The Integration of Services Training Series

MODULE 5. SERVICE INTEGRATION AND COLLABORATION

PARTICIPANT GUIDE

The Integration of Services Training Series

Before and After Training Survey

Before and After Training Survey — Module 5

Directions: Rate your skill or knowledge level on a scale of 1-10 for each of the following statements. This is not a test. Don't over think your rating. The training will be on these skills and knowledge. You are not expected to have a high level for all items before the training.

Before Training: Write a **B** in the numbered box that indicates your skill or knowledge level for each item. Use the scale to the right to guide your rating. Keep the survey in a safe place for use again after the training. **After Training:** Write a **A** in the numbered box that indicates your skill or knowledge level for each item. You may change your "before" rating if you'd like.		**1-2**	**Novice**
		3-6	**Competent**
		7-8	**Proficient**
		9-10	**Expert**

Knowledge/Skill Items	**Rating**									
1. Deep understanding of service integration and collaboration in current practice.	1	2	3	4	5	6	7	8	9	10
2. Can identify and explore DCM/Investigator Role in teaming and service integration.	1	2	3	4	5	6	7	8	9	10
3. Can identify and self-assess competencies related to current practice in service integration.	1	2	3	4	5	6	7	8	9	10
4. Can identify and explore existing supports to service integration and building a "team" for every child, unrelated to particular teaming models.	1	2	3	4	5	6	7	8	9	10
5. Can identify real and potential formal services that can serve the needs of children and families with issues related to health and development.	1	2	3	4	5	6	7	8	9	10
6. Can identify how informal and natural supports can be of help in integrating services to meet short and long term goals set with children and families with issues related to health and development.	1	2	3	4	5	6	7	8	9	10
7. Can identify real and potential formal services that can serve the needs of children and families with issues related to mental health.	1	2	3	4	5	6	7	8	9	10
8. Can identify how informal and natural supports can be of help in integrating services to meet short and long term goals set with children and families with issues related to mental health.	1	2	3	4	5	6	7	8	9	10

9. Can identify real and potential formal services that can serve the needs of children and families with issues related to domestic violence.	1	2	3	4	5	6	7	8	9	10
10. Identify how informal and natural supports can be of help in integrating services to meet short and long term goals set with children and families with issues related to domestic violence.	1	2	3	4	5	6	7	8	9	10
11. Can identify real and potential formal services that can serve the needs of children and families with issues related to substance abuse.	1	2	3	4	5	6	7	8	9	10
12. Can identify how informal and natural supports can be of help in integrating services to meet short and long term goals set with children and families with issues related to substance abuse.	1	2	3	4	5	6	7	8	9	10
13. Can identify how teams and services can be brought into dialog and action to support the goal of safety for every child and family involved in the child welfare system.	1	2	3	4	5	6	7	8	9	10
14. Can identify how teams and services can be brought into dialog and action to support the goal of well-being for every child and family involved in the child welfare system.	1	2	3	4	5	6	7	8	9	10
15. Can identify how teams and services can be brought into dialog and action to support the goal of permanency for every child and family involved in the child welfare system.	1	2	3	4	5	6	7	8	9	10
16. Can identify and explore ways to empower families to develop capacity to form and run their own integrated service and support team as child welfare services withdraw.	1	2	3	4	5	6	7	8	9	10
17. Can identify and explore potential supports that could be developed individually to enhance service integration.	1	2	3	4	5	6	7	8	9	10
18. Can identify and promote ways for the system to enhance service integration for each child and family.	1	2	3	4	5	6	7	8	9	10
19. Can develop individual strategies related to one case that will improve existing service and supports integration.	1	2	3	4	5	6	7	8	9	10
20. Can identify at least one existing system support that is new to the learner in promoting improved service integration.	1	2	3	4	5	6	7	8	9	10

Activity Worksheet #1
Every Family Has a Team

Identify a family with whom you are working: Make sure the children and family you select for this activity is involved with at least three of the systems or resources that you see listed on the slide. Choose a family that you have recently given a lot of thought and effort to in terms of building a plan to address complex needs.

Summarize the circumstances that are facing the child(ren) and family:

List the current resources, supports, and systems/services that are a part of the child(ren)'s and family's connections system.

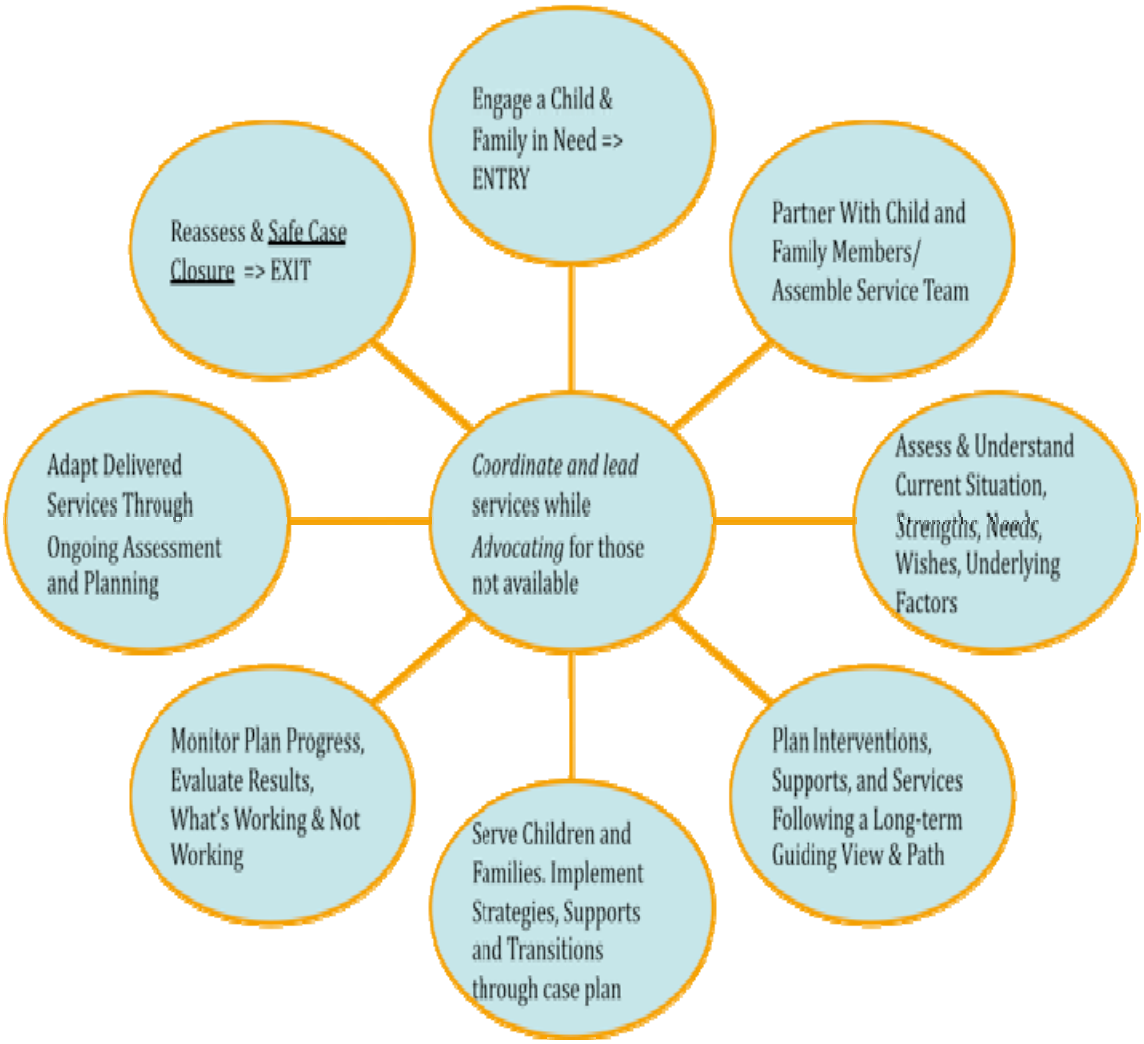
What is going well with the child(ren) and family today (including family's informal supports)?

What would you like to strengthen or build through your work with this child(ren)/family?

Comparison of Traditional to Family-Centered Child Welfare

Traditional Child Welfare	Family-Centered Child Welfare
Safety	
Safety is the first concern	Safety is the first concern
Engagement	
Efforts focus on getting the facts and gathering information, and not in the building of the relationships.	Families are engaged in ways relevant to the situation and sensitive to the values of their culture.
Assessment	
The assessment focuses on the facts related to the reported abuse and neglect; the primary goal is to determine immediate safety risks and emerging dangers, as well as to identify the psychopathology of the "perpetrator".	The assessment protocols look at families' capabilities, strengths, and resources throughout the life of the case and are continuously assessed and discussed. Awareness of strengths supports the development of strategies built on competencies, assets, and resources.
Safety Planning	
The plan is developed by Child Protective Services, courts, or lawyers without input from the family or from those that know the child.	Families are involved in designing a safety plan based on information and support or worker/team members..
Out-of-Home Placement	
Biological, adoptive, and foster families have little contact with one another.	Partnerships are built between families and foster/adoptive families, or other placement providers. Respectful, non-judgmental, and non-blaming approaches are encouraged.
Implementation of Service Plan	
Implementation most often consists of determining whether the family has complied with the case plan, rather than providing services and supports or coordinating with informal and formal resources.	Workers ensure that families have reasonable access to a flexible, affordable, individualized array of services and resources so that they can maintain themselves as a family.
Permanency Planning	
Alternative permanency plans are introduced only after efforts at parental rehabilitation are unsuccessful.	Families, child welfare worker, community members, and service providers work together in developing alternate forms of permanency.
Reevaluation of Service Plan	
Few efforts are dedicated to determining the progress of the family in reaching the plan's outcomes. Re-evaluation results are not shared with the families.	Information from the family, children, support teams, and service providers is continuously shared with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes.

The Practice Wheel
Core Practice Functions



The Practice Wheel

Description of Core Practice Functions and a Checklist*

1) Child and Family Engagement

The goal of family engagement is to build strengths-based, trusting, and working relationships with children and families. When engaging families child welfare professionals should:

- Listen carefully
- Demonstrate respect and empathy for family members
- Develop an understanding of the family's past experiences, current situation, concerns, and strengths
- Respond to concrete needs quickly
- Establish the purpose of involvement with the family
- Be aware of one's own biases and prejudices
- Validate the participatory role of the family

Family centered practitioners view all family members, including maternal and paternal relatives, fictive kin, and informal helpers as important resources and sources of support for the family. They are skilled in engaging informal and formal community resources by involving them, as appropriate, in family assessment and case planning and in providing ongoing support to families before, during and after services are ended by the formal child welfare agency and other community agencies.

Checklist:
Are family members (parents, grandparents, stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family?
Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child?
Is the child actively participating in decisions made about his/her future?
If family members are resistant to participation, are reasonable efforts being made to engage them and to support their participation?

2) Partner With Child and Family Members/Assemble Service Team

The purpose of the family's team is to ensure the skills, abilities and technical assistance needed to assist the family in achieving its individual goals are actively involved in the planning and service delivery process. The family team always begins with the child and family and the composition of other team members will vary, but be based on the child and family direction and needs. Team members may include formal service providers, such as: Children's Legal Services, teachers, therapists, foster parents and Guardian Ad Litems. Teams may also include informal supports such as relatives, friends, and other community supports. Effective teamwork requires coordination across the family's team to improve the integration and quality of service provision.

Checklist:
Does the service team for the child and family demonstrate the technical skill, knowledge of the family, authority and access to the resources necessary to organize effective services for a child and family of this complexity?
Is there effective coordination between the caseworker and legal staff in achieving appropriate legal outcomes for this child?
Is there effective coordination and continuity in the organization and provision of services?
Is there a single point of coordination and accountability for assuring that service plans are implemented, that monitoring activities are conducted, and that information is shared with the service team so that smart and timely changes are made in strategies, supports, and services across settings and providers?

3) Assess and Understand Current Situation, Strengths, Needs, Wishes, Underlying Factors

Assessment forms the foundation of effective practice with children and families. Family centered assessment focuses on the whole family, values family participation and experience, and respects the family's culture and ethnicity. Family-centered assessment helps families identify their strengths, needs and resources and develop a service plan that assists them in achieving and maintaining safety, permanency, and well-being. There are many phases and types of family centered assessment, including screening and initial assessment, safety and risk assessment, and comprehensive family assessment. Assessment in child welfare is intended to provide a big picture understanding of the families' strengths and underlying needs and should be known across the service team. Assessment is always ongoing.

Checklist:
Are the current, obvious, and substantial strengths, needs and risks of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of DCF/CBC supervision or to obtain an independent and enduring home?

4) Plan Interventions, Supports, and Services Following a Long-term Guiding View and Path

Family-centered case planning ensures the involvement and participation of family and other needed team members n all aspects of case planning, so services are tailored to best address the family's needs and strengths, It includes the family members' recommendations regarding the types of services that will be most helpful to them, timelines for achieving the plan, and expected outcomes for the child and family. Case planning requires frequent updates based on the caseworker and family's assessment of progress toward goals. Case plans should be well thought out, focused on outcomes, and offer logical strategies that if implemented with adequate intensity, will drive the change process towards achieving outcomes for children and families. Case plans may include formal services, such as counseling, parenting classes or service for substance abuse or mental health issues. Case planning may also include assisting families with meeting practical needs such as assisting the family with needs such as food, housing,

transportation, employment, income support, providing information on child development, and helping build and strengthen daily living skills.

Checklist:
Is there an explicit guiding view for the child and parents or caregivers that should enable them to live safely without formal external supervision?
Where necessary for reunification of family members or for major transitions in the child's life, does the plan provide direction and support for making smooth transitions across settings, providers, and levels of services?
Does the plan strategically focus on the purposes, paths, and priorities of intervention necessary to achieve specific results and functional outcomes for the child and family?
Is the plan driving practice decisions and activities for the child?
Does the plan reflect the knowledge, preferences and choices of those that participate in and benefit from services?

5) Serve Children and Families, Implement Strategies, Supports and Transitions

Through frequent, planed contact, the family-centered practitioner assists the family in achieving the goals and objectives of the service plan. This includes helping families access a range of supports and services and creating opportunities for them to learn and practice new skills.

Checklist:
Are the services and activities specified in the service plan for the child and family:
(1) being implemented as planned,
(2) delivered in a timely manner, and
(3) at an appropriate level of intensity?
Are the necessary supports, services, and resources available to the child and family used to meet the needs identified in the service plan?
Is the available array of home, school, and community supports and services provided adequate to assist the child and family to reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability and for the caregiver to perform parenting functions adequately?
Is the family being supported as necessary to perform essential parenting functions reliably for the child?
Is the service system connecting family members to informal supports that will assist them in being safe and function independently of formal supervision?

6) Monitor Plan Progress, Evaluate Results, What's Working & Not Working
Families are encouraged to use their skills to access resources, fully participate in services, and evaluate their progress toward desired goals and outcomes. Family centered case management includes communication and planning with multiple service systems to ensure provision of appropriate services and assess service effectiveness and client progress.

Checklist:
Are the child and family's status, service process, and results routinely followed along and evaluated?

7) Adapt Delivered Services Through Ongoing Assessment and Planning
Checklist:

As some goals are met and new goals emerge, such as a child's transition home or to a new school, new services and strategies to achieve success are created. When interventions are not working, the case manager, working in collaboration with the team, must adjust strategies and services in order to continue to achieving the child and family's goals.

Checklist:
Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

8) Reassess & Safe Case Closure
Family centered case management leads the family and team through a process of continuous assessment as to achievement of the goals of the case plan: improving conditions for families, supporting them, stabilizing those in crises, reunifying those who are separated, building new families, and connecting families to the resources that will sustain them in the future. The family and team members achieve consensus throughout the case as to progress being made and have a clear understanding of the results achieved to achieve a safe case closure.

Checklist:
Are conditions for safe case closure articulated and understood by all team members, including the family?
Are all team members involved in assessing and supporting the family's progress towards the conditions needed for safe case closure?

Note: Adapted from Florida Department of Children and Families Family-Centered Practice Model for Child Protection and Child Welfare Services. Checklist questions are from the Florida System of Care Practice Review, June 2002 (Licensed to the Florida Department of Children and Families by Human Systems and Outcomes, Inc.)

The Hill Family

Service Integration Across a Family Journey Through Child Welfare Services

Intake:

Ms. Verona Hill was referred for investigation by police report:

- Ms. Hill and her husband were involved in a domestic dispute outside of the local supermarket.
- Ms. Hill was cut on the arm by her husband who had a small pocket knife.
- The two were arguing prior to the injury and (Ms. Hill had their four year old child with her).
- The Hill family consists of Verona Hill (mother), Brian Hill (father to the younger two children in the family), three children from Ms. Hill's first marriage which ended in divorce, no contact with that father due to domestic violence:
    - Martin, 12
    - Alicia, 10
    - Evian, 8

  Two children between this mother and father:
    - Marcielle, 4
    - "BJ", Brian Junior, 2
- The five children were placed in foster care in 2008 for six months due to the parents' incarceration for forgery (bad checks) and no suitable placement found. Ms. Hill was released from incarceration and regained custody of the children.
- The oldest son, Martin, and the third son, Evian, are both diagnosed with ADD with hyperactivity and are in special education programs. Evian has a seizure disorder as well and wears a medical alert bracelet.
- "BJ' has severe asthma and is currently staying with the maternal grandmother

Upon investigation the investigators find that Ms. Hill filed for divorce a week ago and had moved out of the family apartment. The children were staying with relatives and Ms. Hill was staying with a friend, but has identified a home in this county and was moving into the home on the day of the altercation. Mr. Hill found out that she was in her former neighborhood and came to convince her to move home, which sparked the altercation. Mr. Hill was arrested on outstanding warrants for traffic violations and for Domestic Violence charges, Ms. Hill agreed to file an injunction, and indicated a willingness to receive assistance from the agency. Between the outstanding warrants and the DV charge, he will likely be released in six months.

Allegations Verified, Entry into VPS Program

- Ms. Hill agreed to a VPS case plan and seemed eager for assistance. The caseworker and Investigator collaborated to use the ESI staffing to identify needs for future support to Ms. Hill and the four children living with her. Ms. Hill indicated that she was going to ask her mother to keep BJ until she was settled into her apartment and had it clean and tested for mold in case the environment would be detrimental to his asthma. Needs identified were:

- Assistance with past due utility bill to get utilities turned over to her name.
- Assistance with finding child care for Marcielle
- Assistance with services for children due to educational and emotional/behavioral needs.
- Enrollment in public assistance and insurance programs for the family
- Ms. Hill also indicated a wish to continue towards her BS degree for employability.
- Ms. Hill does not believe she needs assistance with issues of DV at this time as she is already planning to divorce her husband.

Repeat Maltreatment Allegation, Adjudication, Children remain at home under supervision

On a home visit, the caseworker learned from Ms Hill that an altercation had taken place the night before the visit in which Martin began verbally abusing his mom, complaining about the move the family had to make 'because you kicked another husband out'. When he was screaming at his mother, he called her names like 'stupid' and 'dumb' and 'good for nothing'. Ms. Hill admitted she had had a few cans of beer and when Martin continued to yell after being told to stop, she slapped him. Ms. Hill stated that she immediately broke down in tears and apologized and that Martin appeared to accept her apology, but that she was afraid that she could not handle life as a single parent. Ms. Hill then stated that the children really miss Brian and she is really beginning to wonder if she did the right thing. The agency worked with CLS to motion for in-home, court ordered supervision.

Six month Review

Ms. Hill has been able to accomplish the following:

- Enrolled all three school aged children in school with appropriate supports to each one.
- Ms. Hill has entered the community college as a student in the medical coding program.
- Consistent care for medical and dental needs of children
- Participation in group and education program for survivors of Domestic Violence/work with advocate
- Involving children in services to address their response to DV.
- Ms. Hill has revealed that she had a traumatic experience in the military which led her to request a discharge and that she has been struggling with this experience for many years.
- Ms. Hill has cancelled three intake appointments with the Family Intervention Services (Substance Abuse evaluation) program.
- Ms. Hill has had BJ with her during the week and uses her mother's home for respite on the weekends.
- Mr. Hill is due to be released from Jail within the coming month.

Nine month Permanency Staffing

- Ms. Hill has attended a FIS intake and has begun educational classes about addiction.
- Ms. Hill has attended peer support groups
- Ms. Hill has tested clean on all drug and alcohol screens
- Ms. Hill states that she and the children have completed therapeutic services with the DV shelter, however she continues to attend the peer support group.

- Supervised visitation between Mr. Hill and the two younger children was scheduled to begin but was delayed due to programmatic changes.

Case Closure

- Ms. Hill's divorce was finalized this month.
- Supervised visitation provided by the agency between Mr. Hill and the two younger children has begun at the visitation center.
- Ms. Hill is beginning her second semester at community college
- The children are all up to date on medical and dental appointments.
- The children are in day care or school and are maintaining appropriate behaviors and educational levels.

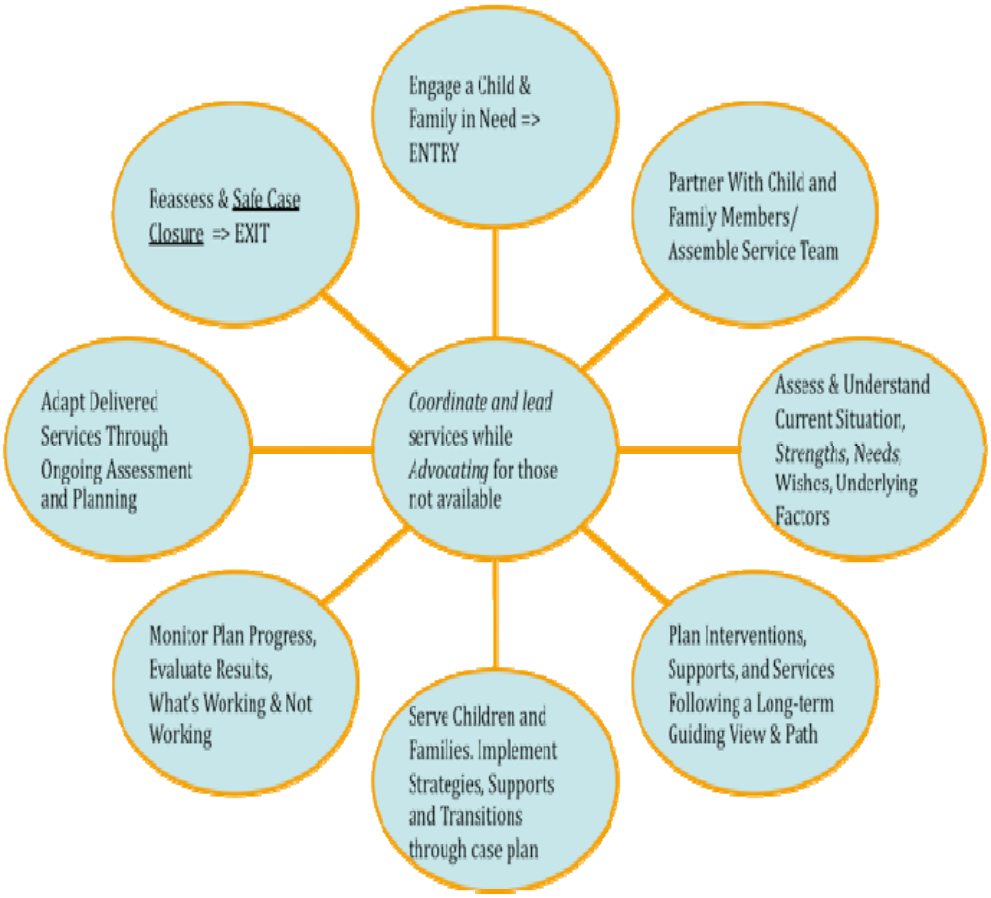
Working the Practice Wheel: Part One

Your group has been assigned one phase of the Practice Wheel. In your conversation you are being asked to answer the following question:

What can the DCM or Investigator do to integrate services and create a collaborative approach with the family and stakeholders while working at this practice function?

Note: Please include ways that you can work with the family to deepen your partnership and their ownership of the plan during this phase.

Using your poster paper, identify your group responses and prepare to present to the larger group.



Working the Practice Wheel: Part Two

You have now been assigned a 'condition' to work with and you have been given the large group's list of stakeholders.

Please list out the various stakeholders and identify two things:

1) How this stakeholder can assist the family in moving forward, and

2) How you as the DCM or Investigator can support families having a sense of 'voice' or ownership about how this stakeholder is of help to them in their change process. This may include a family role in selecting a provider, planned ways of communication among stakeholders, families, and your agency, etc.

3) How can you as the DCM or Investigator build in sustainability after your agency is no longer involved with the child(ren) or family?

Prepare a poster and prepare to report out on your ideas.

Progression of Teaming

	Traditional Casework	Case Management	Family Inclusive Case Management/Teaming	Collaborative Family Centered Teaming
Core Team Membership	Investigator, DCM, CWLS	Investigator, DCM, CWLS, Providers	Investigator, DCM, CWLS, Parents, Natural Supports and Formal Providers	Investigator, DCM, CWLS, Parents, Natural Supports Formal Providers, Probation/Parole, Law Enforcement, School
Assessment and Understanding • **Conditions for Safe Case Closure**	Based on evaluations and ongoing progress/attendance reports by providers who do not coordinate or share information with each other. "Progress" measured by service attendance and compliance requirements of the system.	Some providers may talk to each other and coordinate their initial and/or ongoing assessments. Parent compliance prevails and some family changes are identified and understood by some providers.	There is ongoing discussion and collaborative work among team members to share and assess progress being made. Necessary family changes are identified, understood and agreed upon by family and some providers.	Ongoing, collaborative work includes meetings among all team members using a teaming model that ensures parent voice and participation. All team members agree on changes needed and long-term plan for sustaining changes after case closure.
Case Planning • **Initial** • **Family Needs**	Plan developed by child welfare staff; parent may sign the plan. A standard menu of services drives the contents of case plans and slot availability determines choice.	Plan developed by child welfare staff with some input from parent and some parent intervention choices. Family chooses from standard menu and identifies supports needed to access services.	Plan developed in partnership with parent and some input from natural and/or formal support system. Family given array of choices from all known community intervention options and supports needed.	Plan developed jointly with parent and all key persons from their natural and formal support system. Family needs are met with an array of approaches that are creative, flexible, and adapted to match family needs.
Ongoing Tracking and Adjusting	Depends primarily on written progress reports from providers as to parent compliance with attendance.	Begins to include provider input as to what appears to be working or not working.	Includes family and provider input as to progress, barriers, any case plan changes needed.	Builds consensus with all team members as to progress, barriers and plan changes needed.

Worksheet for a Family on my Caseload

Now that we have spent time looking intensively at the work we do to integrate and build supports for family change and safety, reflect back on the family you first wrote about.

1) What phases of the Practice Wheel, or core practices, am I currently engaged in with this family? (there may be more than one…)

2) How is this team addressing:
   - Safety
   - Permanency
   - Well-Being

3) What are the services and supports that are most useful to this family right now?

4) What more might I suggest we add to our work together, based on the family's specific needs and their progress?

Structured Interviewing Strategy

1) Prepare for the Interview:

To most effectively use your time and the interview process, you want to think ahead of time about where you are in your work with this family, and what you know about them. You want to have the bottom line, or non-negotiables in your mind, and you also want to use each interview as an opportunity to shore up or build your engagement with the family. To prepare:

- *Be sure that you and your supervisor agree on and that you understand the non-negotiable or bottom line facts in the case. If there are agreements that must be upheld, safety plans, or contact/no-contact issues that must be in place for the agency and possibly court to continue to support the family, this has to remain foremost in your mind.*
- *Identify Strengths: Be sure that you have thought about how the family has progressed. Change is rarely a linear move forward, people may have times where they lapse and relapse. Focusing only on the needs, challenges, and failings of the family may inadvertently give them a reason to stop trying. Focusing on strengths, past successes, good intentions, and commitment to the family functioning will motivate families to keep moving forward and taking personal risks required in the change process.*

2) Start with the Family View:

It is all well and good to say that we are family focused, but allowing families to tell us their perspective before we launch into our assessment deepens the mutual relationship and allows us insight into how the family sees problems and progress. This is important, because sometimes when we over-lecture or speak, we create a situation where the family repeats or says what we want to hear, instead of telling us about their reality. In listening deeply to the family view, whether we agree or not, we also gain insight into what the family believes must change. Families and people in general are unlikely to change behaviors or patterns that they don't believe need changing.

Sample ways to have the family 'go first':

- *We've been working together for a while now, and I would really like to hear, from your viewpoint, how it's going: What has been going well? Where do you think we should be putting our attention and efforts next?*
- *As you know, I come out once a month to see how things are going. What would you like to talk about or look at together today?*
- *As you know, I always have some paperwork and required tasks to accomplish when I come to see you, but we can wait on that and spend some time catching up first. What would you like to get done together today?*

3) Invite Reflection on Your Observations:

Whether we are talking about strengths, needs, plans, or tasks, it is important to invite participation from families at every juncture. This contributes to the family ability to solve their own issues as they come up in the future and empowers families to become partners in a system

where they are likely to feel like they are victims. After the family starts off reflection and prioritization, you do need to be able to share your own ideas and make sure you have completed your tasks. Again, this is going to be best received if you have created an environment where families know that their work is valued, and that the strengths they bring are noted and part of how you see them. In addition, there are times where you have to talk about needs, problems, and things that concern you and your agency about the family functioning or progress. Stating observed data first, your impressions, second, and inviting reflection third can be a good way to raise these concerns without shutting the family down.

For example:

- *Describe observed strengths and progress.*
- *Ask families how they view what you see.*
- *Describe needs and challenges (missed appointments, not following through with plan, lapse/relapse, etc.)*
- *Ask families what they see and how you can help them use their strengths to move through the challenges.*

4) Determine What Could Come Next:

We always want to continue with what works, and adjust what does not work. Sometimes adjustment means that we, as the DCM or Investigator, alter what we planned to offer or find a new service/provider, or otherwise alter the case plan. At other times, the change must be made by the family: they need to figure out how to make part of the plan work, they need to enlist supports in helping them accomplish a tough task or goal, etcetera. The process of change is a ripple effect, as one element of family life changes, there are other changes that follow. For example, if I decide not to affiliate with people who use substances, I may also lose my friends, my ride, or my job. The team that sustains my change will want to help me brainstorm along the way and make action plans.

Keep the non-negotiable and court orders in mind as you plan for what could come next.

Next Steps in my Teaming Practice

What are the **next five steps I can take** to strengthen collaboration and teaming with families and the other persons on their teams?

1.

2.

3.

4.

5.

What are some **strengths in the current system** of care that will help me take these steps?

What is the **one thing that I wish the system would do** to make it easier for me to collaborate better with families and their teams?

Family Teaming: Comparing Approaches

Forty-five states currently use some type of family teaming approach for families involved in or at risk of entering the child welfare system. Family teaming approaches have many common characteristics. All aim to involve families and children in addressing a child's safety, well-being, and permanence. All are collaborative and strengths-based. All are rooted in the belief that children's outcomes improve when families are involved in decision making and when team members share responsibility for getting children safely out of the child welfare system and living with family.

State agencies use a variety of family teaming approaches – the four highlighted in this chart and others that blend similar features. In some cases, family teaming takes the form of an event-driven meeting; in many others, meetings are part of an ongoing process throughout a child's time in the system (or beyond). There is growing interest in how different teaming approaches can be used along a continuum to meet the needs of children and families at different points in time.

The following chart presents the distinctive elements of each of four family teaming approaches: Family Group Decision Making/Family Group Conferences, Family Team Conferencing, the Permanency Teaming Process, and Team Decision Making.

NOTE:

- For the sake of brevity, the terms "children" and "child" are used for young people of all ages.
- To learn more about individual approaches and technical assistance opportunities, links to further information are located on page 3.

	FAMILY GROUP DECISION MAKING/ FAMILY GROUP CONFERENCES (FGDM/FGC)	FAMILY TEAM CONFERENCING (FTC)	PERMANENCY TEAMING PROCESS (PTP)	TEAM DECISION MAKING (TDM)
GOALS OF THE APPROACH All approaches involve families in a strengths-based, solution-focused team in which the family's voice is central. All approaches focus on the child's safety, well-being, and permanence.	To develop a plan that leverages agency, community, and family resources and supports To build connections to achieve outcomes unique to each child and family To position the family – broadly self-defined – as lead decision makers	To develop a team of family members, allies, caregivers, professionals, and others to help support the child and family over time To engage the family and assess strengths and needs To build on family strengths to craft an individualized plan To track progress and revise plan as needed	To build relationships over time among children, families, other important adults, and professionals To develop an individualized plan for a child To ensure that all children, including older youth, exit the child welfare system with an enduring family relationship To link families with post-permanency supports	To make immediate decisions about: • removing a child and making a placement • changing a placement To seek a consensus on a placement that protects the child and preserves or reunifies the family
STRUCTURE All approaches involve meetings in which the family is actively engaged.	Meetings are voluntary; with the family's approval, meetings occur to make critical decisions or as needed by the family Private family time is provided during each meeting	Meetings occur when a plan is needed or requires modification. The team continues beyond formal system involvement Meetings are voluntary; they occur only with the family's approval. Meetings take place from the first system interaction	Individual, small group, and large team meetings occur throughout the life of the case Meetings are held as needed, driven by the urgent need to achieve timely permanence	Meetings occur when any placement-related decision is required Meetings are mandatory: a meeting must be held prior to any placement or re-placement or before any court hearing in cases of imminent risk of removal
LENGTH OF MEETING	Three to five hours	Varies, but generally no more than one to two hours	Large team meetings average one to two hours; individual and small meetings are one to three hours	One to two hours
REFERRAL SOURCE All approaches accept referrals.	Social worker, the family, or a community member	Social worker, family, or other team members	State child welfare agency	State child welfare agency, prior to a placement-related decision
PREPARATION: WHO PREPARES AND HOW? All approaches view preparing the family for meetings as vital to positive outcomes.	Coordinator prepares all team members – family, plus agency and community representatives	Assigned social worker or community worker prepares the family	Assigned social worker uses individual and small group meetings to both build relationships and prepare team members to discuss issues at large team meetings.	Social worker invites and prepares family for the meeting
FACILITATOR All approaches rely on trained facilitators with strengths-based orientation and excellent group-process skills.	Coordinator with no case-specific responsibility	An agency staff member, often the assigned social worker or community-based service provider	The assigned social worker or, in cases of conflict of interest, another agency social worker	An agency staff member

	FAMILY GROUP DECISION MAKING/ FAMILY GROUP CONFERENCES (FGDM/FGC)	FAMILY TEAM CONFERENCING (FTC)	PERMANENCY TEAMING PROCESS (PTP)	TEAM DECISION MAKING (TDM)
TEAM MEMBERSHIP In all approaches, team members may include: birth parents, extended family, non-relative supports, the child, neighborhood and community resources, service providers, the assigned social worker, other agency staff, the caregiver if the child is placed outside the family, and the GAL/CASA	All members of child's extended family network	Individuals the family decides should participate, with input from the facilitator	Individuals drawn from childrens' natural networks of adults who know and care about them, including former caregivers as appropriate	Individuals who have the family's permission or a right to participate as "treatment team" members
DECISION-MAKING RESPONSIBILITY All teaming approaches emphasize shared planning and decision making by the team	The agency and the family make a collaborative decision The family crafts an initial plan; the agency works with the family to finalize and ensure that the plan achieves child safety, well-being, and permanence	Decisions are made by the team, within existing non-negotiable items Expectations are that the family's goals will be paramount in reaching team consensus	The team – with the child's voice as a central element – explores options and plans for building family relationships, exiting, or avoiding foster care (and, for older youth, preparing for adulthood in a family context)	Agency maintains responsibility if consensus on placement cannot be reached
CONFIDENTIALITY	Participants are asked to sign confidentiality agreements	Participants are asked to sign confidentiality agreements	Participants are informed of state-specific provisions around reporting abuse/ neglect and required legal actions	Use of consent forms is discouraged; family is told information may be used for case planning or in court
POST-MEETING TRACKING	Social worker and team members monitor and follow up on the plan	Primary social worker or community worker; team members are expected to report on interactions with the family	Social worker/facilitator; team members may have individual tasks	Assigned social worker, with other team members playing supporting roles
LOCATIONS	35 states and 22 counties	12 states (including Community Partnerships for Protecting Children Initiative sites)	All eight Casey Family Services divisions (seven New England states and Baltimore, Maryland) Also planned for use in six technical assistance sites.	More than 70 Family to Families sites in 18 states (an initiative of the Annie E. Casey Foundation)
FOR MORE INFORMATION	www.americanhumane.org/site/PageServer?pagename=pc_fgdm_what_is	www.cssp.org/uploadFiles/Family_Team_Conferencing_Handbook.pdf	www.caseyfamilyservices.org/index.php/ourwork/permanencyteaming/	www.aecf.org/upload/pdffiles/familytofamily/f2f_tdm_sept_02.pdf

Resources for Module 5: Service Integration and Collaboration

Permissions

Annie E. Casey Foundation/Casey Family Services. (2009). *Family teaming: Comparing approaches*. Available from www.caseyfamilyservices.org/userfiles/pdf/teaming-comparing-approaches-2009.pdf

References

Florida Department of Children and Families. (2009). *Family centered practice workshop series*. Tallahassee, FL: Author.

Other Resources

Casey Family Services. (2009, May). *Family team meetings as a permanency strategy*. Available from www.caseyfamilyservices.org

Child Welfare Information Gateway. (2010, April). *Family group decision-making approaches*. Available from www.childwelfare.gov/famcentered/overview/approaches/family_group.cfm

National Child Traumatic Stress Network. (2005). *Helping children in the Child Welfare System heal from trauma: A systems integration approach.* Available from www.nctsnet.org/nctsn_assets/pdfs/promising_practices/A_Systems_Integration_Approach.pdf

Marsh, J. (2005, January). *Effects of service integration on substance abuse, child welfare, and mental health service outcomes.* Chicago: University of Chicago, Society for Social Work and Research.