Practice Review 2: TEAMING
Quality Service Review – VA Department of Social Services

TEAMING – as defined by the Quality Service Review Protocol

Teaming: Have appropriate family team members and service providers been identified and formed into a working team that share a common “big picture” understanding and long-term view of the child and family? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there a pattern of working effectively together to share information, plan, provide, and evaluate services for the child and family?

CORE CONCEPTS

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.

- **Formation** – 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 resources in behalf of child and family. 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** - Team functioning and decision making processes should be consistent with the Virginia Practice Model. 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. 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.

Issues to Consider

1. Are face to face team meetings held regularly?
2. How were family members, informal supports, paid professionals and other stakeholders invited to be part of the team?
3. Are the “right people” on the team? If not, what are the reasons? Do the child and family agree with the composition of the team? Do they feel somebody is missing who should be included?
4. Is the family satisfied with the functioning of the team?
5. Does the team have the necessary skills to work effectively with the child and family?
6. Do the actions of the team show a pattern of effective teamwork, commitment and positive outcomes for the child and family?
7. Is there effective coordination and continuity in the provision of services across all providers? Are professionals from different agencies effectively collaborating together and coordinating their planning process?
8. Are team meetings held at crucial points throughout the life of the case?
9. Does the team have access to funding for child and family needs?
# Quality Service Review Protocol

## Elements of TEAMING

<table>
<thead>
<tr>
<th>Levels of Practice</th>
<th>Composition</th>
<th>Meetings and Participation</th>
<th>Common View and Effectiveness</th>
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</thead>
<tbody>
<tr>
<td>Good to Optimal</td>
<td>The team contains most of the essential family members and professional decision makers, including some informal supports. Team members generally have ongoing communication. Most team members report that they feel integral to the team and the family considers the team its own.</td>
<td>Meetings are held regularly and at critical points. The participation of all team members is encouraged, but if they could not attend the meeting, they provided input which was considered in making decisions.</td>
<td>Most team members share a common understanding of the issues affecting the child and family and have consensus on the case direction and goals. Services and supports are frequently coordinated. The team is generally working on objectives leading towards safe case closure for the child and family. There is a good working team.</td>
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<tr>
<td>Fair to Marginal</td>
<td>The team consists primarily of the worker and family or the worker and professionals, despite the existence of other important potential team members. More team development is needed to create a cohesive team. The family may or may not be included in the decision-making. The team is insufficiently organized and may have been developed without the family’s participation.</td>
<td>Team meetings are infrequently or rarely held. The main mode of information sharing and coordination is limited to phone conversations and e-mail. Team meetings resemble agency staffings. Some information is shared among team members, but there is a limited process within the team to routinely share information.</td>
<td>Some team members share a somewhat common understanding of the issues affecting the child and family. There is a fragmented consensus on the case direction and goals. Services and supports are not always coordinated. The team has shown a limited ability to work on objectives leading towards safe case closure. There is a marginally functioning team.</td>
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<td>Poor</td>
<td>There is no evidence of a completely formed team. Persons working with the family are functioning in isolation from one another. The family was not included in decision making. The family is given a to-do list.</td>
<td>There are no face-to-face team meetings or they resemble agency staffings. There is limited coordination. Information is not shared among persons working with the family.</td>
<td>Persons working with the family do not share a common understanding of the issues affecting the child and family. There is no consensus on the case direction and goals. Persons are functioning independently on objectives leading towards case closure. There is an infrequent or rare pattern of teamwork.</td>
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