



Inside This Issue

Prepare, Empower and Change	2
Early Prevention	3
Kinship Matters	6
Resources for Grandparents	6
Tools to Strengthen Family Engagement	7
Can You Teach Me How To Love?	7
Best Practice in Action	8
Family Engagement Guidance 2.0	9
FPM Incentives	10

Welcome

Welcome to the Winter edition of the Engaging Families Newsletter. We are proud to present our latest issue to you in a new and improved format!

This edition features an overview of Trauma Informed Care and in-depth review of Early Prevention as it relates to family engagement. You will also find articles contributed by our Family Engagement "champions" about their experiences engaging families and children in day-to-day practice. In our Kinship Matters column, we have focused on working with grandparent kinship families. Finally, towards the end of the newsletter, you will find some announcements about projects we're working on. We hope this newsletter finds you healthy and happy, and enjoying Winter.

Thanks for all you do for the families and children of Virginia
- Tracey and Em.



Tracey Jackson



Em Parente

Trauma Informed Care

What is trauma?

The Substance Abuse and Mental Health Services Administration defines individual trauma resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (<http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>). The National Council Child Traumatic Stress Network defines child traumas as occurring when a child is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. When children have a traumatic experience, they react in both physiological and psychological ways. Their heart rate may increase, and they may begin to sweat, feel agitated, be hyper alert, feel "butterflies" in their stomach, and become emotionally upset. Traumatic reactions can include a variety of responses, including intense and ongoing emotional upset, depressive symptoms, anxiety, behavioral changes, difficulties with attention, academic difficulties, nightmares, physical symptom such as difficulty sleeping and eating, and aches and pains, among others.

http://www.nctsnet.org/sites/default/files/assets/pdfs/what_is_child_traumatic_stress_0.pdf.)

What is Trauma Informed Care?

Trauma Informed Care is a strength-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. As social services workers it is important to understand how trauma affects you and the families you work with. It is also important to screen children and parents appropriately for trauma exposure and to make referrals when needed to trauma certified clinicians who can minimize the negative, long-term reactions to trauma. It is also critical that we work to minimize the trauma caused by the child welfare system. The Department of Behavioral Health and Developmental Services is currently providing training on Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to a select group of Community Service Board and private clinicians in the Richmond and Roanoke areas in order to increase access to clinicians with expertise in Trauma Informed Care.

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Does trauma affect child welfare workers? If so, how can child welfare workers take care of themselves?

Trauma informed practice goes beyond working with the referred family. Those working with youth and families who have experienced trauma need care too. Studies from the Center for Disease Control reveal that 70% of all adults experienced at least one adverse childhood experience. This data means that many professionals serving youth have experienced trauma themselves. In addition, many child welfare workers experience secondary trauma as a result of working closely with trauma survivors. (And, how can they take care of themselves?)

If you are interested in learning more about trauma, trauma informed care and/or secondary traumatization, we recommend the following websites:

The National Child Trauma Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care. Website: <http://www.nctsn.org/>

TCU Institute of Child Development focuses on adoption and resource parents. TCU has conducted research to understand the complex needs of children who have suffered the effects of early trauma, abuse and neglect. Website: <http://www.child.tcu.edu>

Trauma Consortium Resources also focuses on adoption and resource parents. The Trauma Consortium Resources has developed methods to have an on-going conversation regarding trauma informed care. Website: <https://sites.google.com/site/traumaconsortiumresources/>

Additional resources from this site can be accessed at the following links: Nine Essential Skills of Trauma Informed Care to families; Family Interview Guide and Building Trauma Competent Packet.

Center on Disease Control (CDC) study on Adverse Childhood Experiences (ACE) Website: <http://www.cdc.gov/ace/about.htm>.

ACESTooHigh covers what towns; cities, states, social service agencies and organizations, schools, the juvenile justice, criminal justice, public health and medical communities are doing to reduce the burden of ACEs for the tens of millions of people in the United States who have high ACE scores. Links to those projects and programs are posted on the ACEs in Action page. There's also an ACESTooHigh network for people who work in these communities to share best and worst practices, information about upcoming events, and to set up groups who want to collaborate on projects. Website - <http://acestoohigh.com/about/>

ACEsConnection is the social network companion to **ACEsTooHigh.com**, a news site for the general public about concepts derived from the CDC's Adverse Childhood Experiences Study, and how organizations, agencies, states, communities and individuals are implementing trauma-informed practices. Website: <http://acesconnection.com/profiles/blogs/trauma-toolkits-flyers-brief-summaries>.

Voices From The Field

Prepare, Empower and Change: A Strength-Based Approach in Working with Children and Their Families

Article contributed by Joi Harris, LCSW, Family Engagement/Healing Hearts Coordinator with the Newport News Department of Human Services.

As social services workers, it is imperative that we evaluate our personal approach to working with families and also how we view ourselves as the instruments of change in our working relationships with the families that we serve, moving beyond a case and into relationship by completely investing ourselves into the preparation,

empowerment and change journey. The preparation for change is a parallel process that must occur between you, the professional and the family, both when developing trusting relationships, and in supporting the family to move beyond superficial change and into a more lasting and beneficial change, ultimately creating healthy, safe and stable families.

The first step in this parallel process is recognizing any preconceived ideas that you may have as the social services worker; "I know this family," or "I've heard this story before," then identifying prejudices, based on your own family history, past experiences or current situation and then acknowledging your personal preferences, knowing the types of families that you work with best; the easy going family/individual or the

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Prepare, Empower, and Change continued

challenging family/individual. Once you have your personal "check-in", then you are in position to create movement with the family, as you identify your work style.

Are you a Coach, Counselor, Nurturer or Authoritarian? Remember there is not a wrong work style, but recognizing your area of strength is the key to effectively using yourself as the instrument and change agent with families. Now you can prepare the family for change by assisting them with identifying their strengths: What are they good at? What do they like and dislike? What have they achieved? Help the families to assess resources: friends and families, neighbors, church family, educational/vocational experiences and motivational influences. Most importantly learning family history, goals and ambitions of the family assists in determining the family's vision, and ultimately empower the family to create lasting change based on their own values. When you plant seeds in the life of a family, you are impacting generations to come and helping the family to be in a position to positively contribute to society as a whole.

I once had the opportunity to work with a young mother whose two children had been in foster care for almost two years. Consequently, she was facing the possibility of termination of her parental rights. At the time, she was an exotic dancer with seemingly no real direction for her own future, let alone her children's future. As the Social Services Worker, I had to work through my own prejudice regarding her employment and move beyond the behavioral stereotypes associated with exotic dancing, like the notion that all dancers engage in risky behaviors to include substance abuse and prostitution. Although some dancers may engage in these activities, this by no means extends to everyone. I had to first remind myself that this young woman was an individual and deserved the absolute best of what I could offer her. I quickly began to realize through talking to her that she did have a

vision for herself and her family; that she too experienced foster care growing up; that her mother was still not in a position to offer any support to her; and that she wanted something different for her own children. I also learned that she did not desire to continue dancing. Instead, she wanted to enroll into the local community college and seek other employment. Recognizing my strengths in the areas of Nurturing and Coaching; I encouraged her to further explore the admissions process for school and I supported her in seeking other employment. Furthermore, in recognizing that the young mother had a good relationship with the children's foster parents and that she valued their role in her children's lives, I encouraged her to build a relationship with the foster parents in an effort to create a natural support system. Later, she named the couple Godparents of her children. This young mother, who was seemingly wandering through life with no direction, became focused and driven to the point that she did enroll into the Community College, obtained different employment and ultimately regained custody of her children.

In working with this mother, I learned the importance of emptying myself of all preconceived ideas about people and their circumstances. Additionally, I learned the importance of taking time to truly hear what is being said, and then providing assistance to develop an individualized plan that will empower and potentially lay the foundation for life transforming decisions.

Joi A. Harris, LCSW is a Family Engagement/Healing Hearts Coordinator with the Newport News Department of Human Services.



Early Prevention- A Family Engagement Model

Article contributed by Lynne Edwards, LCSW, Retired Prevention Services Program Consultant for the Virginia Department of Social Services.

In September 2012, the Department published its first Early Prevention Guidance. The decision to focus on Early Prevention was an outgrowth of the Division of Family Services' emphasis on reducing out of home care and a response to the overwhelming comments of localities on the need to start working earlier with families to prevent maltreatment from ever occurring and to prevent foster care placement.

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Definition of Early Prevention

Prevention services are an integral part of the continuum of all child welfare services. These services include, but are not limited to, providing information and services intended to: strengthen families and improve child well-being; minimize harm to children; maximize the abilities of families to protect and care for their own children; and prevent abuse, neglect, and the need for out of home care across the continuum of services within local departments of social services.



Early Prevention services are the first step on the prevention continuum. They are defined as *services provided to families before, or in the absence of, a current, valid child protective services referral*. These services include *Primary Prevention* (Public education and awareness activities directed to all families in the general public; and *Secondary Prevention* (Services to parents and children who have no current, valid CPS referral, but may be at risk of maltreatment or out of home care). *Tertiary Prevention* services are those services provided to families after a current, valid child protective services referral through ongoing CPS, foster care and/or adoption. These services prevent the recurrence of maltreatment and family disruption in foster care and adoption.

Background on the development of Early Prevention Guidance and Accomplishments:

In 2009, a Prevention Program manager, Gary Cullen, was hired and a statewide Prevention Committee was formed with the task of developing a program that would reflect what localities are already doing, to develop guidance based on current best practice models and to make changes in OASIS to capture prevention data. A second staff person (Lynne Edwards) was hired in 2010 and the committee expanded to 44 local, regional and state staff and community partners. Two series of regional meetings with local supervisors and community partners were held across the state to solicit input for guidance and other Early Prevention initiatives. Staff also made presentations at regional local director's meetings.

Best Practice Model Developed

In addition to the meetings held statewide, a literature review of best practice models was conducted and other states who have initiated Early Prevention services using evidence informed models were contacted. Based on the information gathered, the committee developed a strength based trauma informed family engagement approach that uses the protective factors as a framework. This approach combines the following evidence informed models:

Trauma Informed Practice: Neuroscience has significantly enhanced our understanding of trauma, its impact on children and their parents for a lifetime and how abuse, chronic neglect, poverty, homelessness, maltreatment, family violence and system induced trauma (CPS investigation, removal, and multiple moves both before and after removal) interfere with brain development, the ability to manage emotions and behavior, to form trusting relationships and healthy parent child attachments, to think and plan. Trauma also contributes to a negative, hopeless and fearful response of parents and children to the world around them and challenges caregivers' ability to protect and nurture their children.

Strength Based Family Engagement: Research and practice confirm that, given the impact of trauma on both children and their parents (who often experienced trauma as children), the most effective approach to helping parents protect their children and meet their needs is to focus on parents' strengths, rather than their deficits, and to engage them at every step in the child welfare process-from intake through assessment, planning, decision making and service delivery. Our primary job as practitioners is to create a space where parents and children can hear what we have to say and, in order to do

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that, we have to work at helping them feel psychological as well as physical safe and establish trust.

Protective and Risk Factors: Protective and Risk Factors were developed as a result of research that found that five factors most influence abuse and neglect: 1. parental resilience, 2. social connections, 3. knowledge of parenting and child development, 4. concrete support in times of need, and 5. social emotional competence of children. If these factors are addressed in assessment, planning and service delivery, we are more likely to facilitate changes in families that enhance child well-being, keep children safe and stabilize families (<http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>).

Shift from Problem Focus to Solution Focus in Child Welfare: A solution focused approach to working with parents shifts the focus from what's wrong to what's happened, from the view of the parent as "bad" to struggling with a challenge, from an interrogation approach to gathering information to consensus building, from worker driven to family driven assessment, planning and decision making and from compliance as the goal and worker driven outcomes to the family gaining new knowledge and skills and owning the change goal and outcome.

Although this approach was initiated in Early Prevention, it can be used across the continuum to enhance service provision and improve outcomes for families at any point in service delivery.

Accomplishments of the Early Prevention Staff and Committee

Supervisor training was conducted in each region in preparation for guidance training to workers;

The first 2 sections of guidance were published in September 2012, presenting an overview of early prevention and why it's important, introducing the best practice models for administration, supervision and practice, describing how those models are applied from intake to closure with families, introducing a protocol for foster care diversion and providing a full range of resources for information and training;

Statewide training to approximately 200 local staff was conducted;

Numerous presentations were made to groups whose support and resources impact outcomes in Early Prevention, such as Family and Children's Trust Fund Board, Commission on Youth, Child Welfare Advisory Committee and Prevent Child Abuse Virginia affiliates

Early Prevention Program was launched on SPARK and the VDSS Website in December 2012

Training on the best practice models were conducted at the following conferences: Child Abuse and Neglect Conference, Family Engagement Conference, Statewide CASA, North American Council on Adoptable Children National Conference and Virginia Association of Social Workers

Early Prevention Screens in OASIS were developed and implemented and training was conducted in the use of these screens in February and March 2013;

Technical assistance to LDSS on Early Prevention has been provided to more than 50 staff

The Trauma Informed Community Network of the Greater Richmond Area was formed in collaboration with Greater Richmond SCAN to promote, encourage and support Richmond area LDSS to infuse trauma informed approaches within child welfare.

Future Plans

The final section in guidance, which presents a process for building the capacity of LDSS to provide Early Prevention through organizational development and collaboration, has been finalized and will soon be available on SPARK

Funding needs are being explored including how to realign current funding sources and identify additional funding sources

The TIC Network is developing a model for infusing trauma informed practice in LDSS and piloting this model with two local department

Additional training needs are being identified

Collaboration with courts, CSA, and other key partners is continuing

A new Prevention Advisory Committee is being formed. It is anticipated that this group will meet on a quarterly basis to continue to nurture and push this work forward.

For more information, you can contact Em Parente, the Prevention and Family Engagement Program Manager at em.parente@dss.virginia.gov.



Kinship Matters

Grandparents Raising Grandchildren

Across the United States, almost 7.8 million children are living in homes where grandparents or other relatives in the household are the primary caregivers. In Virginia, 60,675 grandparents are responsible for their grandchildren living with them. In an article entitled "GrandFacts," the AARP reports that grandparent caregivers and the children they are raising are often isolated because they lack information about the range of support services, resources, programs, benefits, laws and policies available to help them in their care giving role (<http://www.aarp.org/relationships/friends-family/grandfacts-sheets>).

Although Virginia does not have subsidized custody (guardianship) at this time, local department of social services may access assistance for grandparent-headed families through the Promoting Safe and Stable Families Program, and provide assistance for counseling, youth mentoring, tutoring, parent training, psychological assessments, case management, and information and referral. The Virginia Department for the Aging has a publication on Grand Parents Caring for Grand Children that can be accessed at <http://vda.virginia.gov/pdfdocs/Grandparents.pdf>. This resource guide provides

information which addresses some of the concerns regarding financial, education, legal, medical, and emotional needs that grandparents may have in raising their grandchildren.

In Virginia, 60,675 grandparents are responsible for their grandchildren living with them.

For more information about grandparents as caregivers you can go to www.childtrends.org and search "Children Living With and Cared For by Grandparents" or use the following link http://www.childtrends.org/wp-content/uploads/2012/10/Child_Trends-2012_10_01_RB_Grand-children.pdf. Additional State-Level Data from the American Community Survey" and "Grandparents Living with Children: State-Level Data from the American Community Survey" can be accessed at <http://www.childrensdefense.org/child-research-data-publications/data/state-data-repository/gf/2010/grandrally-virginia-2010.pdf>

Additional Resources for Grandparents Taking Care of their Grandchildren

Kinship Care Initiative – Statewide Task Force and Information Network- Virginia Department for the Aging

Contact: Elaine Nau, Human Services Program Coordinator

Website: www.vda.virginia.gov **Email:** ellen.nau@vda.virginia.gov **Service area:** Statewide

FACES of Virginia

Phone: 1- 877-VA FACES (1-877-823-2237 toll-free) **Website:** www.facesofvirginia.org

Service area: Statewide **Description:** Provides information and referral

Crater District Area Agency on Aging Contact: Darrell Boggs **Phone:** 804-732-7020 **Email:** dboggs@cdaaa.org

Service area: Petersburg and Crater District **Description:** Provides support group on 3rd Tuesday of the month, information and referral, education activities, professional support and additional programs

Mountain Empire Older Citizens Inc. - KinCare Program

Phone: 276-523-4202 or 1-800-252-6362 (toll-free) **Website:** www.meoc.org

Service area: Lee, Scott, Wise Counties, City of Norton **Description:** Offers monthly support groups, events, case management, legal

Fairfax County Kinship Care Committee

Website: www.fairfaxcounty.gov/dfs/kinship **Service area:** Fairfax County **Description:** Offers support group in Fairfax and Alexandria (call 703-324-5447, TTY 711; Free Kinship Resource Guide at www.fairfaxcounty.gov/dfs/kinship or order by calling 703-324-7869

Grandparent Connection Support Group-Chesterfield County

Contact: Debbie Leidheiser **Phone:** 804-768-7878 **Service Area:** Chesterfield and surrounding counties

Description: Offers monthly support group with speakers and family activities. Coordinates "Relative Connection" classes with county schools

Tools to Strengthen Family Engagement Practice

The Office of Domestic Violence

Article contributed by Debbie Tomlinson, DV Specialist with the Virginia Department of Social Services.

The Office of Family Violence (OFV) in the Division of Community and Volunteer Services provides funding through grants to 46 Domestic Violence (DV) Programs across the State. Each agency provides the following services in varying degrees to victims who have experienced DV:

- 24-Hour Crisis Hotline Service
- Safe and free shelter
- Crisis Intervention
- Safety Planning
- Survivor Support Groups
- Information and Referral
- Emergency Transportation
- Coordination of Services
- Counseling/Support
- Court Accompaniment
- Children's Services
- Children's Support Groups
- Volunteer Programs Systems Advocacy
- Community Education and Public Awareness



The OFV has created a listing of all funded agencies along with contact information that is available on SPARK at the following link http://spark.dss.virginia.gov/divisions/cvs/ofv/files/intro_page/reports/dvsacpbylocality.pdf.

Additionally, if you should need assistance for a victim of DV, you may contact the VA Family Violence and Sexual Assault Hotline which is sponsored by the Virginia Sexual and Domestic Violence Action Alliance at 1-800-858-8238. Their web address is <http://www.vsdvalliance.org/>. You may also contact OFV staff at the Virginia Department of Social Services. They are as follows: Nancy Fowler, Program Manager at (804) 726-7502 or nancy.fowler@dss.virginia.gov, Lori Gardner, DV Specialist at lori.a.gardner@dss.virginia.gov and Debbie Tomlinson, DV Specialist at (804) 726-7510 or deborah.tomlinson@dss.virginia.gov.

Can You Teach Me How To Love?

Article contributed by Lisa Tully, Central Region Permanency Consultant

I arrived at Essex LDSS to observe/participate in a routine Family Partnership Meeting but there was nothing routine about this placement change/change in goal critical decision point. This emergency Family Partnership Meeting was scheduled for a 16 year old youth who had been placed in respite due to his verbal and physical aggression and his escalating behaviors. His permanent foster care parents were at the end of their rope and had requested that the agency terminate their PFC Agreement as they did not know how to support this 16 year old in their home any longer.

The meeting began like any other Family Partnership Meeting where the strengths of the youth were identified. Adjectives like smart, sensitive and a great smile described this young man. His needs were similar to other youth in foster care: learn to manage emotions, learn to accept direction, and continue to work through the issues in therapy. With that being said, the true intent of this powerful process came to light in the next few minutes as the youth's therapist explained that the youth became overwhelmed emotionally when the PFC agreement was signed as he was

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just not able to handle the day to day emotional aspects of living in a family. This reality was too much for the youth and so began the journey of his self-sabotage due to his past trauma. It was clear that his unresolved trauma would not allow him to attach. The magical question was then asked of this youth, "If things were different for you – if things were the way that you want them to be- what would it look for you?" This insightful young man simply said, "I want a family." But, the next statement out of his mouth will forever remain in the hearts and minds of all of us (respite parent, PFC parent, social worker, social work supervisor, and facilitator) in the room that day. His next statement is the reason why we all became social service workers and why we went into the helping profession in the first place. He simply said, "Can you help me learn how to love? I don't know how to love." All the professionals in the room who have observed first-hand the painful realities of our child welfare system began to choke up and attempted to hold back tears to the point of grabbing tissues and politely exiting the room for a brief moment in order to regain professional composure. This 16 year old then became emotional which was a very rare occurrence for him. He was brave because he showed emotion, admitted how he truly felt about his PFC family, reached out for help, and reached out for a second chance!

Even those of us who work in the child welfare system at times take for granted this concept of love and

attachment as our own children naturally learn how to love just as they learn how to tie their shoes or get dressed for school. But, this 16 year old youth was asking the professionals in the room for assistance like our own children have asked us for assistance many times to help them tie their shoes or zip their coat. This simple statement was so complex and so profound. The facilitator eloquently, compassionately, and skillfully elicited all possible options for this youth from the group. The foster father was pretty clear about terminating the PFC agreement. But, you could see after this youth's therapeutic request for assistance with learning to love, the foster father was not finished with the youth nor was the youth finished with the foster father (there was some attachment there – damaged as it was) and the plan then became the live decision that we all strive for... A SECOND CHANCE. So, respite would continue until the 14 day mark and supportive services around attachment and trauma for this youth and family would begin again ASAP as this youth did not want to return to a residential facility or a group home setting. He did not want to be raised by a residential facility or group home. He wanted all of us to believe in him and not give up even when it gets tough. He simply wanted a family and all of us: his dedicated social worker, the skilled facilitator, and best practice supervisor in that room wanted to support the PFC family that was his family..... Stay tuned for the rest of the story.....

Best Practice in Action

Satara Graham worked at Richmond City Department of Social Services (RDSS) for almost 9 years. She started as a CPS social worker in 2004 and transitioned from a CPS social work specialist position to a full-time TDM (FPM) facilitator position in 2008. Satara recently accepted a position with Chesterfield/Colonial Heights Department of Social Services. She also works part-time at the Virginia Department of Social Services CPS/APS state hotline.

Satara has facilitated about 500 FPM meetings (450 at RDSS and about 50 at other LDSS agencies). She is a graduate of the VDSS Family Engagement Project and works part-time at the Virginia Department of Social Services CPS/APS state hotline. Satara currently attends Virginia Tech and is working on a Master of Public Administration degree. In her spare time, Satara volunteers in the inner city community, spends time with her 11 year old god daughter Zayin, and travels.



Ms. Graham provided the following FPM tips:

- If you are not sure if a service for the family is currently available, take the time to call and confirm

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Best Practice in Action continued

while you are around the table to ensure you don't lose time getting things done.

- Family Partnership Meetings are about meeting the families at a level they can understand.
- Be careful about using jargon or acronyms; they can be very confusing for participants.
- Best practice does not mean business as usual. Think outside of the box, get creative, and hold Family Engagement meetings at community venues when possible.
- Family Partnership Meetings are strength-based. Remember parents need encouragement too. Be sure to acknowledge their positive attributes.
- Facilitators should always be abreast of any local or state changes in policies and procedure. Stay updated!!!
- The majority of communication is body language (to include facial expressions). What you say can be heard without you saying a word. Pay attention to the messages you may be communicating.



- An effective closing of a Family Partnership Meeting should always contain a sense of value, action planning, and presence of accomplishment or movement and completeness.
- Facilitators do not own the meeting. You will increase the participant input if you decrease the presence of power. Allow participants to talk it out as much as possible before you add to the conversation.
- Family Partnership Meeting participants vary in culture and beliefs. However, generational differences are also important. Ask the family about the dynamics between older and younger adults to gain insight on how the family attitudes and values differ.
- Knowing your group is important, so build and maintain professional knowledge about the population you serve. Utilize the internet to research information or contact agencies that specialize in cultural competency.
- Modeling a positive professional attitude starts at the door of self-awareness and self-assessment. Don't allow your own biases to determine how things should be.



Family Engagement Guidance 2.0

Family Engagement practices are based upon a core set of values that recognizes that all families have strengths, families are the true experts on themselves, and outcomes improve when families are involved in decision making. In Virginia, efforts to incorporate family

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engagement practices into local DSS child welfare practice have been largely centered on the implementation of Family Partnership Meetings. While tremendous progress has been made in terms of the regular use of FPMs state-wide, best practice/ family engagement practices are not limited to a meeting process. VDSS and the Regional offices have begun to promote additional family engagement practices, and LDSS have begun to incorporate engagement practices into their day to day work. Revision of Family Engagement Guidance to include the full continuum of family engagement practices is necessary. Additionally, revision

of the manual will provide another means to promote best practices in regards to family engagement.

We are recruiting volunteers to serve on a Family Engagement Guidance Committee, composed of state and local partners, to review and refine the draft Guidance as it is developed. The Family Engagement Guidance Committee will meet periodically, as necessary over the next year to complete the project. Please let us know if you or one of your staff can be available to assist us? Please contact Tracey Jackson at tracey.jackson@dss.virginia.gov or 804-726-7983 by December 23, 2013.

FPM Incentives

In previous years, one time only funding sources from within the Division's budget were used to fund the FPM incentive payments made to LDSS. VDSS sought to secure continuing funding for the incentives from the 2013 General Assembly, but was not successful. Especially in light of sequestration, there are no available funds from within the Division's budget to continue the incentive payments. Funding for future FPM Incentives has been discontinued.

2009 to the Third Quarter of 2013 FPMs Trend

The graph below represents the number of FPMs conducted from 2009 to the third quarter of 2013. FPMs

provide an opportunity for families to have voice and choice in a process that affects their families. Overall, the numbers of FPMs conducted has been trending upward. The use of FPMs is a critical means for implementing our practice model, as well as for contributing to improved outcomes for children and families. Although it is not anticipated that additional funds will be made available, VDSS will be introducing new efforts to support and continue to grow this practice over the next calendar year. Keep up the good work!

2009 to the Third Quarter of 2013 FPMs Trend



Seeking Engaging Families Newsletter contributions

We are looking for success stories to share! Child welfare workers provide great services and support to families in Virginia, but we don't often recognize our own successes, or take the time to share our successes with each other. Your example of the way a successful Accurant search, Family Partnership Meeting, or kinship care placement worked to change the life of a child or family could help someone else get inspired to try again or to try something new. If you have a story to share, please contact Tracey Jackson at tracey.jackson@dss.virginia.gov for additional information.