when supported • Outcomes improve when families are involved in decision making • A team is more capable of creative and high quality decision making than an individual 	<p>Values based upon:</p> <ul style="list-style-type: none"> • All families have strengths • Families are the experts on themselves • Families can make well-informed decisions about keeping their children safe when supported • Outcomes improve when families are involved in decision making • A team is more capable of creative and high quality decision making than an individual <p style="text-align: right;"><i>Building a Family Engagement and Teaming Practice – VDSS October 2012</i></p>

Family Partnership Meetings (FPM)	Child and Family Team Meetings (CFTM)
<p>Stages of the Meeting/ Agenda:</p> <ul style="list-style-type: none"> • Introduction: purpose and goal; introduction of participants; and meeting guidelines. • Identify the situation: Define the concern/ decision to be made. • Assess the situation: safety needs; risk concerns; strengths and supports; hx of services; participants' perception of the situation; and worker recommendation(s). • Develop ideas: brainstorm in three categories, placement/custody, actions to provide safety, and services to reduce risk. • Reach a decision: consensus based decision (if possible) and addressing agency safety concerns, action plan, and linkage to services. • Recap/closing: review of decision and who will do what; any questions. 	<p>Stages of the Meeting/ Agenda:</p> <ul style="list-style-type: none"> • Introductions: names and roles • Review of progress: each team member (starting with parents) provides an update of progress made in the last month and which services have been completed and/or treatment goals have been met • Identification of concerns/ services needing adjustment: each member (starting with parents) addresses areas of concern and/or what is not working well or may need to be adjusted • Review of goal(s): team explores fit between progress, services and goals; team members (including family) make recommendations as to improving fit or clarifying goal(s); next steps identified • Action plan is developed • Next meeting is scheduled
<p>Summary of Differences:</p> <ul style="list-style-type: none"> • Led by a facilitator • Supervisor as well as social worker attend • Family participation is the most critical aspect • Extensive pre-work ensures family is engaged in the meeting process • Formal and informal supports are invited and are part of the team • Agenda and meeting process are standardized and more formal (reflect importance of decision being made) • Outcome is a particular case decision required at that point in the "life of the case" 	<p>Summary of Differences:</p> <ul style="list-style-type: none"> • Led by social worker • Supervisor does not always attend • Parent and youth participation is critical • Extended family participates as the family wishes or as makes sense • Agenda is informal • Outcome is action plan for the next several months leading to permanency or safe case closure
<p>Benefits of FPMs:</p> <ul style="list-style-type: none"> • Families who are treated with respect can contribute more concretely to the identification of their family and children's needs. • When families and extended families are part of the decision making process, they are more likely to participate in services to keep their family together or to complete tasks in order to have their children safely returned • Children are protected through the development of a child-specific plan developed and committed to by a team of people who care about them 	<p>Benefits of CFTMs:</p> <ul style="list-style-type: none"> • Provides a mechanism for insuring: ongoing family engagement and ongoing teaming • Insures timely monitoring and adjustment of services • Increases parent, child and extended family buy-in • Speeds progress towards permanency or case closure • Team decision making results in high quality decisions regarding safety and permanency