

# THE FAMILY-CENTERED PRACTICE

## TRAINING SERIES



*Workshop #1:  
Opportunities in  
Family-Centered Practice*

Florida Department of Children and Families  
Office of Family Safety



**Trainer Guide**

Version 1.3

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The overall goal of  
***The Family-Centered Practice Training Series***  
is to  
**increase positive outcomes for Florida's children and their families**  
by strengthening and improving the ways in which child welfare professionals work with children and their families. This training series also supports the goal of safely reducing the number of children in out-of-home care by 50% by the year 2012.

To these ends, the immediate goal of  
***Workshop #1: Opportunities in Family-Centered Practice,***  
is to introduce the foundational concepts of family-centered practice,  
to firmly establish family-centered practice as an important methodology  
for increasing every child's and every family's opportunities for success,  
and to prepare child welfare professionals to  
implement family-centered practice with skill and confidence.

Based on the foundation laid in Workshop #1,  
the second workshop, *Effective Family-Centered Casework: Tools and Applications*, will  
prepare child welfare professionals to incorporate family-centered practice skills into their  
daily casework. This hands-on workshop will focus on effective performance of the family-  
centered practice skills that can help them execute engagement, assessment, planning,  
delivery, and coordination activities with even greater success.

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*The Family-Centered Practice Training Series* is provided by  
the Florida Department of Children and Families, Office of Family Safety.  
These workshop materials may be reproduced without permission  
for the explicit purpose of conducting training sessions for child welfare professionals  
who provide services for the Florida Department of Children and Families.

Please direct all inquiries about *The Family-Centered Practice Training Series* to:

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Florida Department of Children and Families

1317 Winewood Blvd., Building 6

Tallahassee, Florida



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# Workshop Preparation

The *Workshop Preparation* section orients the trainer to the purpose of the workshop and provides specific preparation and delivery suggestions.

## PURPOSE OF THE WORKSHOP

*Workshop #1: Opportunities in Family-Centered Practice* is the first of three workshops in *The Family-Centered Practice Training Series*. The overall goal of the two-part training series is to increase positive outcomes for Florida's children and their families by strengthening and improving the ways in which child welfare professionals work with children and their families. This training series also supports the goal of safely reducing the number of children in out-of-home care by 50% by the year 2012.

To these ends, the immediate goal of *Workshop #1: Opportunities in Family-Centered Practice* is to introduce the foundational concepts of family-centered practice, to firmly establish family-centered practice as an important methodology for increasing every child's and every family's opportunities for success, and to encourage child welfare professionals to implement family-centered practice with skill and confidence.

Based on the foundation laid by this first workshop, subsequent workshops will provide child welfare professionals opportunities to practice family-centered practice skills. These hands-on workshops will focus on effective performance of the family-centered practice skills that can help them execute engagement, assessment, planning, delivery, and coordination activities with even greater success.

## TRAINER REQUIREMENTS

This workshop is designed for delivery by professional trainers with in-depth knowledge of the statutory, administrative code and policy framework for the provision of child welfare services, the mission and operations of the Florida Department of Children and Families', and the practice of child welfare services in a community based care environment. Ideally, the trainer should have a strong understanding of the local and state context for child welfare services from an investigatory, case management, legal or other related perspective depending on the target audience participating in the workshop. The workshop trainer should also have a strong understanding of a family-centered approach to providing child welfare services. The *Review of Background Materials* in this Trainer Guide will help prepare the trainer to deliver this workshop effectively.

## PLANNING YOUR SCHEDULE

The major block of time recommended for delivering each session is indicated directly beneath the session title. In some instances, the amount of recommended time for a given activity is indicated beneath the activity title. However, in most instances, a blank is provided on which the trainer may record a planned estimate of time based on the unique make-up and needs of a given audience.

## REVIEW OF WORKSHOP MATERIALS

The following checklist identifies the comprehensive set of materials that are used during the conduct of this workshop. Carefully review each of these materials in advance.

- Trainer Guide
- Trainer Guide Appendices. A comprehensive list of appendix titles is presented in the Trainer Guide table of contents (see Table of Contents section at the beginning of this document). The appendix documents are provided in the final section of this Trainer Guide.
- Participant Guide (master file provided on CD)
- PowerPoints: You can review the PowerPoint presentations used throughout this workshop in three different ways. First, the complete set of presentations is provided on a single CD, which is included in this Trainer Guide binder. Second, a thumbnail of each PowerPoint slide accompanies its corresponding training presentation notes at point-of-use throughout the Trainer Guide. Third, a comprehensive set of PowerPoint thumbnails is provided in the appendices of the Trainer Guide for your convenience.

Videos: The following videos are used during the conduct of the workshop. The videos are provided separately by the Office of Family Safety

- Video 1-1: What We Can Learn From Families: Maime's Story
- Video 1-2: A Message from Secretary Sheldon
- Video 2-1: Voices of Youth: Supporting Adolescents in Foster Care
- Video 3-1: Andrew Bridge
- Video 5-1: What We Can Learn From Families: Tina's Story



## REVIEW OF BACKGROUND MATERIALS

In addition to thoroughly studying all of the training materials used in the conduct of this workshop (listed above), please review the following background materials.

Web Event Presentations: You can view the following presentations by going to the Florida's Center for the Advancement of Child Welfare Practice Web site at <http://centerforchildwelfare.fmhi.usf.edu/kb/resource/WebEvnt.aspx>. At the site, scroll down to the Archived Web Events and click on the title of the presentation to access it.

- There is No Margin for Error: A Calm Approach to Child Welfare by Ron Zychowski, CEO, Community Partnership for Children and Alan Abramowitz, DCF Regional Director South Region. Viewing time is approximately one hour.
- Child Welfare and Child Outcomes: Measuring the Effects of Foster Care by Joseph Doyle, Ph.D., MIT and Sloan School of Management. Viewing time is approximately an hour and a half.

PowerPoints: The following PowerPoint presentation provides useful background information. It is located on the CD in the Trainer Guide binder

- Charles H. Zeanah, M.D. (2008). Young Children in Foster Care. Institute of Infant and Early Childhood Mental Health, Tulane University School of Medicine

Appendices:

- See list of appendices in table of contents.

Workshop Evaluation Form:

- Document **#16: Workshop Evaluation Form** is provided in the Participant Guide. (A copy of the Workshop Evaluation Form is also provided for your convenience in Appendix H of this Trainer Guide, but the Appendix H version identifies the learning objectives for each question in the evaluation form, as relevant.) After participants remove and complete their Workshop Evaluation Forms at the completion of the workshop, the trainer should return the completed Workshop Evaluation forms to:

**Matthew C. Claps, Chief of Policy and Training**  
Family Safety Program Office  
Florida Department of Children and Families  
1317 Winewood Blvd., Building 6  
Tallahassee, Florida 32399-0700

## **PHOTOCOPIES**

Make the following photocopies prior to delivering the workshop.

- Participant Guide: The Participant Guide is comprehensive, containing all of the materials that participants will use during the workshop. Make one copy of the Participant Guide for each person attending a given workshop. You may print Participant Guide copies from the electronic file provided on the CD included in this Trainer Guide binder. Alternatively, you may wish to print one hard copy Master of the Participant Guide and insert it into your Trainer Guide as Appendix I, then using this hard copy master for printing copies.

## **PREPARED FLIPCHARTS**

Prepare the following flipcharts prior to delivering the workshop. See the appendices for models.

- Flipchart 1-1: Goal of the Workshop
- Flipchart 1-2: What We'll Be Doing

## **MATERIALS**

You will use the following materials to deliver the workshop:

- Flipchart paper (preferably flipchart paper that adheres to smooth surfaces)
- If you don't use flipchart paper that adheres to smooth surfaces, then obtain removable "glue dots" or other common office product for posting flipchart pages without damaging wall surfaces.
- Markers for use on flipchart paper
- Pens or pencils for participants to use in completing the Workshop Evaluation Form.
- Optional: whiteboard markers and an eraser

## **ELECTRONIC EQUIPMENT**

You will use the following equipment to deliver the workshop:

- Video projector for PowerPoint presentation
- Laptop for PowerPoint presentation

# Session 1: Opportunities for Success



## DAY ONE: MORNING

### NOTE TO THE TRAINER

- Throughout the workshop, promote the following ideas:
  - **SAFETY is paramount.** Underscore the concept that ensuring a child's safety is the number one consideration in every decision we make.
  - Achieving the 2012 goal is important, but it's not the main point of this training. The main point is that we need to improve our practices – we need to improve the ways in which we work with children and their families.
  - **“Family-Centered Practice” is an approach, not a prescription.** Family-centered practice is an approach that emphasizes including family members in information-gathering and decision-making. It is not a prescription that requires leaving the child with their family. If such a decision would risk the child's safety, it is possible to use a family-centered approach to removing the child.
  - Effective practice requires creativity, flexibility, critical thinking and good decision-making. **“When in doubt, find it out!”**
- Unless otherwise instructed, suggested text is NOT to be read verbatim but is to be PARAPHRASED in your own words.



TIME CHECK

8:30 a.m.



## WELCOME TO THE WORKSHOP!

Time: \_\_\_\_\_

Directions: Paraphrase the bullet points:

- Introduce yourself and give a brief welcome to the workshop. (Introductions will come after Video 1-1: Maime's Story.)

- ▶ As you surely were able to tell from the title of this workshop when you signed up, over the next two days we're going to be looking at family-centered practice and the ways in which this approach to working with families can help us increase our success.
- ▶ We'll get to know one another and then look at the workshop goal and objectives in detail in just a little while.
- ▶ But before we do anything else, we're going to start our day with something very easy and rewarding: watching a short video that I think will remind us all of why your jobs are so very important—



**VIDEO 1-1: WHAT WE CAN LEARN FROM FAMILIES: MAIME'S STORY**

*Time:* \_\_\_\_\_

**Purpose:**

- *Help participants re-establish an emotional connection with the children and families they work with.*
- *Remind participants of the powerful impact their work has on each child and each family on their caseload.*
- *Refresh participants' awareness of why it's worth our time and effort to maximize success for every child.*

*DIRECT ATTENTION:*

- ▶ **As you watch the video, notice** what these individuals seem to be telling us about the impact we have had on them through our work.
- ▶ Notice the **clues** they give us about how we might achieve a **higher degree of success** in our work with them.

*PLAY THE VIDEO*

- *Play the segment entitled "Maime's Story" on the CD provided with your Trainer's Guide.*

*BRIEFLY PROCESS THE VIDEO*

*Time:* \_\_\_\_\_

**Ask?**

**What are these family members saying to us about the ways in which we are already achieving success in our work with them?**

*ELICIT* Elicit responses to the following questions and discuss briefly:

- ▶ Can you imagine what it would feel like to have the “system” involved in your life?
- ▶ How would you want “the system” to treat you? In a manner of respect? With dignity?
- ▶ How do you balance the internal emotional conflict of being witness to the abuse / neglect of the child? It’s natural to want to quickly blame the parents, and in some instances, it may be right and appropriate to do so...
- ▶ If “the system” were involved in your life, with your children or family members, wouldn’t you want the absolute best for them?

*ASK?*

**What are these families telling us about where we could improve?**

- ▶ In other words, think about one of your own cases where you may have been able to do a better job than what you did? What stood in the way for from doing it the best way?

*ELICIT:* ■ Elicit responses and discuss briefly:

*ASK?*

**What is it that most of our families and children are asking of us? What is it that they want most from us?**

*ELICIT:* Elicit responses such as the following and discuss briefly:

- ▶ honesty
- ▶ dignity
- ▶ respect
- ▶ inclusion
- ▶ to be valued
- ▶ to be heard



### SUMMARY: WHAT WE CAN LEARN FROM FAMILIES: MAIME'S STORY

- *In conclusion, affirm participants' good work and their desire to achieve success for the children they work with and their families.*
- ▶ We want to **build** on what we're **doing right** and **improve where we need to** improve... so we can **maximize positive outcomes** for every child and every family we work with...
- ▶ ...and that's what this workshop is about: taking advantage of **every opportunity to improve** the success of our practice...
- ▶ ... so every child (and every family) has the best chance possible at being successful in life.



### TRANSITION

- ▶ But before we go into the details of how this workshop is designed to help us take better advantage of these opportunities...  
... let's get to know one another.



### INTRODUCTIONS .....

*Time:* \_\_\_\_\_

*Directions:* Have participant introduce themselves:

- *Name, position, unit/organization*
- *Number of years in child welfare*
- *Familiarity/experience with implementing a family-centered approach to safely maximizing outcomes for children and their families.*
- *Possibly have participants **describe one opportunity or challenge** they feel has affected their work with families recently.*



### TRANSITION

- ▶ Now let's look at **exactly what this workshop will help you do** in your daily practice,

- ▶ ... and the **specific activities** we'll be doing today to help you strengthen some of the important skills that will help you move our agency toward helping more children grow up safely at home or with their relatives.
- ▶ You will find the goals and objectives we'll be covering in document **#1: Goals and Objectives** in your Participant Guide.



### FLIPCHART 1-1: GOAL OF THE WORKSHOP

**Time:** 1 minute

*POST FLIPCHART*

*Post prepared flipchart page and keep it on display during the workshop.*

#### WORKSHOP GOAL

Safely maximize **POSITIVE OUTCOMES** for children and their families

by using a non-adversarial **FAMILY-CENTERED APPROACH**

to the assessment, planning, delivery and coordination of services.

- ▶ The **ultimate goal** of everything we do in child welfare is aimed, ultimately, at maximizing every child's chances of **flourishing socially, developmentally, physically, emotionally and educationally**.
- ▶ In this first workshop of our two-part series, the focus is on the ways in which a **family-centered approach** can help you maximize those positive outcomes.
- ▶ That's the **broad goal** of this workshop, and I'm going to keep it posted to make sure that we always keep sight of that ultimate goal for efforts these next two days.
- ▶ Now let's look at exactly what we'll do in this workshop
  - ▶ with regard to **maximizing positive outcomes** for each child and family
  - ▶ and doing so in ways that ensure the child's **safety**.



### FLIPCHART 1-2: WHAT WE'LL BE DOING

**Time:** \_\_\_\_\_

**Purpose:** *Focus participants' attention and expectations on the general goal of each individual session. The specific learning objectives for each session—that is, what each*

POST FLIPCHART PAGE

SESSION GOALS

1. Why does the 2012 Goal ask us to re-focus on family-centered practice?
2. How is the system going to help me do my job in a family-centered way?
3. How can I use family-centered practice to improve my casework or supervision?
4. What's happening locally to promote family-centered practice?
5. What information and ideas will help me back on the job?

session will help them learn to DO when they return to the workplace—will be covered at the beginning of each session.

- Post prepared flipchart page and keep them on display during the workshop.
- Summarize the general objective of each session.
- ▶ The goal of each session in this workshop is to answer the question shown here.
- ▶ To answer each question, that session will cover two or more specific learning objectives—that is, detailed statements of exactly **what you'll learn to DO**—or learn to do *even better*. You'll see a list of these learning objectives in our first PowerPoint presentation, but I wanted to at least give you a feel here for what we'll be doing in our session.
- ▶ The focus of this workshop is mostly informational rather than skills-based—we'll primarily be learning *about* things rather than *doing* them.
- ▶ That's because this workshop is just the first in a two-part series. This first workshop is intended to lay the foundation—the information, rationale and perspectives—that will help you recognize the ways you can use a family-centered approach to safely maximize the best interests of the child.
- ▶ The next workshop will be more skills-based, and you'll have more opportunities to practice applying specific skills. This next hands-on workshop will focus on effective performance of the family-centered practice skills that can help them execute engagement, assessment, planning, delivery, and coordination activities with even greater success.



HOUSEKEEPING .....

**Time:** 3 minutes

- Please turn cell phones off. ☺
- Breaks
- Bathrooms
- Lunch arrangements
- Expected workshop completion time today
- Expected start-end times tomorrow
- Questions?





**MAIN IDEA: SUCCESS FOR EVERY CHILD!**

**Time:** \_\_\_\_\_

**NOTE TO THE TRAINER**

The term **best interests** is, by its very nature, the balance between child safety and family preservation and meeting the well-being needs of the child – physical, emotional, behavioral, educational – while also working with family members to address their needs as a family. While child safety is paramount, these goals do not have to be mutually exclusive. Family preservation does not necessarily always mean “do not remove a child,” but rather, when making a decision about how to best ensure a child’s immediate safety, we must consider the short and long term implications of removal.

The investigator’s question should not be “Do I have enough evidence to shelter?” Instead, the question should be “Can anything be done—right here, right now—to ensure this child’s safety without resorting to sheltering?”

**ASK?**

**What does it mean when we say in our goal statement that we want to “maximize positive outcomes” for every child and every family we work with?**

**ELICIT**

- ▶ It means we’re focused on making sure every child has the **best chance possible** to flourish socially, emotionally and educationally.
- ▶ We help increase each child’s potential for success—however success is defined for that individual— when we find creative ways to achieve their **best interests** in a **safe manner...**
- ▶ ... **balancing child welfare and family preservation** to improve each child’s chances of living a healthy, happy, productive life.
- ▶ To this end, we’ll be finding answers to at least **two** important and closely related **questions** over the next two days:
  - ▶ How can we increase the chances of success for **every child** and family that we see?
  - ▶ How can we safely build on the positive things we do and reduce our errors so we achieve a higher degree of success?

...and that's really what we'll be talking about over the next two days.

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## TRANSITION TO VIDEO

- ▶ Now what I'd like to do is play a **special message** that Secretary Sheldon has prepared just for this workshop.
  - ▶ In his message, Secretary Sheldon tells us that safely decreasing the number of children in out-of-home care is **one important indicator** that we've increased positive outcomes for children and their families.
  - ▶ Notice what he says about **two important strategies** for accomplishing this goal of safely reducing the number of children in out-of-home care.
- 



## VIDEO 1-2: A MESSAGE FROM SECRETARY SHELDON

*Time:* \_\_\_\_\_

*Purpose:* Build participants' confidence that DCF leadership encourages and supports the following:

- *Keeping children in their own homes—when that can be done safely—or with relatives, and finding permanent homes for children already in foster care*
  - *Reducing our reliance on “shift” group care, especially for children five and younger*
  - *Using family-centered practice as a non-adversarial strategy for building strong partnerships with children and their family members.*
  - *Increased efforts to integrate services for treatment efforts that are consistent, seamless and unified.*
- PLAY THE VIDEO*
- *Play the segment entitled “Secretary Sheldon” on the CD provided with your Trainer's Guide.*

*PROCESS THE VIDEO*

- ▶ Secretary Sheldon says that the **most important priority** for all of us in human services must be **ensuring the safety of every child...**  
... but that, as long as it can be done safely, we should **also be focused on supporting and promoting family preservation** whenever possible.

- ▶ That's the essence of the **2012 goal**: to safely reduce the number of out-of-home placements we make by strengthening our use of a family-centered approach to services.

**ASK?**

**What does this goal mean to YOU?**

*ELICIT RESPONSES*

- *Connect one or more of the responses to the following:*
- ▶ Secretary Sheldon says that, unless there are unusual circumstances regarding safety, children have a **better chance of flourishing socially, developmentally, physically, emotionally and educationally when they remain with their parents**. You'll see later in this workshop that the research supports this contention.
- ▶ He also emphasizes that, if keeping the family together is not possible, it's critical for us to make the **best possible placement decision as soon as we can**.
  - ▶ For example, he points out that we need to reduce our reliance on "shift" group care, especially for children five and younger. □

**ASK?**

**Secretary Sheldon identifies two primary strategies for safely reducing the number of children in out-of-home care by 2012.**

**What's the first strategy he talks about?**

*ELICIT KEY ELEMENTS OF STRATEGY*

- ▶ Family-centered practice
  - ▶ Professionals who have many years experience working in child welfare, and who have studied the research on maximizing outcomes for children and their families, are confident that family-centered practice is the **key strategy for safely reducing out-of-home placements**.
  - ▶ Family-centered practice **maintains a top priority on child safety**, while at the same time **actively seeks supports and strategies to achieve home placement**

**whenever possible**, or if removal is necessary, to place children with relatives.

- ▶ Keeping children in their own homes (or, if removal is necessary, with relatives)—**when that can be done safely!**—and finding permanent homes for children already in out-of-home placements.
- ▶ Using a **non-adversarial approach** to building strong partnerships with children and their family members
- ▶ Actively engaging family members as **meaningful partners** in the assessment, planning, delivery, and coordination of services

**ASK?**

**What is the second strategy Secretary Sheldon urges us to strengthen?**

*ELICIT KEY ELEMENTS OF STRATEGY*

- ▶ Better integration of services among multiple agencies
  - ▶ Working efficiently with our partners
  - ▶ Making sure our treatment efforts are consistent, seamless and unified



**SUMMARY: AN OPPORTUNITY TO STRENGTHEN OUR CORE VALUES**

- ▶ We've just heard Secretary Sheldon say that our use of a family-centered approach—in other words, working in meaningful partnership with children and their families— can help us improve our success in the assessment, planning, delivery, and coordination of services,
- ▶ and that we can also improve successful outcomes for children by finding ways to coordinate more efficiently and effectively with our agency partners...

... so that our treatment efforts are more consistent, seamless and unified.



## TRANSITION TO LOCAL PRESENTATION

- ▶ Now we have the distinct privilege of hearing from an important partner in our efforts to maximize success of our efforts with the children and families we work with.
- *Introduce the (first) presenter, including*
  - *name,*
  - *position, and*
  - *a brief description of the ways that Secretary Sheldon’s message is finding support at the local level.*



## PRESENTATION: SUPPORT FROM LOCAL LEADERS

**Time:** 10–15 minutes

**Purpose:** Give participants confidence that the Secretary’s message about the Department’s mission and core values—especially the roles of family-centered practice and service integration in that vision—is relevant to the local perspective.

### NOTE TO THE TRAINER

- **Presentation Goal.** This brief talk should focus on supporting the secretary’s message regarding the new focus on family-centered practice. It should also provide a general overview of some of the policy/procedural changes, budget reallocations, and general intervention strategies/practices put in place locally to implement a family-centered approach and other local initiatives supporting the 2012 Strategy.
  - The presenter may want to reference the variety of initiatives developed as the local components of their Circuit CFSSR – PIPs.
  - The presenter may also address the trend in the number of out-of-home placements over the past few years.
  - The presenter should conclude with a statement of support for the goal of the current workshop and the family-centered approach in general.
- **Presenter Recruitment.** The person(s) you recruit for this presentation should be a respected opinion leader for the participant audience.
  - For example, if the participant audience is primarily child welfare staff, try to recruit someone from the senior management of a local CBC and/or the regional or circuit manager from DCF.

- If the audience is primarily legal staff, try to recruit the managing attorney from CLS.
- If the audience is primarily Guardian ad Litem, try to recruit the GAL director for the circuit.
- **Presenter Attributes.** The presenter(s) should be a respected opinion leader who is able to motivate participants in ways that
  - help them see the relevance of the workshop to their daily work,
  - give them confidence that local leadership will support them in their efforts, and
  - help them see the satisfaction they will likely feel as a result of successfully implementing what this workshop offers them.

**Directions:**

- After the presenter has finished, thank this person for their time, and make a statement about one or more of the ways their presentation has contributed to the goals and objectives of this workshop.
- In brief comments to the group, or by eliciting their input, reinforce a few of the key points in the presentation that especially reinforce the goal of the current workshop and the family-centered approach in general. Consider noting these key points on the flipchart for visual reinforcement.



**TRANSITION**

- ▶ I hope Secretary Sheldon’s message and the points made by our presenter(s) today are encouraging evidence that **the time is right** for moving the quality of our practice to a new and even more successful level.
- ▶ Now let’s look some of the concrete reasons and **research data** supporting their conviction that the time is right.



**MAIN IDEA: EXCITING TIME FOR HUMAN SERVICES IN FLORIDA!**

**Time:** \_\_\_\_\_

**Purpose:** Encourage participants to see that

- As indicated by the Secretary, the Department supports our efforts to strengthen (a) family-centered practices and (b) integration of services.

- *Many factors indicate that DCF in Florida is at a tipping point.*
- *The Department's support for a renewed emphasis on family-centered practice and service integration, and these "tipping point" factors, help to strengthen a "culture of success" in Florida*

**DEPARTMENTAL SUPPORT**

- ▶ I hope it was clear from Secretary Sheldon's message that the Department supports our efforts to strengthen (a) family-centered practices and (b) integration of services. I think evidence of this support can be seen in comments such as:
  - ▶ Unwavering focus on the primary goal of ensuring child safety
  - ▶ Emphasis on family-centered practice as an important means of safely serving the child's best interests
  - ▶ Family-centered practice minimizes adversarial difficulties by building a strong, constructive partnership with family members. **This means involving families in every decision that affects them**

**TIPPING POINT**

- ▶ We and our agency are, essentially, at a "tipping point." A number of macro level variables are coming together at the right time:
  - ▶ IV-E waiver
  - ▶ Community-Based Care (CBC) units maturing in their growth and development
  - ▶ Stable leadership committed to a vision
  - ▶ Significant recent increases in funding levels
  - ▶ Legislative framework the Department submitted in its substantive bill for 2009 legislative session, including language for re-writing 39.311 and establishing the expectation that Family-centered Services are provided
  - ▶ CLS re-design: ensuring every child's voice is heard in the courtroom
  - ▶ Support from the National Governor's Association Policy Academy for a new direction

- ▶ As a major component in the state’s response to the 2008 Child and Family Services review, the development of a family-centered model of practice and related training through in-services (such as this curriculum) and integration into pre-services
- ▶ QA Model: Shifting from an historical focus on procedural compliance to an increased view toward quality of practice
- ▶ High-level technical assistance and philanthropic support through the work of the Casey Foundation, Youth Law Center
- ▶ Child advocates working in collaboration with the Department



## TRANSITION TO POWERPOINT

- ▶ The Department’s renewed emphasis on family-centered practice—and all of the other factors that bring us to a tipping point—give us an opportunity to strengthen a *culture of success* in our agency.
- ▶ Let’s spend a few minutes talking about what we mean by a culture of success.



## POWERPOINT: A CULTURE OF SUCCESS: INTERRELATIONSHIPS BETWEEN PRACTICE & OUTCOME

**Time:** \_\_\_\_\_

**Purpose:**

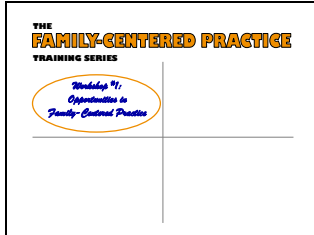
- *Have participants turn to document #2: **Culture of Success Model** in their Participant Guide. Tell them that what they will be seeing in the PowerPoint is summarized for their convenience in document #2.*
- *Familiarize participants with the four quadrants of the Culture of Success model.*
- *Help participants see the interrelationship between practice and outcome.*

**Directions:** *As you move through the four quadrants, ask participants if they can think of a case on their caseload that would fit the classification of each quadrant. If not, be prepared to provide an example (see Appendix A: “Culture of Success” and “Best Interests” Models for a more in-depth explanation of the quadrants and the examples).*

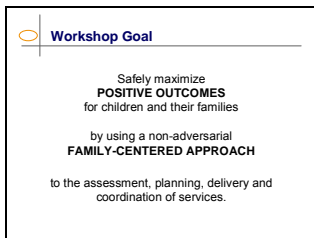


**NOTE TO THE TRAINER**

If you wish, you may wish to tell participants that thumbnails of all PowerPoint slides for the entire workshop are provided in document #15: **PowerPoint Thumbnails** in their Participant Guide.

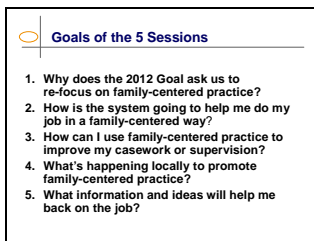


**SLIDE 1: Title Slide**



**SLIDE 2: Workshop Goal**

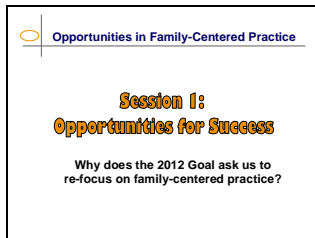
- ▶ Some of you may be aware that **Secretary Sheldon set a goal** of safely reducing out-of-home care by 50% by 2012.
  - ▶ **Thanks to your good work**, we have already made **substantial progress** toward that goal. We're more and more successful at safely achieving the **best interests** of every child we work with.
  - ▶ We're going to take a closer look at the progress we've made a little later in the workshop.



**SLIDE 3: Goals of the 5 Sessions**

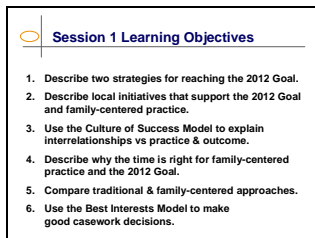
- ▶ But we're going to spend most of this workshop looking at how we can **build on that progress** and increase our success *even more*.
- ▶ To build on that success, we'll be focusing on the Department's renewed support for an evidence-based practice model— family-centered practice — which offers us important opportunities to increase the success of our efforts with children and their families: .
- ▶ In addition, over the course of our five sessions we'll be answering these over-arching questions.
  - *Summarize the five session goals.*
- ▶ I'm sure many of you may be thinking that we've been here before – and you're right – family-centered practice isn't new or novel. In a sense, we were really moving back to the basics of practice.

- ▶ Why? The family-centered approach has a number of advantages over our established way of providing services. We'll talk about those advantages throughout the workshop, but one I want to point out right now is that it will help us to better engage families at case initiation.
- ▶ Recent reviews have pointed that our family engagement is an improvement area for us.
- ▶ Our 2008 Child and Family Services Review results indicate a need to improve our engagement with families. One of the key strategies that will be included in our program improvement plan is adopting a family-centered practice model.
- ▶ Also, preliminary findings from recent Quality Assurance, in which the new and more-practice friendly tool has been implemented, yields similar findings: we need to do a better job of engaging families.
- ▶ With these review results and the Secretary's 2012 goal, we determined that the **main focus** of this workshop will be on how we can **increase** our success by taking advantage of the **opportunities that a family-centered approach offers** us.



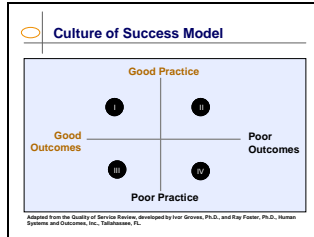
#### SLIDE 4: Session 1 Title Slide

- ▶ To that end, in Session 1 we're exploring the **context** in which we're being encouraged to implement family-centered practice.
- ▶ Let's look at the learning objectives that represent exactly what we'll be doing with regard to this context.



#### SLIDE 5: Session 1 Learning Objectives

- *Summarize the Session 1 learning objectives.*
- ▶ We've just heard from the Secretary that a **culture of success is building strength** in Florida's child welfare system.
- ▶ Let's look more closely at what we mean by a Culture of Success.

**SLIDE 6****QUADRANT 1**

- ▶ This is where we always want to be! Good practice drastically improves our chances of achieving the best interests of each child and their family.
- ▶ These are the cases when the child and family are succeeding with the assistance of the child welfare system.
  - ▶ These children and families are achieving goals and objectives as they have helped to define them (remember, success is relative: families need to be encouraged to verbalize what success means to them),
  - ▶ positively progressing towards safe case closure, AND
  - ▶ the system is providing an appropriate level of support and assistance to meet the child and family's unique needs.
- ▶ Solicit example from participants.

**QUADRANT 2**

- ▶ We always want to deliver good practice. However, sometimes the child and their family are experiencing problems of such severity that it's not possible to overcome them, even with the most skilled application of good practice. As long as you've documented your very best efforts to carry out good practice, the Department will support you, even when positive outcomes are not possible for this family.
- ▶ These cases are generally uncommon but do highlight our ongoing need for due diligence in our practice and efforts.
- ▶ Solicit example from participants.

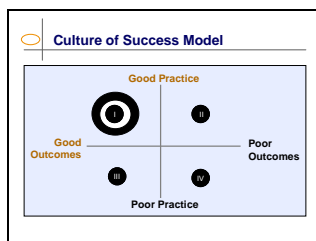
**QUADRANT 3**

- ▶ Sometimes the child and family manage to achieve positive outcomes *despite* our failure to deliver good practice. But of course, bad practice is never acceptable.

- ▶ These cases highlight family resiliency, and remind us of a family’s ability to build on their own strengths and initiatives. Oftentimes, these cases have one person, a family-member or teacher, going above and beyond and holding it all together. This is often unsustainable for a long period of time. These types of cases, with some tweaking or practice, or increased and better coordinated case management, can quickly become quadrant 1 cases, thus significantly improving long-term prospects and outlook. For improving system-wide results rapidly, managers should think about what they can do to address the quadrant 3 cases.
- ▶ Solicit example from participants.

#### QUADRANT 4

- ▶ We never want to find ourselves in quadrant 4! If a child suffers negative outcomes, we certainly don’t want that to happen because we failed to perform the very best practice possible.
- ▶ In quadrant 4, not only are the child and the family failing, but the system is failing, too, because of our failure to deliver best practices in child welfare.
- ▶ Solicit example from participants.



#### SLIDE 7

- ▶ Creating a culture of success **means focusing** our **practices**, our **resources**, our **policies** — all our efforts — on getting us into Quadrant I consistently with our cases.
- ▶ That’s the goal! When we can do that, we’ll have a culture of success . . . and it will be the norm that every child with whom we come in contact leaves us with the **best chance possible of achieving his or her maximum potential** in life—physically, emotionally, behaviorally, educationally.
- ▶ Ambitious? You bet!

ASK?

So, how do we get there? (*Rhetorical question*)

**Immediate Interactions**

Create a culture of success within ourselves and in our interactions with:

- Families
- Our units
- Throughout our agencies
- Across our formal and informal providers

**SLIDE 8**

- ▶ Creating a culture of success goes beyond a worker and a supervisor intervening with a family, even though that IS where the rubber hits the road.
- ▶ The fact is, that we all will need to work together more to keep ourselves focused on the factors that contribute to success.
- ▶ This slide shows the interactions we need to focus on first . . .

**Subsequent Success Interactions**

As we get traction, extend the culture of success in our interactions with:

- Courts
- Law enforcement
- Media
- Public

**SLIDE 9**

- ▶ You know we work in a system larger than that, though . . .
- ▶ As we get traction, success builds on success, and we'll bring these entities along . . .

**Critical Success Factors**

1. Effective implementation of a family-centered practice model
2. Support from system leadership
3. Alignment of system practices

**SLIDE 10**

- ▶ Creating a culture of success **doesn't just happen** because we want it to happen. We **have to earn it**, all of us together.
- ▶ To make it happen, we have to ensure that **three critical factors** come together. . .

1. Effective implementation of a family-centered practice model—We'll be talking about our "family-centered" practice model for the rest of the workshop, but essentially, it comes down to improving the quality of our relationships with children and their families by involving families in decision-making in meaningful ways. **This means involving families in every decision that affects them**
2. Support from system leadership—The involvement and support of our agencies' middle and senior management.
3. Alignment of system practices—The alignment of polices and resources to support family-centered practice.



## TRANSITION

- ▶ The purpose of the following section of slides is to help clarify the historical context that has resulted in our Florida child welfare system now refocusing its efforts on implementing best practices within a family-centered model.



## POWERPOINT: THE HISTORICAL CONTEXT FOR SUCCESS

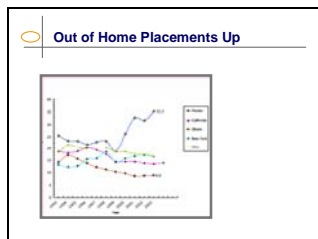
**Time:** \_\_\_\_\_

**Purpose:** Give an historical context for why the Florida child welfare system is refocusing its efforts on implementing best practices within a family-centered model.



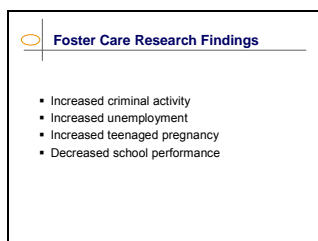
### SLIDE 11: Section Title Slide

- ▶ So what gives us reason to believe these three critical factors can come together at this point in time?
- ▶ Let's look a little more closely at the 2012 goal that the Secretary has set for us.



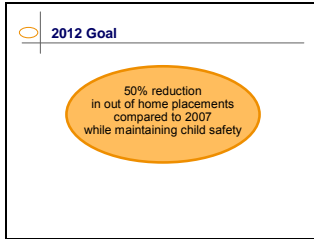
### SLIDE 12

- ▶ Florida's out-of-home placement numbers went up significantly in the early 2000's.



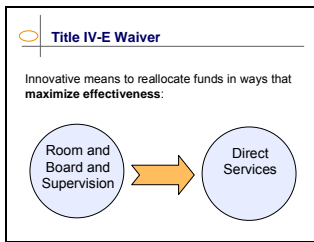
### SLIDE 13

- ▶ National research identified the harm of prolonged out-of-home placements for children, particularly with regard to:
  - ▶ Increased criminal activity
  - ▶ Increased unemployment
  - ▶ Increased teenaged pregnancy
  - ▶ Decreased school performance.
- ▶ The state does not always make the best parent.
- ▶ Good intentions do not necessarily equal good outcomes.



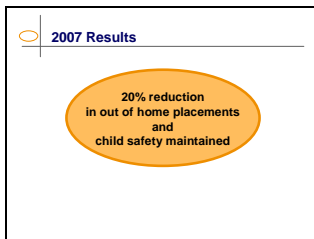
**SLIDE 14**

- ▶ In response, then-Secretary Butterworth establishes 2012 Goal: 50% reduction in out-of-home placements compared to 2006 while maintaining child safety. (Other organizations, such as the Casey Foundation, also aim to reduce out-of-home placements in response to the research.)



**SLIDE 15**

- ▶ We started to use Title IV-E waivers and policy changes to direct resources to where they can do the most good, particularly with intensive family interventions early in a case. (We'll hear more about state-wide and local innovations later in the workshop.)



**SLIDE 16**


- ▶ Result for 2008: more than a 20% reduction in out-of-home placements and child safety maintained in the last 18 months. Although there have been some reductions in the number of children removed from their homes, the majority of these reductions have been through either adoptions, or safe case closure to permanent guardianship agreements, mostly with relatives.



**SLIDE 17**

- ▶ Now the **time is right** moving our Culture of Success to the next level:

using the opportunities and challenges of family-centered practice—**or for some of us, using them more effectively**—to meet the best interest of children and achieve the 2012 goal.


 **Family-Centered Approach**

**Case Work Practices**

- First concern: **CHILD SAFETY!**
- Early provision of intensive services
- Focus on family system
- Building on family strengths
- Collaboration with the family
- Strong use of informal support systems

**SLIDE 18**

- ▶ Family-centered practice is an approach by the service system, including features such as:
  - ▶ Child Safety is first concern
  - ▶ Intensive services early
  - ▶ Focus on family system
  - ▶ Building on family strengths
  - ▶ Collaboration with the family (**This means involving families in every decision that affects them.**)
  - ▶ Strong use of informal support systems

 **Family-Centered Approach**


**Requirements:**

- Staff education/training
- DCF and CBC leaders need to step up
- Teamwork vs. silos
- Shared risk

**SLIDE 19**

- ▶ Requirements:
  - ▶ Staff education/training – staff need the skills and knowledge to apply the approach.
  - ▶ DCF and CBC leaders need to step up to define and support policies and resource priorities of the approach.
  - ▶ Teamwork vs. silos – we’ll need to work together better across programs and agencies.
  - ▶ Allocation of resources, giving flexibility for individualized approach for services
  - ▶ Shared risk – workers need support for tough decisions through the use of multifunctional teams and leadership involvement and approval.
  - ▶ A reinforcement and reward system through QA and supervision, professional development, contracting, etc.
    - ▶ Recognizes, rewards, and reinforces good practice.
    - ▶ “What gets measured gets done.”



 **System Requirements**


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Training and Education – 3 Workshops  
 1. Family Centered Practice: Philosophy  
 2. Engaging the Family  
 3. Case Planning

Initiatives for Family Centered Practice

**SLIDE 20**

- ▶ From the training/education perspective, we'll initiate family-centered practice through three workshops.
- ▶ Other system changes (we'll talk about these later in the workshop) to initiate family-centered practice are made possible through the IV-E waiver and policy direction from senior leadership.

 **Results**

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Effective implementation of family-centered practice to help ensure that the best interests of children and their families are met safely – and, ideally, that the 2012 goal is achieved.

**SLIDE 21**

- ▶ Result: Implementation of a family-centered approach to help ensure that the best interests of children and families are met safely – and, ideally, that the 2012 goal is achieved.



**TRANSITION TO ACTIVITY 1-1**

- ▶ You've been **listening to me talk** about the family-centered approach and how it can be used to work for the best interests of children and families and how it can help to achieve the 2012 goal.
- ▶ Next, **let's hear from you**. To do that, we'll use a small group discussion and then have the reporters share the results.



**ACTIVITY 1-1: ADVANTAGES AND CHALLENGES OF A FAMILY-CENTERED APPROACH**

**Time:** 30 minutes

**Purpose:** *The intent is for this discussion to bring out some initial thoughts on the advantages and challenges of the family-centered approach. The findings do not need to be discussed in detail here, because the participants get more information about the family-centered approach later in the workshop, and that may be a better time to reinforce some of the advantages mentioned in this activity and to give counterpoints to the challenges.*

**Directions:**

- *Have the participants get into groups of 4-5. They should group with participants with similar jobs – CPIs, caseworkers, supervisors, attorneys, etc. (You may want to identify certain locations for each of the groups as a*

way of helping participants find their groups – e.g., attorneys in the front left corner of the room, etc.)

- Have the groups answer the questions: *What does the family-centered approach mean for me . . . how does it affect the work I do? What do I see as the advantages and challenges of the approach?*
- Give them ten minutes for the discussion. Tell them to assign a reporter to take notes.
- After the discussion, have reporters give their findings.
- Record the findings on the flipchart.
- Summarize the results; compare similarities and differences across job titles.
- Some of the results you may hear are:
  - reduces caseloads
  - we'll get to work more with families
  - there'll be less reworking of a case
  - we may be keeping families together and not removing children when we need to

**NOTE TO THE TRAINER**

You may want to discuss some of the findings here (e.g., “we won’t be removing children from homes anymore”), but if possible, hold off on these discussions until later in the workshop when the Best Interests Model is presented or in the session regarding the family-centered principles. You can use the flipchart as a form of “parking lot” for issues to be discussed at some point in the workshop.



**COMPREHENSION BRIDGE**

- ▶ That last activity was intended to generate a lot of very productive discussion. I hope it served to clarify
  - ▶ what the family-centered approach means,
  - ▶ how we can apply it in our work,
  - ▶ what the potential barriers and problems might be, and
  - ▶ some possible strategies for fixing—or working around—those barriers.
- ▶ We haven’t taken much time yet to **explain the details of how you actually implement** a family-centered approach, but we’ll get to that. **First** we need to **lay some of the philosophical groundwork**, if you will, and then we’ll work on the details.

- ▶ Now let's start to think in terms our own practice, our own caseloads and how often were in quadrant I – and – at the time, where we see ourselves falling on the spectrum of providing a family-centered approach in the our own work that we do.
- ▶ Turn to document **#3: *Comparison of Traditional and Family-Centered Approaches*** in your Participant Guide.



## PARTICIPANT GUIDE: COMPARISON OF TRADITIONAL AND FAMILY-CENTERED APPROACHES

**Time:** \_\_\_\_\_

**Directions:**

- Have participants **turn #3: Comparison of Traditional and Family-Centered Approaches** in their Participant Guides.
- Use the chart to discuss the differences between the approaches. Point out that while casework rarely follows one approach totally, practice tends to lean one way or the other.
  - First, have the participants find the similarities in the approaches (safety, permanent and stable home).
  - Next, engage the participants in a discussion of the other comparisons . . . what's most true for where you work? Can they give examples of the comparisons?
- Conclude with the following points:
  - ▶ Both the traditional approach and the family-centered approach support child safety. It should be noted, too, that the family-centered approach acknowledges that there will be times children will need to be removed from their homes.
  - ▶ Both approaches support a permanent and stable home for children. The family safety approach may be more oriented toward providing intensive and more varied services, and other interventions that make it more likely that a child can return to his or her biological parent(s).
  - ▶ In general, a family-centered approach takes a more collaborative and solutions

focused perspective on working with families, is more flexible in its use of formal and informal services, emphasizes early intensive services, and tends to use multifunctional teams get appropriate services for the child and family.



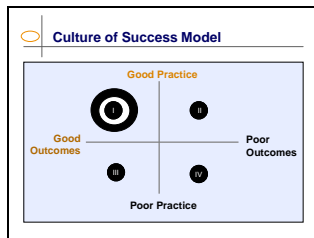
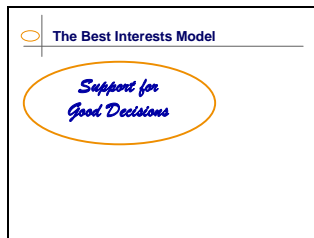
## TRANSITION

- ▶ In this next PowerPoint presentation, we're going to consider some of the mindsets and models that can help us implement family-centered practice with maximum success.



## POWERPOINT: BEST INTERESTS MODEL—SUPPORT FOR GOOD DECISIONS

### SLIDE 22: Section Title Slide



### SLIDE 23

- ▶ As a way of introducing the Best Interests model,

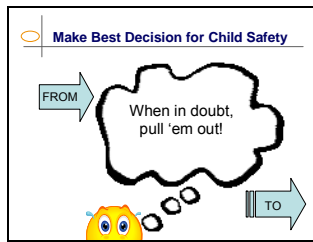
let's quickly look one more time at our Culture of Success goal diagram. This model reminds us that our efforts are to be even more focused—and more *consciously* focused—on working in Quadrant I...

... that is, conducting good practice so we can maximize positive family outcomes.

- ▶ We've said that we feel we can be most successful in achieving that goal by using a family-centered approach—and recent research backs up the effectiveness of that approach, as you'll see when we examine that research in Sessions 3 and 4.
- ▶ But one point I want to emphasize right now is

that **child safety is the most important consideration**, regardless of the model.

- ▶ As Secretary Butterworth said at the 2007 Statewide Dependency Summit, “There is **no margin for error** when working with children.” There is no margin for error when it comes to safety, and a **family-centered approach recognizes there will be times when the child can not stay in the home** because of safety concerns.



**SLIDE 24**

- ▶ But with safety as a given, we **also want to make sure our decisions take into account the child’s best interests**—maximizing that child’s chances of **flourishing socially, developmentally, physically, emotionally and educationally**.
- ▶ To this end, we caution against a hasty “**when in doubt, pull ’em out**” mentality.



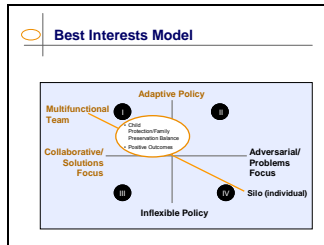
**SLIDE 25**

- *If you have Internet connection, the link at the bottom of this slide will take you to the web site if you want to encourage participants to explore it on their own by showing the site to them.*
  - ▶ Instead, whenever possible, we should lean toward a “**when in doubt, find it out**” mentality.
  - ▶ That is, we are urged, while maintaining child safety, to **get more information and/or advice to resolve doubt**.
- ▶ These issues are discussed in greater depth by Alan Abramowitz and Ron Zychowski from the Center for the Advancement of Child Welfare Practice in their presentation, *There is No Margin of Error: A Calm Approach to Child Welfare*. The Center makes this presentation available through a hosted Webcast.
  - ▶ The web address to the presentation is in your Participant Guide—all you have to do is paste the address into your web browser.
  - ▶ It’s in **#4: “No Margin for Error” Presentation** in your Participant Guide.



TRANSITION

- ▶ With those introductory statements, let’s look now at the Best Interests model and how we can use it to improve our success in achieving the best interests of every child.



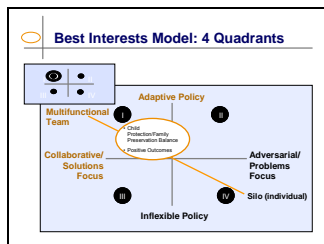
SLIDE 26

- *Direct participants’ attention to the copy of this slide in their Participant Guide. (see first page of #5: The Best Interests Model: Right Questions, Honest Answers.)*
- ▶ Secretary Butterworth asks us to move toward the mind-set of “when in doubt, find it out” whenever we can do so safely. To this end, Secretary Butterworth also has suggested a question for guiding our thinking as we apply our casework practice:

**“What can I do right now to promote the best interests of this child and family?”**

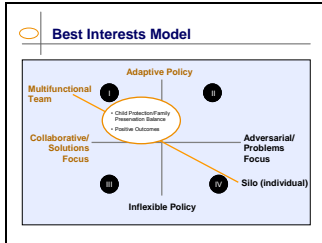
That is, **when making a critical decision**, what are the **fundamental things to ask yourself** to make the best decision?

- ▶ The Best Interests Model can help us structure our thinking in ways that make that question easier to answer. It looks pretty abstract here, but we’ll walk through it to make it real.



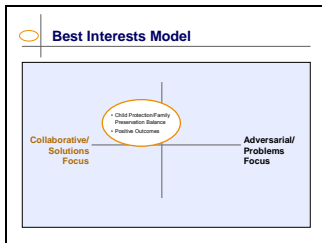
SLIDE 27

- ▶ First, it might be helpful to recognize that our Best Interests model is structured into four quadrants, just like the Culture of Success Model.
  - ▶ We said our goal was to work within Quadrant I—**good practices** and **positive outcomes** for children and families.
  - ▶ And we said that we would make use of more family-centered practices to achieve that goal.
- ▶ So, with the Best Interests model, we’re *also* striving to work in Quadrant I.



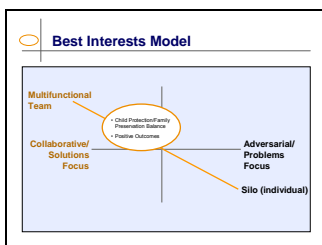
**SLIDE 28**

- ▶ Well, the Best Interests model is a way of structuring and thinking about those practices that impact the effectiveness of a family-centered approach.
- ▶ In other words, the Best Interests model represents the process of putting family-centered practice to work on our cases. Let’s see how.



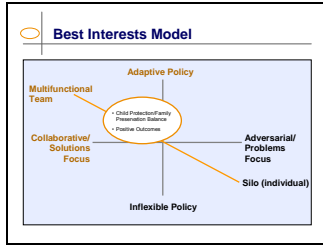
**SLIDE 29**

- ▶ Our general casework goal is to achieve positive child and family outcomes while maintaining a child welfare/family preservation balance as we intervene with a family.
- ▶ Let me introduce the first of three casework variables to assess to help us reach that goal. This variable can be seen as ranging along a continuum from a highly “Collaborative/Solutions” focus on the one extreme, to an “Adversarial/Problems” focus on the other extreme.
  - Describe the worker/child and family relationship variable. (See Appendix A: “Culture of Success” and “Best Interests” Models.)
  - Give a case example to describe a situation in which a worker may have a fairly adversarial relationship and contrast that with how she could behave in a fairly collaborative relationship.



**SLIDE 30**

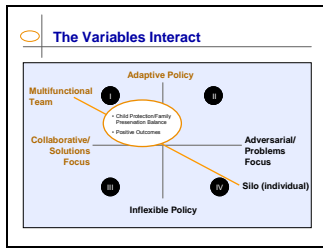
- ▶ Here’s the second casework variable to consider: teamwork. It ranges from making the decision on your own to involving a multifunctional team.
  - Describe the teamwork variable. (You would have read about this variable in preparation for delivering the workshop when you reviewed Appendix A: “Culture of Success” and “Best Interests” Models.)
  - Build on the previous case example to describe a situation in which a worker may make a decision without much input from others and those “others” may be a supervisor only (a silo approach) and contrast that with how she could behave when involving some sort of multifunctional team (e.g., the family, an informal service provider, and a formal service provider).



**SLIDE 31**

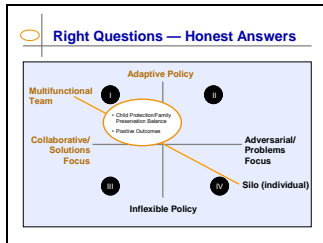
▶ Finally, here’s the third variable to add to the decision-making process: applying policy. I’ll submit to you that you can apply policy in a by-the-book manner or in a rather adaptive way – and still be following policy.

- Describe the policy variable. (See Appendix A: “Culture of Success” and “Best Interests” Models.)
- Build on the previous case example to describe a situation in which a worker may make a decision following a minimum “by the book” approach, then contrast that with how she could be more creative and come up with a more adaptive approach – one that works in the best interests of the child and family.



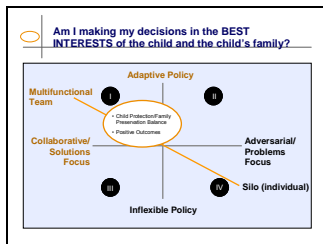
**SLIDE 32**

■ Summarize how the three variables commonly interact, such that it’s a good idea to consider all three when making a critical decision about a case. (See Appendix A: “Culture of Success” and “Best Interests” Models.)



**SLIDE 33**

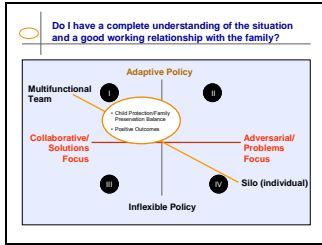
■ Use the next four slides to point out how the model and variables can be converted to four basic questions that can be used to make a critical case decision:



**SLIDE 34**

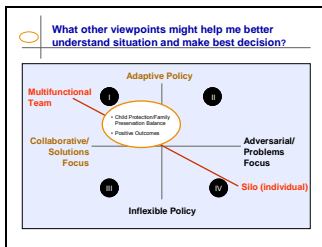
- ▶ OVERARCHING “GUIDING” QUESTION: Am I making my decisions in the best interests of the child and family?
- ▶ We want to be making decisions that put our casework into Quadrant I. Let’s look at the questions we should ask and the variables we should consider to make sure that happens.





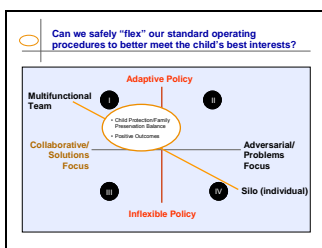
SLIDE 35

- ▶ QUESTION: Do I have a good understanding of the situation and a positive working relationship with the family?
- ▶ We will be able to answer this question most completely and effectively if we consider where our case likely resides on the continuum that ranges
  - ▶ from a very effective “Collaborative/Solutions” focus, in which the family is fully involved in every decision that affects them in substantial ways,
  - ▶ to an “Adversarial/Problems” focus, in which there is little in the way of a cooperative, problem-solving partnership.



SLIDE 36

- ▶ QUESTION: What other viewpoints can help me better understand the situation to make the best decision?
- ▶ To get the most complete and effective answer to this question, we would be well advised to consider where our case likely resides on the continuum that ranges
  - ▶ from a diverse “Multifunctional Team” approach, in which we draw from the entire network of individuals and entities that can help in the problem-solving process,
  - ▶ to a “Silo (Individual)” approach, in which we do not make best use of the team resources that might help us, but try to take make every decision on our own.



SLIDE 37

- ▶ QUESTION: Is there a creative way to meet the needs of the child and family in such a way that supports family preservation **while maintaining child safety**?
- ▶ We’ll be able to answer this question most completely and effectively if we consider where our case likely resides on the continuum that ranges

- ▶ from a willingness to think outside the box about “Adaptive Policy” possibilities,
- ▶ to an “Inflexible Policy” stance, in which we make decisions strictly “by the book” without even considering whether some safe, creative possibilities might exist.



### TRANSITION TO ACTIVITY 1-2

- ▶ We think the Best Interests Model and the questions it frames for us can be very helpful when making critical casework decisions.
- ▶ So let’s spend a little time working with the model to make sure it **makes sense to you**,

... and so you can see **how it can support you** in good decision-making.



### ACTIVITY 1-2: MAKING THE BEST DECISION

**Time:** \_\_\_\_\_

**Purpose:** Give participants practice in applying cases to the Best Interests Model.

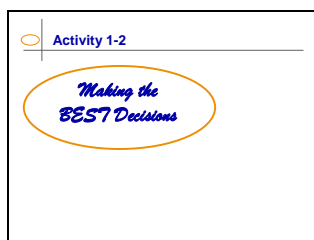
**Directions:**

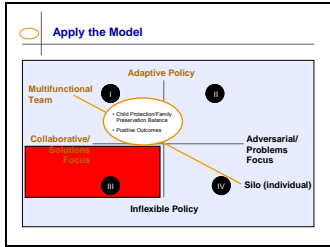
- Turn to #6: **Alice’s Story-Part 1** in the Participant Guide
- Give participants enough time to read the case story. This story relates to a case that applies to Quadrant III.
- Ask participants to identify the quadrant to which it most applies. Then use the PowerPoint to process the case story with the participants’ input.



### POWERPOINT: APPLYING THE BEST INTERESTS MODEL

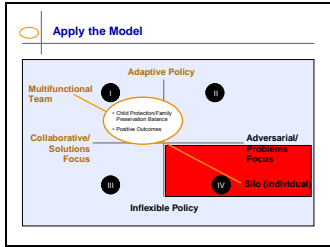
SLIDE 38





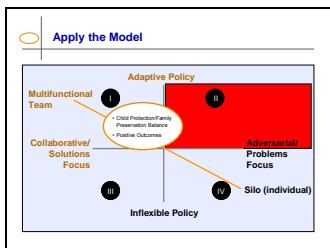
**SLIDE 39**

- Show the slide; point out the position of the “goal oval.” The casework decision placed the oval toward the collaborative/solutions-focus with some team involvement and a “by the book” policy application (Quadrant III). There’s some evidence—but not a lot—of family-centered practice here.



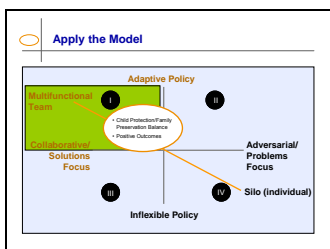
**SLIDE 40**

- Ask the participants what changes it would take to the story to have it most apply to Quadrant IV: adversarial/problem-focus with no multifunctional team involvement, and still an inflexible policy.
- Solicit example from participants.
- Show the slide; point out the position of the “goal oval.” The casework decision placed the oval toward the adversarial/problem-focus with little multifunctional team involvement, and no adaptive policy.



**SLIDE 41**

- Ask the participants what changes it would take to the story to have it most apply to Quadrant II: adversarial/problem-focus side with some team involvement, but an adaptive application of policy.
- Solicit example from participants.
- Show the slide; point out the position of the “goal oval.” The casework decision placed the oval toward the adversarial/problems-focus side with team involvement, and an adaptive application of policy.



**SLIDE 42**

- Ask the participants what changes it would take to the story to have it most apply to Quadrant I: collaborative/solution-focus side with good team involvement, and an adaptive use of family-centered practice policy.
- Solicit example from participants.
- Show the slide; point out the position of the “goal oval.” The casework decision placed the oval toward the collaborative/solution-focus side with good team involvement, and an adaptive use of family-centered practice policy. In this example, a creative application of family-centered practice occurs.



## COMPREHENSION BRIDGE TO SESSION 2

- ▶ This first session has introduced you to a number of concepts that we'll build upon in the rest of this workshop:
  - ▶ The Culture of Success
  - ▶ Maximizing every child's chances for success (physically, emotionally, behaviorally, and educationally)
  - ▶ The 2012 goal
  - ▶ Family-centered practice
  - ▶ The Best Interests model
  
- ▶ I've also mentioned that this workshop lays the more "conceptual" groundwork, and that follow-up workshops will give you opportunities to practice the actual skills you can use in the work-place.
  
- ▶ So for now we'll be discussing more about the concepts of family-centered practice and what it will take to get them to work in our work than we will on learning and practicing the actual family-centered practice casework skills.
  
- ▶ Now in Session 2 we're going to examine the forces that support and oppose the casework applications of family-centered practice.
  
- ▶ We'll also look at some of the state and regional initiatives that promote family-centered practice.

## Session 2: Hey, System—Help!



### DAY ONE: AFTERNOON

#### NOTE TO THE TRAINER

Continue promoting the following ideas:

- **SAFETY is paramount.** Underscore the concept that ensuring a child's safety is the number one consideration in every decision we make.
- Achieving the 2012 goal is important, but it's not the main point of this training. The main point is that we need to improve our practices – we need to improve the ways in which we work with children and their families.
- **“Family-Centered Practice” is an approach, not a prescription.** Family-centered practice is an approach that emphasizes including family members in information-gathering and decision-making. It is not a prescription that requires leaving the child with their family. If such a decision would risk the child's safety, it is possible to use a family-centered approach to removing the child.
- Effective practice requires creativity, flexibility, critical thinking and good decision-making. **“When in doubt, find it out!”**



### SETTING THE STAGE FOR LEARNING

- ▶ In Session 1 we discussed the **culture of success** and how we can strengthen in through a variety of means.
- ▶ For direct casework, we introduced the importance of **family-centered practice** and considered how the **Best Interests model** can help us implement family-centered practice with maximum effectiveness.
- ▶ Still, as you know, casework does not exist in its own world. Your job performance is affected by the surrounding child welfare system, including administrators, state law, the administrative

rules, formal and informal providers, and, of course, funding.

- ▶ To explore the impact of that system, the focus of this session can be expressed as a question:

**How is the system going to help me do my job in a family-centered way?**

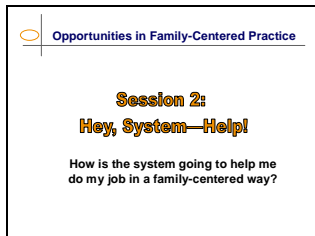
- ▶ As a prelude to answering this question, let's look quickly at the objectives for Session 2.
- ▶ Then we'll take a close look at the research findings that underscore why it's critical for the system to answer our question—why it's critical for the system to help us implement strategies that have been shown to reduce the number of children in out-of-home placements.



## POWERPOINT: RESEARCH SUPPORTING THE 2012 GOAL

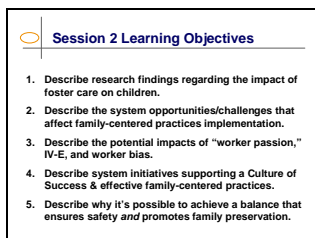
*Time:* \_\_\_\_\_

*Purpose:* This PowerPoint is the primary way in which participants will learn the main research findings regarding the impact of foster care on children.



### SLIDE 43

- Pose the question on the title slide as the goal of Session 2.



### SLIDE 44

- Summarize the session objectives.
- Remind participants that the objectives on this slide are from the complete set of objectives we reviewed at the beginning of the workshop.
- Suggest the system's opportunities and challenges that could affect the successful implementation of the culture of success and family-centered practice.
- Summarize current system initiatives that advance the culture of success.

**Doyle Foster Care Research**

- Study period: 1990-2002
- Sample location: Illinois
- Sample: 15,000 children in non-relative foster care
- Moderate risk cases only (i.e., "gray" area)
- Comparison: children left with families versus removed

<http://cbcta.frmj.uef.edu/fcw/conf/yds/westpaln/westpalnfs2.html>

**SLIDE 45**

- *If you are Internet connected, the link at the bottom of the slide takes you to the web site. Showing participants the site may encourage them to explore it on their own.*
- ▶ Now let's look closely at the research that supports implementing strategies that can reduce the number of children in foster care.
- ▶ Some very important research has been conducted by Dr. Joseph Doyle Jr. of MIT at the Sloan School of Management.
  - ▶ You can review the original research we're drawing from in this workshop by going to the web address provided in your Participant Guide.
  - ▶ See **#7: Doyle Research Presentation** in your Participant Guide.
- ▶ Some of his recent research on the effects of long-term out-of-home care (and not with relatives), has contributed to our efforts to prevent removals – or to keep them as short as possible – while maintaining child safety.
- ▶ One of Dr. Doyle's recent major research projects studied effects on 15,000 children.
- ▶ Now, there's something special about these children. They were not high or low risk children – the ones for whom the decision of whether to place or not is straightforward. These were what we might consider "gray area" children – children who would be recommended for removal by some investigators but not by others.
- ▶ The children who *were* placed with compared to similar children who were *not* placed.

**Doyle Research Findings**

**ARRESTED AT LEAST ONCE**

- Children removed: 44%
- Children with families: 14%

**PREGNANT TEEN MOTHERS**

- Girls removed: 56%
- Girls with families: 33%

**JOBS FOR AT LEAST THREE MONTHS**

- Children removed: 20%
- Children with families: 33%

**SLIDE 46**

- ▶ These are similar children being compared . . . of these similar children, some were removed and some were left with their families.
- ▶ Of the children removed, 44% were arrested at least once; 14% who stayed with their family were arrested. That's a 3 times higher arrest rate for removed children. Removed children also had a 3 times higher delinquency rate.

- ▶ Of the girls removed, 56% became teen mothers; 33% of the girls at home did. In other words, removal meant that you were almost twice as likely to become a mother as a teenager.
- ▶ Of the children removed, only 20% held a job for 3 months; 33% of the children that stayed with their families did.
- ▶ This research doesn't mean that if a child is placed in foster care these negative outcomes will definitely come about, but the research shows that these negative outcomes are **more likely**.

**Summary of Other Research**

Children with Foster Care history are:

- More likely to **drop out of school**
- More likely to **abuse drugs**
- More likely to **score lower** on the FCAT
- More likely to be diagnosed with a **learning disability**
- Twice as likely to be **held back** a grade

#### SLIDE 47

- ▶ There are a variety of other recent research studies that point out other harmful effects of foster care while the children are in care and when they become adults:
  - ▶ They are more likely to drop out of school.
  - ▶ They are more likely to abuse drugs.
  - ▶ They are more likely to score lower on the FCAT.
  - ▶ They are twice as likely to be held back a grade.
  - ▶ They are more likely to be diagnosed with a learning disability.

**Summary of Other Research**

Children with foster care history are:

- **4** times more likely to receive **food stamps**
- **17** times more likely to be **homeless**
- **3** times more likely to be in **prison** or on **parole**

#### SLIDE 48

- ▶ They are four times more likely to receive food stamps.
- ▶ They are 17 times more likely to be homeless.
- ▶ They are 3 times more likely to be in prison or on parole.
- ▶ Clearly, there are negative impacts of removing a child. What is particularly sad is that in a fair number of cases, the removal is somewhat arbitrary . . . it depends on who the child is lucky enough to draw as a counselor and supervisor. It's these marginal cases that are really driving the system to look at how to better achieve safe family preservation and prevent these marginal removals.





## TRANSITION TO ACTIVITY 2-1

- ▶ This research is one of the reasons why the Department is re-dedicating its efforts to reducing the number of children in out-of-home placements.
- ▶ Think back to the video we saw at the beginning of this workshop, in which Secretary identifies two primary strategies for safely reducing the number of children in out-of-home care by 2012.

### ASK?

What's the first strategy he talks about?

### ELICIT KEY ELEMENTS OF STRATEGY

- ▶ Family-centered practice
  - ▶ Keeping children in their own homes (or with relatives)—when that can be done **safely!**—and finding permanent homes for children already in out-of-home care
  - ▶ Using a **non-adversarial approach** to building strong partnerships with children and their family members
  - ▶ Actively engaging family members as **meaningful partners** in the assessment, planning, delivery, and coordination of services
- ▶ Our overall, ultimate goal is to reduce the number of children in out-of-home care by 50% by 2012. And one of the two primary ways identified for achieving that goal is to strengthen the application of a family-centered approach in our work.
- ▶ Let's think about the ways in which the system is ready to support us in doing that on a daily basis—and the system challenges we face, as well.

### NOTE TO THE TRAINER

*The next two activities are the primary ways in which the participants will learn the significant factors that lead to more children being removed from their homes.*

- *For example: a well patterned spike (increase) has been demonstrated in the number of removals of children from their homes when (a) a child death has just occurred and (b) the worker is influenced bias.*

- *By bias, we mean a worker’s tolerance of the presence of potential risk. In other words, with risk factors being equal, staff who are biased are more likely to remove a child from the home than other staff.*
- *This tendency to remove is analyzed in detail in the Doyle research referenced earlier.*



## ACTIVITY 2-1: CULTURE OF SUCCESS: SYSTEM OPPORTUNITIES

**Time:** \_\_\_\_\_

**Purpose:** *This activity encourages the participants to identify the system opportunities that affect family-centered practices implementation. It gives the participants a chance to add their voice to the things that should/must be considered as the system implements family-centered practice and other aspects of the culture of success.*

**Directions:**

1. *Introduce the activity.*
2. *Encourage participants to suggest to you the **system opportunity factors** that promote family-centered practices in their casework. You list these on the flipchart in a column. Don’t try to discuss or get too much detail about the list until it is complete. Let the participants know you will come back to discuss the factors in detail after the list is complete.*
3. *When the list is complete, add any factors that you feel are appropriate, but weren’t mentioned.*

*ELICIT SYSTEM OPPORTUNITIES*

*ELICIT/PROVIDE OPPORTUNITIES NOT ALREADY LISTED*

**Suggestions for system opportunities:**

- ▶ Research findings on the negative impacts of foster care on children.
- ▶ IV-E Waiver Funds
- ▶ Worker passion for their work
- ▶ Policy in support of family-centered practice (e.g., relative placements, keep siblings together, etc.).
- ▶ Case work practices (using informal supports, building good relationships with families and children, etc.).
- ▶ Child and Family Service Reviews (CFSR) – the Federal review of our services which encourages a family-centered approach.

- ▶ QA – with the new approach which is more qualitative rather than quantitative in format . . . really getting at were the right things being done to promote the best interests of the child and family.
  - ▶ The work of the National Resource Center in multiple locations across the state
  - ▶ Multiple pilot programs operating in multiple locations across the state
  - ▶ This training series: The Family-Centered Practice Training Series.
4. *Return to the factors to discuss/present them in detail (it may be beneficial to combine some similar factors mentioned by the participants). For certain factors (research, worker passion, and IV-E Waiver funds) additional speaking points are given below).*



## ACTIVITY 2-2: CULTURE OF SUCCESS: SYSTEM CHALLENGES

**Time:** \_\_\_\_\_

**Purpose:** *This activity encourages the participants to identify the **system challenges** that affect family-centered practices implementation. Again, it gives the participants a chance to add their voice to the things that should/must be considered as the system implements family-centered practice and other aspects of the culture of success.*

**Directions:**

1. *Tell the participants that now they will turn their attention to the **system challenge factors** that will make it difficult to implement family-centered practices in casework.*
2. *Encourage participants to suggest to you the **system challenges** that can act as barriers to implementing family-centered practices in their casework. Again, briefly list these on the flipchart in a column with the assurance that, as in the last activity, you will come back to discuss the factors in detail after the list is complete.*

**ELICIT SYSTEM CHALLENGES**

Suggestions for system challenges:

- ▶ Lack of available services/resources (especially in rural areas).
- ▶ Silo mentality of agencies
- ▶ General system issues: – funding streams traditionally tied to points of access into the service system - e.g., school based supports driven through a section 504 plan or IEP,

developmentally disability services through the APD – Home and Community Based Waiver Program

- ▶ Federal & state law, as well as, Administrative code, that at times may be overly prescriptive
- ▶ External (local community) or Internal (management or supervisory) resistance to change
- ▶ Policies/procedures (e.g., if legal sufficiency is there, remove the child; lack of coordination or clear responsibilities for PIs and caseworkers working a case together)
- ▶ Insufficient training programs
- ▶ Traditional QA methods focusing on quantitative indicators (what can be counted) rather than qualitative measure of practice (eg, frequency of caseworker visits vs. quality of other visits)
- ▶ Long-term contracts for services (but the services are not supportive of family-centered practice)
- ▶ Lack of a clearly defined practice model providing a framework for practice
- ▶ The sometimes inflexibility of the court system and the tendency to revert to judicially derived timeframes
- ▶ The challenge of coordinating and scheduling team meetings with multiple providers and family – the difficulty of the basic logistics
- ▶ Parents or caregivers who are fearful, distrusting or resistant to the “system”
- ▶ Some FSFN dashboard measures are too quantitative in nature and too much emphasis is placed on circuit comparisons rather than local improvements.
- ▶ Family resistance to services
- ▶ Worker bias (see points below to use for discussing worker bias)

OPTIONAL “FORCE SCALE”  
RATING COMPARISON

3. *Optional: Have the participants rate the identified opportunities and challenges on a “force scale” of: weak (1), moderate (2), or strong (3). Add up each “side’s” points to determine whether their assessment results in a general sense that the system is ready or needs work to implement family-centered practices.*
4. *Thank the participants for their contributions. Tell them that you’ll be discussing more system implementation issues in the rest of the session.*



TRANSITION TO VIDEO: VOICES OF YOUTH

- ▶ We’ve seen the **research finding** that explain why it is so very important to reduce the numbers of children in out-of-home care. The research concretely demonstrates the **negative impacts of our-of-home care**.
- ▶ And we’ve just explored the many **system opportunities and challenges** that will affect our daily efforts to reduce those numbers by implementing family-centered practices. We’re well aware of the impact of those opportunities and challenges on our work.
- ▶ But let’s stop for a moment to remember that **there are real faces behind those numbers, opportunities, and challenges!** Yes, the faces of the kids we work with every day bring an even greater sense of urgency to the issues and decisions related to child removals and family reunifications.
- ▶ To that end, I’d like for us to watch a short video. It contains six short segments of children talking about their foster care experiences.
- ▶ After the video, we’ll talk a little bit about how these children represent your experiences in the field.



## VIDEO 2-1: VOICES OF YOUTH: SUPPORTING ADOLESCENTS IN FOSTER CARE

**Time:** \_\_\_\_\_

**Purpose:** Reconnect participants with the emotional awareness that there are real faces behind the numbers, opportunities, and challenges!

**Directions:**

- Play the introduction and the **FIRST SIX SEGMENTS** of the video entitled “Voices of Youth: Supporting Adolescents in Foster Care,” which is made possible by the Annie E., Casey Foundation. The video is on the CD provided with your trainer Guide.
  1. Separated
  2. Addicted to Moving
  3. Trust is a Big Word
  4. The Other One
  5. There Are People Out There Who Care
  6. A Family To Me Is...
- **STOP** after you’ve shown the sixth segment (“A Family to Me Is...”), which is the next-to-last segment. Do not spend time showing the seventh segment, which is entitled “I’m Going to Make It.”
- Debrief the video through the following Flipchart 2-1 activity.



## FLIPCHART 2-1: THE FACES THAT DRIVE OUR WORK

**Time:** \_\_\_\_\_

**Purpose:** This discussion should lead to the conclusion that the state needs to refocus its efforts on finding ways to keep more children safe and with their families while appropriate and timely services and supports are provided. Point out that that’s the conclusion of the DCF and the CBCs’ leadership, also.

**Directions:**

- Discuss and use the flipchart to record participants’ responses to the questions below.
  - Again, emphasize that **the message is NOT “...Don’t remove children.”**

Rather, **the message IS** that, in the absence of any other intervention, **choosing to remove a child may have just as harmful—or potentially MORE harmful—long-term effects** than allowing the child to remain at home.

- Point out that these youth were not necessarily the “marginal” youth discussed in the research. We don’t know the circumstances of their placements in foster care. Still, their stories have relevance to our discussion.
- Finalize this focus on “the faces that drive our work” with the single PowerPoint slide presented following the Flipchart 2-1 activity.

ASK?

Do these kids’ stories ring true to you? Have you heard similar stories from the children and youth that you work with?

ASK?

What are the key issues that the youth bring up with regard to their time in foster care?

ASK?

What would you say are the implications on these results and the research findings for how we provide out-of-home care in Florida?



## TRANSITION POWERPOINT: FACTORS THAT IMPACT OUR WORK

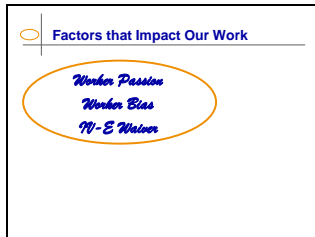
- ▶ There are **many factors** that **impact** our ability to help kids achieve the **maximum potential for success** in their lives.
- ▶ Some of these factors are **external** and **NOT in our direct control**, but we can make good use of them if we think outside the box.
- ▶ Other factors are **internal** and **ARE in our direct control!**



## POWERPOINT: FACTORS THAT IMPACT OUR WORK

**Time:** \_\_\_\_\_

**Purpose:** Focus participants on the potential of using a variety of factors to maximize success for children such as those in the video.



### SLIDE 49

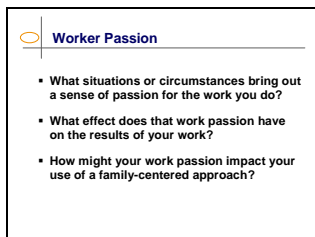
- ▶ Let's look at just three diverse and important ones:
  - ▶ Two internal factors and
  - ▶ One external factor.
- ▶ From your comments about the kids in the video, it's easy for me to conclude that many of you are guided by a strong sense of passion for your work.
- ▶ Let's talk about that "passion" for a moment.

### Ask?

**What was it about this field that brought us to it?**

- *Briefly elicit participant responses.*

- ▶ It certainly wasn't to get rich!
- ▶ Most likely it was to make a difference in children's lives and their families' lives!



### SLIDE 50

- *Conduct a brief discussion of the questions on the slide, one at a time.*
- *Conclude by considering how much more effective a family-centered approach is when they enhance it with a strong element of passion.*

### NOTE TO THE TRAINER

- **STOP!**  
*The next slide addresses worker bias. Don't present that slide you've completed the points in the following section, Transition to PowerPoint: The "Bias" Challenge.*
- *As the term "bias" is used here, it means "tolerance for risk." It does not necessarily mean "bias" in the sense of prejudice, for example.*



- *Be careful in your delivery of Worker Bias. You certainly do not want any participants to infer that you're suggesting investigators are "bad" because they remove children.*



## TRANSITION TO THE “BIAS” CHALLENGE

- ▶ We've said that having passion for our work is a critical success factor. And it's certainly uplifting and encouraging to think about opportunities—such as the IV-E Waiver—that are available to help us reach our goal.
- ▶ But to maximize success, we **also have to find ways to overcome challenges**. Let's look more closely at one challenge that sometimes impedes our progress.
- ▶ It's **especially important to be aware of this one**, and put some thought into it, because **it's one challenge each of us can do something about!**

### DOYLE RESEARCH STUDY

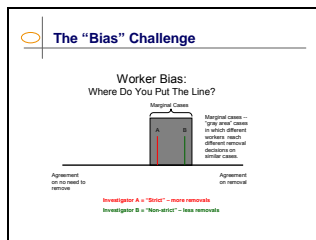
- ▶ The Doyle research study that I mentioned earlier identified a number of adverse effects of foster care.
- ▶ This research **happens to focus on investigators'** decisions about removal, but I want to point out that the **implications of worker bias apply to all of us—**  
  
... **worker bias also comes into play after removal**, such as when case managers and other workers have to decide whether to return a child home based on the child and family's performance on their case plan.
- ▶ Marginal cases. These effects were achieved for the “marginal cases.” That is, for those cases in which different investigators would reach different removal decisions – leave at home or remove – even though the cases were quite similar.
- ▶ Not cases with agreement. The Doyle research did not include cases for which there was common

agreement on the removal decision— whether that decision was to “definitely leave at home” or “definitely remove the child for safety reasons.”

**RESEARCH FINDINGS:  
WHAT DID NOT MATTER**

- ▶ **Assignment of cases.** Based on the way the sample could be randomized, cases were assigned to investigators on a rotation basis, which essentially randomized the cases to investigator type (strict vs. non-strict).
- ▶ When cases were assigned randomly, Doyle found that the following variables did NOT matter:
  - ▶ The **type of case** didn’t matter – it could be neglect, physical abuse, etc. (sexual abuse cases were not included in the research).
  - ▶ The **type of family** didn’t matter – single parent, two parents, race, income, etc.
  - ▶ The **availability of services** didn’t matter – essentially similar services were available to compared investigators within a unit.
  - ▶ The **type of investigator** didn’t matter – age, experience, race, gender, training, etc. (although there was a slight effect in terms of less experienced investigators being more “strict.”)

▶ Let’s look at what DID matter!

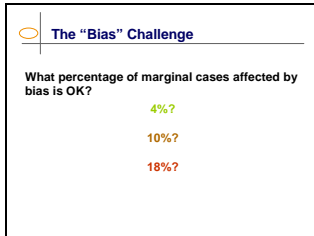


**SLIDE 51**

- ▶ What mattered was a variable that can be defined as the **investigator’s bias toward placing a child.**
- ▶ In other words, what made a difference in decision-making was a tendency to be either “strict” or “non-strict” with regard to removing children who are in this “gray” zone shown here on this slide.
- ▶ Although this research takes place in Illinois during the 1990’s, a recent study in Florida’s Circuit 5 revealed that
  - ▶ unit removal rates vary from 4% to 18% across supervisors (units)...
  - ▶ ... even though the cases across units are essentially randomized.

- ▶ A removal bias stands out as the most likely cause of this variation.

- ▶ We all know supervisors and staff who may be more strict than others.



**SLIDE 52**

- ▶ We're not going to spend a lot of time on worker bias and what to do about it in detail in this workshop.
- ▶ But we should at least respond to these research finding by asking ourselves this question:

**ASK?**

**What percent of marginal cases affected by bias is OK. . 4%? 10%? 18%?**

- **In other words, when is worker bias acceptable?**
- **– AND – for those PIs in the audience, Do you think there is an impact of worker bias within your respective units and offices?**

- *Discuss a few responses.*

- *Bring out the following points, as appropriate.*

- ▶ We know the potential negative effects of out-of-home care placements for marginal cases . . . those in the gray area in which some investigators would recommend removal and some wouldn't.
- ▶ Do we want to take a chance with even one child to remove him or her based on bias rather than objectively assessing the situation? Is that a culture that achieves excellence in maximizing every child's chances for success?
- ▶ Worker bias is one reason why the Best Interests model is important to investigations as well as casework:
  - ▶ The model reminds us of the **four questions** that can help to remove bias,

- ▶ particularly by encouraging the **use of a collaborative/solutions-focus approach**
- ▶ and by encouraging us to **seek different viewpoints** when evaluating the situation.
- ▶ Historically, sometimes the system itself pushes for more worker bias in favor of removal (e.g., removal spikes after a child death). We'll talk about that later in this workshop.



## TRANSITION TO THE IV-E WAIVER OPPORTUNITY


- ▶ Having **passion for our work** is a critical success factor!
- ▶ And **recognizing when bias may be impacting our decision-making** is another critical success factors.
- ▶ **Both** of these factors are **internal and under our direct control**. If we remain aware of them, we can make sure these factors help us—or do not hinder us—in our efforts to increase the number of our kids who stay out of foster care and move forward in their lives with a greater chance of success...
- ▶ There are other factors we can use to this end, too. Some of them are **system factors that are NOT under our direct control**,  
  
but we **CAN learn to take full advantage** of them and make them work to the advantage of the children and families we work with.
- ▶ Let's look more closely at one important opportunity that's available to us in Florida's child welfare system...  
  
... an **opportunity that's definitely driving change** in our child welfare system!

**Ask?**

**Who knows what the Title IV-E Waiver is and how it works?**

*ELICIT RESPONSES*


- *Briefly discuss the replies.*

 IV-E Waiver

- Title IV-E of the Social Security Act is the federal funding source for foster care
- IV-E funding is designated for out of home room and board and program administration
- Florida received a waiver in 2006 – the only state to do so
- Waiver permits state to determine how to spend funds, rather than room and board

**SLIDE 53**

*Summarize the information on this slide and the following slide*

 IV-E Waiver

Driving system change in reducing child removals  
More funds for intensive early services with families (prevent removal)  
More funds for services to reduce foster care length of stay and number of child placements

**SLIDE 54**

*After summarizing the points on this slide mention that there will be presentations in Session 4 that highlight some of the state-wide, regional, and local innovations made possible by the IV-E waiver and other means to achieve more positive outcomes for children and families in our care.*



**TRANSITION TO MAIN IDEA: STATEWIDE SYSTEM INITIATIVES**

- ▶ So far we've looked at several very different factors that have the potential to impact the effectiveness of our work:
  - ▶ System opportunities
  - ▶ System challenges
  - ▶ The faces of our kids, and our passion for helping them find success, and the opportunity we have to take advantage of the IV-E waiver
  - ▶ Worker bias as it relates to “tolerance for risk.”
- ▶ Let's end this session with some GOOD NEWS!



**MAIN IDEA: STATEWIDE SYSTEM INITIATIVES**

**STATE-WIDE SYSTEM INITIATIVES**

- ▶ Let's spend a few moments on some of the statewide system initiatives that are—or will soon be—contributing to a culture of success and your effective use of a family-centered practice approach.

1. 2009 Legislative Proposal: Family-centered Services Language, January 2009 (see appendices)
  - ▶ CFSR results and related program improvement plan (Components of the PIP include developing and implementing a family-centered practice model, related pre-services and in-services training; development of a phased in shadowing and mentoring program; development of 65C-30, “Family Preservation” language in the general provisions for child welfare.)
  - ▶ CBC model: Evidence of adopting a local systems of care approach
  - ▶ QA model and related Quality Improvement Plans (which are being infused into PIP)
  - ▶ Flexibility of funding through IV-E waiver
  - ▶ Leadership committed to vision (as evidenced by Secretary Sheldon’s)
  - ▶ Development of this two-part training program and long-term plan to infuse content into pre-services training
2. Significant increases in funding levels during 2000–2006
3. High-level technical assistance and philanthropic support through the work of the Casey Foundation, Youth Law Center, advocates working in collaboration with the Department
4. Development of family-centered practice model (see appendix B in your trainer Guide)
  - *Direct participants’ attention to document #8: **Family-Centered Practice Model** in their Participant Guides.*
5. DCF’s 2009-2011 Strategic Direction with its emphasis on family-centered services and reducing the time and number of placement changes for children in out-of-home care



## TRANSITION TO SMALL-GROUP ACTIVITY

- ▶ We've identified the system opportunities and challenges for implementing a family-centered approach to casework. And, we've just discussed the major state-wide initiatives to facilitate the use of family-centered practices.
- ▶ In the next activity, we'll have you take what's been presented so far and bring it down to a personal level...

... by pretending that YOU are the ultimate decision-makers for the system!



### ACTIVITY 2-3: YOU'RE THE BOSS: FIX IT!

#### Time

**Purpose:** *Increase participants' confidence and optimism about the potential for the system to support the implementation of family-centered practice in meaningful, useful ways.*

- ▶ Your mission in this activity:

apply what you've learned so far today about the system to **identify the critical things that need to be done** to make the system more supportive of family-centered practices.

- ▶ I'd like to mention, too, that I'll be sharing your ideas with the Director of the Family Safety Program Office, and with local leadership in the CBCs; they are very interested in your suggestions.
- ▶ You'll work as a team, so get into the groups you worked with in Session 1.

#### **DIRECTIONS**

- *Have the groups work for 15 minutes to make two lists of 3-5 items each.*
  - *START doing! One list will be the things the system needs to start doing to promote family-centered practices.*
  - *STOP doing! The other list will be the things the system needs to stop doing, things that inhibit family-centered practices.*
- *Have a reporter from each group summarize the group results.*

- Go around first with the “start” list. You record the unique findings on the flip chart. Repeat the process with the “stop” list.
- Conclude the activity by encouraging the participants to take an active role in bringing about the changes they’ve listed . . . some things they may be able to do on their own initiative and some that they will need to “push” the system to make available.



## TRANSITION TO POWERPOINT

- ▶ We’re coming to the end of this session on system requirements for implementing a culture of success through family-centered casework practices. We’re left with one main question:

**Will enough of the things that need to happen to enable family-centered practices to take root in casework actually happen?**

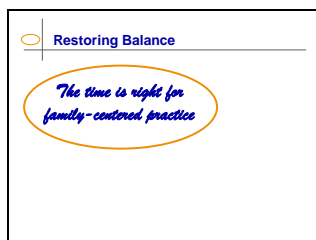
- ▶ Here’s my take on this question...



## POWERPOINT: RESTORING BALANCE

**Time:** \_\_\_\_\_

**Purpose:** Increase participants’ confidence and optimism that the time is right for the system to restore balance, and that family-centered practice can make a substantial contribution to reaching the 2012 goal.



### SLIDE 55

- ▶ The Department is confident that the time is right for the system to restore balance... to ensure child safety while using family-centered practice to help us reach the 2012 goal.



### SLIDE 56

- ▶ Some of you may be aware that family-centered practice is not a new set of practices. The approach has been around for a long time . . . and, it was the preferred intervention model in Florida in the 1990s.
- ▶ A number of factors came together to set the



pendulum swinging hard toward child safety rather than a balance of child safety and family preservation . . .

- ▶ If you’ve been working in child welfare for over five years, you know that one of those factors was our reaction to child deaths.
- ▶ This graph shows the story. Whenever a child death occurred, our removal rates showed a dramatic increase. There were a number of reasons for this . . . some related to the public outcry about the death and how it happened, some related to a political reaction to the negative publicity, and some related to DCF’s tendency to fire workers who had worked on the cases.

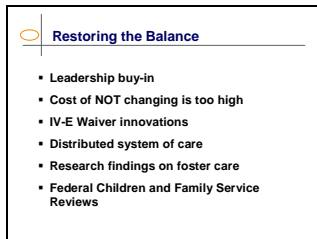
**Other Pendulum Factors**

- Little respect for government workers, especially child welfare
- Insufficient family preservation services
- DCF and CBC working relationship

Result:  
Pendulum swings to “child safety” extreme rather than a balanced approach.

**SLIDE 57**

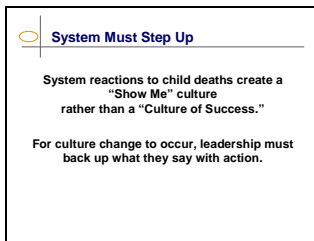
- ▶ So child deaths were a primary factor driving the pendulum toward child safety – almost at all costs – but there were other factors . . .
  - ▶ The decade from the late 1990s to recently was a time of distrust of government and particularly programs like child welfare – the department was under pressure from the public, the press, and even our political leaders. The atmosphere was: to avoid risks that might bring on more negative reactions.
  - ▶ Also during this time, child welfare budgets were kept very lean and there was little budget flexibility for re-allocating. These conditions made it difficult to provide the services that make family-centered practices effective . . . and particularly intensive services provided early in a case.
  - ▶ Finally, it was a time of the birth of community based care in Florida and DCF and the CBCs were still in the early stages of figuring out who was doing what and with what levels of oversight and accountability. As a result, the system worked as silos more often than as an integrated system of care.
  - ▶ The result: the family-centered model of services gave way to one that emphasized—and some may say *overemphasized*—child safety.



**SLIDE 58**


- ▶ I believe we're ready for a return to a good balance of child safety and family preservation represented by family-centered practices and the Best Interests Model. Here's why . . .
- ▶ We have leadership buy-in of the approach . . . you heard from the Secretary at the beginning of the workshop as well as (local agency head who presented at the start of the workshop).
- ▶ The cost of not changing is too high. The money we need to put into out-of-home care with the numbers of children we had was simply too high for the system to continue. Our leadership is committed philosophically to a family-centered approach, but they also see that they had to find a way to bring out-of-home care costs down, not just the *number of children* in out-of-home care.
- ▶ The IV-E Waivers allow for all sorts of innovations to promote family-centered practices. We didn't have this waiver in the 1990's and it hurt us, particularly with regard to intensive family services early in a case.
- ▶ Our distributed system of care. One thing the CBC approach did was decentralize care. This allows for a more flexible and localized approach to services – as the community based care agency is intended to be attuned to the local context and setting for child welfare services
- ▶ Research on the harmful effects of foster care. We didn't have these research findings before . . . we just thought that removing a child provided a safe place to live, maybe not ideal, but safe. Now we know that removing that child and keeping him or her in out-of-home care will very likely have serious negative outcomes for that child.
- ▶ Finally, there have been changes at the federal level. The Children and Family Service Reviews, which we must pass to ensure our full federal funding, have become more family-centered in focus. We have to achieve the outcomes they measure, and those point us toward family-centered practice while maintaining child safety.

- ▶ Given these factors, I believe we will continue to progress toward a culture of success, that we will indeed implement the Best Interests of Children and Families Model and within that, a comprehensive set of family-centered practices. As we said earlier, it won't be easy or straightforward, but we now have the leadership, the resource flexibility, the organizational structure, and the research base to get there.



#### SLIDE 59

- ▶ In this session, we've seen a number of system factors that promote or restrict the consistent use of family-centered practice in casework.
- ▶ Given our recent history, especially given the of firing workers involved in a child death case, it is not surprising that there is a need to convince workers that it is OK to take some risks to achieve the best interests of children and families.
- ▶ In DCF and a number of the CBCs, what may be considered a **“Show Me” culture is more dominant than a “Culture of Success.”**
- ▶ In a **“Culture of Success,”** leaders can put a particular policy in place or say that a set of practices should be used, and workers are willing to buy in to direction from leadership and try their best to make it happen successfully.
  - ▶ That happens because there is a high level of trust between leadership and the workers.
- ▶ In the **“Show Me”** culture, a trust relationship between leadership and workers is not strong.
  - ▶ Instead, workers must first **see proof that leadership means what it says.** When leaders back up their words with actions, then change occurs more readily.
  - ▶ For example, when workers and supervisors see that, **when they have done their jobs correctly,** and leadership stands by them **even when a child death occurs,** then most workers will feel safer about taking reasonable chances with a family and the family-centered practice will begin to take root.

 System Must Step Up

**NEEDED:**

- Education and training
- Leadership to define and support policies and resource priorities
- Shared risk
- Teamwork

Change needs to be widespread,  
but it HAS started!  
You can step up, too!

## SLIDE 60

▶ Also, as mentioned in Session 1, the occurrence of four requirements will further support the implementation of family-centered practices . . . and the system must ensure that these and other requirements are met:

- ▶ Education and training for all staff in the family-centered philosophy and supporting case practice skills and knowledge
- ▶ Policies and resources. DCF and CBC leaders need to step up to define and support policies and resource priorities of the approach.
- ▶ Shared risk and confidence. Workers and supervisors need support for tough decisions through the use of multifunctional teams and readily accessible leadership involvement and approval.

A guiding question is whether policy and procedure provides enough guidance to determine course of action, support decisions, and next steps of action, and if not, give direction as to what additional guidance, steps, etc. should be taken?

- ▶ Teamwork. We'll need to work together better across programs and agencies.
  - ▶ Other requirements. Adequate resources with flexible funding, contracting requirements, QA, vision/leadership.
- ▶ In sum, for the workers and supervisors to step up for the culture of success, the system must step up also. We're talking about a culture change not just within one particular organization, but across all organizations of the child welfare system.
- ▶ That change, of course, will take time and it won't occur uniformly across the system. Yet, our system is making more changes toward a family-centered approach than it has in years.
- ▶ If you believe in the positive changes of a family-centered approach, there are certainly practices you can use within the constraints of your current

position and agency – and, of course, you can always be advocating for more changes more quickly.



### **COMPREHENSION BRIDGE TO SESSION 3**

- ▶ In this session, we’ve discussed the system impacts of a change to a culture of success and the resulting family-centered approach to casework.
- ▶ We’ve now completed our consideration of why the change to a family-centered approach is taking place and some of the factors that may help or hinder its implementation.
- ▶ In the next session, we’ll focus exclusively on the family-centered approach to casework. And, while we’re not getting into the specific skills to do the approach during casework, we will address what it means to work a case with a family-centered set of practices.



# Session 3: The Practice of Family-Centered Practice



## DAY TWO: MORNING

### NOTE TO THE TRAINER

Continue promoting the following ideas:

- SAFETY is paramount. Underscore the concept that ensuring a child's safety is the number one consideration in every decision we make.
- Achieving the 2012 goal is important, but it's not the main point of this training. The main point is that we need to improve our practices – we need to improve the ways in which we work with children and their families.
- “Family-Centered Practice” is an approach, not a prescription. Family-centered practice is an approach that emphasizes including family members in information-gathering and decision-making. It is not a prescription that requires leaving the child with their family. If such a decision would risk the child's safety, it is possible to use a family-centered approach to removing the child.
- Effective practice requires creativity, flexibility, critical thinking and good decision-making. “When in doubt, find it out!”



## SETTING THE STAGE FOR LEARNING

- ▶ In the previous sessions, we've given the rationale for the move to a family-centered approach and addressed the major child welfare service system issues that promote and hinder its implementation.
- ▶ In this session, we turn more practical and answer the question:

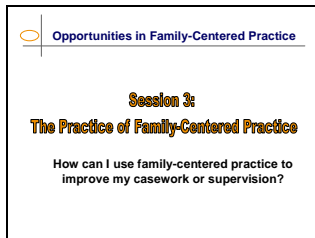
**How can I use a family-centered approach during my casework or casework supervision?**

- ▶ Again, this workshop is **more about the philosophy and concepts** of family-centered casework, so the actual **skill training will come in the subsequent workshops.**

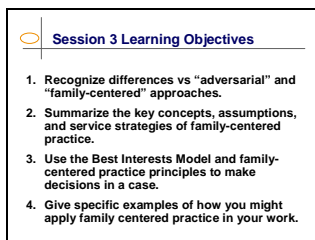


## POWERPOINT: FAMILY-CENTERED PRACTICE

*Time:* \_\_\_\_\_



### SLIDE 61: Session 3 Title Slide

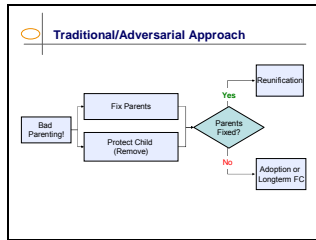


### SLIDE 62

- *Review the objectives on this slide.*
- *Remind them that although this session will focus primarily on **information about** these objectives, they will have opportunities to learn and/or **practice effective strategies for applying them in subsequent sessions.***


- ▶ Before we dive into the family-centered approach, I want to take a few minutes to **contrast the adversarial/problem-focused approach** and the family-centered approach.
- ▶ This contrast is **NOT meant to criticize** the work we've been doing...  
... but to **remind you of some of the problems** we encounter with the adversarial approach.
- ▶ Making this contrast is meant to encourage you to **increase your efforts to apply a family-centered approach** in whatever ways you can during your casework—whether you are an investigator or case manager.





**SLIDE 63**


- ▶ Let me walk through some of the assumptions of the adversarial approach to child welfare.
  - ▶ A key assumption of this approach is that it views children as the victims of bad or incompetent parenting.
  - ▶ With this view, the solution was often to remove the children and to put them into the care of alternate caregivers – foster parents or, in a good situation, relatives.
  - ▶ The idea was that this separation would not only make the child safe, it would force or “motivate” the parents to learn to be better parents (even though the children were no longer in the home).
- ▶ So, the intent was to teach the parents new and better parenting skills so when the child returned the family would function better.
- ▶ As you know, through the case plans, parents were told the conditions under which they would be allowed to be reunited with their children – such as getting a job, cleaning up their apartments, attending parenting classes, staying off drugs, and engaging in counseling to solve the underlying problems that were thought to cause them to commit abuse or neglect.
- ▶ The idea is to fix the problems (as identified by someone other than the parents in most instances) so the parents can provide a safe and nurturing home for their children.
- ▶ If the parents are fixed, the child may return home.
- ▶ If not, then we would seek a prompt termination of parental rights and, ideally, place the child in an adoptive home or, if that didn’t occur, other long-term permanent placement.
- ▶ Now, all this doesn’t sound too bad in theory does it?

 <b>Traditional/Adversarial: Consequences</b>
<ul style="list-style-type: none"><li>• Child suffers removal trauma and foster care trauma</li><li>• Child safety is not guaranteed in foster care</li><li>• Parents feel threatened and are labeled</li><li>• Time makes reunification more difficult</li><li>• Workers feel stress, frustration; high turnover</li><li>• Good intentions don't necessarily lead to good outcomes.</li></ul>

**SLIDE 64**

- ▶ There are some problems with this approach, however.
- ▶ First and foremost are the negative effects on children. They suffer the trauma of the initial separation, then the multitude of problems of out-of-home care – as exemplified by the research, and the separation from their parents.
- ▶ Their safety, the cause for their removal, cannot even be guaranteed when they are in out-of-home settings.
- ▶ At the start of the “relationship,” an uninvited investigator often comes in to the home and takes an investigative position on the side of the child. Then, for the case plan, the worker tells the parents what they must do. This approach is often viewed as adversarial and hostile by the parents.
  - ▶ Yet, parents are expected to cooperate with their caseworkers and follow their directions . . . they are mandated to do the tasks by the courts, you know.
  - ▶ And what of those parents who don't go along? Well, in addition to not getting their children back, they are labeled: “unmotivated” or “resistant to therapy” or they “minimize their problems.”
- ▶ Then, as time goes on, it becomes increasingly difficult to reunite the parents and children. I think most of you would support me when I claim that most children, even those badly abused or neglected, longs for his or her own parent and wants to “go home.” Despite our best intentions, the state does not necessarily make the best parent, even for these children.
- ▶ The impacts of this approach affect our workers, too. It doesn't help that the pay is not great, but the adversarial approach adds stress to an already stressful job. It's no wonder that the turnover rate is so high.
- ▶ In sum: good intentions do not necessarily lead to good outcomes.


- ▶ So, we know from research that putting a child in out-of-home care, especially for a long time, will likely have significant immediate and long-term negative consequences for the child.
- ▶ Also, the lack of success with families in the adversarial approach is often blamed on the impossible demands of the system or the parent:
  - ▶ Being hostile or angry
  - ▶ Lacking education and intelligence.
- ▶ These factors definitely play a part. However, a bigger problem may be the way we are trained or, through policy, required to conceptualize the problems and solutions.

 **Traditional/Adversarial: Consequences**

Would we have **MORE SUCCESS** —  
and do **LESS HARM** to children—  
if we focused on **STRENGTHENING** families  
rather than blaming the parents?

#### SLIDE 65


- ▶ Would we have more success – and do less harm to children – if we focused on strengthening families rather than blaming their parents?
- ▶ Our current leadership answers that question with a “yes.” They are claiming that strengthening the existing parent-child bond and supporting the parents to do a competent job when the child remains safely in the home is the most effective, least intrusive, and most economic way to protect children in the long run.
- ▶ At this point, let’s take a moment to think about these points of view and reflect on this paradigm shift

 **Core Values**

1. Children should, first and foremost, be protected from abuse and neglect
2. Children should live with their families, and when that cannot be achieved through the supports and services, should live near their home with family connections—and in particular, sibling relationships—maintained.
3. A child’s home should be safe, stable and permanent.

#### SLIDE 66


- ▶ Let’s look at the core values that current leadership espouses.
- ▶ Turn to these core values on the second page of document **#8: Family-Centered Practice Model** in your Participant Guide and follow along with me.

 Core Values

4. A child should achieve success in school and their medical, emotional, behavioral, developmental and educational needs should be met.
5. There is an intrinsic value and human worth in every child and family.
6. Families and individual members are most likely to resolve issues of concern by involving them in the change process and building on their strengths.

**SLIDE 67**

- ▶ Renewed dedication to these core values brings us to the family-centered approach. What are its major strategies for working with children and families?
- ▶ Compare and contrast how these core values are consistent with, or differ from, core values within your own organizations.

 Core Values

4. A child should achieve success in school and their medical, emotional, behavioral, developmental and educational needs should be met.
5. There is an intrinsic value and human worth in every child and family.
6. Families and individual members are most likely to resolve issues of concern by involving them in the change process and building on their strengths.

**SLIDE 68**


- ▶ The main strategy is to serve the family as a unit... to preserve family unity while insuring the safety of each family member.
- ▶ Ideally, services are provided in an intensive, time-limited manner.
- ▶ The immediate and extended families are active members of the case planning team, including goal-setting and decision-making.
- ▶ Case plans or interim family plans created with the caseworker emphasize small and achievable goals.
- ▶ Services are responsive to needs identified by the parents and children, not just those identified by the investigator or worker.
- ▶ Services build on existing family strengths. It's easier to build on successful behaviors rather than try to stop or change existing problematic behaviors. In other words, catch people doing something right and get them to do more of that.
- ▶ Make use of nearby family resources, particularly informal supports through friends, relatives, church, etc., not just formal services.
- ▶ In general, the strategy is to construct solutions specific to the family, rather than dissolve problems through the requirements of mandated formal services.
- ▶ Those are the main casework strategies of the family-centered approach. Now, as I've mentioned, this workshop is more philosophical than skill building in nature.
- ▶ So, let's think about those strategies for a moment . . . and what's behind them.

**ASK?**

**What would you say are the assumptions that underlie the family-centered approach?**

*RECORD ON FLIPCHART*

*Discuss for a short time. Write the assumptions on the flip chart as participants state them.*

 <b>Family Centered Assumptions</b>
<ul style="list-style-type: none"><li>• Services should support everyday needs.</li><li>• Services should build on informal supports and natural community resources.</li><li>• Every family is <b>UNIQUE</b>, with needs that change over time.</li></ul>

**SLIDE 69**

- *Summarize the discussion, adding or reinforcing the assumptions on the slide as appropriate.*



**PARTICIPANT GUIDE: FAMILY-CENTERED ASSUMPTIONS**

*Time:* \_\_\_\_\_

**Directions:** *Ask participants to turn to #9: Family-Centered Assumptions in their Participant Guides.*

1. Every Florida child should have a permanent family to support and nurture growth and development and freedom from abuse and/or neglect.

- ▶ We are committed to child safety and a permanent home. We will work intensely with the child's family to secure a safe environment for the child. If absolutely necessary, though, we will seek termination of parental rights to make a permanent home for the child possible.

2. All children should live in families in their communities.

- ▶ We are aiming to reduce our out-of-home care population. Our goal is to keep children with their families and in their communities.

3. Most families are or want to be competent caretakers and providers for their children and should have the opportunity to receive assistance on a voluntary basis in the least intrusive and

- ▶ We are trying to be less confrontational and less dependent on court involvement. To a large degree, our success will depend on us. Can we show up-front, from the family's perspective, that we are responsive to the family's needs and interested in helping them, not hurting them? Do we have what it takes to make the first step, and the patience to wait for the family to respond?

most positive manner.

4. The best methods for protecting children involve early assessment and family-centered supportive services for purposes of achieving permanency.

▶ We are committed to developing a better understanding of the family to help the family succeed. We will become better at listening, helping the family to find supports, encouraging them to build on their strengths and to reduce risks. That takes a more careful assessment and a commitment to maintaining a helping relationship.

5. Our services should support the everyday needs of the family.

▶ We will listen and observe more carefully to understand the family's needs as they express them.

6. Families need relevant services that build on informal supports and natural community resources.

▶ Too often we think of formal services to meet the family's needs. Informal services can more readily be targeted to the family's actual needs, be acceptable to the family, and be more readily available and accessible.

7. Every family is unique, with needs that change over time.

▶ It is easy to get into a routine in which a new family becomes just another family. Each family feels its pain and shows its strengths in a unique way. We respect that and adapt our approach as appropriate. Also, we recognize that assessment is an on-going process.

**NOTE TO THE TRAINER**

*The following video is optional, depending upon your assessment of the pace of your session and the interests/background needs of your audience.*



**TRANSITION TO OPTIONAL VIDEO 3-1: ANDREW BRIDGE**

- ▶ The next “video break” is one I think you may really enjoy.
- ▶ In it, Andrew Bridge, a youth who spent many years in foster care reads from the book he wrote about his experience. The title of the book is *Hope's Boy*.
- ▶ Andrew **combines statistical information with**

his **compelling personal story** about an inspirational caseworker and educator who each made tremendous differences in his life.

- ▶ Part of Andrew’s moving story focuses on his mentally ill mother and the impact that his separation from her had on him.
- ▶ Andrew asks child welfare professional to remember something important. When we’ve finished the video, see if you can describe what Andrew asks of us.



### VIDEO 3-1: ANDREW BRIDGE

**Time:** \_\_\_\_\_

**Purpose:** *Help participants remember to be mindful when making casework decisions that their assumptions about a family member may not be correct, and that their assumptions may be influenced by their personal biases.*

*PLAY THE VIDEO*

*Play the video entitled “Andrew Bridge” on the CD provided with your Trainer Guide.*

*PROCESS THE VIDEO*

- *Facilitate a brief discussion of participants’ general reactions to the video.*
- *Elicit some of the statistical information Andrew cites.*

**ASK?**

**At the end of the video, what is it Andrew asks child welfare professional to remember ?**

*ELICIT*

- ▶ Parents who are unable to care for their children are not necessarily parents who do not love their children.

**ASK?**

**How does Andrew’s request relate to some of our discussions in this workshop about assumptions and worker bias?**

*ELICIT*

- ▶ We should remember to be mindful when making casework decisions that their assumptions about a family member may not be correct, and that their assumptions may be influenced by their personal biases.



## TRANSITION TO POWERPOINT

- ▶ In this session, we want to apply the family-centered approach to casework.
  - ▶ To get ready, we've spent some time differentiating the traditional approach from family-centered.
  - ▶ We pointed out some of the intentions and problems of the traditional approach, and then looked at how the family-centered approach may better serve our true purpose of helping families.
  - ▶ Finally, to remind us once again of the importance of our work for each child and family we serve, we watched the Andrew Bridge story.
- ▶ I believe we are now ready to see how the family-centered approach can be applied to casework. Do you agree? OK, let's get to it.



## ACTIVITY 3-1: APPLYING FAMILY-CENTERED PRACTICE TO CASE WORK

- **Purpose:** *This activity gives participants practice applying the Best Interests Model and evidence-based family-centered practices in a case study. The intent is to make the Best Interests model more "real" as opposed to theoretical and to introduce the participants to the research findings regarding specific, effective family-centered practices.*
- **Overview of Directions:** *Activity 3-1 consists of the following components, each of which is covered in detail following this overview:*
  1. Participant Guide: Review of Resources: *First you will have participants turn to the Participant Guide resources described in detail below (Participant Guide: Strategies, Models, & Research Findings).*
  2. PowerPoint: *After participants have assembled into teams, you will present a single PowerPoint slide. The slide presents a table that helps them think through ways of applying family-centered practice to casework. You will click through the "slide builds" to illustrate the first few steps of filling in the table.*
  3. Participant Guide: Case Story Questionnaire: *Next,*



you will direct participants' attention to **#11: Case Story Questionnaire** in their Participant Guide in their Participant Guides. After orienting participants to the questionnaire, they will read **#12: Alice's Story-Part 2** in their Participant Guides. Based on the information in Alice's Story, each team will then fill out **#11: Case Story Questionnaire**.



## PARTICIPANT GUIDE: STRATEGIES, MODELS, & RESEARCH FINDINGS

### Directions:

- First, give participants the “big picture”:
  - Tell participants that in this activity, they will review key concepts and principles in a set of resources in their Participant Guide.
  - Next, they will assemble into teams and see a PowerPoint example of how to make decisions about applying those family-centered concepts and principles to casework.
  - Next, the teams will review a questionnaire from their Participant Guide, which will help them make decisions about applying family-centered principles to a case story.
  - Finally, you will hand out a case story to each team, and each team will fill out the questionnaire based on the case story.
- One by one, direct participants' attention to the following resources in their Participant Guides, and briefly describe the key points/attributes of each resource (or briefly remind them of key points if already sufficiently covered earlier):
  1. #5: The Best Interests Model: Right Questions, Honest Answers
  2. #8: The Family-Centered Practice Model
  3. #9: Family-Centered Assumptions
    - **Point out that these are the strategies discussed earlier in the session.**
  4. #10: The Summary of Child Welfare Practice Research and Best Practice Findings
    - **Tell them these findings will give them ideas of effective practices that they can choose, if appropriate, for their cases.**

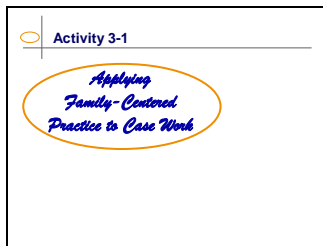


**POWERPOINT: ACTIVITY 3-1**

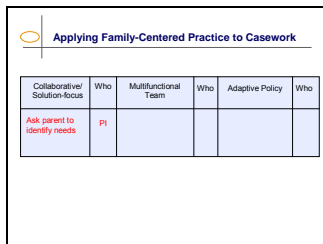
**Time:** \_\_\_\_\_

**Directions:**

- Assemble the participants into teams consisting of from **3-5 people**. The teams should represent the **various disciplines** within the child welfare system (as represented at the workshop) rather than the job-specific groups from earlier in the workshop. For example, a team may consist of a PI, caseworker, supervisor, and an attorney.
- Show the PowerPoint slide.



**SLIDE 70: Section Title Slide**



**SLIDE 71**

**Directions:**

- Use clicks to show table entries
- Tell the teams they will be reading a case story, and that they will answer a number of questions about the case. These questions will pertain to applying a family-centered approach to the case. One of the questions uses this table.
- Say that while most of the questions are straightforward, you want to introduce them to the table to make sure they understand how to fill it out.
- Describe the columns on the table on the PowerPoint slide. The main idea is that the participants will identify family-centered practices that would apply to their case, then write it in the appropriate column: collaborative/solution-focus, multifunctional team, or adaptive policy. For instance, if a practice is “ask the parent to identify what they most need,” that would be put in the “collaborative/solution-focus column. Get ideas for practices from your team and by reviewing the research and strategy lists in your participant guide.
- Point out that each of the three major columns has a

“sub-column.” One to identify the person who should be the “doer” of the action. In our example, that could be the investigator or case manager.

- Give the following instructions about how to complete **#11: Case Story Questionnaire**.



## PARTICIPANT GUIDE: CASE STORIES QUESTIONNAIRE

**Time:** 30 minutes

**Directions:**

- Direct participants' attention to **#11: Case Story Questionnaire** in their Participant Guides. Briefly orient them to the basic contents of the questionnaire.
- Direct participants' attention to **#12: Alice's Story-Part 2** in their Participant Guides.

**EXPLAIN “TEAM MEETING”:**

- ▶ When each team has completed the questionnaire, we'll conduct a type of “team meeting” to review their plans in response to Alice's Story.
  - ▶ One team will present its case and how they planned to build more family-centered practices into the casework.
  - ▶ The other group(s) will then ask questions, make additional suggestions for practices, and give feedback, much as you would do at a team meeting in your units.
- Have the teams use the case story to complete **#11: Case Story Questionnaire**. As necessary, let them know they may need to “fill in some blanks” by making assumptions about the family, available services, etc.
- After 40-50 minutes, convene the team meeting. Select one group to present their case and selected practices. Discuss their results as a whole group, allowing other participants to ask questions as to why a particular practice was selected, why another practice wasn't used, etc. or to make suggestions about how the casework could be more family centered. Allow approximately 20 minutes for the discussion.
- As part of the review, you may ask the team to give answers to the other questions in the activity: the effects of their practices on strengthening families, enhancing child safety, building quality relationships, and sharing risk and what are the major challenges to implement their ideal approach.

- Repeat the “case reviews” until each team has presented.
- Summarize the activity as a means to bring out a creative list of practices for family-centered practice. As a result, the participants should be able to see that the Best Interests Model and the family-centered approach are realistic within the framework of their own casework practices.



### TRANSITION TO ACTIVITY 3-2

- ▶ I hope you now have a good understanding of how quality family-centered practices can be applied to your casework. You will be applying that information more specifically to your job in the next workshop of this two-part training series.



### ACTIVITY 3-2: FAMILY-CENTERED PRACTICE SELF-ASSESSMENT

**Time:** 10 minutes

**Purpose:** To have the participants consider the ramifications of the family-centered approach on their own jobs. In this activity, they do that on their own, i.e., individually. In the next activity, they compare their results with their peers.

**Directions:**

1. Tell the participants that they are to do a short self-assessment of the impact of family-centered practice on their jobs.
2. Refer them to **#13: Family-Centered Practice: Self-Assessment** in their Participant Guides.



### PARTICIPANT GUIDE: SELF-ASSESSMENT QUESTIONNAIRE

- Tell them they will have 10 minutes to write answers to the self-assessment questions.
- Also, let them know that their answers will help them in the next activity, in which they will conduct a small group discussion with their peers related to the self-assessment results.



### TRANSITION TO ACTIVITY 3-3

- ▶ Now let's see if we can reach consensus on how and why family-centered practice can and should be implemented in your area.
- 



### ACTIVITY 3-3: FAMILY-CENTERED PRACTICES: IMPLEMENTATION IN CASE WORK

**Time:** 40 minutes total

**Purpose:** To develop a group consensus of how and why the family-centered practice approach could be implemented locally.

1. Tell the participants to return to their “silo” groups—the ones in which they are with participants with the same job as theirs.
  2. They are to choose a reporter to present the results to the large group.
  3. As a group, they are to determine how the family-centered approach could be implemented in their units and why it should be done. (See Participant Guide instructions below.)
- 



### PARTICIPANT GUIDE: WORKSHEET: FAMILY-CENTERED PRACTICES: IMPLEMENTATION IN CASE WORK

**Time:** 20 minutes for this “group work” part of Activity 3-3

**Directions:**

- To guide the groups' discussions of implementation ideas, they are to read the directions on #14: **Family-Centered Practice: Implementation in Case Work** in their Participant Guides.
- They are to record their findings on the worksheet.
- They will have up to 20 minutes for the group work.
- After the group work is done, ask the reporters to give their reports to the large group. You might want to summarize the key findings on a flipchart and discuss them with the whole group if time allows.



## COMPREHENSION BRIDGE TO SESSION 4

**Time:** \_\_\_\_\_

**Directions:**

- ▶ In this session, we focused on answering the question:

**How can I use a family-centered approach during my casework or casework supervision?**

- ▶ Some of the points we covered were
  - ▶ The assumptions that underlie the family-centered practice, such as “Every child should have a permanent family” and “Most families are or want to be competent caretakers.”
  - ▶ We heard Andrew Bridge implore us to remember that parents who are unable to care for their children are not necessarily parents who do not love their children, and we talked about the need to remember when making casework decisions that our assumptions may not be correct.
  - ▶ We also discussed evidence-based practices that could be applied at various stages of the practice model—engagement, assessment, case planning, etc.—and how those practices could implement the Bests Interests Model.
- ▶ So now let’s do a quick survey:

**ASK?**

**How many of you think the use of family-centered practice will safely reduce the number of children in out-of-home care?**

- *Count positives and negatives and report these to class.*

**ASK?**

**How many of you think we can reach the 2012 goal of reducing the number of children in out-of-home care in 2006 by 50% in 2012?**

- *Count positives and negatives and report these to class.*

**NOTE TO THE TRAINER**

- *For each question, ask some of the positive responders why they feel positive and some of the negative responders why they feel the way they do.*
- *Your job here is to process the results, not try to convince the “negative” responders to go “positive.”*

*You may point out that the next session may help some of the positive responders to feel even more positive and it may even convince some of the “negative” responders to turn positive. The next session is on local innovations that already support or will support family-centered practice.*

- ▶ *Now in Session 4, we’re going to get to hear about some of the initiatives that are taking place in your district.*





## Session 4: Local Action



### DAY TWO: AFTERNOON

#### **NOTE TO THE TRAINER**

Session 4 consists of presentations about local family-centered practice innovations. These innovation reports should be more detailed than any general overview(s) of innovations that may have been presented in Session 1.

- **Presentation Goal.** This brief talk should focus on local family-centered practice innovations. It should provide more detail on a given innovation than what may have been covered in the general overview of innovations in Session 1. It also should support the Secretary's message regarding the new focus on family-centered practice.
- **Presenter Recruitment.** The individual(s) you recruit for these presentations should be, ideally, from the middle-manager level for one or more of the local family-centered practice innovations that are occurring within the circuit.
  - For example, if the circuit has a new diversion program, this person would be able to describe how the program works and how it has changed/evolved over its implementation period, give the descriptive statistics, report on program outcomes, and answer questions about the program.
  - If you are not familiar with local family centered innovations, contact the senior managers at the CBCs and DCF to identify the programs they want described in the workshop.
  - Select a person who is very familiar with a particular innovation. For instance, the person that manages the new diversion program. You want the person to be the "local expert."
- **Presenter Attributes.** Again, the presenter(s) should be a respected opinion leader who is able to motivate participants in ways that
  - help them see the relevance of the training to their daily work,
  - give them confidence that local leadership will

support them in their efforts, and

- help them see the satisfaction they will likely feel as a result of successfully implementing what this workshop offers them.
- *Preparing the presenter(s).* Well in advance of the workshop, give each presenter some basic information to ensure that their presentations provide relevant, productive reinforcement of what has been covered to this point.
  - Tell the person what's been covered in the workshop – emphasizing the family centered strategies and practices presented in Session 3.
  - Show the person the Secretary's introduction or describe its content and encourage the presenter to relate the innovation to one or more of the Secretary's points.
  - Summarize the presentation of the local senior manager(s) from Session 1 and encourage the presenter to reinforce that presentation, as possible.
  - Encourage the presenter to begin his/her presentation by emphasizing how much local leadership welcomes and values the audience's comments and suggestions.
  - Give the person an idea of the expected time he/she will be allocated. Encourage him/her to allow time for questions either during the presentation or at the end.
  - Tell the presenter to describe how the innovative program works and how it has changed/evolved over its implementation period, give the descriptive statistics, report on program outcomes, and be ready to answer questions about the program. Encourage him/her to relate the program to the family-centered practice strategies and practices addressed in the workshop – or do that yourself following the presenter's talk.
  - Let the presenter know that you will have projection equipment if he/she wants to bring a PowerPoint presentation.



## SETTING THE STAGE FOR LEARNING

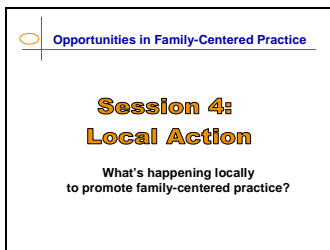
- ▶ Of course this intensified emphasis on family-centered practice that we've been talking about could be hard to implement in your daily work if you didn't have the support of your supervisor and others in your circuit.

- ▶ Well, you can be sure there is very strong support in your area for family-centered practice and reducing the number of children in out-of-home care.
- ▶ In fact, there are some impressive initiatives underway that are making strong contributions to the goals and objectives we're examining in this workshop.

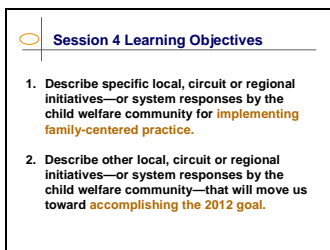


## POWERPOINT: SESSION 4

Time: \_\_\_\_\_



### SLIDE 72



### SLIDE 73

- Summarize the objectives



## TRANSITION TO LOCAL PRESENTATIONS

- ▶ To make sure you're aware of some of the innovations in your area, we now have the distinct privilege of hearing from an important partner in our efforts to maximize success of our efforts with the children and families we work with.
- Introduce the presenter, including
  - Name,
  - Position, and

- A brief description of the innovation and its relevance to the daily work and/or interests of this audience.
- 



## PRESENTATION: FAMILY-CENTERED INNOVATIONS AT HOME

**Time:** Approximately one hour total: 30 minutes for presentation(s); 30 minutes for question/answer period.

**Purpose:**

- Give participants confidence that family-centered practice is highly regarded as an effective approach to serving children and their families in this local area.
- Reinforce the relevance of a family-centered approach by illustrating the ways in which it is being implemented at the local level.

**NOTE TO THE TRAINER**

- **Presentation Goal.** This brief talk should provide a **general overview** of the local innovation(s) that are taking place in this district, and which support the secretary's message regarding the new focus on family-centered practice. In addition, the presentation should:
  - Describe some of the **success indicators** that show (or are expected to show) that a family-centered practice approach is effective and can be implemented safely in this district's specific context.
  - Conclude with a **statement of support** for the current training and the family-centered approach in general.
- **Presenter Recruitment.** As in the Session 1 presentation, the person(s) you recruit for this presentation should be a respected opinion leader for the participant audience.
  - For example, if the participant audience is primarily child welfare staff, try to recruit someone from the senior management of a local CBC and/or the regional or circuit manager from DCF.
  - If the audience is primarily legal staff, try to recruit the managing attorney from CLS.
  - If the audience is primarily Guardian ad Litem, try to recruit the GAL director for the circuit.
- **Presenter Attributes.** Again, the presenter(s) should be a respected opinion leader who is able to motivate participants in ways that
  - help them see the relevance of the training to their daily work,
  - give them confidence that local leadership will support them in their efforts, and

- *help them see the satisfaction they will likely feel as a result of successfully implementing what this workshop offers them.*



#### **FLIPCHART 4-1: MORE SUPPORTIVE INNOVATIONS**

**Time:** \_\_\_\_\_

**Purpose:** *Underscore the points made in the presentation that are especially relevant to the goals and objectives of the workshop.*

**Directions:** *Elicit from participants other local initiatives that may not have been described or discussed during the local presentation—just in case something was missed.*



#### **COMPREHENSION BRIDGE TO SESSION 5**

- ▶ I hope it's clear from these presentations that family-centered practice is highly regarded as an effective approach to serving children and their families in this local area.
- ▶ Now let's move into the last session of this workshop.



## Session 5: Key Point Keepers



### DAY TWO: AFTERNOON

#### NOTE TO THE TRAINER

Ensure that the workshop closes by underscoring the major ideas promoted throughout the training:

- **SAFETY is paramount.** Underscore the concept that ensuring a child's safety is the number one consideration in every decision we make.
- Achieving the 2012 goal is important, but it's not the main point of this training. The main point is that we need to improve our practices – we need to improve the ways in which we work with children and their families.
- **“Family-Centered Practice” is an approach, not a prescription.** Family-centered practice is an approach that emphasizes including family members in information-gathering and decision-making. It is not a prescription that requires leaving the child with their family. If such a decision would risk the child's safety, it is possible to use a family-centered approach to removing the child.
- Effective practice requires creativity, flexibility, critical thinking and good decision-making. **“When in doubt, find it out!”**



### SETTING THE STAGE FOR LEARNING

**Time:** \_\_\_\_\_

**Purpose:** Motivate participants to remain attentive during this last session.

- ▶ We're almost done! Our time together is almost at an end.
- ▶ But we have one more important task to complete:
  - ▶ to make sure the key points we've covered today are crisp and clear in your mind as you go back to your jobs...

- ▶ ... and to encourage you to join in on the next workshop, where you won't be sitting and talking so much—where, instead, you'll have opportunities to actually practice applying the concepts and models we've talked about today.



## TRANSITION TO VIDEO

- ▶ First, we have one final video to set the context for our key points. In this short video, you'll see **what a successful intervention can mean to a family.**



## VIDEO 5-1: WHAT WE CAN LEARN FROM FAMILIES: TINA'S STORY

**Time:** \_\_\_\_\_

**Purpose:** *Reconnect participants with the emotional awareness that there are real people who need us to work with them in effective, family-centered ways.!*

*PLAY THE VIDEO*

*Play the video entitled Tina's Story on the video provided with your Trainer Guide.*

*PROCESS THE VIDEO*

**ASK?**

**What can we learn from Tina about how to work effectively with a family?**

*PROCESS THE VIDEO*

*Elicit suggestions from participants.*



## TRANSITION TO POWERPOINT

- ▶ Several of the points we can infer from Tina's story are related to family-centered practice and many of the other key issues we've covered today.
- ▶ I'd like to summarize these key points in the hope that you'll keep them with you as you go back to your units.



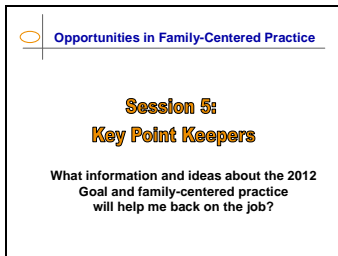


## POWERPOINT: KEY POINT KEEPERS

**Time:** \_\_\_\_\_

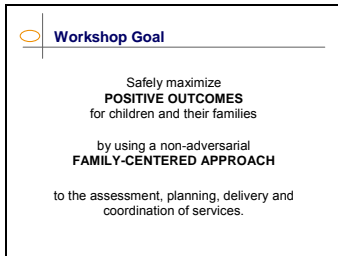
**Purpose:**

- Ensure that participants leave the workshop able to describe what they have learned and how they can apply this knowledge on the job.
- Ensure that participants leave the workshop motivated to attend the next workshop.



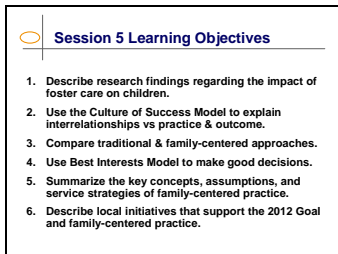
**SLIDE 74**

- Thank the participants for their participation in the workshop and congratulate them for any special efforts on activities or discussions.
- Tell them in this summary session, you'll be reviewing the main points of the workshop, preparing them for the next in the two-part series, and getting their reactions to the effectiveness of this workshop through their feedback on the Workshop Evaluation form.



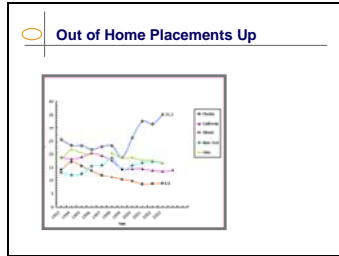
**SLIDE 75**

- Remind them of the overall goal of this first workshop.



**SLIDE 76**

- ▶ To make sure this workshop has prepared us to achieve our overall workshop goal—and to contribute to achieving the 2012 Goal—the remainder of this short PowerPoint is going to briefly review some of the key objectives we covered in our earlier session.
- Summarize the specific learning objectives for Session 5, which are drawn from Sessions 1-4.



**SLIDE 77**

- ▶ The initiative for a family-centered approach to casework practice started with DCF and CBC leadership realizing that we had a problem . . . our foster care numbers were rising dramatically.
- ▶ Along with the problems of care this increase presented, costs were also going up to non-sustainable levels.

- 
- Foster Care Research Findings**
- Increased criminal activity
  - Increased unemployment
  - Increased teenaged pregnancy
  - Decreased school performance
  - 4 times more likely to receive food stamps
  - 17 times more likely to be homeless

**SLIDE 78**

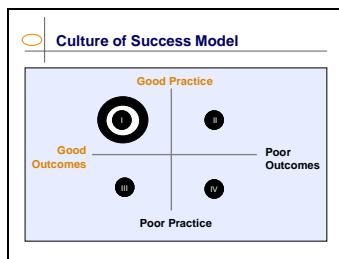
- ▶ The problems of care were not just limited to the difficulties of finding safe placements or the negative impacts on children while in care.
- ▶ Recent research pointed out the long-term negative consequences of prolonged foster care placements on children after they left care.

**2012 Goal**

Safely reduce the number of children in foster care by 50% by 2012.

**SLIDE 79**

- ▶ In response to these problems, then-Secretary Butterworth issued the 2012 Goal. Secretary Sheldon supports the current goal, as you heard at the beginning of the workshop.
- ▶ We achieved a 20% reduction in the 2007 number of children in out-of-home care, helped a lot by innovations brought forth by the Title IV-E waiver that became operable that year.



**SLIDE 80**

- *Emphasize the following point*
- ▶ **But, the goal is really just a vehicle. What we need to do is to improve our practices – the things we do with children and families.**
- ▶ Our goal in that sense is to establish a culture of success within all agencies and service entities involved with child welfare. We want to make every child we come in contact with a winner.
- ▶ That is, we want to achieve positive outcomes for families through the use of good practices – to work within Quadrant I of this Culture of Success Model.

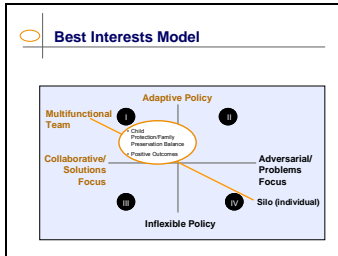
**Family Centered Strategies**

- Serve the family as a unit
- Provide intensive, time-limited services
- Include family members as active participants
- Achieve success with small, achievable goals
- Identify services responsive to family-perceived needs and worker-identified needs
- Provide services that build on family strengths
- Use family resources, esp. informal supports

*Construct solutions rather than dissolve problems!*

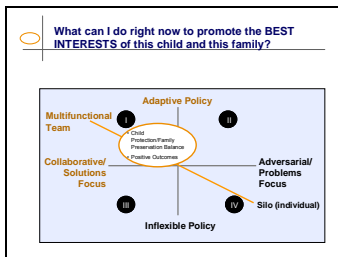
**SLIDE 81**

- ▶ While we have certainly done good work for children and families, and do so now, what we are talking about is changing some of our casework strategies to be even more effective.
- ▶ The set of strategies, some of which are presented here, represented a new approach to services – the family-centered approach.



**SLIDE 82**

- ▶ The Best Interests Model helps us structure our thinking in ways that make it easier to answer the question ...



**SLIDE 83**

- ▶ “What can I do right now to promote the best interests of this child and this family?”
- ▶ It emphasizes the interaction of three critical variables to achieve a balance of child welfare and family preservation and positive outcomes for families: the quality of the relationship, the level of teamwork, and policy application.

**Am I making my decisions in the BEST INTERESTS of the child/family?**

1. Do I have a complete understanding of the situation and a good working relationship with the family?
2. What other viewpoints might help me better understand the situation and make the best decision?
3. Can we safely “flex” our standard operating procedures to better meet the child’s best interests?

**SLIDE 84**

- ▶ These key questions are what you can ask yourself, especially at critical case decision points, to determine if you are working in the best interests of the child and family.
- ▶ These are tough questions to answer objectively . . . and that’s part of the reason to ask them to the team working on the decision – or the family members if you are working solo.

**Restoring the Balance**

- Leadership buy-in
- Cost of NOT changing is too high
- IV-E Waiver innovations
- Distributed system of care
- Research findings on foster care
- Federal Children and Family Service Reviews

**System Must Step Up**

- System reactions to child deaths create a "Show Me" culture rather than a "Culture of Success."
- Leadership must back up what they say with action for culture change to occur

**System Must Step Up**

**NEEDED:**

- Education and training
- Leadership to define and support policies and resource priorities
- Shared risk
- Teamwork

Change needs to be widespread,  
but it HAS started!  
You can step up, too!

**SLIDE 85**

- ▶ In the late 1990's until recently, as a system we swung to the "safety" end of our service model continuum. We discussed the thinking and public reactions that led to this swing.
- ▶ Now, we want to restore a balanced approach – and that means becoming more family-centered.
- ▶ Is there support for this re-centering? We felt so, based on these supportive factors.

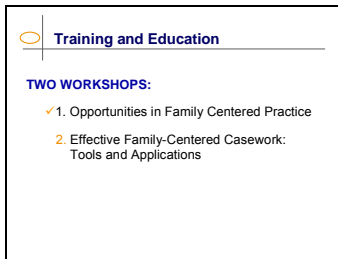
**SLIDE 86**

- ▶ Still, the system must step up.
- ▶ Given our history, the leadership must show us that it means what it says when it comes to sharing risk and supporting workers who make sound decisions, who have followed procedures, and yet have a case that results in a child's significant injury or even death.

**SLIDE 87**

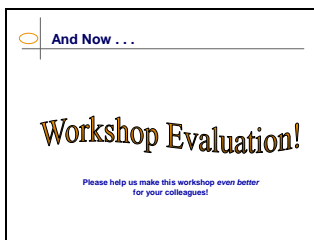
- ▶ For the change to a culture of success through the Best Interests Model and family-centered practice, other changes need to occur, as well.
- ▶ We've started on education and training with this workshop . . . and we'll have more.
- ▶ Our leadership is defining new policies and practices, as we've heard in this workshop.
- ▶ Our leadership is being more accessible so they can be informed of situations that require their judgment and/or support and thereby share the risk of a decision that supports the best interests of the child and family.
- ▶ In addition, the system needs to ensure adequate resources for allowing flexible service provision.
- ▶ QA that recognize results, identifies issues, and leads to improvement.
- ▶ We also need to work across agencies and with informal supports and even the families to get the type of teamwork we need to be most successful.

- ▶ Obviously, all of these changes are not going to happen overnight, nor are they going to happen at the same rate across a service area. Still they are starting to happen . . .
- ▶ And you? You can help the process along. You may find cases for which you can apply many family-centered strategies right now. **A good first step with all cases is to maximize the quality of the relationship we have with the children and family . . . we don't need a policy change or leadership decision for that!**
- ▶ You can also find ways to push the system to be more family-centered . . . a lot is going to depend on your willingness and creativity to bring the system along, perhaps particularly within your own agency.



**SLIDE 88**

- ▶ Still, to help you along, we will be providing more training—training that focuses on your direct practice with children and families and how to do that within a family-centered approach.
  - ▶ Workshop #2: The Skills and Application of Family-Centered Practice in Our Work
  - ▶ Workshop #3: Making Difficult Decisions
- ▶ While our current workshop has been rather philosophical, the next workshops will be skill-based . . . you'll learn practical ways to apply a family-centered approach to engaging families, conducting assessments, case planning, and the other work you do on a day-in, day-out basis.



**SLIDE 89**

- ▶ The very last thing we'll do today is to ask you to provide feedback that will help us ensure that this training is as useful and effective as possible for those of your colleagues who have yet to take it.
- ▶ You'll find an evaluation form in your Participant Guide... it's **#16: Workshop Evaluation Form.**

- ▶ I hope you will take the time to give candid answers to these questions.
  - ▶ Your feedback will NOT be used to evaluate you as an individual in any way.
  - ▶ It will ONLY be used to improve this workshop for your colleagues who will attend it in the future.
  - ▶ Your feedback will go directly to the trainer and to the Policy and Training section of the DCF Office of Family Safety.
  - ▶ It will not be directly shared with your supervisor or anyone at the local district office.
  
- ▶ **Your name and contact information on the form is strictly optional.** However, if you're comfortable providing your name and contact information, rest assured that it will only be used by the DCF Office of Family Safety to contact you if our training designers would like clarification or more detail about your feedback so they can better improve the workshop.



## PARTICIPANT GUIDE: WORKSHOP EVALUATION

**Time:** \_\_\_\_\_

**Directions:**

- Ask participants to turn to **#16: Workshop Evaluation Form** in their Participant Guides.
- Encourage them to complete the evaluation candidly.

## *Appendices*

The following appendices provide all of the background reading documents the trainer will need to review. The appendices also provide full copies of documents the trainer may want to hold up for display to the group during the conduct of certain presentations and activities.



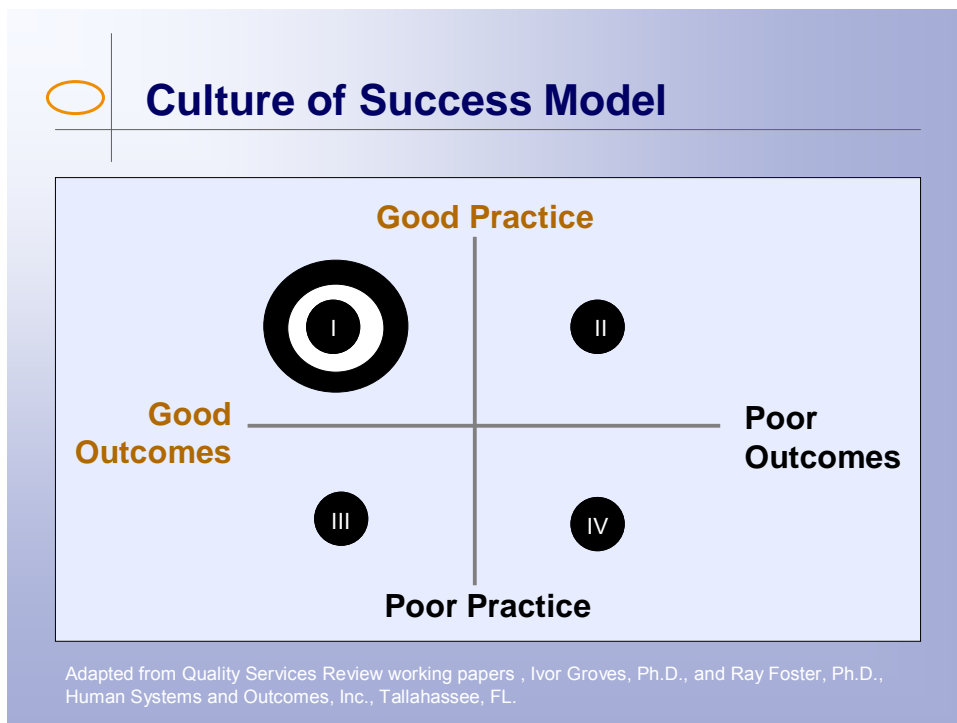


## Appendix A: “Culture of Success” and “Best Interests” Models

This paper explains two models that can help us conceptualize and talk about the interrelationships among the ways in which our practice is related to the outcomes we’re trying to achieve in our work with children and their families (the Culture of Success model) and ways in which our application of research-based practices and departmental/district policies impact the best interests of the child and their family (the Best Interests model).

### Culture of Success Model

The Culture of Success model is adapted from working papers from the Quality Services Review, developed by Ivor Groves, Ph.D., and Ray Foster, Ph.D., of Human Systems and Outcomes, Inc., Tallahassee, FL. The Culture of Success model helps us to structure and think about the ways in which our practice is related to the outcomes we’re trying to achieve in our work with children and their families.



Success in practice can be looked at in two dimensions:

1. the vertical dimension shows practice moving from good casework practices to poor.
2. The horizontal dimension is child and family outcomes, and those range from positive to negative.

Descriptions of the quadrants are as follows:

### QUADRANT I

Success is based on applying good casework practices to achieve positive outcomes for children and families. That's Quadrant I on this model. Quadrant I is important not only for its positive outcomes, but because it builds evidence for successful practices. We want to know what practices work with what types of children and families. Our intent in creating a culture of success is not just to be successful with the families with whom we are working, but to build a casework practices library or knowledge base that can be taught to new caseworkers and shared with experienced caseworkers, improving everyone's capability to be successful.

### QUADRANT II

Even with good practice and quality effort, sometimes families may not succeed. These cases are often highly complex, involved, and are unique situations. That's Quadrant II.

### QUADRANT III

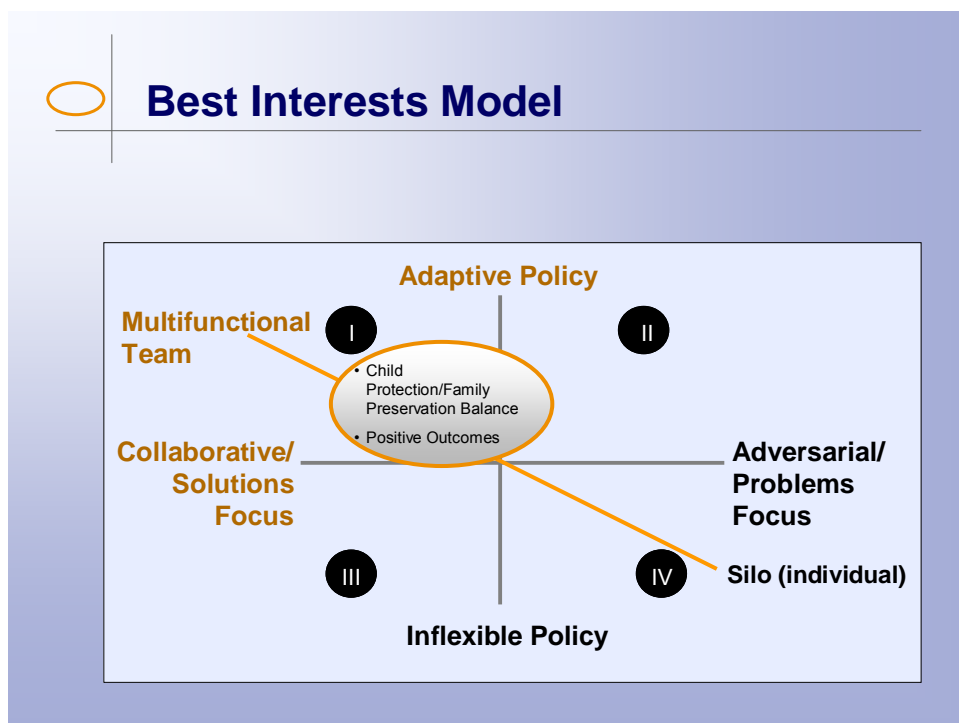
Sometimes in spite of poor practice we see positive outcomes for children and their families. This may be resiliency, or maybe one person going the extra mile to make positive outcomes possible. The long-term view is generally not optimistic for these cases, but with better practice these cases can be strengthened. That's Quadrant III.

### QUADRANT IV

Sometimes we have poor casework practices *and* negative outcomes. That's Quadrant IV... the quadrant where we *never* want to be.

## **Best Interests Model**

Casework success is important not just to children and families, but to all of us. We want to be successful in what we do. The Best Interests model helps us focus on the ways in which our application of research-based practices and departmental/district policies impact the best interests of the child and their family.



### Overview

This model illustrates the process to implement the family-centered approach in casework. It essentially expands upon Quadrant I of the Culture of Success Model, the best practices achieving positive child and family outcomes quadrant. As the Culture of Success Model defines the goal of family-centered practice, the Best Interests Model illustrates the process variables to use appropriately during casework to achieve the goal.

### The Model's Variables

The model includes three variables that interact to impact maintaining a child welfare/family preservation balance and positive outcomes for families. On any particular case, these variables need to be considered by the worker and supervisor. The decisions made regarding these variables in practice drive the case outcomes. All the variables are on their own continuum.

The first variable is the type of relationship the worker establishes and maintains with the child and family. This continuum ranges from an adversarial/problem-focus to a collaborative/solutions-focus. For each case, the worker makes a decision for the type of relationship he/she will bring to family and child interactions. For a family-centered approach, a good amount of the collaborative/solutions-focused relationship is preferred. This preference implies a set of communication skills that

build a positive working relationship with the family and case planning skills that emphasize family partnering and involvement.

The second variable addresses teamwork in case practice. This continuum ranges from going alone or keeping the case within a particular agency (silo) to an integrated multifunctional team approach. This variable applies particularly to case decision-making, though it may also apply to service provision. In the family-centered approach, there is a preference for involving the family and formal and informal supports when making important decisions. This approach increases the likelihood that all views and options are adequately presented and evaluated, thereby promoting critical thinking and sound judgment. The "criticism" that may be expressed in a team meeting can lead to new case strategies that lead to positive outcomes.

Although the need to make decisions promptly may work against a team approach to decision-making, that really implies a need for the system to set up mechanisms that can respond quickly. Also, one must objectively determine whether there is really a need for such an "instant" decision in each instance. If we are to move to a culture of success in which there's "no room for error," we need to make it possible to get various viewpoints to make the best interests decisions rather than go by individual or even a silo-based decision, for the difficult decisions at least.

The third variable, applying policy, is perhaps the most challenging; it strikes at the qualitative heart of casework. This variable asks, "Are you willing to think outside of the box to help this child and family? Are you ready to take a chance, to make a special effort to help them?" No one is asking you to go around policy with this variable; instead, it asks you to apply policy in such a way that the best interests of the child or family are most likely achieved.

One can do the minimum within policy and meet the basic legal requirements for a case. For instance, what it takes to meet the legally sufficient requirements for removing a child from a home can be identified and used to make that removal. It is also possible to say that, yes, the case meets the legally sufficient requirements, but I believe that if a particular intervention is applied, even one that is not in our "standard operating procedures," then the child's safety can be protected and we will not need to do the removal. Making the effort to think through those interventions, especially when they are not standard, and then making them happen represents the family-centered or "adaptive policy" end of this continuum. (You may remember the case example from the "No Margin for Error" videotape in which a worker avoided removing a child by starting the process to get a fence put in front of the child's house so he would not be able to get to the dangerous nearby road. Prior to that action, there was a legally sufficient case for removal. Applying that intervention—getting the money for the fence and seeing that it was constructed—was an "adaptive policy" response.) Applying the adaptive policy in a case will often result in the type of qualitative improvements we are looking for in casework: doing the right things, not just doing things right.

### *The Variables Interact*

In casework, particularly family-centered practice, it's obvious that the three variables will interact. For instance, at a difficult decision point in a case, when a caseworker has established at least a basic collaborative/solutions-focus with the family, the caseworker and the family may see the benefit of bringing other formal or informal services representatives into the decision-making process and, in doing so, find that a novel approach is generated. The caseworker then is willing to check with her supervisor and perhaps others in the agency to get the support and/or resources to go with that novel approach. It's helpful to have the team's and family's support when presenting a novel approach within one's agency.

### *Applying the Model to Case Work*

There are no absolute rights or wrongs inherent in the model. Rather, the model stimulates critical thinking for the worker and supervisor to make the best decision on how to meet the best interests of a specific child or family at a particular point in a case. In general, however, it is the intention of the department to move to a family-centered approach and that implies moving the casework "norm" – as represented by the Child Protection/Family Preservation Balance – from quadrants II and III to III and IV, with an emphasis on III.

A benefit of the model is that it brings complex casework down to a few rather straightforward questions to answer. This distillation makes the model easy to remember and to apply effectively. The questions are:

*Most General:* Am I making my decision in the best interests of the child and family?

*Supporting Questions:*

1. Do I have a good understanding of the situation and a positive working relationship with the family?
2. Do I need others' viewpoints to better understand the situation to make the best decision? (This question is particularly important if the answer to the previous question was "no.")
3. Is there a creative way to meet the needs of the child and family in such a way that supports family preservation while maintaining child safety?

### *Applying the Model at Work*

While the primary focus for the model is casework decision-making, it can also be applied to decision-making at work, particularly between worker and supervisor or supervisor and program specialist, etc. – basically the cross-level decision-making. In other words, the model can be used to promote best interests/family-centered

practice thinking throughout an organization. This is true as, ultimately, many of the work decisions that relate to policy development or application come down to the same philosophical question: "Does my decision promote the best interests of the child and family?"

Therefore, the person with the most authority in the decision-making conversation could ask herself variants of the three casework questions:

1. Do I have a good understanding of the situation and a positive working relationship with this subordinate? (In particular, am I willing to work in a collaborative/solutions-focused manner rather than simply a hierarchical, power-based manner?)
2. Do I need other view points to better understand the situation to make the best decision? (This question is particularly important if the answer to the previous question was "no.")
3. Does the proposed decision/solution present a reasonable and defensible way to meet the needs of the child and family in such a way that supports family preservation while maintaining child safety? (And, if not, why not and can I think of any better solution to the issue that will achieve the best interests of the child and family? If not, then revisit Question #2.)

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## Appendix B: Family-Centered Practice Model

### Florida Department of Children and Families Family-centered Practice Model for Child Protection and Child Welfare Services

*Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency.*

#### Introduction

The purpose of this paper is to provide a high level definition of family-centered practice, its values and principles and to provide descriptive information to assist investigators, caseworkers, and supervisors implement these practices with the children and families they serve. Beginning on page 4, the document provides content to help front line staff integrate family-centered approaches into their routine practice with children and families. It is important for managers and front line staff to assess their agencies and their individual work with children and families to determine how this way of work can be integrated or improved at the local level.



Chapter 38, s. 39.001, F.S., provides authority and rationale for implementing family-centered practice as described in this paper.

Family-centered practice is a way of working with families in Florida's child welfare system across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes.

- Family-centered practices focuses on the family as a whole, and not just the individual child, and sees the family in the context of their own culture, networks and community. Families are seen as partners in the change process, helping to define problems and identifying solutions through the strengths in their own stories.
- Children and their families are actively engaged and involved in the assessment, planning, delivery and coordination of services when it is safe and in the best interest of the child for his/her family to do so.

In family-centered practice, staff strive to be understanding of differing cultures and ensure that services provided to children and families are respectful of, and compatible with, their cultural strengths and needs. Culturally competent agencies and practitioners are able to view a family's strengths and needs within a cultural context and integrate culturally relevant information in helping the family develop a

meaningful plan of action. Cultural competence is a skill learned by the individual and the organization, fostered by a commitment to provide services that are culturally appropriate and that make a positive difference for children and families.

Local strategies for practice activities should include but not be limited to advocating for improved conditions for families, supporting them, stabilizing those in crisis, reunifying those who are separated, building new families, and connecting families to the resources that will sustain them in the future.

Children and their families must be encouraged and supported to access services. The Department or sub-contracted community based care providers must develop and implement strategies to promote the utilization of formal and informal services to children and families. Strategies and services must support children safely in their homes with their families. The child, when age appropriate and the family must be actively involved as team members in the case planning process.

## **Core Values, Guiding Principles, and Practice Framework**

### ***Core Values***

Children should, first and foremost, be protected from abuse and neglect

There is an intrinsic value and human worth in every child and family.

Children should live with their families, and when that cannot be achieved through supports and services, should live near their home, maintaining family connections, and in particular, sibling relationships, while also preserving their cultural heritage.

A child's home should be safe, stable and permanent.

A child should achieve success in school and their medical, emotional, behavioral, developmental and educational needs must be met.

Families and individual members are most likely to resolve issues of concern by involving them in the change process and building on their strengths.

### ***Guiding Principles***

- Child safety must always be promoted while actively assisting the preservation of families and family connections.
- The first and greatest investment of public resources should be made in the care and treatment of children in their own homes and communities.
- Every child deserves to live in a family which provides basic safety, nurturing and a commitment to permanent caretaking.
- The cultural and ethnic roots of the child/family are a valuable part of its identity. In order to understand and communicate with the child/family, cultural sensitivity must be a primary feature of service delivery.
- Children's need for safe and permanent family caretaking can be met by providing appropriate and adequate resources in a timely and effective

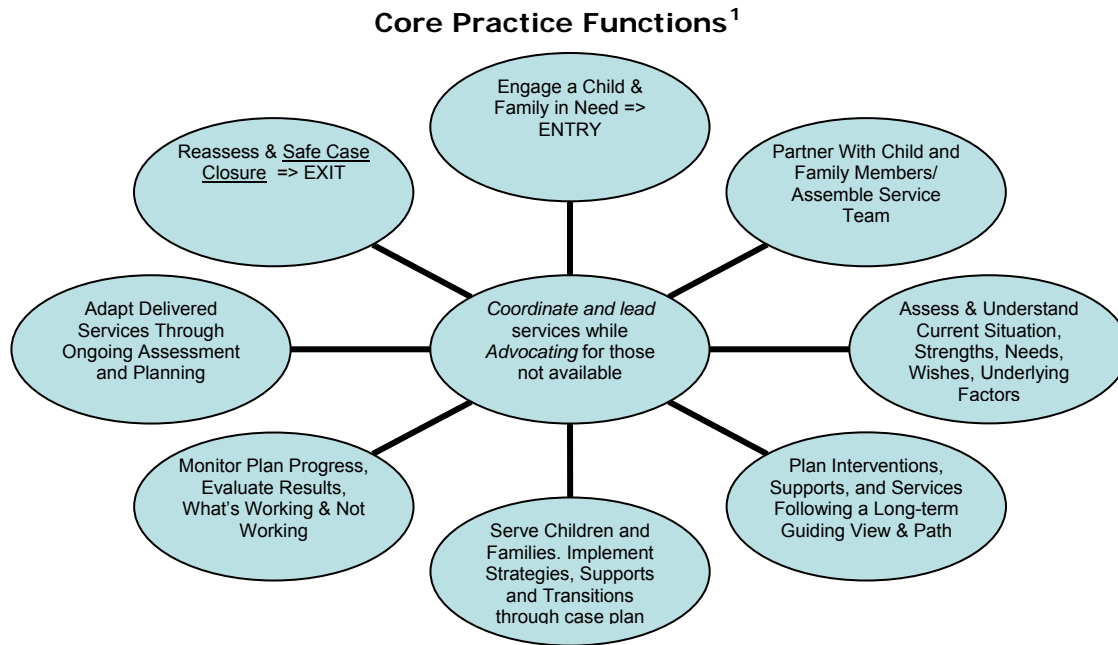


manner.

- Our approach to working with children and families should be child-centered and family focused with the needs of the child and family dictating the types and mix of services provided.
- Services to children and families shall be individualized based on their unique strengths and needs and should be delivered pursuant to an individualized plan, constructed with the family and their team.
- Services developed through the individualized teaming and planning process should be delivered with sufficient intensity to address presenting and underlying needs and should be well-coordinated.
- Practice is always local: Our work with children and families should be community based, and the focus of services as well as child welfare system management and decision-making responsibility, should rest at the community level.
- Family-centered approaches facilitate planned, appropriate placement when necessary, based on sound information about the needs of the child.
- Family-centered services offer the best hope of breaking the cycle of hopelessness and helplessness that engulfs many families. Families should be supported and encouraged to access services.
- Intervention into the life of children and families should ideally offer as much service as necessary to achieve intended goals, and no more.
- The rights to privacy and confidentiality must be treated with respect when assisting children and families.

### ***Practice Framework***

A practice framework encompasses the range of the major aspects and activities of child welfare practice and service delivery. Core practice functions include: engaging families and assembling families' individual teams; assessing children and families strengths and needs; collaboratively developing and implementing case plans; involving and supporting parents and caregivers in decision making; and monitoring and modifying services. The following diagram highlights the relationship between core practice functions. Ultimately, these core practice functions, and the many initiatives, strategies, steps, interventions, approaches and activities within them, are intended to drive the service delivery process to achieve the outcomes of ensuring child safety, strengthening family functioning, achieve permanency for children, and meet the children and families well-being needs.



**Family-Centered Engagement:** Working with families and youth is at the core of good family-centered practice. To conduct assessment, case planning, and case management successfully, caseworkers must be skilled in communicating with children, youth, and families to help them strengthen interpersonal, parenting, and problem-solving skills. 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
- Be consistent, reliable, and honest

**Building the family's 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 Litem. 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.

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<sup>1</sup> Diagram adapted from Iowa's Department of Human Services Model of Practice which was developed with the assistance of Human Systems and Outcomes, Inc., Tallahassee, FL.

**Family-centered assessment:** 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 across the service team. Assessment is always ongoing.

**Family-centered case planning:** Family-centered case planning ensures the involvement and participation of family and other needed team members in 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 daily living skills.

Family-centered case management and monitoring and modifying service delivery: Through frequent, planned 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. 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. Families are encouraged to use their skills to access resources, fully participate in services, and evaluate their progress toward desired goals and outcomes. 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.

**Working with community resources:** 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. Elements of effective service planning with families include engaging families and youth; providing direct assistance with challenges the family is facing, including counseling, parent coaching, and modeling; and continuing to assess with the family their strengths, needs, and progress.

**Advocating for families:** Caseworkers advocate for services for individual families and help families learn to advocate for themselves and negotiate with service systems to obtain needed help. Caseworkers can also play a prominent role in empowering and advocating for families to become interdependent members of the community. Family advocacy focuses on the principles of family development, communication skills for workers, and promoting the participation of community residents and families in the design of services.

In summary, these core practice functions provide a foundational framework for child welfare practice. Family-centered practice is the result of child welfare professionals completing their case activities associated with these core practice functions in accordance with, and guided by, the values, goals and principles of the family-centered model of practice.

APPENDIX 1

COMPARISON OF TRADITIONAL AND FAMILY-CENTERED CHILD WELFARE PRACTICES

Traditional Child-Welfare	Family-centered Child Welfare
<b>Safety</b>	
Safety is the first concern	Safety is the first concern
<b>Engagement</b>	
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.
<b>Assessment</b>	
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.
<b>Safety Planning</b>	
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.
<b>Out-of-Home Placement</b>	
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.
<b>Implementation of Service Plan</b>	
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.
<b>Permanency Planning</b>	
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.
<b>Reevaluation of Service Plan</b>	
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.

## APPENDIX II

### Listing of Several Family-Centered Approaches to Child Welfare Practice

Family-centered, community-based principles are at the heart of a number of practice approaches. These approaches are used at different points in the helping process for purposes of assessment, case planning, and decision-making, and to address identified needs and concerns. Some are developed to address a specific population, such as substance-involved families or families of prisoners. Family-centered practice approaches include but are not limited to the following:

- **Family Group Decision Making.** Family group decision-making is a generic term that includes a number of approaches in which family members are brought together to make decisions about how to care for their children and develop a plan for services. Different names used for this type of intervention include family team conferencing, family team meetings, family group conferencing, family team decision-making, family unity meetings, and team decision-making. Approaches differ in various aspects, but most consist of several phases and employ a trained facilitator or coordinator.
- **Neighborhood-based Foster Care.** Family-centered, neighborhood-based foster care approaches, based on the principles of strengths-focused, neighborhood-based, culturally sensitive care for children and their families, include neighbor to neighbor, neighbor to family, and family to family. These approaches focus primarily on innovations in the provision of foster care services, building on the support of community collaborations and networks for families.
- **Alternative Response.** Traditionally, child welfare agencies have responded to allegations of child abuse and neglect by investigating the report, determining whether maltreatment has occurred or if the child is at risk, and putting an appropriate intervention in place. In these models, the focus is on assessing the strengths and needs of the family and child while ensuring the child's safety, usually without requiring a determination regarding maltreatment. Families may receive services through diversion to community agencies.
- **Shared Family Care.** In Shared Family Care (SFC), parent(s) and children are placed together in the home of a host family who is trained to mentor and support the parents as they develop skills and supports necessary to care for their children independently. SFC can be used to prevent out-of-home placement, to provide a safe environment for the reunification of a family that has been separated, or to help parents consider other permanency options, including relinquishment of parental rights.
- **Family Mediation.** Family mediation, also known as alternative dispute resolution, collaborative negotiation, conflict resolution, or conflict intervention, is increasingly used in making child welfare, child placement, and permanency decisions for children. In contrast to the traditional

adversarial, rights-based decision-making process, in this collaborative model, court- and community-based mediators work with families to resolve child abuse and neglect cases, expedite permanency planning, and develop post-permanency plans for ongoing birth family involvement in the lives of their children. The process emphasizes the needs of the child, family empowerment, and cooperation between families and professionals.

- **Services to Children and Families of Prisoners.** Parental incarceration and the disruption of family relationships can produce negative outcomes for children, including poverty, poor academic performance, aggression, depression, delinquency, and substance abuse. Incarcerated mothers and fathers are unable to work on parenting skills that may be necessary for reunification, and separation interferes with the ability of parent and child to form or maintain a strong attachment. Family-centered services for incarcerated parents, their children, and families focus on parenting programs, family strengthening activities, nurturing of family relationships, community supports for families during incarceration and following release, and gender-specific interventions.
- **Other Family-Centered Practice Approaches.** Services to children and families in systems other than child welfare employ family-centered principles and practices. Some of these approaches are being incorporated into community-based child welfare interventions that employ multiple systems in addressing the needs of families while ensuring the safety and well-being of their children. These approaches are often described using terms such as integrated services, systems of care, and wraparound, and may also include models such as drug courts and informal community-based service systems.





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## Appendix C: 2009 Legislative Proposal: Family-centered Services Language

This language was included in the Department of Children and Families larger legislative proposal for the 2009 Legislative Session. This language was proposed during the time of the development for the training workshop. As with any legislative proposal, it is unknown whether this language will be adopted through the law-making process.

### FAMILY CENTERED PRACTICE

Section \_\_. Sections 39.311-39.318 are repealed.

Section \_\_ New sections are created to read:

#### PART IV

##### FAMILY-CENTERED PRACTICE

39.\_\_\_\_ Intent of Family-Centered Practice.

39.\_\_\_\_ Goals of Family-Centered Practice.

39.\_\_\_\_ Delivery of Family-Centered Practice.

39.\_\_\_\_ Funding.

39.\_\_\_\_ Intent of Family-Centered Practice.--

(1) The intent of family-centered practice is to deliver child welfare services in a manner such that families are engaged, involved, strengthened and supported while also ensuring every child's safety, permanency and well-being. Family-Centered Practice requires that the department and its community-based providers work in partnership with children and families in the assessment, planning, coordination, and service-delivery process.

(2) The department and its community-based providers shall provide, to the extent possible, family-centered practice to children and families when it is safe for the child and in the best interests of the child to do so.

(3) The department shall adopt rules to administer this section and implement family-centered practice.

39.\_\_\_\_ Goals of Family-Centered Practice.-- The goals of

family-centered practice are to:

(1) ensure the safety and well-being of children by protecting them from abuse and neglect;

(2) reduce the number of children in out-of-home care by enabling children to achieve permanency by safely remaining with their families, being safely reunified with their families, or finding other permanency options such as adoptions or placements with relatives.

(3) help families engage in and effectively utilize available community resources and informal support systems in order to help resolve the underlying conditions that brought them to the attention of the child-protection system.

39.\_\_\_\_ Delivery of Family-Centered Services.-- The department and its community-based care providers shall promote the philosophy of family-centered practice in all settings.

(1) The department and its community-based care providers shall develop and implement strategies to promote and implement family-centered practice in order to help support the goal of children safely remaining in their homes with their families or ensuring permanent placement with relatives consistent with s. 39.621.

(2) Family-centered practice shall be delivered to children and their families in accordance with the following principles:

(a) When not contrary to the child's safety or well-being, due diligence shall be exercised in maintaining sibling ties and maintaining or establishing other family connections for children in out-of-home care, or those at risk of entering out-of-home care.

(b) The child, if of appropriate age and competence, and their family shall be actively involved as team members in the case-planning process, pursuant to s.39.6011.

(c) The child, family, and formal or informal service providers shall participate as partners and be engaged in assessment, treatment planning, decision-making, and service delivery, when it is safe for the child to have the family

included in the process.

(d) Service delivery may be restricted only when necessary to ensure the safety of the child or family.

(e) The frequency of contact between child welfare professionals or service providers with the child and family will be of sufficient frequency and duration to help ensure the child's safety and meet the child's and family's unique needs.

(f) The child and family shall be encouraged to utilize offered services and shall be supported in their attempt to do so. If the child or a family member refuses or fails to participate in referred services, the reasons for their refusal or failure shall be assessed. If appropriate and reasonably possible, the offered services shall be modified or arrangements for the provision of alternative services shall be coordinated, in order to promote timely acceptance of appropriate services.

(g) Pursuant to s.39.621, if the family is not making adequate progress on successfully completing the tasks and achieving the goal in their case plan, other approaches for the timely achievement of permanency for the child shall be pursued.

39.\_\_\_\_ Funding.--The department is authorized to use appropriate state, federal, and private funds within its budget for delivering quality, family-centered services.

Section \_\_. Section 39.01, Florida Statutes, is amended to include a new subsection (xx), to read:

(\_\_) "Family-centered practice" is comprised of the formal and informal strategies, supports and services provided to children and families across service systems to enhance the capacity of families to care for and protect their children. Practice utilizing the family-centered approach is designed to (a) focus on the needs and welfare of children within the context of their families and communities, (b) recognize the actual and potential strengths in family relationships and build upon those strengths and (c) ascertain the weaknesses in some families and

endeavor to eliminate or diminish those weaknesses in order to  
achieve optimal outcomes for both the children and families  
engaged in those services.

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## Appendix D: Summary: Child Welfare Practice Research & Best Practice Findings

The original document from which this summary is excerpted was authored by Alisa Ghazvini, Ph.D. (lead author) and Matthew Claps, MSW (co-author). The materials were produced for Iowa's Department of Human Services; Assessment Through the Life of the Case, Training Curriculum - and - The District of Columbia, Child and Family Services Administration, Achieving Permanency Training Curriculum; both developed by Human Systems and Outcomes, Inc.

*Engagement, assessment, family teamwork, permanency planning for safe case closure, and monitoring the family change process* are key elements of effective child welfare practice. This document contains a summary of research and best practice findings in these practice areas. A bibliography is also included.

### Engagement

*Engagement refers to those strategies that are used to involve family members in key decisions.* Success in the provision of services depends on the quality and durability of relationships between those receiving services and those providing the services. This means that active efforts must be undertaken by those involved in the provision of services to reach out to children and families, to engage them meaningfully in all aspects of the service process, to build and maintain rapport and trusting relationships that endure through the course of actions taken, and then to thoughtfully conclude when circumstances requiring change or conditions for family independence and safe case closure are achieved. Engagement strategies are intended to build a *mutually beneficial partnership* with the child, siblings, parents/caregivers, key family members, invited family friends and supporters, and/or others and to ensure that families have an active role and voice in decisions, including the education and treatment of children. This is a partnership that builds and sustains their interest in and commitment to an active treatment or family change process until conditions for safe case closure are met.

- *Engage families, when possible, on a voluntary basis* – many families, particularly those that neglect their children, may not meet the threshold for protective service involvement but need assistance; voluntary participation is associated with engagement and success in improving child and family well-being
- *Invest in intensive, strategic outreach to new cases* – engage families at times and places that are most convenient for them; multiple visits early in the case are associated with greater case success

- ***Develop relationships with all family members*** – engage all pertinent family members, including intensive efforts to develop relationships with fathers
- ***Start with concrete services*** – early access to needed services (e.g., transportation, housing assistance, financial benefits) is associated with greater family engagement
- ***Provide supportive home-based interventions*** – a combination of services that include in-home supports and interventions provides greater opportunities for relationship development and engagement
- ***Involve parents in their children’s therapy*** – parents are more likely to reinforce and take responsibility if they are empowered to be part of the change process
- ***Deliver culturally competent services*** – when service delivery processes are sensitive to cultural differences, caseworkers “look like” the families they serve, and caseworkers know the communities where families live, there is greater engagement and success
- ***Provide supports for family meetings*** – transportation, child care, and a safe place to meet support family engagement
- ***Recognize the family as a complex, adaptive system*** – caseworkers that know and understand family systems and concepts are better able to engage the whole family; overall family systems work best when subsystem boundaries are clear (neither too open nor too closed), interactions are clear, lines of authority are visible, rules are overt and flexible, changing alignments replace rigid coalitions, and stressors are confronted instead of pushed into scapegoats
- ***Ensure caseworkers are trained to recognize trauma responses and provide trauma-informed care*** – engaging children and families that have experienced trauma requires specialized training; with training, caseworkers can identify maladaptive functioning and development that serves as an adaptive response to trauma and provide trauma-informed supports and treatment
- ***Provide caseworker training in child and family development, parenting tasks, and issues of grief and loss*** – developmental tasks and transitions are impacted by family crisis, and there are frequent complications in the grieving process; specialized knowledge and skills are needed to engage and help families with these issues
- ***Develop job requirements, interview processes, and hiring procedures to support attainment of staff with good leadership skills*** – starting with good people helps

decrease staff turnover, and identifying individuals with personality traits of empathy, trust, and respect for families promotes engagement

- ***Provide supportive supervision to facilitate staff retention, satisfaction, and growth*** – caseworkers are able to differentiate supportive supervision from an otherwise unsupportive work environment, and they view supervision as more important
- ***Ensure sufficient staff support*** – regular supervisory meetings, staff team meetings, and case presentations are associated with staff effectiveness; attention to staff safety is also important to effectiveness
- ***Develop staff awareness of program outcomes*** – staff knowledge of program goals and outcomes is associated with staff motivation and effectiveness
- ***Use multi-disciplinary teams and collaborative community partners to promote case success*** – using a combination of professional, paraprofessionals, and volunteers within the child welfare agency and across community partners provides better support for families; family needs are too complex for one agency to address
- ***Ensure team members include those that can help identify, develop plans for, and monitor the change process for underlying issues*** – supporting a successful change process requires special attention to and coordination of services around issues related to mental health, substance abuse, domestic violence, and cognitive deficit

### **Program and Process Outcomes Associated with Engagement and Leadership**

- ✓ ***Engagement of families through a family empowerment approach is linked to better case outcomes*** – when family members are active participants and are responsible for helping design and track the family plan, the change process is more successful
- ✓ ***Engagement of extended family members in permanency planning contributes to successful reunification*** – there is growing evidence that families with support from extended family members are more likely to successfully complete the change process
- ✓ ***Good caseworker-family relationships are associated with successful case closure*** – families respond best to caseworkers they believe are committed to their well-being

- ✓ *Clear communication between caseworkers and families regarding changes required for reunification is linked to better outcomes* – when the change process is planned together and expectations are clearly delineated, success is more likely
  
- ✓ *Caseworkers with a social work education and more experience tend to facilitate more timely permanence* – there is growing evidence of the importance of education and experience to good skills as a leader in case planning
  
- ✓ *Integrated service delivery is associated with improved family outcomes* – indicators of family well-being are more positive when services are coordinated and there is a case manager assisting the family to navigate services and supports than when access to services is disjointed and requires multiple applications, efforts, and contacts



## Family Teamwork

Family team planning and decision making is a child welfare practice strategy that recognizes families as appropriate and respected decision makers and brings together a wide range of formal and informal support resources for the family with the goal of providing safety and stability for the children. Target family members work with child welfare staff, extended family members, community service providers, and other neighborhood representatives to make critical decisions about meeting the needs of the children and family. Family teamwork draws upon a family's strengths, experiences, knowledge, and resources to create a plan that provides for the safety and well-being of children in the family. Collectively, the family team should have the technical and cultural competence, family knowledge, authority to act on behalf of funders and commit resources, and the ability to flexibly assemble resources and supports in response to specific needs. Although there are different types of family teamwork structures (e.g., family-to-family team decision making, family group conferencing, family team conferencing), they share common principles and standards of practice. Successful family team planning and decision making is not simply another "tool in the tool kit"; it requires state-community partnerships, extensive facilitator training, and a commitment to enhancing family responsibility.

- ***Ensure time for careful planning in initial implementation efforts*** – to build a coalition of support at multiple levels; develop consultation processes; craft mission statements, guiding philosophy, and protocols; provide information and training to diverse stakeholders; adapt policy; and identify shared resources and funding streams
- ***Support family teamwork implementation with strategic alliances and diverse community partnerships*** – to gain local and sponsoring agency ownership and identify shared resources and skills, supervisory support is essential
- ***Recognize the importance of the role of the coordinator in family teamwork*** – although there is no research evidence that any one particular way of providing coordinators (e.g., social workers versus community and non-social work coordinators) is best, there is evidence that the perception of facilitator effectiveness is a significant predictor of success for parents, family members, friends, professionals, and providers
- ***Ensure adequate preparation of participants*** – to ensure that families understand their role as decision makers; to create a climate of safety; to promote family leadership; and to ensure other professionals understand their roles

- ***Recognize that family members come when invited*** – despite concerns that families will not participate, research and evaluation findings indicate that the concern is unfounded and family member participation rates are high
- ***Support a balance in the number of family members and the number of professionals*** – there is evidence that too many professionals can impact family decision making but professionals are important team members to provide information on the critical child safety concerns and the available resources; principle of commensurate response asserts that the team should be no bigger than necessary to understand the family situation and provide support and services for the change process
- ***Recognize the importance of written policies and procedures*** – to define how, when, and where family teamwork meetings will be held and to formalize partnerships
- ***Support the use of a comprehensive curriculum and training*** – to ensure skill development opportunities for coordinators, supervisors, facilitators, workers, and partners
- ***Provide quality assurance mechanisms*** – to ensure consistent application of the practice model and to assess the effectiveness of the model
- ***Ensure a comprehensive evaluation*** – third-party evaluation can assess the realization of desired outcomes and assure funders

### **Program and Process Outcomes Associated with Family Teamwork**

- ✓ ***Family teamwork provides child safety*** – a number of studies report reduced rates of re-abuse in family teamwork families versus non-family teamwork families
- ✓ ***Family teamwork creates stability for children*** – children’s placements are stable or moves are minimized in family teamwork families versus traditional samples
- ✓ ***Family teamwork results in higher rates of reunification with birth parents or kinship placements*** – findings also indicate that these placements generally remain stable
- ✓ ***Family teamwork results in timely decisions reducing the amount of time children spend awaiting permanency*** – reductions in use of long-term foster care are associated with family teamwork

- ✓ *Family teamwork increases the likelihood that siblings will be placed together* - studies indicate a decrease in number and percentage of divided sibling groups
- ✓ *Family teamwork is associated with less restrictive placements* – findings indicate an increase in number and percentage of children placed in less restrictive environments and a reduced likelihood of movement into more restrictive placements
- ✓ *Family teamwork is associated with improved well-being for children and other family members* – improvements in indicators of well-being have been found following family teamwork
- ✓ *Family teamwork increases family supports and helps family functioning by enhancing social support networks* – increased client satisfaction and engagement is associated with family teamwork
- ✓ *Family teamwork safeguards other family members* – brings together domestic violence and child welfare resources and results in decreased family violence
- ✓ *Family teamwork results in plans that are seen to be safe* – on average, only 5% of family teamwork plans are judged to be unsafe/not accepted by authorities
- ✓ *Family teamwork plans blend formal services and informal support* – there is an increased likelihood of connection to community and non-traditional services associated with family teamwork
- ✓ *Family teamwork plans are rich, diverse, and original* – studies show that family teamwork plans challenge typical pre-purchased service structures
- ✓ *Family teamwork decreases the disproportionate number of children of color in care* – through increased placements with birth parents and in kinship care
- ✓ *Family members are satisfied with the process reporting that their feelings are respected, they have a role in decision making, and the decision process is fair* – increase in client engagement and satisfaction
- ✓ *Family teamwork increases the involvement of fathers and paternal relatives* – increase in client engagement and satisfaction
- ✓ *Social workers and service providers are satisfied with family teamwork reporting less conflict with families and greater service coordination* – increase in human service staff engagement and satisfaction

- ✓ *Social worker rates of referral for family teamwork fluctuate related to concerns regarding personal liability and risk, increased workload, lack of support for the process, and lack of time*
- ✓ *Referral processes for family teamwork need further review – minorities are less likely to take part in some areas; in other areas, participation rates among cultural and ethnic groups are similar to the total population rates of families served*
- ✓ *Family teamwork provides cost neutrality or savings*

## Permanency and Safe Case Closure

Safe case closure indicates that conditions have been met that signal readiness for independence of the family from the child welfare service system. These conditions involve achieving and maintaining specific outcomes relative to situational stability, safety and management of risks or threats, skills and behaviors for daily functioning in essential life activities and roles, concurrent alternatives to permanency, sustainable supports for basic necessities and adequate family functioning, resiliency and coping for children, recovery/relapse prevention for older youth and adults, successful transitions and life adjustments, resolution of legal issues, and satisfaction of any other court-ordered requirements. Once defined outcomes have been met in the change process, the conditions for family independence and safe case closure have been met.

- ***Ensure a thorough and comprehensive assessment process*** – improved outcomes are associated with functional assessments that are ongoing, determine underlying problems, identify strengths and risks, and involve all pertinent members of the family; use of findings to inform the case plan goals, objectives, and adjustments; and assessment that includes attention to parent-child and intergenerational patterns of attachment
- ***Utilize concurrent planning*** – based on final reports from the Federal Child and Family services Reviews, concurrent planning was linked to positive results (i.e., reduced time to permanency) in at least 11 states
- ***Ensure concurrent planning requires full documented disclosure and early aggressive search for birth family resources and identification and consideration of all other permanency options*** – requirements include a clear plan that outlines for birth parents problems, necessary changes, possible consequences, and timeframes; early use of foster/adoptive or kinship placements; and frequent and constructive use of parent-child visitation
- ***Recognize that effective concurrent planning requires “front loading” of services*** – the Colorado Expedited Permanency Planning process realized a gain in attaining timely permanency by empowering families’ teams to develop concurrent plans and provide services quickly (up to \$5,000 per family was available to family teams upon a child’s entry to foster care); within one year, rates of permanency attainment ranged from 84 to 85 percent for treatment groups versus 22 to 32 percent for non-treatment groups
- ***Provide coordination of services across multiple systems to support effective concurrent planning*** – lack of coordination and role clarity across systems and failure to include mental health, substance abuse, and domestic violence service providers are barriers to safe case closure; flexible funding and use of fiscal

incentives for service providers are associated with moving children more quickly toward permanence

- ***Recognize the relationship between caseworker consistency and safe case closure*** – a single change in caseworker-family assignment during the year reduces the likelihood of permanency by 52 percent
- ***Develop supports for fewer placements*** – each placement is associated with a reduction in permanency by 32 percent
- ***Facilitate ample parental visitation*** – each day of visitation triples the odds of permanency
- ***Focus efforts on developing strong formal and informal support networks*** – evidence indicates that families in the child welfare system need comprehensive, intensive, and long-term services, and support networks are the most cost effective long-term support mechanism
- ***Develop effective support network building through a family team approach, using multidisciplinary teams, assigning cases geographically so that workers develop a better understanding of neighborhood formal and informal supports, and reconvening the same team*** – a shared commitment to the family and a knowledge of their story and living conditions affects permanency
- ***Ensure relapse and safety planning*** – an individualized plan reduces immediate and long-term risks for the family; such planning is particularly important for families with substance abuse, mental illness, cognitive impairments, and domestic violence issues
- ***Provide for comprehensive caseworker training*** – staff with in-depth training in child development, early relationship and attachment issues, family team decision making, and support network building are better equipped to move families toward safe case closure

### **Program and Process Outcomes Associated with Safe Case Closure**

- ✓ ***A long-term view of safe case closure provides child safety*** – assuring that conditions of safe case closure are met reduces rates of re-abuse
- ✓ ***A long-term view of safe case closure creates stability for children*** – children’s placements are stable or moves are minimized if conditions for safe case closure are met

- ✓ *Placement stability enables secure attachments to develop* – matching strategies to needed changes in such a way that minimizes placements for children can have long-term positive effects on developmental status
- ✓ *Openness in concurrent planning is linked to more voluntary relinquishments and open adoptions* – decision making can proceed more quickly when families are included at the earliest possible point in considering all reasonable options for placements that result in the best outcomes for children
- ✓ *Youth are adequately supported in transitioning to independent living* – improved independence outcomes are realized when long-term planning for safe case closure addresses developmental and educational conditions for independence of youth

### **The Change Process**

The change process involves the development, implementation, and assessment of an agreed-upon combination and sequence of actions designed to alter the underlying dynamic factors that limit, incapacitate, or disrupt adequate daily functioning and well-being and/or build capacities necessary for the family to achieve and sustain safety, adequate daily living, well-being, and permanency. This process moves beyond matching services to needs and to matching strategies to changes to be made to reach safe case closure requirements. Successful change processes must involve ongoing assessment and planning and be child/family-centered, culturally-competent, safety-focused, evidence-based, and well-reasoned. In addition, strategies for change must be commensurate with needs and of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress. Tracking and adjustment are requirements for finding what works and making the intervention process effective for children and families. Effective tracking requires maintaining ongoing situation awareness, and effective adjustments depend upon understanding and acting on what is working and not working in helping the family meet conditions of safe case closure.

- *Recognize the importance of safety management plans that address conditions of safety in the home, demonstrated parental behavior change, and family supports* – implementation of strategies to achieve and maintain safe conditions in the family home result in safe case closure
- *Provide early identification of multiple permanency strategies (i.e., concurrent planning)* – a well-reasoned plan for permanency identifies strategies for family reunification, independence for youth, long-term care for children with severe disabilities, and alternative placement (foster-to-adopt and kinship care) and reduces placement moves for children



- ***Consider child and family development*** – case plans should take into consideration where children are developmentally and the developmental tasks and transitions before the family; typical individual and family maturation, which involves change, tension, stress, and disruptions, may be magnified, stalled, or disrupted during crisis
- ***Ensure acquisition and demonstration of appropriate parenting knowledge and skills*** – parents with realistic child development expectations are more likely to use appropriate guidance techniques and complete the developmental tasks associated with the stages of parenthood
- ***Ensure demonstration of sustained behavior change*** – documentation of completion of a course or attendance at a treatment program provides insufficient evidence of necessary behavior changes; research and best practice evidence requires documented behavior change by an objective observer
- ***Focus on development of sustainable support systems*** – changes in the family system that include sustainable formal and informal supports to help parents meet basic caregiving necessities, and support network members that participate in relapse and safety plans are linked to safe case closure
- ***Ensure treatment for attachment disorders*** – attachment disturbances exist in as many as 80 percent of children in high risk families; effective treatments include therapies that create attachment patterns, address relationships systemically, are holistic and integrative, and address early trauma
- ***Ensure treatment for trauma*** – early trauma can result in major disorders (e.g., anxiety disorders, eating disorders, sleep disorders, impulse control disorders, acute stress disorder, depression, post-traumatic stress disorder, disassociative disorder, and behavior and relational problems), affect existing disorders, and perpetuation across generations; combination therapies (e.g., cognitive, behavioral, and drug therapies) have demonstrated effectiveness in assisting children and families in overcoming or reducing effects of trauma
- ***Ensure treatment for substance abuse*** – when substance abuse is involved, there is a 13 times higher likelihood of repeat maltreatment, and another maltreatment report is likely within 60 days of the first report in 26 percent of cases with an alcohol or drug problem
- ***Ensure treatment for other mental health issues*** – for almost any psychological disorder and its behavioral symptoms, a therapeutic alteration in the chemistry of the brain, nervous system, or physiology can produce a dramatic result and improved well-being and functioning



- ***Understand the cultural/ethnic context*** – cultural/ethnic context impacts developmental tasks and transitions, event meaning and interpretation, family roles and rituals, and sources of support; strategy selection must vary based on the context
- ***Provide relapse prevention and coping skills training*** – combined with other addiction treatment approaches, these strategies are associated with decreased relapse of addictive behaviors; special attention may be needed for ethnic-minority abusers since they may experience disproportionately high numbers of adverse health consequences and may be underserved by treatment services
- ***Prepare adoptive families*** – adoptive families that receive intensive and ongoing training and support relative to the legal process; child development expectations and child special needs; attachment, separation, loss, trauma, and bonding issues; family life cycle expectations; financial planning; and other behavioral, health, and educational issues are more successful at mastering family developmental tasks
- ***Provide comprehensive integrated community-based services*** – families are best served by an integrated service delivery design, with community-based providers sharing and coordinating resources to assist the family holistically
- ***Provide post-placement services sustained over time*** – there is increasing evidence that post-placement services of less than three months are ineffective in ending cycles of chronic maltreatment
- ***Extend services beyond age 18 for youth in foster care to support more positive transitions to adulthood*** – youth that receive services beyond 18 are more likely to receive independent living assistance, complete more education, and access health and mental health services

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## Appendix E: Florida Department of Children and Families Strategic Direction: 2009 - 2011

The 40-page document *Florida Department of Children and Families Strategic Direction: 2009 – 2011* can be accessed directly online by pasting the following address into your web browser and hitting “return.”

<http://www.dcf.state.fl.us/opengov/docs/strategicIntent.pdf>

The table of contents for the *Florida Department of Children and Families Strategic Direction: 2009 – 2011* is provided here for your convenience.

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## **Appendix F: Preface to the Zeanah PowerPoint: *Young Children in Foster Care***

Charles Zeanah, M.D. is an internationally renowned child psychiatrist who has led ground breaking research on issues related to children removed from their families. In addition to other critical areas of investigation, Dr. Zeanah is an expert in the effects of congregate and shift care on child development. He currently is on the faculty of the Institute of Infant and Early Childhood Mental Health at the Tulane University School of Medicine.

On December 16, 2008, the Youth Law Center and Eckerd Family Foundation sponsored a presentation by Dr. Zeanah, which included a panel of youth and biological parents in Orlando, Florida. Departmental and community-based care leadership was encouraged to invite opinion leaders from communities in which there was sentiment in favor of building or expanding group care facilities, particularly for young children.

In announcing the presentation, Secretary Sheldon stated the following:

We all share the value and belief that if children are brought into care family foster homes are the best setting. Young children are especially vulnerable to harm in group care settings. Placement decisions for children who are removed from their parents must be based first and foremost on the needs of a child. I realize that around the state there are many well-run shelter and residential facilities that appear to be home-like and are staffed with competent caregivers. Such placements are often available due to generous community donors who consider these facilities to be havens for children who are removed from unsafe environments. But we must view our placement decisions from the perspective of a child.

Children who are removed from traumatic home environments require immediate and consistent nurturing from a single primary caregiver who is committed to the child. Our protective responsibilities in removing children from danger extend beyond providing regular meals, clean clothing, and a bed in which to sleep. The most well-managed, well-funded and cheerful shift-care facility cannot substitute for a single primary caregiver who will be the substitute parent and protector for a newborn, infant or toddler.

The first seven slides from Dr. Zeanah's PowerPoint are provided as follows. An electronic file of the entire PowerPoint is included on the CD provided with this Trainer Guide.

## Young Children in Foster Care



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## Purpose of the talk

- To inform **thinking** about Child Welfare practice and policy regarding young children in foster care
- Developmental research has much to offer...  
BUT...
- Cookbook rules do not apply—cases must be considered individually
- Think about your goals and reasons for policies rather than applying them indiscriminately

## Questions


- What is the role of foster care for young children?
  - 4 premises
- What does developmental research on attachment have to contribute to this question?






## Attachment: Review

- Infants are strongly biologically predisposed to form attachments to caregiving adults
- Attachment develops gradually over the first several years of life, based upon relationship experiences with caregivers
- Under usual rearing conditions, infants develop “focused” or “preferred” attachments in the second half of the first year of life.
  - **Separation protest**
  - **Stranger wariness**



## Review (cont)

- Through experiences with caregivers, baby develops expectations about the dependability of attachment figures to provide comfort, support and nurturance in times of need.
- These expectations guide babies’ behavior in intimate relationships.
- Strongly predictive of child’s subsequent social adaptation.



## Review (cont)

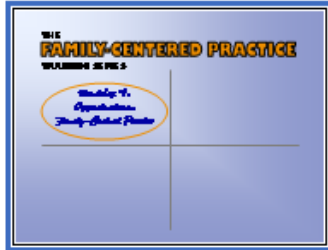
- Attachment is a relationship construct –not a trait of the child
  - different with different caregivers
- **Consistency** and **emotional availability** from attachment figures are critical to foster healthy attachment



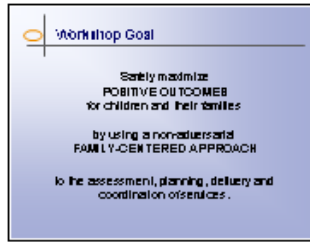
## Review (cont)

- Prior to 7 months, no focused attachments
- Once babies have reached cognitive age of 9 months, they are able to form attachments to anyone
  - Anyone who spends a substantial amount of time caring for them.
  - The baby requires literal physical contact, and a substantial amount of it, with an adult caregiver.

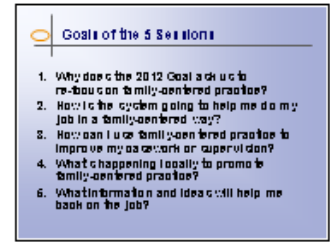
# Appendix G: PowerPoint Thumbnails (Complete Set)



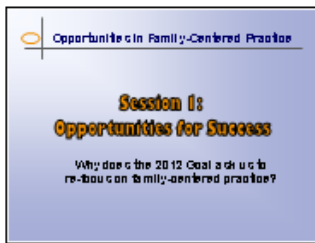
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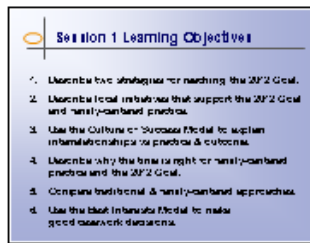
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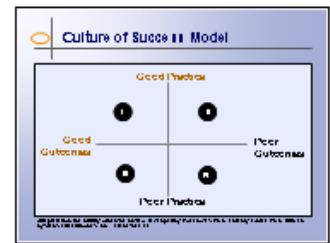
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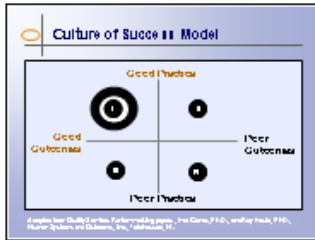
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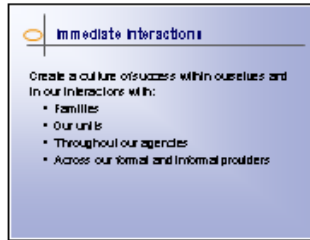
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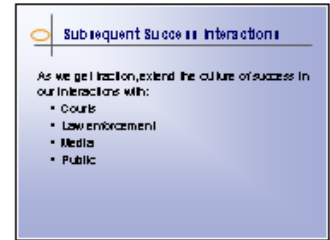
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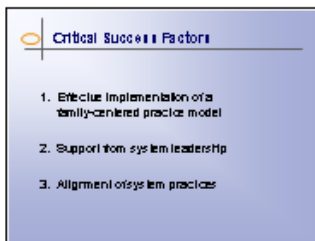
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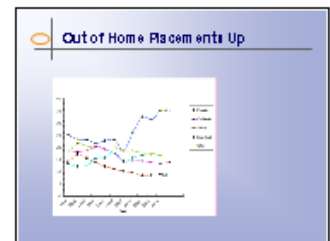
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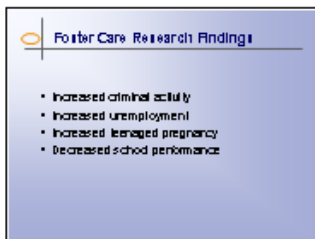
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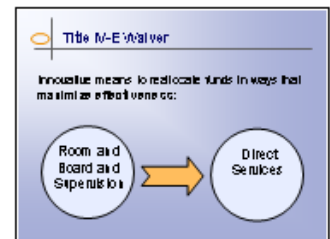
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15

2007 Results

20% reduction in out-of-home placements and child safety maintained

16

What's Next?

CULTURE OF SUCCESS

Opportunities to use family-centered practice to meet the best interests of children and achieve the 2012 goal

17

Family-Centered Approach

Case Work Practices

- First concern: CHILD SAFETY!
- Early provision of intensive services
- Focus on family system
- Building on family strengths
- Collaboration with the family
- Strong use of informal support systems

18

Family-Centered Approach

Requirements:

- Staff education/training
- DCF and CBO leaders need to step up
- Teamwork is vital
- Shared risk

19

System Requirements

Training and Education – 3 Workshops

1. Family Centered Practice: Philosophy
2. Engaging the Family
3. Case Planning

Values for Family Centered Practice

20

Results

Effective implementation of family-centered practice to help ensure that the best interests of children and their families are met daily — and, ideally, that the 2012 goal is achieved.

21

The Best Interests Model

Support for Good Decisions

22

Culture of Success Model

23

Make Best Decision for Child Safety:

FROM → When in doubt, pull 'em out! → TO

24

Make Best Decision for Child Safety:

When in doubt, FIND IT OUT!

25

Best Interests Model

26

Best Interests Model: 4 Quadrants

27

Best Interests Model

28

Best Interests Model

29

Best Interests Model

30

**Best Interests Model**

31

**The variables interact**

32

**Right Questions — Home at Answer**

33

Am I making my decisions in the BEST INTERESTS of the child and the child's family?

34

Do I have a complete understanding of the situation and good working relationship with the family?

35

What other responses might help me better understand situation and make best decision?

36

Can the safety of two or standard operating procedures better meet the child's best interests?

37

**Activity 1-2**

*Making the BEST Decision*

38

**Apply the Model**

39

**Apply the Model**

40

**Apply the Model**

41

**Apply the Model**

42

**Opportunities in Family-Centered Practice**

**Session 2:  
Hey, System—Help!**

How is the system going to help me do my job in a family-centered way?

43

**Session 2 Learning Objectives**

1. Describe research findings regarding the impact of foster care on children.
2. Describe the system opportunities/challenges that impact family-centered practice implementation.
3. Describe the potential impacts of "worker passion," TVE, and worker bias.
4. Describe system initiatives supporting a Culture of Success & embrace family-centered practices.
5. Describe why it's possible to achieve a balance that ensures safety and promotes family preservation.

44

**Doyle Foster Care Research**

- Study period: 1990-2002
- Sample location: Illinois
- Sample: 15,000 children in nonrelative foster care
- Moderate risk cases only (i.e., "gray" area)
- Comparison: children left with families versus removed

<https://doi.org/10.1016/j.chabu.2010.07.002>

45

**Doyle Research Findings**

**ARRESTED AT LEAST ONCE**

- Children removed: 44%
- Children w/ families: 14%

**PRENANT TEEN MOTHERS**

- Child removed: 68%
- Child w/ families: 33%

**JOBBS FOR AT LEAST THREE MONTHS**

- Children removed: 20%
- Children w/ families: 33%

☆ 46

**Summary of Other Research**

Children with foster care histories are:

- More likely to **drop out of school**
- More likely to **abuse drugs**
- More likely to **score lower on the FOAT**
- More likely to be diagnosed with a **learning disability**
- Twice as likely to be **held back a grade**

☆ 47

**Summary of Other Research**

Children with foster care histories are:

- 4** times more likely to receive **bad camp c**
- 17** times more likely to be **homeless**
- 3** times more likely to be in **prison** or on parole

☆ 48

**Factors that Impact Our Work**

*Broken Families  
Broken Kids  
M-E Waiver*

☆ 49

**Worker Passion**

- What situation or circumstance bring out a sense of passion for the work you do?
- What methods that work passion have on the results of your work?
- How might your work passion impact your use of a family-centered approach?

☆ 50

**The "Blat" Challenge**

Worker Bias: Where Do You Put The Line?

☆ 51

**The "Blat" Challenge**

What percentage of marginal cases referred by biologicals?

- 4%
- 10%
- 13%

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**M-E Waiver**

- The IV-E of the Social Security Act is the federal funding source for foster care
- IV-E funding is designated for out-of-home care and board and program administration
- Florida received a waiver in 2008 – the only state to do so
- Waiver permits state to determine how to spend funds, rather than room and board

☆ 53

**M-E Waiver**

Driving system change in reducing child removals

More funds for intensive early services with families (prevent removal)

More funds for services to reduce foster care length of stay and number of child placements

☆ 54

**Restoring Balance**

*The time is right for family-centered practice*

☆ 55

**Child Safety: Pendulum Factors**

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**Other Pendulum Factors**

- Little respect for government workers, especially child welfare
- In sufficient family preservation services
- DCF and CBO working relationship

**Result:**  
Pendulum swings to "child safety" extreme rather than a balanced approach.

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**Restoring the Balance**

- Leadership buy-in
- Culture NOT changing too high
- IV-E Waiver innovation
- Disturbed system of care
- Research findings on foster care
- Federal Children and Family Services Review

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**System Must Step Up**

System reactions to child deaths create a "Show Me" culture rather than a "Culture of Success"

For culture change to occur, leadership must back up what they say with action.

☆ 59

**System Must Step Up**

**NEEDED:**

- Education and training
- Leadership to define and support policies and resource priorities
- Shared risk
- Teamwork

Change needs to be wide spread, but HAS started!  
You can step up, too!

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Opportunities in Family-Centered Practice

**Session 3:  
The Practice of Family-Centered Practice**

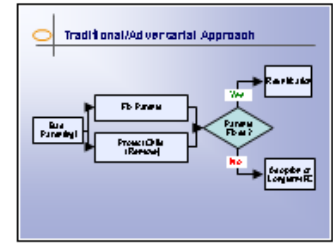
How can I use family-centered practice to improve my assessment or supervision?

61

Session 3 Learning Objectives

1. Recognize differences in "adversarial" and "family-centered" approaches.
2. Summarize the key concepts, assumptions, and service strategies of family-centered practice.
3. Use the Ecoterrific Model and family-centered practice principles to make decisions in a case.
4. Give specific examples of how you might apply family-centered practice in your work.

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Traditional/Adversarial: Consequences

- Child suffers removal, trauma and foster care trauma
- Child safety is not guaranteed in foster care
- Parents feel threatened and are labeled
- TM makes reunification more difficult
- Workers feel stress, frustration, high turnover
- Good intentions don't necessarily lead to good outcomes.

64

Traditional/Adversarial: Consequences

Would we have **MORE SUCCESS** — and do **LESS HARM** to children — if we focused on **BUILDING** families rather than blaming the parents?

65

Core Values

1. Children should, first and foremost, be protected from abuse and neglect.
2. Children should live with their families, and when that cannot be achieved through the supports and services, should live near their home with family connections—and in particular, sibling relationships—maintained.
3. A child's home should be safe, stable and permanent.

66

Core Values

4. A child should achieve success in school and their medical, emotional, behavioral, developmental and educational needs should be met.
5. There is an intrinsic value and human worth in every child and family.
6. Families and individual members are most likely to resolve issues or concerns by involving them in the change process and building on their strengths.

67

Family-Centered Strategies

- See the family as a unit
- Provide intensive, time-limited services
- Include family members as active participants
- Achieve success with small, achievable goals
- Identify services responsive to family-perceived needs and worker-identified needs
- Provide services that build on family's long-term use of family resources, esp. informal support

*Construct solutions rather than dissolve problems!*

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Family-Centered Assumptions

- Services should support everyday needs.
- Services should build on informal supports and natural community resources.
- Every family is **UNIQUE** with needs that change over time.

69

Activity 3-1

*Applying Family-Centered Practice to Case Work*

70

Applying Family-Centered Practice to Casework

Collaborative Sub-Goal	Who	Individual TEAM	Who	Support Role	Who
Collaborative work plan	PI				

71

Opportunities in Family-Centered Practice

**Session 4:  
Local Action**

What's happening locally to promote family-centered practice?

72

Session 4 Learning Objectives

1. Describe specific local, district or regional initiatives—or system responses by the child welfare community—for implementing family-centered practice.
2. Describe other local, district or regional initiatives—or system responses by the child welfare community—that move us toward accomplishing the 2012 goal.

73

Opportunities in Family-Centered Practice

**Session 3:  
Key Point Keepers**

What information and ideas about the 2012 Goal and family-centered practice will help me back on the job?

74

Workshop Goal

Seriously maximize **POSITIVE OUTCOMES** for children and their families by using a nonadversarial **FAMILY-CENTERED APPROACH** to the assessment, planning, delivery and coordination of services.

75

**Session 5 Learning Objectives**

1. Describe research findings regarding the impact of foster care on children.
2. Use the Culture of Success Model to explain interrelationships practice & culture.
3. Compare traditional & family-centered approaches.
4. Use Best Interest Model to make good decisions.
5. Summarize the key concepts, assumptions, and service strategies of family-centered practice.
6. Describe local initiatives that support the 2012 Goal and family-centered practice.

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**Out of Home Placements Up**

77

**Foster Care Research Findings**

- Increased criminal activity
- Increased unemployment
- Increased teenaged pregnancy
- Decreased school performance
- 4 times more likely to receive food stamps
- 17 times more likely to be homeless

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**2012 Goal**

Seriously reduce the number of children in foster care by 60% by 2012.

79

**Culture of Success Model**

80

**Family-Centered Strategies**

- See the family as a unit
- Provide intensive, time-limited services
- Include family members as active participants
- Achieve success with small, achievable goals
- Identify services responsive to family-perceived needs and worker-identified needs
- Provide services that build on family strengths
- Use family resources, esp. informal support

*Construct solutions rather than discuss problems!*

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**Best Interest Model**

82

**What can I do right now to promote the child's (or child's) best interest?**

83

**Am I making my decisions in the child's (or child's) best interest?**

1. Do I have a complete understanding of the situation and a good working relationship with the family?
2. What other viewpoints might help me better understand the situation and make the best decision?
3. Can we jointly "test" our standard operating procedure to better make the child's best interests?

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**Restoring the Balance**

- Leadership buy-in
- Cost of NOT changing is too high
- IV-E Waiver innovation
- Distributed system of care
- Research findings on foster care
- Federal Children and Family Service Reviews

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**System Must Step Up**

- System reacts to child deaths create a "Show Me" culture rather than a "Culture of Success."
- Leadership must back up what they say with action for culture change to occur.

86

**System Must Step Up**

**NEEDED:**

- Education and training
- Leadership to define and support priorities and re-configure priorities
- Shared risks
- Teamwork

*Change needs to be wide spread, but it has started!  
You can step up, too!*

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**Training and Education**

**TWO WORKSHOPS:**

1. Opportunities in Family-Centered Practice
2. Effective Family-Centered Casework: Tools and Applications

88

**And Now...**

**Workshop Evaluation!**

*Please help us make the workshop available for your colleagues!*

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## **Appendix H: Workshop Evaluation Form Master**

The Workshop Evaluation Form master is provided on the following pages for the trainer's convenience. It is also provided in the Participant Guide.



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The Family-Centered Practice Training Series

**Workshop #1: Opportunities in Family-Centered Practice**

**WORKSHOP EVALUATION FORM**

Name (optional): \_\_\_\_\_

Email (optional): \_\_\_\_\_ Phone (optional): \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

**DIRECTIONS:** Please check the box that BEST represents your response, or provide written feedback, as relevant. Space is provided on the last four questions for your written feedback, and on the last page for additional feedback. If you have time to provide written feedback, it will be greatly appreciated!

1. In all, approximately **how many years** have you worked as a child welfare professional?

                                                                                         
0 – 2 years                      3 – 5 years                      6 – 8 years                      9 – 12 years                      12 or more years

2. **How knowledgeable** were you about the formal methodology of “family-centered practice” (as defined in this workshop) prior to attending this workshop?

         
Very knowledgeable                      Somewhat knowledgeable                      Familiar with the term but did not know much detail

3. **How often** did you employ “family-centered practice” strategies in your work (as defined in this workshop) prior to attending this workshop?

                                                                                         
Frequently                      Regularly                      Occasionally                      Rarely                      Never

4. This workshop **helped me understand some of the reasons why the time is right** for Florida’s child protection system to redouble its efforts to strengthen a family-centered approach to casework. (Objective #1: Describe why we are moving to a family-centered approach to case work.)

                                                                                         
Strongly Agree                      Agree                      Occasionally                      Rarely                      Never

5. When making critical decisions about a child's physical, emotional, behavioral, educational needs, **the Best Interests Model** is a helpful way of remembering and structuring the basic questions I might ask myself. (Objective #2: Summarize the "Best Interests" model.)

Strongly Agree       Agree       Occasionally       Rarely       Never

6. This workshop **helped me understand some of the reasons why the time is right** for Florida's child protection system to redouble its efforts to strengthen a family-centered approach to casework. (Objective #3: Suggest system opportunities and challenges that could affect the successful implementation of the culture of success and family-centered practice.)

Strongly Agree       Agree       Occasionally       Rarely       Never

7. As a result of this workshop, I am more confident that **Florida's child welfare system will be supportive of my efforts** to apply a family-centered approach in my daily work. (Objective #4: Summarize current system initiatives that advance the culture of success.)

Strongly Agree       Agree       Occasionally       Rarely       Never

8. This workshop **clearly and completely explained a family-centered approach**, including the key concepts, assumptions, service strategies, and best practices. (Objective #5: Summarize the key concepts, assumptions, and service strategies of family-centered practice.)

Strongly Agree       Agree       Occasionally       Rarely       Never

9. This workshop has confirmed or strengthened my confidence that a family-centered approach has **great potential for SAFELY increasing positive outcomes** for children and their families. (Objective #5: Summarize the key concepts, assumptions, and service strategies of family-centered practice.)

Strongly Agree       Agree       Occasionally       Rarely       Never

10. This workshop **gave me useful ideas for how I can apply a family-centered approach** in my daily work more often and/or more effectively. (Objective #6: Give specific examples of how family-centered practice can be applied in your child welfare work.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Occasionally	Rarely	Never

11. This workshop **strengthened my ability and/or resolve** to apply a family-centered approach in my daily work more often and/or more effectively.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Occasionally	Rarely	Never

12. In general, how beneficial were the **presentation(s) by local leadership**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Beneficial	Somewhat Beneficial	Didn't Matter	Not Beneficial	Not at All Beneficial

13. How would you rate the amount of time devoted to **practice activities** in the workshop?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Far too much	Too much	About right	Too little	Far too little

14. How would you rate the amount of time spent on **interactive discussion**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Far too much	Too much	About right	Too little	Far too little

15. In general, how would you rate the **trainer's skill** in making the workshop a productive, worthwhile experience for you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very High	High	Average	Low	Very Low

*If you have time:*

16. What training activities were **most** worthwhile to you?

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17. What training activities were **least** worthwhile to you?

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18. In your opinion, what were the strengths of the training?

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19. In your opinion, how could we improve the training?

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Name: \_\_\_\_\_

Additional feedback:

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Name: \_\_\_\_\_

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## **Appendix I: Participant Guide Master**

If desired, a hard copy of the Participant Guide may be inserted following this page. This hard copy may be used as a master for duplicating participants' copies, or the trainer may print participants' copies from the electronic file on the CD provided in this Trainer Guide binder.

To print the Participant Guide from the electronic file, locate the Participant Guide file on the CD provided in this Trainer Guide binder. The CD contains all of the workshop materials (Trainer Guide file, PowerPoint file, and Participant Guide file). In other words, the electronic file of the Trainer Guide does not include the Participant Guide; the Trainer Guide and Participant Guide are separate files on the CD.

