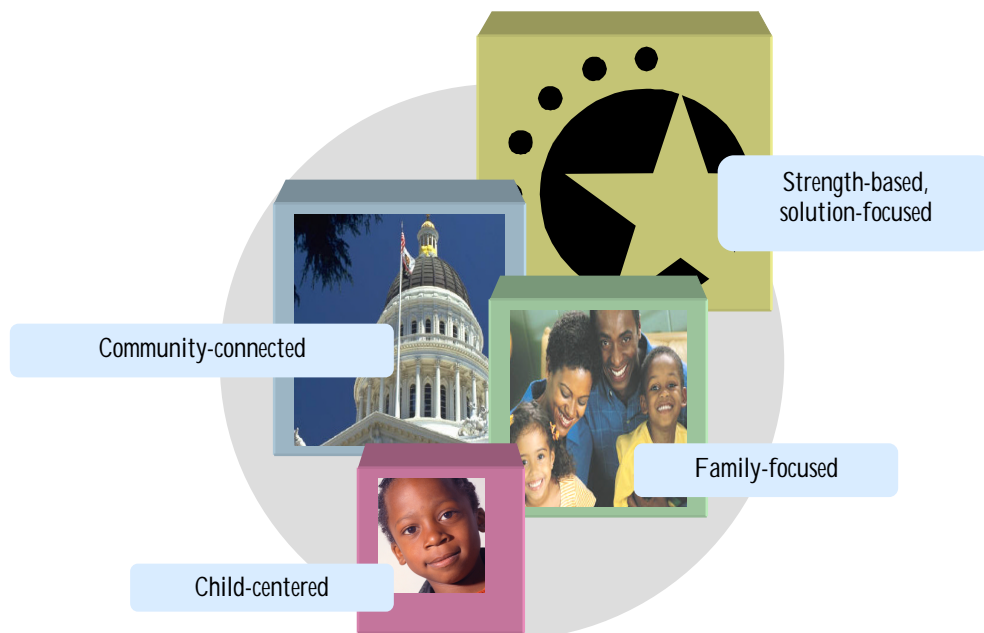




Out-of-Home Practice Model

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July 2009



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Center of Excellence

in Out-of-Home Child Welfare Practice

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Child welfare leads the charge against the devastating social issue of child abuse and neglect. As child welfare practitioners, we work with vulnerable children and youth and troubled families enduring difficult circumstances. We have an obligation to intervene; to help; to heal; and ultimately to make a positive difference in individual lives, which contributes to the overall health of our community.

Children, youth, and adults involved with the child welfare system urgently need and deserve the very best assistance we can provide. To help these vulnerable people, District child welfare must be a Center of Excellence. To meet that goal, we manifest the **attributes** of excellence in practice that is consistently:

- **Child safety-centered,**
- **Family-focused,**
- **Community-connected,** and
- **Strength-based and solution-focused.**

In addition, our obligation to make a positive difference to those we serve is embodied in **commitments** to:

- **Enhanced well-being,**
- **Timely permanence,**
- **Cultural responsiveness and competence,** and
- **Quality.**

This *Out-of Home Practice Model* is a guide for DC Child and Family Services Agency (CFSA) and private-provider social workers, support workers, and supervisors in understanding these attributes and commitments and applying them to the daily work of ensuring safety, permanence, and well being for District children, youth, and families involved in the child welfare system. It articulates overarching values and goals and presents practice standards for achieving timely, positive outcomes for children, youth, and families with out-of-home cases. Specific guidance is contained in CFSA policies and in the tools at the end of this document.

Philosophy

Safety, permanence, and well being for children and youth—as well as for people connected to them—are the core work of child welfare. We are committed to making every effort to keep children and youth safely at home with their parents. However, when children and youth are at risk of imminent harm, we must remove them.

When we must remove children or youth for their safety, placement in foster care is a short-term intervention. We make every effort to assist parents in addressing concerns that led to removal and in reducing risk so the child or youth can return home. When reunification cannot occur, we turn to other permanent options for the child or youth including guardianship, legal custody, or adoption. When we have exhausted these options, we work to establish an enduring, mutually agreed-upon connection with at least one committed adult who is safe, stable, and able to provide unconditional love; support for well being; respect for racial and ethnic heritage and traditions; respect for maintaining bonds with the birth family, including siblings; and lifelong guidance and support.

Teaming is the overarching practice component through which we make decisions about safety, permanence, and well being. The team includes the child (when age-appropriate) or youth; family members; social workers; service providers; and other invested stakeholders such as the guardian *ad litem* (GAL), resource parent, or other caretaker.

Core Practice Attributes, Commitments, and Values

We manifest the **attributes** of excellence in practice that is consistently . . .



- **Child safety-centered.**

Value: All children and youth have the right to be safe from abuse and neglect.

- § Child and youth physical and emotional safety is paramount.
- § Children and youth have the right to be part of a safe family.
- § Children and youth have the right to opportunities that encourage healthy development.
- § Children and youth deserve to be heard and understood.
- § Children and youth have the right to participate in planning for their futures, in keeping with their age and stage of development.



- **Family-focused.**

Value: Families have the right to be understood, valued, encouraged, and empowered. Families always have a voice in decisions that affect them.

- § Healthy families are critical to a child's development and are the primary source of nurturing and protection for the child.
- § Mothers, fathers, and other significant caregivers deserve support and respect in their efforts to nurture their children.
- § A "family" is defined broadly by its members, including mothers, fathers, and other significant adults who may or may not be currently involved in the child's or youth's life.
- § Families are partners in making decisions and setting goals.
- § Families are capable of change.
- § Families deserve respectful engagement.
- § Families deserve every opportunity to play the primary role in meeting child and youth needs for safety, permanence, and well being.
- § Families have a right to interventions that preserve and strengthen them in protecting their children.
- § The first choice of placement for children and youth is with family members and siblings whenever possible.
- § When children or youth are not placed with family members or siblings, maintaining those relationships remains essential.



- **Community-connected.**

Value: Community partnerships are essential to keeping children and youth safe.

- § Families are resources to one another and to communities.
- § Identifying and strengthening formal and informal supports empowers children and families.
- § Service providers and community resources are accountable and responsive to the communities they serve.
- § Work with families includes identifying and strengthening community resources.
- § Families deserve coordinated services in which all the agencies working with them hold similar values and act in concert.
- § Successful families maintain a healthy interdependence with extended family, friends, spiritual organizations, cultural and community groups, schools, agencies, and the natural environment and are not dependent on long-term child welfare services.



- **Strength-based and solution-focused.**

Value: Our child welfare practice and services draw on inherent strengths to help children, youth, and families achieve positive outcomes.

- § Engaging families respectfully promotes involvement that focuses on and supports strengths.
- § Children, youth, and families have strengths that we work to identify, nurture, and support.

- § With support, families have the ability to overcome adverse life circumstances.
- § Families can grow and be inspired to change through identifying and building up their inherent assets and strengths.
- § Strength emerges from building partnerships among the family, community, and public child welfare system.

Our obligation to make a positive difference to those we serve is embodied in our **commitments** to . . .



- **Well being.**

Value: Children and youth deserve opportunities to grow, develop, be physically and mentally healthy, learn, and prepare for successful adulthood.

- § Children and youth have the right to a quality education.
- § Children and youth have a right to timely preventive and emergency health care.
- § Extracurricular activities are an important means of enhancing child and youth well being.
- § Each child and youth deserves to have his/her gifts individually honored.
- § Children and youth have the right to services when necessary to meet their special needs.
- § Children and youth deserve to be placed in the setting that can best meet their needs and in a location that supports continued connections with family and community.
- § Placement stability enhances child and youth well being.
- § Children and youth have the right to learn appropriate life skills from their caregiver.
- § Children and youth deserve to have their needs and talents reassessed as they develop and to be respected for who they are now.



- **Permanence.**

Value: Children and youth have an urgent need to achieve permanence as quickly as possible with a family who loves them unconditionally.

- § Every child and youth has clear goals and time lines for achieving permanence.
- § We use concurrent planning to help speed children and youth to permanence.
- § Coordination with Family Court and the legal system is vital.
- § Kinship parents, foster parents, pre-adoptive parents, or other caregivers are part of the team serving the child or youth.
- § The family and child or youth are involved at every step, according to age, developmental ability, and availability.
- § Children and youth benefit from a positive relationship between their caregivers and biological family.
- § Post-permanency support aids family and child stability.

- § Reunification is the initial permanency goal, barring extreme circumstances, and should occur as soon as implementation of in-home services can ensure safety, with on-going services addressing underlying risk factors.
- § When reunification cannot occur, we work to place children and youth with a family member and to achieve legal permanence through adoption or guardianship.
- § If family members are unable to provide a permanent home, we work toward adoption by a qualified, licensed pre-adoptive family.
- § When we have exhausted all efforts toward legal permanence, we work to ensure each youth has a permanent, mutually agreed-upon connection with at least one committed adult who is safe, stable and able to provide love, unconditional commitment, and lifelong guidance and support.



- **Cultural competence.**

Value: Children, youth, and families deserve understanding and respect within the context of their history, traditions, and culture.

- § Families are diverse and have the right to respect for their economic, ethnic, racial, cultural, and religious experiences and traditions regardless of gender, age, or sexual orientation.
- § Understanding diversity assists in working successfully with families from all cultures.
- § We serve children, youth, and families in a manner that respects, supports, and strengthens their identities.
- § Every culture has positive attributes and challenges for families, professionals, and communities.
- § Children and youth in foster care deserve continuity of their culture and traditions



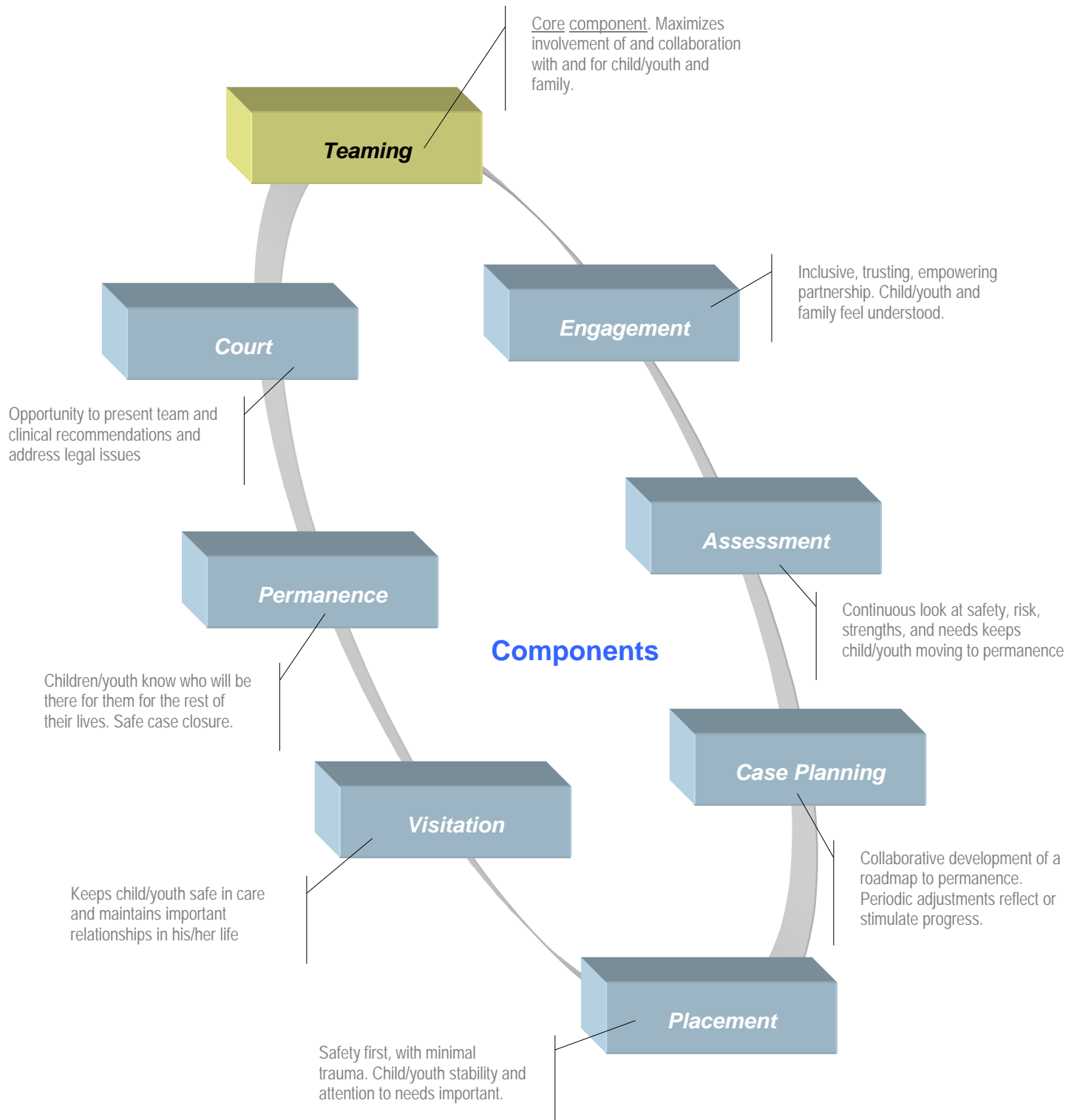
- **Quality.**

Value: Best practices and continuous quality improvement throughout the child welfare system support making a positive difference in the lives of those we serve.

- § Self-reflection fosters growth in both individuals and systems.
- § Regular data collection and analysis promote learning and skill building.
- § Professionals, community providers, and families need ample opportunities for continuous learning.
- § Child, youth, family, and community input are essential to the learning process.
- § Positive growth and change should build on identified strengths.
- § Families have a right to participate in services with highly skilled and trained professionals capable of meeting their needs.
- § Evaluating the quality of services and family and system level outcomes is a continuous activity.

Out-of-Home Practice Protocol

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Teaming

Key Outcomes of Effective Teaming



Children/youth and families benefit from active involvement.

The child (when developmentally appropriate) or youth, birth parents (including non-custodial parents), extended family, and caregiver participate in decision making regarding safety, permanence, and well being. The child or youth and family articulate that the child welfare system values their participation and considers their input.



Collaboration supports sound decisions and coordinated, effective services.

Team members have a shared understanding of child/youth and family strengths, level of functioning, protective capacities, hopes, needs, degree of safety and risk, underlying issues, and cultural background. The team articulates a clear goal for the child/youth, develops a solid plan for achieving it, ensures delivery of services, tracks child/youth and family progress, and adjusts the plan as necessary to achieve permanence and well being for the child/youth.



Children/youth achieve permanence promptly.

The child/youth reaches permanence in the shortest time possible and improves in overall well being.

n **Philosophy**

Teaming is the foundation of the District's child welfare case practice and the core component in addressing child abuse and neglect. Through teaming, social workers, family, and other team members gain the opportunity to collaborate in planning and decision-making. When team members share ownership in facing issues, they also share more informed and creative approaches to resolving them. As participants take responsibility for contributing to the team's outcomes, more effective and functional cooperation emerges in working toward safety, permanence, and well being for the child or youth. At its best, teaming embraces family inclusion, supports expert guidance, and respects diversity of views and cultures.

A central principle of effective teaming is inclusion of the child or youth and family. Family members are always invited to team meetings even when they have not been recently involved, unless the team deems and documents that family participation is clinically inappropriate. Effective team composition cannot be stagnant but must evolve as the needs of the child/youth and family change. The team carefully considers team composition and, when possible, decides on participation as a whole. Older youth have a strong voice in who participates.

The purpose of a team meeting determines the participants. Team meetings occur at major points in case planning—around changes in placement; goal; team members; or circumstances of the child/youth, or family. Team meetings are also the vehicle for regular, ongoing case planning.

Team decision making is ideal but may not always happen. When the team's best efforts do not lead to consensus, the social worker uses the chain of command to make a decision. Because the child welfare system is ultimately responsible for the child/youth and must follow local and federal laws, rules, and regulations, the social worker and supervisor may need to make some

decisions unilaterally. When this occurs, the social worker explains the rationale for the decision to the team to maintain the integrity of the team moving forward.

n Definition

The team is composed of individuals important to the success of the child or youth and family, both those formally involved and those who provide informal support (see box). The social worker coordinates and leads the teaming process of shared decision-making. The team meets and communicates to make decisions

regarding safety and well-being issues and to plan, implement, and assess strategies to achieve the permanency goal.

Potential Team Participants		
• Child or youth	• Out-of-home caregiver	• Tutor
• Mother	• Social worker	• Assistant Attorney General (AAG)
• Father	• Guardian ad litem (GAL)	• Parents' attorney(s)
• Siblings	• School staff	• Permanency specialist
• Extended family	• Therapist	• Collaborative staff
• Friends	• Mentor	

While the social worker initially organizes the team and leads the engagement process, other team members who have strong relationships with individuals who should participate may reach out and invite those people. While the social worker usually leads team meetings, there may be occasions when another facilitator takes the lead—in Family Team Meetings (FTMs) and Administrative Reviews, for example. When an older youth or a family is nearing permanency, another member of the team may naturally or voluntarily assume the role of team leader. In each of these scenarios, the case-carrying social worker still has primary responsibility for direction and management of the case, including ensuring responsible parties carry out team decisions. The team should consider which members will remain post-permanency and who will take the lead at that point.

n Social Work

1. **Form the team:** The social worker and supervisor identify safety parameters for building the team. They consider any history of physical or emotional harm to the child or youth and whether a risk of future harm exists when deciding who should participate and the type of participation to encourage.
2. **Lead and facilitate:** The social worker facilitates team decision-making through team meetings.
 - Establish the purpose of the meeting and develop a shared agenda.
 - Set a strength-based tone by asking the team to identify child, youth, and/or family strengths.
 - Solicit and encourage child/youth and family participation to balance power.
 - Support team members in exploring solution-oriented options.
 - Develop a shared plan by asking how each member can participate in action items.
 - Set measurable, time-sensitive action steps by asking when each step can be completed and how the child/youth and family will know they are succeeding.
 - Establish a contingency plan for reconvening before the next scheduled meeting, if necessary.
 - Set a time for the next meeting, based on foreseeable transitions and regular case planning needs.

3. **Coordinate action:** The social worker follows up in coordinating implementation of team decisions.
 - Debrief the meeting with child/youth and family.
 - Enter all contact information and update case plans in FACES.
 - Distribute copies of notes and updated case plans to team members, highlighting their commitments.
 - Send a written notice of the next team meeting.

n Supervision

Through clinical supervision, supervisors assist social workers in leading and coordinating teams and using teaming to ensure safety, promote well being, and achieve permanence as quickly as possible. The supervisor ensures teams include individuals the child/youth and family deem integral to their lives and the process of involvement with the child welfare system. Supervisors help social workers identify appropriate times to hold team meetings.

1. Ensure social workers work closely with the child/youth and family to identify potential team members.
2. Ensure social workers convene a team meeting with family members within 30 days of case assignment.
3. Ensure social workers lead and coordinate team meetings for ongoing case planning and adjust team composition when child/youth or family circumstances change.
4. Ensure the child's and family's goals, strengths, and assessment of needs guide the team's goal setting, interventions, and assessment of progress toward goals.
5. Ensure teams meet frequently enough to track and adjust planning.
6. Facilitate "challenging" meetings per agreement with social worker.
7. Meet with social workers to prepare for and debrief team meetings. Clinical supervision can serve this purpose.
8. With team permission, use team meetings as an opportunity to observe social worker skill development.

Because **teaming** is the core component of District child welfare practice protocol, it is addressed in each of the following descriptions of the remaining seven components.

Engagement



Key Outcomes of Effective Engagement



Children/youth and families feel included and empowered.

The child (when developmentally appropriate) or youth, birth parents (including non-custodial parents), extended family, caregiver, and service team collaborate in a spirit of mutual respect and equality. The team makes decisions regarding safety, permanence, and well being collectively in the best interest of the child/youth. The child/youth and family articulate that the child welfare system values their participation and considers their input.



Children/youth and families trust professionals and feel understood.

Respect, good service, and a caring and supportive approach engender trust and honesty. The child/youth and family feel safe enough to reveal underlying issues and needs and deep emotions. Open communication leads to collective development of a clear goal and solid plan that reflects the best interests, needs, and desires of the child/youth. Work with the child/youth and family takes place at a profound, life-changing level.



Children/youth achieve permanence promptly.

The child/youth reaches permanence in the shortest time possible and improves in overall well being.

n **Philosophy**

Engagement is an essential part of strength-based case management. Social workers develop a positive rapport and effective working relationship with children, youth, and families to bring them in as full participants in case planning and goal achievement. Strategies for engagement may be different, depending on the length of time a case has been open and the permanency goal for the child/youth.

Engagement is not a one-time effort to build rapport at the beginning of a case but an ongoing process of staying sensitively in step with a child or youth and his/her family throughout their involvement with the child welfare system. Engagement means being sensitive to the nuances of change and responding appropriately. It includes periodically incorporating new members, including family members who have not yet participated, into the team and re-assessing and adjusting the case plan to reflect changing circumstances and/or needs. Good communication and caring are tools for keeping team members engaged throughout the life of the case. Social workers and other professional team members must use clinical judgment in determining whether it is appropriate to engage or re-engage family members, especially in cases involving sexual or physical abuse that resulted in criminal charges.

Social workers must embrace and convey certain core attitudes and beliefs to be successful in engagement. These include:

- Respect for the child or youth, mother, father, and extended family members (maternal and paternal) and the roles they play in the family.
- Openness to authentic communication in which people honestly express themselves and others truly hear them.
- Empathy characterized by understanding and compassion for personal experiences.

n Definition

Engagement is the process of connecting with the child/youth, mother, father, extended family, primary caregiver, and other team members for the purpose of building an authentic, trusting, and collaborative working relationship. Engagement is based on honesty, unconditional positive regard, respect for diversity, an inclusive planning process, and ability to understand and work through resistance to participating in services. Face-to-face meetings, telephone conversations, and letters are all opportunities to encourage and maintain engagement.

n Social Work

Engagement

1. **Communicate:** Engagement requires transparent communication with the family and clarification of expectations, roles, and responsibilities.
 - Clearly explain expectations to achieve the permanency goal and provide the family with documentation of policies.
 - Clarify time frames and clearly explain possible legal ramifications of not meeting those requirements.
 - Inform the family of their rights, responsibilities, and choices.
 - Be up front about policies and procedures while maintaining awareness of the power imbalance inherent in child welfare.
 - Stay focused on outcomes for the child/youth and behavior changes necessary to achieve permanence.
2. **Remain professional:** Treat all members of the team with professionalism.
 - Respect the youth's and family's time when scheduling visitation.
 - Follow up to answer questions not initially answered.
 - Recognize child/youth or family cultural values, beliefs, and recommendations and adjust plans accordingly.
3. **Build trust:** Help children/youth and families to feel safe, which encourages them to express their feelings, personal goals, needs, and strengths. Helpful "exploring" and "focusing" techniques include:
 - Asking open-ended questions.
 - Using active listening—summarizing or reframing statements.
 - Interviewing children, youth, and families with a focus on potential solutions.
 - Encouraging children/youth and family to identify their own needs.
 - Asking children/youth and families to identify their own wishes, hopes, and goals and adjusting interventions to be supportive.
4. **Be supportive:** Empower families to rebuild or strengthen their internal relationships and their connections with formal and informal supports.
 - Creatively and continuously ask the child/youth and family about extended family or other non-relative supports.
 - Coach families to advocate for themselves by modeling self-advocacy, patience, and problem solving.
 - Assist the family in identifying service needs.
 - Explore how the family has solved problems in the past and identify formal or informal supports that were helpful.
 - Encourage mothers to identify fathers, explaining the benefits to children and youth of involvement with their fathers and paternal family.
 - Reach out to non-custodial caregivers.

Engagement with New Cases

1. **Acknowledge feelings and build rapport:** Acknowledge that during the removal process, the child/youth and family have been through a traumatic experience that may have soured their view of the agency as a partner in helping them. Develop positive rapport beginning with the initial contact, and work to maintain it throughout the life of the case.
 - Clarify the distinct roles of the CPS investigator and ongoing social worker to encourage engagement in the ongoing work of the case.
 - Address the child/youth and family in a professional and respectful tone. Take care with word choices, particularly when addressing sensitive issues.
 - Clarify the legal aspects of removal in plain language and explain how decisions are made based on circumstances of the case. Avoid jargon.
 - Assist the family in identifying their immediate needs and help to meet them.
 - Recognize that families have a right to self-determination and want to make good decisions for their children.
 - Help families to recognize their own resilience and strengths and to use this knowledge to meet current needs and solve current problems.
 - Model behavior to help family members express their feelings—that is, use strength-based, solution-focused language.
2. **Overcome resistance:** Children, youth, and families may resist engagement, especially early in the process.
 - Acknowledge the emotional conflict and accept expression of negative feelings, such as mistrust of the social worker and child welfare system. Understand initial expressions of anger in context and avoid allowing these to taint the overall impression of the child, youth, or family.
 - While being mindful of Adoption and Safe Family Act (ASFA) timelines, recognize that building trust takes time and is a prerequisite to full engagement in teaming.

Re-engagement

1. **Reach out regularly:** Federal standards require efforts to engage “absent” parents every six months. Reach out to mothers and fathers who have not been engaged and work to bring them in as team members.
 - When contact information is unknown, use diligent search and individuals—including the child or youth, who may know parental whereabouts—to locate parents and other relatives.
 - When contact information is known, send a certified letter, make a phone call, and/or go to the home to contact the parent(s).
2. **Use effective techniques:** Approaches that can help in re-engaging parents include:
 - Talking about significant issues regarding the child or youth (i.e., how he/she is doing in school, medical needs, future plans, etc.).
 - Asking how the parents would like to be involved.
 - Asking whether other family connections can be made for the child/youth in regard to continued support or permanence.
 - Being honest about the case and where it is headed in regard to permanence.
 - Updating parent contact information in FACES.
 - Inviting the parent to the next team meeting.
 - Collaborating with the parent to determine whether he/she could benefit from interventions or services.
 - Assessing whether visitation is appropriate and desired and if so, preparing the child/youth and parent.

n Teaming

Engagement is the critical building block of teaming. The social worker develops the team by engaging the child (when age-appropriate) or youth, birth family (including non-custodial caregivers), and resource parents and/or congregate care providers. Teaming also includes key service providers and other informal or formal supports. The social worker continuously asks the child/youth and family who else they would like have on the team. Youth need as much self-determination as possible in deciding about family members to be part of the team. When appropriate, the social worker asks the child/youth or family member to provide an introduction before approaching a new team member. The social worker engages team members so they contribute to building a strong, trusting, productive, and lasting team. Team members that the child/youth and family trust can often help the social worker engage with reluctant clients.

When family members or youth choose not to engage in services, team members can:

- Work individually with a non-participating family member to ascertain the reasons why.
- Discuss alternative methods of engaging the family member during group supervision or team conferences.
- Hold a family team meeting.
- Continue to reach out to the mother, father, and relevant extended family members at least every six months.

n Supervision

Supervisors ensure social workers engage appropriately with the child/youth and family. It is especially important for supervisors to support social workers in working through the challenges of engagement and can be beneficial for the supervisor to meet relevant parties.

1. Encourage social workers to identify and reach out to extended family members, especially fathers, no matter how long a case has been open. Use a genogram or other creative method.
2. Brainstorm with social workers about how to identify immediate family needs and empower and support the family in solving their simplest problems quickly.
3. Talk about the power imbalance between the child welfare system and families and how social workers can partner with families while still enforcing rules.
4. Assist social workers in creating a balance between giving parents time to trust the system and moving the child/youth to permanence.
5. Listen to how social workers talk about families and attend to any biases or judgments. Solicit information to reveal areas where social workers could benefit from professional development.
6. When social workers plan to re-engage a family member, help them plan how to make contact and what to say.



Assessment

Key Outcomes of Effective Assessment



Children/youth are safe.

Interventions to protect children and youth are in keeping with the level of risk they are facing. Children are safe in their out-of-home placements, at school, and in the community. Results of assessments inform and bolster team confidence in decisions about when to reunify or change the permanency goal of a child/youth.



Children/youth and families benefit from attention to their strengths and needs.

Sound identification of strengths and underlying needs helps the team to tailor the case plan for optimum assistance and support to the child/youth and family. Reassessment helps to reveal in-home services that could ensure safety and speed reunification.



Children/youth achieve permanence promptly.

Team members understand trends in safety and risk throughout the life of the case and intervene, as necessary, to increase safety and reduce risk. Ongoing assessment assists tracking of case progress and signals when a change is warranted in case strategies and/or the permanency goal for the child/youth. The child/youth reaches permanence in the shortest time possible and improves in overall well being.

n **Philosophy**

Assessment begins at the time of engagement. Information gathered through initial conversations becomes the foundation for ongoing assessment of the child/youth and family. The family assessment is an integral part of empowering youth and families and minimizing their dependence on formal social services systems. We recognize that families, children, and youth possess strengths they can draw upon to change. When assessing families, we identify and build up these assets, while recognizing that families are partners in decision making. In doing so, we also acknowledge that “family” is identified in many ways for our youth. “Family” may be a young person’s coach, mentor, teacher, or friend. However family is defined, we recognize that families are diverse and must be approached in a manner respectful of this diversity.

n **Definition**

A family assessment identifies and evaluates the current level of family functioning, the current risk to children/youth of abuse/neglect, and the family’s strengths and service needs. It includes a process of gathering information about the family from a number of different sources to develop a clear sense of major issues the family is facing. Several tools may be needed to complete a successful assessment. Assessment continues in tandem with services to ensure children/youth are safe throughout the life of the case and to help in identifying permanency resources for them. A risk assessment looks at the likelihood of future maltreatment, and a safety assessment evaluates present danger and any intervention needed to protect the child/youth. An assessment is necessary for the social worker to gain a deeper understanding of a family’s current and past situation, family dynamics, underlying issues, and strengths and concerns from all team members’ points of view. Ultimately, the family strengths and needs assessment aids in identifying the most appropriate services to help families overcome the challenges they are experiencing. The family is at the center and must be involved in the

assessment process. Depending on the circumstances of the case, the family may be defined as the biological mother and father, other household members and extended family, and the relative or non-relative adoptive or guardianship caregiver.

n Social Work

1. **Safety/risk:** Assess safety and risk factors from initial contact to case closure.
 - Use evaluation tools such as Structured Decision-Making (SDM)TM, genograms, and family group decision conferences.
 - Address the family's concrete needs as soon as possible.
 - Assess risk and safety factors in out-of-home placement settings, school, the neighborhood, and biological family homes to ensure maltreatment does not occur.
 - Address imminent safety issues immediately in a manner relevant to the situation through techniques such as counseling, coaching, and teaching. A placement change should occur only if the child/youth is in imminent danger.
2. **Strengths:** Assess child/youth and family strengths during the initial contact and each subsequent contact until case closure.
 - Assist families in recognizing their own strengths and accomplishments.
 - Integrate observations about strengths and needs with the family's own perspective.
 - Assist families in mobilizing their strengths to raise the level of family functioning.
 - Assessment includes not just how well the family is currently functioning but also a realistic expectation of their ability to change and to address safety and risk factors.
3. **Needs:** Base assessment on significant family history and knowledge of the individual family system, including information relevant to child/youth and family needs. Assess needs as circumstances change throughout the life of the case via interviews with the child/youth, family, and other relevant team members.
 - Assist the family in identifying its own natural family supports, including maternal and paternal relatives, fictive and biological kin, and community resources.
 - Obtain and use family history, educational history, and any substance abuse or domestic violence history. These can be found in case records, school reports, substance abuse evaluations, medical reports, mental health evaluations, and interviews.
 - Assessment is not limited to the birth family. Address the safety and appropriateness of out-of-home placements and school programs, effectiveness of therapy, and quality of parent-child visits.
 - Use engagement tools, such as open-ended questions and active listening, to gather information.
 - Focus on identifying underlying issues, not just immediate, concrete needs.
 - Contact all parties who have information pertinent to the case, including resource parents, GALs, former social workers, and service providers.
4. **Formal assessments:** When needed, use formal assessments such as psychological and educational evaluations. Share results with appropriate team members to inform case planning.

n Teaming

Assessment is a joint process between the entire family, including non-resident parents, and the social worker. The process evaluates and identifies the family's level of functioning, the current risk of abuse or neglect to the child or youth, and the family's strengths and service needs,

especially as related to safe case closure. Assessment continues throughout the duration of services.

1. Keeping lines of communication respectful and open facilitates assessment.
2. Have an open discussion with the family, support staff, and legal professionals about needs, strengths, concerns, accomplishments, and perspective on the situation.
3. Begin teaming with the family and other professionals as early in the life of the case as possible so their insights become part of a comprehensive assessment.
4. In addition to other sources, seek family and case history information from other agency staff and the case record.
5. Share results of assessments with the family promptly during case planning discussions.

n Supervision

1. When a social worker is having trouble getting a formal evaluation scheduled, intervene.
2. Read formal assessments and ensure social workers implement recommendations.
3. Work with social workers on interviewing skills.
4. Help social workers see assessment as an ongoing process to prevent pushing for all the information in the first conversation.
5. Assist social workers in interpreting assessment information to inform case planning.
6. Ensure thorough follow-through on service needs.
7. Assist the social worker in using assessment information to create an overall picture of the family and their strengths, needs, and challenges.
8. Use role-playing to build skills and increase confidence.

Case Planning



Key Outcomes of Effective Case Planning



Each child/youth has a sound roadmap to permanence.

The child (when developmentally appropriate) or youth, birth parents (including non-custodial parents), extended family, and caregiver participate in developing the case plan, which is written in terms everyone understands. The case plan addresses safety, states the goal for the child/youth, and provides clear direction for achieving that goal.



Children/youth and families experience timely, effective casework.

All team members know the goal for the child/youth, the plan for achieving it, and their role in that plan. Team members actively monitor and adjust the case plan as child/youth and/or family needs, behaviors, and/or circumstances change.



Children/youth achieve permanence promptly.

The child/youth reaches permanence in the shortest time possible and improves in overall well being.

n **Philosophy**

Assessments inform case planning. The case planning process, then, is developing a roadmap for moving the child/youth to permanence promptly while also addressing his/her safety and well being. Effective case planning and management rely on child/youth and family strengths as the foundation for positive change and the tools to reach their goals. All case planning involves recognizing and affirming these strengths.

In a strength-based, solution-focused approach, the child/youth and/or family define and monitor goals for themselves to achieve timely permanence. Case planning is a dynamic process in which professionals use rapport to identify and consider the unique strengths, needs, psychological stressors, support networks, and coping skills of each child/youth and family. It is critical for the child/youth and family to be consistently involved in case planning. Concurrent planning is an important element that supports timeliness in achieving permanency goals. The team can plan concurrently, regardless of whether the court orders a concurrent permanency goal.

n **Definition**

Case planning is a cooperative effort in which the social worker assesses the child/youth and family needs in partnership with the family and other team members. This is the basis for developing a program of interventions that sufficiently address necessary behavioral change and move the child/youth toward permanence. Case plans consist of:

- Child/youth and family strengths and needs, as outlined in the Structured Decision Making (SDM)TM tools.
- Overarching goals with specific, measurable, achievable, relevant, time-sensitive (SMART) objectives and steps that support the goals.
- An outline of specific interventions to address safety and well being and to achieve timely permanence.

- Progress toward achievement of goals since development of the previous case plan (if applicable).
- The schedule for parent-child and child-sibling visits.

Concurrent planning takes steps towards a secondary permanency option while also continuing to work toward the primary permanency goal. It is much more than simply having a backup plan in case the primary goal falls through. At the first permanency hearing, the court adopts one goal only, but the team should continue to plan for a secondary option for permanence.

n **Social Work**

General Activities

1. **Assess:** Work with the child/youth and family to assess strengths and needs for inclusion in the case plan.
 - Identify challenges/stressors they encounter.
 - Emphasize occasions when the child/youth and/or family achieved success.
 - Identify and reinforce strengths.
 - Consider factors that reinforce safety and stability in the home and community.
2. **Develop:** Use the initial team meeting and any subsequent meeting to facilitate team development of a relevant, comprehensive, timely case plan. Start with a blank case plan instead of handing out one that is already partially filled in.
 - Determine relevant and appropriate case goals with the child/youth and family. (Goals must be SMART—specific, measurable, attainable, relevant, and time-sensitive—and if the goal is reunification, related to reasons the child came into care.)
 - Determine how the child/youth and family want to achieve case goals. Not every goal requires an external service provider to achieve it.
 - Assist in identifying informal supports who can help the child/youth and family achieve goals.
 - When external service providers are necessary, match services that are accessible to the family to identified needs. Describe expected outcomes of services.
 - Identify each team member's responsibilities.
 - Determine realistic time frames for achievement of objectives and tasks.
 - Determine how the team will measure accomplishment of objectives and goals.
 - Ensure the parents, resource parents, child/youth understand and sign the case plan document, as appropriate. Give them copies.
3. **Implement:** Collaborate with the team to implement the case plan.
 - Contact necessary service providers to arrange services.
 - Follow up to make sure services begin in a timely manner.
 - Ensure services continue and that the child/youth and/or family is participating.
 - Work with the team member responsible for each step toward goal achievement to make sure s/he is making progress.
4. **Track and adjust:** To remain relevant, the case plan must reflect changing circumstances for the child/youth and family. Collaborate with the team to track and adjust the case plan as frequently as necessary to keep it vital.
 - Monitor the effectiveness of interventions, services and service providers, and child/youth and/or family progress toward goal achievement.
 - Modify steps and objectives if the original ones are not resulting in positive change or anticipated outcomes.

- Change the permanency goal for the child/youth when necessary to ensure achievement of permanence.
5. **Undertake concurrent planning:** The team should develop a concurrent plan for permanence.
- Identify a secondary option for permanence.
 - Take steps to license the secondary option as a placement for the child/youth, if applicable.
 - Ensure all parties are aware of the concurrent goal and requirements and timelines for achieving it.
 - The team should regularly revisit the concurrent plan to ensure steps progress and that it remains a viable option.

Youth Case Planning

1. **Preparation for adulthood:** Regardless of the youth's permanency goal or placement, ensure development of a solid plan for life skills education/training and other preparations for successful adulthood.
 - Facilitate regular team meetings, soliciting feedback from the youth about what s/he would like to achieve and who else should participate on the team.
 - Team with the caregiver (family-based or congregate) to ensure the youth is learning life skills in the placement.
 - Monitor progress in mastering life skills.
 - Ensure the caregiver is a member of the team and a full partner in developing and monitoring the case plan.
 - Use all available resources to ensure the youth has housing if s/he is likely to remain in care until age 21.
2. **Life-long connections:** Work continuously to ensure all youth have permanent connections to at least one adult who is safe, stable, and able to provide a supportive relationship, love, unconditional commitment, lifelong support, and guidance and supervision as the youth transitions from foster care to self-sufficiency. The youth should also have the opportunity to maintain contacts with important people, including siblings.
 - Speak to the youth continuously about adults in his/her life.
 - Reach out to these adults, as authorized by the youth, to include them in case and post-permanency planning.
 - Mine the case file for information about family members and others who may no longer be involved but who may represent opportunities for re-engagement.

n Teaming

Case planning is a team activity, especially including the child/youth and family. Family members may not always agree with team decisions or choose to participate in case planning, but they must be informed of the decisions and actions. Because children/youth and families have multiple, complex needs that require a variety of helping services, establishing teams is critical to achieving safety, permanence, and well being. Often, more than one entity working with the child/youth and family also has a case plan—for example: the school, mental health agency, or congregate care provider. Integration of these case plans is important to guard against conflicting goals and to ensure team members reinforce each other's work.

Team meetings are the ideal way to create and update case plans. Case planning team meetings bring together the child/youth, caregiver (family-based or congregate), family, and service providers to.

- Share assessments and evaluations.
- Compile case plans from all sources and develop an initial child welfare case plan that becomes primary.
- Assess progress toward previous goals and objectives and effectiveness of interventions.
- Create new goals and objectives or update previous ones.
- Determine who is responsible for next steps and the timeline for achievement.
- Establish the date and time of the next meeting.

Teaming continues outside of meetings as well. The social worker maintains regular contact with all team members to monitor participation in services; assess progress, strengths, and needs; and resolve crises that may require the team to adjust the case plan.

n Supervision

1. Meet with social workers before team meetings to help set agenda.
2. Ensure case plans have goals, objectives, and steps that are SMART—specific, measurable, attainable, relevant, and time-sensitive.
3. Make sure tools, such as Youth Transition Plans, are completed and incorporated into case planning.
4. Encourage social workers to continuously assess child/youth and family underlying needs as well as strengths.
5. Ensure teamwork around the case plan is moving the child/youth towards the primary and concurrent permanency goals
6. Consider whether reunification is possible and whether a goal change to reunification is warranted.
7. Ensure social workers include the child/youth and family in all parts of the work.
8. Ensure social workers enter document team meetings in FACES.
9. Ensure that appropriate family members are participating in case planning and that social workers are obtaining their documenting signatures on the case plan.

Placement



Children/youth are safe and experience the minimum trauma possible.

Children/youth are safe and receive good care in the placement setting. They are placed with family, including siblings, first whenever possible and maintain family relationships regardless of placement setting. Whenever possible, children/youth remain in their same school and continue participating in familiar extra-curricular, religious, social, and extended family groups and activities.



Children/youth have stability and caring attention to their needs.

Children/youth experience consistency in caregivers and minimal placement changes. When a change is necessary, the child/youth is well prepared and receives emotional support from the team in making the transition. Birth parents and caregivers have a relationship that supports child/youth well being. Caregivers meet the physical, emotional, and developmental needs of children/youth in placement.



Children/youth achieve permanence promptly.

When a child/youth cannot return home, s/he is placed, whenever possible, in a planned, timely manner with a caregiver likely to become a permanent resource. The child/youth improves in overall well being and reaches permanence in the shortest time possible.

Philosophy

When parents cannot or will not ensure child/youth safety and well being, child welfare (with court permission) must temporarily remove the child/youth to a safe, nurturing setting while working to re-establish permanence for him/her. In the event that children/youth must be separate from parental care, it is imperative to maintain family connections. A good way to do that is through placement with siblings and/or kin.

When kinship placement is not an option, a foster home offers children/youth the least restrictive, most family-like setting. However, some children/youth require the intensive supervision of congregate care to address emotional and behavioral difficulties, abscondance, truancy, substance abuse, or other issues. When possible and clinically appropriate, the goal is to transition children/youth in congregate facilities back to family settings.

A broad goal of the child welfare system is “first placement-best placement” so that children/youth can remain in a single setting that meets their needs until they regain a permanent home. The placement provider, whether family-based or congregate, acts in a parental role, ensuring children/youth are safe and attending to their healthy development. Because placement disruptions re-traumatize children/youth, efforts to prevent disruption are diligent.

Placement stability is important. The team must work together to make the best placement decision for each child/youth. Team decision-making is critical around planned moves toward permanence or placement with siblings. Out-of-home social workers focus on maintaining safety and stability in placements through ongoing assessment of the appropriateness of the setting and interventions as necessary to support child/youth safety, well being, and timely progress to permanence.

n Definition

Placement is out-of-home care of children/youth in a licensed kinship or foster home or congregate facility or program where the caregiver(s) meet their individual needs. Ideally, placement is temporary and short-term because the child/youth achieves permanence quickly. Whenever possible, placement decisions consider child/youth established relationships and allow the opportunity for kin or fictive kin to become the caregivers.¹ Placement decisions also consider the child's or youth's permanency goal; preferences (for those old enough to express them); current functioning and behaviors; medical, educational, and developmental needs; past experiences; religion and culture; connection with the community; school; and interests.

n Social Work

1. **Minimize trauma:** Do everything possible to minimize the trauma that initial placement and every change in placement cause for children/youth.
 - Whenever possible, facilitate pre-placement visits between the child/youth and caregiver.
 - Explain the situation to the child/youth at a level s/he can understand. Be forthright about when the placement will occur.
 - A staff person the child/youth knows should be present during a placement transition.
 - Make sure the child/youth and caregiver know a social work visit will take place within a week to ensure safety and appropriate adjustment and that visits will occur once a week for the first four weeks and twice a month thereafter.
 - Support caregivers in helping children/youth maintain connections with their birth family members and other significant individuals.
 - Do not allow personal biases to interfere with placement of a child/youth in a licensed foster home.
2. **Inform and include caregivers:** Communicate with caregivers respectfully, openly, and frequently and include them as full and valued members of the team.
 - Inform caregivers about child/youth strengths and challenges before placement or as soon as information becomes available.
 - Ask caregivers what support they need to meet the needs of the child/youth.
 - Be open with the child/youth and caregiver about the permanency goal and how long the child/youth is likely to remain in the placement.
 - Notify the placement office, attorneys, and birth and foster parents of any change in placement in a timely manner—immediately for emergency placement changes and at least 10 days in advance for planned changes.
 - Provide clinical justification and seek supervisory approval when deciding to disrupt a placement against the wishes of the foster or kinship parent.
3. **Plan for well being:** Ensure a comprehensive and appropriate plan is in place to meet the child/youth needs (educational, developmental, medical, and emotional) during placement.
 - Coordinate any change in the child's or youth's school and childcare arrangements. Ensure transportation to and from school and childcare. Make every effort to maintain the child/youth in his/her current school.
 - Inform the caregiver of any medications the child/youth takes and any allergies s/he has. Give the caregiver the complete Placement Passport (placement packet), including medical passport information.

¹ Fictive kin are individuals not related to a child/youth through birth or marriage but who have an emotionally significant relationship with the child/youth that simulates a family relationship.

- Inform the caregiver in advance of appointments for the child/youth including therapy sessions and family visits. Remind the caregiver s/he is responsible for keeping the appointments, including transporting the child/youth. Coordinate subsequent appointments with the caregiver.
4. **Prevent placement disruptions:** Stay alert for signs of trouble and respond proactively.
 - Visit regularly to ensure the child/youth is receiving necessary medical and mental health services and that these services are meeting child/youth needs.
 - Communicate child/youth needs to caregivers both verbally and through an updated placement packet that provides information on well being.
 - Communicate regularly with the caregiver to identify issues and assist in resolving them expeditiously.
 - Ensure timely provision of childcare to meet caregiver needs, including preserving employment, which increases the likelihood of preserving the placement.
 - Engage the team in regularly reviewing and ensuring fulfillment of both child/youth and caregiver needs. Draw on the team to increase support, when necessary.
 - Be alert for frustration and other signs that a caregiver might request a placement change. Work with the caregiver to resolve issues.
 - Use respite when available and appropriate.
 5. **Plan for permanence:** When reunification is no longer possible for a child/youth, a positive, planned placement change may be a good step toward permanence.
 - Consider initial placement options geared toward permanence in the event reunification does not occur.
 - Make every effort to locate relatives and explore their ability to act as a foster caregiver the child/youth.
 - When the team decides to shift a goal from reunification to adoption or guardianship, team members should also coordinate any subsequent planned placement change that moves the child/youth closer to permanence.
 - If during an ITILP meeting, the team has planned for a youth to obtain his/her own stability through an appropriate life-long connection, or if the youth has identified an apartment in preparation for transitioning out of foster care, initiate legal action to terminate government jurisdiction when appropriate and in the best interests of the youth.

n Teaming

When possible (except in emergencies), the team makes the decision to place or change the placement of a child/youth. The team should strongly consider appropriate wishes of the child/youth and family and placement options that will best facilitate maintaining birth family bonds and timely permanence for the child/youth.

Social worker use of the team is critical to minimizing trauma associated with changes in placement and maintaining child/youth stability. The likelihood of stability increases when the team's comprehensive and sensitive assessment of child/youth, family, and caregiver needs determines the support and interventions these people receive.

1. The social worker creates opportunities for team members to share information about placement appropriateness and supports.
2. The team works to minimize multiple placements by continually re-assessing services the child/youth receives and whether movement to permanence is steady.
3. The team assesses the need for the child/youth to continue in out-of-home placement.

4. The social worker regularly uses the team's knowledge to conduct thorough, ongoing assessment of the appropriateness of a placement, to identify supports, and to make placement and service decisions.
5. If the child/youth must change schools, the social worker communicates with personnel at the new school to ensure they can meet the educational needs of the child/youth.
6. The child/youth and team may want to identify an individual, such as a tutor, mentor, friend, or therapist, who is a consistent support and can help the child/youth through the transition period by providing additional encouragement.
7. The court, AAGs, GALs, and parents' attorneys have important roles during placement disruptions in reassessing with the family and team whether the child/youth is making adequate progress toward the permanency goal.
8. Caregivers are critical team members in planning for permanence. Social workers should encourage a mentoring relationship between caregivers and birth parents.
 - Share information about the family situation with the caregiver. Clarify that phone calls and visits between the child/youth and family are important.
 - Encourage the caregiver to foster a collaborative relationship with the birth parent(s) and family to maintain bonds in preparation for possible reunification.

n Supervision

1. Monitor and provide feedback to social workers on whether notification of all team members, including service providers and attorneys, of initial placement or placement change is successfully completed.
2. Monitor and provide feedback on social workers' efforts to identify relative placement options.
3. Weigh in on challenging decisions regarding placement.
4. Monitor and provide feedback on social workers' use of the team and home visits to anticipate and intervene to prevent placement disruptions.
5. Monitor and provide feedback on child/youth progress toward timely permanence and the expected duration of out-of-home placement.
6. Set clear expectations that case aids/social services assistants (SSAs) are to support social workers during placement transitions.
7. Encourage social workers to discuss distinctions in roles and responsibilities with the caregiver.

Visitation



Key Outcomes of Effective Visitation



Children/youth are safe and nurtured in care.

The child/youth has a relationship with and can count on regular visits from the social worker who focuses caring attention on his/her safety and well being. Regular visits also deepen the partnership between the social worker and caregiver and social worker and family on behalf of the child/youth. The child/youth feels safe in care and receives services and support that improve his/her well being. When the goal is reunification, parental/family capacity to protect and nurture steadily improves.



Children/youth in care maintain important relationships in their lives.

Removal temporarily disrupts, but does not break, family bonds. When clinically appropriate, the child/youth and family remain connected through regular visits in a safe, supportive setting. The child/youth maintains important life connections, which helps to reduce the trauma of removal and enhances overall well being.



Children/youth achieve permanence promptly.

Adherence to a schedule of regular visits helps to speed reunification and maintains important life connections for children/youth with other permanency goals. The child/youth reaches permanence in the shortest time possible and improves in overall well being.

n **Philosophy**

Regular social worker visits to children/youth in care are essential to strengthen their relationship, ensure the child/youth is safe and receiving good care, support and assist the caregiver, and assess progress toward permanence. Each visit has a purpose related to safety, well being, and/or permanence. On occasion, a qualified designee may conduct a visit for the social worker. However, to achieve the purpose of each visit, the person conducting the visit is consistent, knowledgeable about the case, and known to the child/youth and caregiver.

Children/youth in care have a right to visitation with parents, siblings, and other kin (unless clinically inappropriate). This is not a special privilege the child/youth has to earn through good behavior. Visitation is essential for supporting the child/youth in care, maintaining family connections, and speeding reunification (when that is the goal). Fathers and paternal relatives are important family members, and social workers encourage them to visit with their children/youth regularly. The team develops a regular and frequent schedule of parent-child and child-sibling visits as part of the case plan, and the social worker and caregiver partner in adhering to the schedule in the best interest of the child/youth.

n **Definition**

Visitation is regular face-to-face contact among the social worker, child/youth in care, and family. Types of visits include:

- Social worker with child/youth and caregiver in the placement setting.
- Social worker with birth parent(s).
- Child/youth in care with birth parent(s).
- Child/youth in care with siblings.

- Child/youth in care with extended family and others important in their lives.

Barring a compelling reason in the best interest of the child/youth to limit or deny visitation, it is essential for the child/youth in care and parents to have regular visits. This includes opportunities for parents who are incarcerated. Visitation at home or in the community is preferable, with restrictions based on safety concerns only. The social worker should constantly assess the location and duration of visits and make flexible arrangements within court parameters if all parties agree. Social workers should also encourage birth parents to attend school functions.

Regarding social worker visits to children/youth in care, best practice is to see them frequently in their placement setting. Because the social worker must make informed recommendations about safety, permanence, and well-being to the court, the face-to-face contact of a visit is the ideal way to assess child/youth needs, how well the placement setting is meeting those needs, and whether progress toward permanence is proceeding apace. Visits are also an opportunity for the child/youth, caregiver, and family to ask questions or state concerns to the social worker. A successful visit incorporates effective communication, furthering of the partnership with participants, and sensitivity to and respect for cultural differences. Quality visits should support deeper engagement of birth parents and the child/youth and move them forward in line with their case plan.

To achieve the goals of visitation, social workers should use them as opportunities to gather useful information about family social history, generate an exhaustive family assessment, create or support the case plan, and strengthen partnership.

n Social Work

Information below outlines best practices for visits in general first and then addresses specific types of visits that may not apply in every case. When two birth parents or caregivers are involved, social workers should meet with both regularly rather than engaging and communicating solely with the primary parent or caregiver. Caregivers include foster parents and congregate care staff. When visiting a congregate care placement setting, the social worker should meet with staff who are aware and actively involved with the child/youth.

All Social Worker Visits

1. **Improve partnerships:** Quality visits are the vehicle for building, strengthening, and deepening relationships with children/youth, family, and caregivers.
 - Demonstrate a genuine interest in the development of the child/youth and family through appropriate eye contact, body language, and verbal messages.
 - Address the child/youth and family in keeping with their cultural expectations.
 - Use active listening to ensure communication is clear.
 - Compliment the child/youth and family on past and present success.
 - Use open-ended questions and solution-focused interviewing techniques.
 - Treat participants with respect, including being mindful of perceived differences in power.
2. **Document visits promptly:** Document all visits in FACES within 72 hours. Include observations related to safety and risk as well as details of interactions with participants and among participants.

Social Worker Visits with Child/Youth in Care and Caregiver

1. **Safety first:** During every visit, assess to ensure the child/youth is safe, receiving good care, and improving in overall well being.
 - Spend part of each visit with the caregiver and child/youth together and part alone with each.
 - Speak with the child/youth about his/her daily activities and how to remain safe outside the care setting—in the community or at school, for example—with a focus on preventing future harm.
 - Discuss ability to self-protect and practice self-care including personal hygiene, safe sex practices, saying no to drugs and alcohol, and gynecological health (for female youth).
 - Assess caregiver-child interaction and caregiver responsiveness to the child/youth basic needs.
 - Observe the physical environment for basic supports (such as food, utilities, and cleanliness) and potential hazards.
 - Identify factors that could place the child/youth at risk, and engage the caregiver in formulating a safety plan that addresses them.
 - Determine effectiveness of current services for the child/youth and whether he/she needs additional help to improve overall well being.
 - Engage caregivers in assessing child/youth mastery of age-appropriate basic skills and providing the guidance and coaching necessary to support healthy child/youth development.
 - Ask the caregiver about his/her relationship with the child's or youth's birth parents and his/her potential role as a mentor to them.
2. **Progress to permanence:** Discuss with caregivers the status of progress in regard to the case plan. Identify next steps to move the child/youth to permanence and safe case closure.

Social Worker Visits With Older Youth in Care

1. **Plan:** When developmentally appropriate, help the youth develop a vision of the requirements of adulthood. Engage the youth in developing a meaningful case plan that includes milestones in preparation for future success as well as permanence.
2. **Build capacity:** Regardless of the permanency goal, ensure the youth is developing the skills and capabilities for successful adulthood, and actively assist that process.
 - Engage the youth in assessing his/her progress toward key goals such as graduating from high school, getting a GED, getting a job, opening a bank account, and budgeting. Offer guidance and support to overcome barriers, and celebrate successes as the youth achieves interim steps and overall goals.
 - Solicit the youth's perception of whether services s/he is receiving (such as therapy, tutoring, mentoring, or life-skills training) are beneficial and effective.
 - When necessary, think creatively about service approaches that could increase youth engagement, current well being, and preparation for success in adulthood.
3. **Support healthy, enduring connections:** Actively engage and support the youth in developing and strengthening positive, meaningful, lasting relationships with caring adults and peers.
 - Use visits as opportunities to assist youth in healing from lingering grief and loss.
 - Help the youth develop a vision of the components of healthy relationships.
 - Encourage youth to identify positive, meaningful adults and peers in their life.
 - Nurture and coach youth in strengthening positive, meaningful relationships.

Social Worker Visits with Birth Parents

1. **Assist and support:** Promote parental self-sufficiency, independence, empowerment and stability.
 - Approach the family with respect and a positive attitude.
 - Focus on family strengths and articulating them in oral and written communication.
 - Assist parents in setting and achieving important life goals (e.g., education, employment, and sobriety).
 - Work jointly with parents to increase protective factors and reduce risk of future maltreatment.
 - Model advocacy and negotiation skills so parents gain ability to advocate for themselves, use resources, and navigate systems effectively.
 - Encourage use of key life and parenting skills to avoid and resolve problems related to parenting.
 - Reference the case plan to assess progress regarding goals and timelines mandated under law and work through barriers.
 - Explain and discuss the need for concurrent planning and the parent's role, if appropriate.
 - Solicit feedback on services.
 - Address parental readiness for reunification when that is the permanency goal.
2. **Ensure safety:** During every visit, assess the safety and risk of children/youth still in the home.
 - Assess parent-child dynamics (interaction) and parental responsiveness to child/youth basic needs.
 - Observe the physical environment for supports (such as food and utilities) and hazards.
 - Engage parents in identifying factors that could place children/youth at risk in the home and actions to reduce risk.
 - Work with parents to formulate a safety plan that diminishes immediate danger and future risk.
 - Engage parents in discussing the needs of children/youth remaining in the home and assist them in accessing necessary services.
 - Assist the family with basic needs, such as food, housing, or medical care, to prevent them from slipping into crisis.
 - Coach parents in developing structure, family rituals, and routines (e.g., morning and bedtime time schedules and eating meals together).
3. **Strengthen capacity to parent:** Encourage and facilitate the family's active identification of resources that can strengthen their caregiving capacity.
 - Encourage identification of maternal and paternal relatives and fictive kin who may support the immediate family and permanency plan.
 - Identify and acknowledge other kin who can assist in parenting and model nurturing relationships.
 - Discuss the role of foster parents as resources for expanding parenting skills. Encourage a trust-based relationship with foster caregivers, if appropriate, and a shared plan to meet the parenting needs of the child/youth in placement.
 - Encourage use of informal support networks such as family, faith-based organizations, and community resources that can endure after case closure.
 - Discuss the role of extended family in concurrent planning, if appropriate.

Child/Youth Visits with Siblings, Birth Parents, and Extended Family

1. **Supervised visits:** Supervised visits are good opportunities to model and encourage positive parenting skills and healthy family interaction.
 - Observe parent-child/youth interaction and provide feedback and positive reinforcement.
 - Assess parental knowledge about child development and whether parental expectations for children/youth are realistic and age-appropriate.

- Model healthy interaction and communication between an adult and child/youth—encouraging parents to ask about school and other activities, for example.
 - Assist the parent in helping the child/youth build skills and abilities—perhaps by planning and going on outings during visits. Whenever possible, hold visits in the community, not in the agency office.
 - Provide examples of developmentally appropriate and non-physical options for discipline.
 - Be alert to signs of stress in parents, normalize parental stress when appropriate, and provide a forum for expression of stress.
 - Whenever possible, social workers shall not hold visits at the agency's office.
 - Be alert to inappropriate interactions and intervene as needed.
 - Suggest and assist the parent in taking photos during family visits and giving prints to the child/youth.
2. **Unsupervised visits:** Work with the child/youth and parent to establish goals for each visit.
- In advance of the visit, engage the parent in making the time together meaningful and demonstrating appropriate parenting skills. For example, suggest planning a visit to a museum, a picnic, spending time with extended family, celebrating holidays, or any healthy activity geared to the family's interests and means.
 - Prepare the child/youth for the visit, taking care to address any issues or concerns s/he has about it.
 - Assist the family, whenever possible, in accessing material resources necessary to make visits safe and meaningful.
 - After the visit, communicate with the parent, child/youth, and caregiver to assess how it went and if anything needs to be addressed before the next visit.
 - To assess and tailor assistance to family needs, periodically drop in on and observe unsupervised visits.
3. **Sibling visits:** Sibling visits should occur regularly. If the child/youth is visiting their parents, sibling visits can occur in the birth parents' home or in another family-like setting, according to the case plan and court orders.
- Ask about any siblings not in care that the child/youth would like to see, and arrange visits.
 - Encourage caregivers to coordinate sibling visits and to allow telephone contact, when appropriate.
 - For supervised sibling visits, plan age-appropriate activities, and encourage appropriate sibling interaction.
 - For unsupervised sibling visits, talk to the child/youth afterwards to find out how it went.
 - With the caregiver, assess any behavioral issues that arise after sibling visits and address them.
4. **Extended family visits:** Child/youth visits with other relatives are important in maintaining family connections for a lifetime.
- Ask about other family members, birth or fictive, that the child/youth would like to see, and arrange visits.
 - Encourage the caregiver to coordinate family visits and to allow telephone contact, when appropriate.
 - Monitor how visits go and address any behavioral issues that arise after visits.

n Teaming

Home visits can be a venue for team meetings. In a comfortable setting, parents, other family, and the child/youth may be more open to participating fully.

The team makes decisions about child/youth-parent and child/youth-sibling visitation. When changes in frequency or participants are warranted, the team, including legal representatives, prepares a plan for presentation to the court. Team members coordinate visits among siblings and between the child/youth and parents, taking into consideration—but not being limited by—procedures that assign family responsibility to the social worker.

As mandated reporters, all professional team members have a responsibility to share information about safety, risk, or well being of the child/youth and family during or as a result of visits. The team assists the family in planning family visits so they are coordinated and result in quality time together.

n Supervision

1. Periodically accompany social workers on visits with birth parents, caregivers, and children/youth. This allows assessment of social worker efforts and indicates how supervision can help in moving the case forward. It also allows formation of a relationship with case participants, providing a more solid basis for supporting social workers in times of need.
2. Assist social workers in setting objectives for visits. After visits, debrief with social workers and coach them in skills that facilitate attainment of visit objectives.
3. Assist social workers in using effective techniques to engage fathers and encourage them to visit with the child/youth.
4. Coach social workers on how to give constructive, strengths-based feedback to visit participants.
5. Help social workers enhance their powers of observation by asking about issues such as:
 - Individuals who may be in and out of the home during visits.
 - Any paramours and their interactions with the child/youth.
 - Questions social workers are asking visit participants and what other information they are gathering.
 - Patterns of behavior that may be of concern and negative cycles in the family that may need to be addressed such as sexual abuse, domestic violence, and substance abuse.
6. Assist social workers in determining when it would be beneficial to make an unannounced visit to gather information that may not be available during a scheduled visit.



Permanence

Key Outcomes of Permanence



Children/youth are secure in a safe, nurturing, forever home.

The child/youth exits the system for a permanent/legal family or, at the very least, with meaningful life-long connections. The child/youth has a place where s/he belongs. S/he knows who will be there to provide support for the rest of his/her life. The child/youth lives safely without involvement of the child welfare and court systems.



Families are empowered and healthy.

All issues that led to removal of the child/youth were resolved before reunification. Birth families and those created through guardianship, legal custody, or adoption solve issues on their own, with the support of personal and community resources. The family is prepared to manage issues that may arise and knows how to access post-permanency support, when needed.

n Philosophy

Permanence is reunification, adoption, guardianship, or legal custody. When these options are exhausted, a youth may be assigned a goal of Alternate Planned Permanent Living Arrangements (APPLA). In these cases, the system ensures youth have an enduring connection with at least one committed adult who is safe, stable, and able to provide (1) physical, emotional, social, cognitive, and spiritual well-being; (2) respect for racial and ethnic heritage and traditions; (3) respect for maintaining natural bonds with the birth family; and (4) life-long support, guidance, and supervision.

The goal of Alternate Planned Permanent Living Arrangements (APPLA) does not allow youth to achieve legal permanence. Whenever possible, youth with the goal of APPLA should achieve reunification, adoption, guardianship, or legal custody regardless of their age. At the very least, every youth in care must have a life-long connection and learn the life skills necessary for successful adulthood (see Case Planning).

Foster care is a short-term intervention. Therefore, the goal of every social worker is to help children and youth achieve permanence as quickly as possible, ensuring future stability. Social workers make every effort to assist birth parents in overcoming difficulties, strengthen ties between them and their children, and achieve reunification while remaining mindful of a young person's sense of time and mandated time frames for achieving permanence. Concurrent planning is an ongoing process until the child/youth achieves permanence (see Case Planning).

n Definition

The legal permanency options for children and youth are reunification, guardianship, adoption, and legal custody.

- **Reunification:** The child/youth returns to the care and custody of the parent or other primary caregiver from whom s/he was removed or to a previously non-custodial parent,

and the case is no longer open with the court. However, in cases where the child/youth is reunified under protective supervision of the court, monitoring of the case continues for a defined period while the child/youth remains in the home.

- **Adoption:** Family Court terminates a child's or youth's legal rights and duties toward his/her natural parents and substitutes similar rights and duties toward adoptive parents. A financial subsidy may or may not be involved.
- **Guardianship:** A relative adult or godparent obtains custodial rights to a child/youth through the Family Court, and a financial subsidy may or may not be involved.
- **Legal Custody:** An adult obtains custodial rights of a child/youth through the Family Court, and no financial subsidy is involved.

When efforts to achieve these permanency options have been exhausted, the alternative is to identify and support lifelong connections for the youth. Social workers must be aware of Adoption & Safe Families Act (ASFA) guidelines, which say that states must file a petition to terminate parental rights for any child or youth who has been in foster care for 15 out of the most recent 22 months, unless documented compelling circumstances not to file the petition are outlined by the team, based on their clinical assessment. The team should identify, recruit, process, and approve a qualified adoptive family on behalf of any child or youth regardless of age and work to achieve permanence within mandated time frames.

n Social Work

1. **Reunification as initial goal:** Pursue reunification first, unless compelling reasons make a different permanency goal necessary.
 - Share information freely with birth parent(s), especially timelines and requirements for reunification.
 - Have a clear plan to achieve reunification and continuously assess family progress toward completion of goals, especially safety and risk factors.
 - Use Structured Decision Making™ or other tools to assist with determining whether reunification is appropriate or not.
 - Submit and follow up on timely referrals for services identified in the case plan, and communicate regularly with all service providers.
 - Ensure child/youth and parent(s) maintain their bond through weekly visitation. Evaluate the quality of visits through observation and communication with the child/youth and parent.
 - Meet regularly with the parent(s) face-to-face.
 - Identify post-reunification services to support the family when the child/youth returns home.
2. **Seek permanent resources:** Diligently seek, assess, and prepare permanent families for children/youth. A temporary caregiver may become the permanent family and should be considered as a serious option for permanence if the child/youth is thriving in the home.
 - Identify family members at the initial Family Team Meeting (FTM) and throughout the case, and assess their viability as placement resources in case the family cannot achieve reunification.
 - Give prospective permanent resources a clear, realistic description of child/youth needs and what to expect as s/he grows older, including identified strengths and challenges.

- Plan with the child/youth and prospective permanent family how they will deal with foreseeable challenges and transitions.
 - Discuss supports and services, including financial incentives and post-permanency resources, with prospective permanent families early and often so they have an idea of how things will change and the extent of their commitment.
 - Be open to the idea that prospective permanent resources may come from unusual or non-traditional sources—adults who have built a connection with the child/youth such as teachers, coaches, or nurses, for example.
 - Recognize that families join the team with a variety of expectations and require individualized guidance or preparation. A foster family that decides to adopt needs different preparation than a family that comes forward looking for a child to adopt.
3. **Prepare the child/youth:** Prepare the child/youth for permanence.
 - Actively solicit input from the child/youth, when developmentally appropriate, to understand his/her preferences regarding permanence.
 - Include the child/youth as an active participant in the teaming process.
 - Discuss permanent options and plans with the child/youth and assist him/her in understanding the risks, benefits, and ramifications of each option (e.g., dispel myths, connect child/youth to a peer who has achieved permanence, engage in conversations about what it means to be adopted, the emotional benefits of living with a foster family versus independent living, etc.).
 - Work with the child/youth regarding feelings of grief and loss and provide therapeutic resources when warranted.
 - Work with the child/youth and relevant team members to create and maintain a Life Book that includes pictures of the child/youth, birth and resource families, and other significant people.
 4. **Prepare permanent resources:** Ensure potential permanent families understand the abandonment and/or trauma the child/youth has experienced and the potential behavioral issues that may result even after the child/youth achieves permanence.
 5. **Eliminate barriers:** Recognize that potential permanent families may be reluctant to give up support systems associated with an open case such as financial reimbursement, social workers, and service providers. Make every effort to work with potential permanent families to resolve barriers to permanence.
 - Explain the value of legal permanency for both the child/youth and parent (i.e., medical, educational decision making, security).
 - Clarify the benefits that will continue after permanence such as Medicaid and college funds.
 6. **Offer post-permanency support:** Connect the child/youth and permanent family to post-permanency supports including the Healthy Families/Thriving Community Collaborative in their neighborhood, the Post-Permanency Resource Center, family members and informal supports, and free or Medicaid-funded service providers.

n Teaming

Achieving permanence is not a process that the social worker can or should complete alone. It requires commitment from the potential permanent caregiver or adult willing to be a life-long connections as well as input and agreement from a number of different participants, including the court. The child/youth should be an active participant in the teaming process, according to his/her developmental abilities.

1. Biological parents should be included in permanency planning, no matter what the permanency goal (unless a TPR has been finalized), and given clear information about the agency's expectations, time frames regarding permanence, and the repercussions of the permanency goal for birth parents. It is best for birth parents to support the permanency goal.
2. Extended family members should also be included in permanency planning and given ongoing opportunities to step forward as permanent placements.
3. Permanency specialists should be included on the team, when applicable, as supports to move the case to timely permanence.
4. The team involved with permanence includes legal personnel, especially AAGs, since the court must approve any plan or goal change. If the judge makes a decision regarding permanence that is contrary to the team's recommendation, the social worker should consult with the AAG to discuss options, including whether appeal of the court's decision is possible.
5. Team discussions regarding permanence (including formal FTMs) should begin as soon as the case opens. The team must focus on achieving timely permanence. Permanency plans should have specific goals and timelines, and consequences must be enforced, unless the team re-evaluates the plan.
6. Turnover of one team member should not derail the permanency plan. If the social worker leaves the agency, s/he must leave clear documentation on how to move forward.
7. Teaming regarding permanence often requires participants to develop creative solutions that do not always fit traditional methods or models. Social workers should continue to look for permanent homes for children, even if the goal is APPLA. A comprehensive group of team members, including family members, working together to plan for permanence will lead to the broadest set of options.
8. The team intervenes therapeutically for teens who say they are not interested in adoption. When possible, the team introduces youth to others who have been adopted and still maintain connections with their birth families. Conversations about adoption should be ongoing and allow the youth to express his/her questions, fears, and opinions.
9. When the goal is adoption, the team should work with the child/youth, pre-adoptive parents, and birth family to plan for communication between the child/youth and birth family after the adoption becomes final. District law does not recognize open adoption, so decisions to continue communication after adoption ultimately rest with the adoptive family.
10. The move toward permanence often raises conflicting values. For example: Should a child or youth remain in a stable, non-permanent home or move to one in which s/he could achieve permanence? Or should siblings remain together at the expense of a permanent home for one of them? The team must work together to weigh these values and make a decision in the best interest of the child/youth.

n **Supervision**

1. Help social workers understand the history of children/youth and their families and explore their therapeutic issues as a basis for planning for permanence.
2. Be open-minded and encourage social workers to search for creative permanency options when none are obvious.
3. Assist social workers in filtering through their subjective feelings regarding the permanency goal to make concrete decisions with the team. This may include helping social workers assess the identified permanent caregiver, what goes on in the home, and the relationship between the child/youth and caregiver.
4. Encourage social workers to consider all team members' perspectives when they make recommendations.



Court

n Definition

The DC Superior Court, Family Court Division, becomes involved when CFSA files a complaint alleging that a child/youth has been abused or neglected. The Judge presides over scheduled hearings to discuss the status of the case. Each child/youth is described in court documents as “the respondent” and is assigned a guardian *ad litem* (GAL) who represents the child’s or youth’s best interests. Parents and prospective permanent resource parents are assigned attorneys to represent them. The Office of the Attorney General for the District of Columbia (OAG) has an Assistant Attorney General (AAG) present at each hearing to represent CFSA.

Although court can be an overwhelming and difficult experience, it is the best opportunity to address legal issues in a case. For example, the judge uses team recommendations to determine the legal permanency goal to establish, when the case can be closed in court, who should visit with the child, and if those visits should be supervised or unsupervised. Social worker preparation for court, including development of a clear and viable clinical case plan, is vital to ensuring the team drives the practice of the case. Teaming is essential. The team should collectively evaluate the proposed permanency goal and plan and recommend modification to the court and all parties when warranted.

n Social Work

1. **Court report:** The court report provides an opportunity to influence the court’s impression of a case and to advise the court and parties, in advance, of team and clinical recommendations. To be effective, court reports should be comprehensive and filed in a timely manner. The report should address any unresolved orders and services. It should also indicate that the social worker is engaged with the foster caregiver, service providers, school, and other family members. The report should summarize work that has taken place since the last review in keeping with the case plan and permanency goal. The report should show that the agency is in control of the case, not point out internal struggles or disagreements or present problems without suggesting solutions. Every court report should include a description of reasonable efforts toward achievement of the permanency goal.

As part of the teaming process, the AAG reviews draft court reports at least three days before the filing deadline. This review ensures reports address all pending legal issues and thoroughly describe progress on the permanency plan. It also assists the AAG in preparing for court. By viewing a draft copy of the report, the AAG can also provide insight into how the court will respond and what questions the court may have for the social worker. Based on this, the social worker can make additions/corrections to the report that will facilitate a more productive hearing.

2. **Court hearing:** By law, court hearings regarding child abuse/neglect matters must occur at least once every six months. The team should have a comprehensive, clinically sound, and defensible case plan at all times throughout the life of the case. While the court is the ultimate decision maker, the agency is in a better position to persuade the court to accept its plan when all services are in place and the agency is monitoring the case closely.

At the court hearing, both the AAG and social worker may speak on behalf of the agency. However, the AAG is the agency attorney and does not represent the individual social worker or his/her ideas for the case. The social worker is the agency representative, as well, and should present recommendations consistent with agency policies and practices. The attorney-client relationship applies to the private agencies as well. Private agencies should not request orders against CFSA. We are all one team and should work cooperatively together to achieve both the case plan and permanency goal for each child/youth.

3. **Court orders:** When the court issues orders for the agency to do something, it is the social worker's responsibility to ensure that the team implements these orders and to account for the status of them. If the social worker has difficulty implementing an order, s/he should seek the assistance of his/her supervisor and also consult with the AAG immediately. If the social worker wishes to modify the order, s/he should contact the AAG who will determine whether or not the agency can seek a modification of the order, additional time to comply with the order, or request that the order be vacated. Failing to follow court orders can result in a show-cause order by the court and may lead to a contempt finding against the agency. If the court finds the agency in contempt, the court could then require the agency to pay a fine, provide a service with a non-contracted vendor, or fulfill some other penalty. Ultimately, if services are not in place, the child/youth suffers, and his/her progress to permanence could be delayed.
4. **Preparation for court:** In between hearings, the social worker should be in regular contact with all team members, specifically the resource parent, birth family members, service providers, school, and attorneys. Social workers should encourage birth and resource family members to participate in court hearings. If a problem arises and additional services are needed, the social worker should work to implement those services—not wait for a court hearing to provide additional services. If the social worker is not successful, the court may have to issue an order.

If a change of placement is needed, the social worker must advise the parents, foster parents, and GAL per statutory requirements (ten working days before the change of placement, except in an emergency which requires notification within 24 hours) and also notify the AAG. If an emergency arises, the social worker should talk to the AAG to determine if an emergency hearing is warranted or if an interim report should be filed. An interim report is required when a child/youth changes placements, runs away (absconds), or is arrested; when the agency receives a new allegation of abuse or neglect; or when another event takes place that the court should know about before the next hearing. The AAG and social work supervisor can provide advice to the social worker on this issue.

5. **Testifying in court:** A social worker may need to testify at various evidentiary hearings throughout the life of a court case. Types of hearings include probable cause, trials,

revocation of protective supervision, termination of visitation, guardianship, adoption, and termination of parental rights. The AAG prepares the social worker (although not always possible for probable cause hearings) to testify clearly and concisely about his/her involvement in the case. Good documentation is essential to prevail at the conclusion of an evidentiary hearing, so social workers should update FACES regularly and include as much detail as possible.



Continuous Quality Improvement (CQI) incorporates systematic review, measurement, and evaluation of and support for the child welfare system, individual agencies, programs, and/or services. It uses findings to enhance effectiveness, leading to more consistent positive outcomes for children, youth, and families. This cross-cutting process focuses on achievement of meaningful safety, permanence, and well being for children, youth, and families; adherence to local, Federal, and judicial mandates; and implementation and refinement of the practice model that engages families, is grounded in knowledge of the community and its many cultures, uses teaming consistently and effectively, and is driven by a sense of urgency around permanence.

Goals of the broad CQI process are to:

- Achieve key service and outcome goals for children, youth, and families involved in the District's child welfare system.
- Provide timely, quality information to senior management, each program area, individual supervisory units, external stakeholders, and the community regarding strengths and challenges of practice and outcomes.
- Support child welfare as a learning system, promoting a culture of improvement rather than blame while ensuring accountability.
- Engage internal and external stakeholders at all levels in quality improvement and ensure that approaches to assessment and use of findings support improvements in practice and outcomes.
- Attain the optimum balance of quantitative and qualitative information to support improvements in practice and outcomes.
- Engage key partners and constituents in CQI to enhance their understanding of broad child welfare issues, specific strengths and challenges in local practice, and their role in improving practice and outcomes.
- Meet mandated requirements to ensure child safety, permanence, and well being and ensure system accountability.
- Broadly share findings to inform decision making and training, ensure a feedback loop that leads to action, and enhance system transparency.



Supervision

Key Outcomes of Effective Supervision



Social workers grow in competence and routinely demonstrate good performance.

Social workers demonstrate growth in competencies described in this practice protocol, including clinical skills. They assemble and lead teams in assessing risk and safety, developing goals and plans, and making informed case-closure decisions. Their documentation is timely and comprehensive. They participate in training regularly and apply what they have learned to their case practice.



Each out-of-home unit is a Center of Excellence.

Supervisors use quantitative and qualitative data to set performance goals, assess results, and help social workers understand the relationship between performance measures and child welfare obligations to children, youth, and families. Supervisors advocate for social workers; social workers advocate for families. Social workers consult their supervisor and colleagues for support, advice, and solutions to challenging issues. Social workers and supervisors partner in decision making and share accountability for aiding those they serve in achieving positive outcomes.

Philosophy

Supervisors are critical partners in serving children, youth, and families involved in the child welfare system. Through direction, coaching, and support of social workers, supervisors ensure that children, youth, and families receive timely, effective, efficient services. Strong supervision supports positive social worker-client relationships; comprehensive child and family assessments; strength-based, team-oriented treatment planning; and a case flow process that yields better outcomes for those served. In addition to overseeing quality case practice, supervisors ensure social workers take advantage of opportunities to develop professionally. They maintain strong units that exemplify teamwork.

Parallel process is an inevitable part of the supervisor-supervisee relationship. This is the tendency for patterns to repeat at different levels of the system, and it occurs in both directions. In supervision sessions, social workers may unconsciously replicate therapeutic difficulties they have with clients. In turn, the supervisor may model behavior that social workers then carry into therapeutic interactions with clients. Supervisors recognize that social workers sometimes bring parallel process to supervision and respond to any challenging behavior by modeling positive ways of intervening with clients.

Definition

Supervision is a rational, interactive process that provides staff with the training, feedback, coaching, guidance, and support they need to provide appropriate and effective services to children, youth, and families. It is also the primary means of communicating expectations for child, youth, and family well being and requirements to achieve the vision and strategic goals of the agency. Supervision in child welfare demonstrates strength-based family practice and builds staff abilities to help children, youth, and birth and resource families achieve their goals.

Managers and supervisors share accountability with staff for child/youth safety, permanence, and well being. Supervisors create an environment that enhances learning and encourages staff to reflect on and assess the results of their efforts. Supervisors routinely use qualitative and quantitative data to promote practices that lead to better outcomes for children and youth.

Supervision supports in-depth discussion of child and family strengths and needs, individual social worker needs for professional growth, and the unit's ability to function as a team. Supervision can take a variety of forms. At a minimum, it should include one-to-one and group supervision. These forms of supervision are regular and structured to be meaningful. Supervision is also available through emergency walk-in.

In addition, supervisors complete a variety of administrative responsibilities, such as ensuring adherence to procedural and policy requirements. The supervisory role requires immediate attention to unethical behavior and other issues that may have a negative impact on the team or agency.

n Protocol

One-on-One Supervision

Regular one-on-one meetings allow social workers and supervisors sufficient time to review cases while still addressing urgent concerns. One-to-one supervision meetings with each staff person should occur weekly for at least an hour. Supervisors conduct an in-depth review of every child and youth on a caseload at least every three months, paying special attention to clinical issues.

1. Adapt coaching to each social worker's strengths, needs, learning style, competencies, and experience.
2. Provide clinical feedback cases, both complimentary and corrective, using a strength-based, solution-focused approach. Facilitate discussions so social workers identify barriers to resolving issues. Strike a balance between providing answers and requiring social workers to use critical thinking and problem-solving skills.
3. Ask questions during supervision—for example:
 - What successes are required to achieve permanence within a reasonable time frame?
 - What barriers limit progress toward safety, permanence, and well being for the child or youth?
 - What kinds of assistance will help to address problems or barriers in this case (e.g., mentoring, modeling, coaching, specialty consultation, training)?
 - What follow-up actions are planned?
4. Assist social workers in leading and coordinating teams by identifying areas in which teams are performing well and assessing whether teams have the right members. Help with problem solving to address gaps in team functioning.
5. Partner with social workers to evaluate each session and summarize next steps.

Professional Development

1. Help social workers set performance goals reflecting high standards that are attainable and measurable. Ensure goals align with the mission of the agency and individual.
2. Establish clear expectations for each staff member. Clarification is ongoing and based in best practice guidelines.
3. Base evaluation of social worker performance on mutual understanding of expectations, and cover both strengths and deficits in performance.
4. Provide regular feedback on performance, giving specific behavioral and other examples drawn from data and events.
5. Play a range of roles in correcting social worker performance. For example, facilitate critical thinking by asking solution-based questions (coach), demonstrate desired behaviors (role model), and clearly articulate behaviors needing correction (director).
6. Track social workers' participation in mandatory training, and ensure optional training supports professional growth.
7. Attend key trainings to gain ability to reinforce learning objectives through supervision.

Group Supervision

Encourage shared learning through a consultative group process. Supervisor behavior is vital in modeling group norms. It should communicate that each individual in the group has information or knowledge valuable to the entire unit. Develop an expectation of partnership with social workers, and encourage partnership among unit members.

1. Engage a social worker in presenting a case for the unit to discuss.
2. Lead the discussion, identifying strengths, successes, needs, barriers, and potential options.
3. Facilitate the supervision group process so that the social worker requesting assistance receives it; encourage a positive, solution-focused atmosphere; and help the group to generalize learning from the individual case.
4. Use unit meetings to communicate agency updates, such as policies, procedures, administrative issuances, or other changes, and other strategic information.

Performance Measurement and Continuous Quality Improvement

Regularly track performance measures to identify norms, trends, and outliers. This information, when combined with qualitative data or experiences of staff, assists in identifying populations, families, or individual children or youth who are experiencing success or consistent challenges. In addition, it assists social workers in identifying reasons for success or challenges, such as their performance or practice approaches. Use this information to provide guidance.

1. Run management reports regularly and assess for trends in social workers' practice.

2. Track the number of placement changes on individual caseloads and work with social workers to minimize disruptions and ensure all moves bring children/youth closer to permanence.
3. Track individual length of time in out-of-home care, and work with social workers to achieve permanence as quickly as possible.

Training



Key Outcomes of Effective Training



Social workers have the knowledge and skills to implement the Practice Model.

Social workers demonstrate growth in competencies described in this practice protocol, including clinical skills. They assemble and lead teams in assessing risk and safety, developing goals and plans, and making informed case-closure decisions. Their documentation is timely and comprehensive.



Supervisors have the knowledge and skills to direct and coach social workers.

Supervisors use quantitative and qualitative data to set performance goals, assess results, and help social workers understand the relationship between performance measures and child welfare obligations to children, youth, and families. They direct their units for maximum performance.

n **Philosophy**

Training is one strategy for achieving practice change. Training is not just an activity that occurs in the classroom but also includes a transfer of knowledge and skills from supervisor to social worker. Training is part of a continuum of staff development. It ensures that staff has the necessary knowledge and skills to perform at a high level in serving children, youth, and families. Training addresses the professional development needs of each employee. All employees have access to and participate in training relevant to their duties and goals.

n **Definition**

Training is a learning process in which expert or experienced personnel provide relevant information to staff to teach new skills, philosophies, and/or protocols. Training develops knowledge and abilities, furthers the growth of employees, and improves individual performance.