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# COMMON GROUND

For Professionals, Advocates, and Families

The Newspaper of the  
New England Association  
of Child Welfare  
Commissioners and  
Directors

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## Making small changes for big outcomes in NH

By Jennifer Ross-Ferguson

**F**resh off the heels of our Case Practice Review, and now entering the Period Under Review for the Child and Family Service Review, there isn't a better time for the Manchester, New Hampshire District Office to begin to take a critical look at safety and risk, and to begin to implement small tests of change in order to improve the practice and outcomes within our Assessment Unit.

The small tests of change also known as PDSA's are a key component of the Breakthrough Series model. The team, which is participating in the New England Breakthrough Series on Safety and Risk Assessments has four key

themes: engaging the family in safety planning, being transparent in referrals to the office Licensed Drug and Alcohol Counselor (LADC), better assessing safety of children when there are allegations of substance abuse and locating and engaging father's. The Manchester District Office team developed four PDSA's to specifically address the work we do in these three areas.

### Our first PDSA

Sitting Safely is a PDSA aimed at engaging a family in the development and implementation of their own safety plan. After a candid discussion with assessment staff in Manchester, we agreed that more often than not, we were developing the safety plan for a family based



Jennifer Ross-Ferguson

on the concerns at hand and not with the family. We would find ourselves surprised when the family wasn't able to follow the safety plan, but realized that we were the ones directly responsible at times for this outcome. With the ability to conduct PDSA's and do "small tests of change" we quickly determined that this was one area we wanted to change. Sitting Safely charges the worker with the respon-

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**JANUARY 2010  
THEMES:**

**Trends in Kinship  
Care  
&  
Behavioral Health,  
Trauma & Issues in  
the Child Welfare  
System**

Articles due by:  
November 15, 2009

## Reflections of a birth father

By John Laing

When I look back at my experience with the child welfare system, I'm truly disturbed by how I was perceived by the case worker. This perception wasn't informed by continued conversations with me and a social worker. It wasn't informed by speaking with collaterals or any other manner that you might think. This technique wasn't learned in school and isn't a part of any text book that you might read. I was viewed not for who I am but for what I am: a man; even worse, a black man.

You see, when that worker walked into my front door he knew everything about me. He knew that I was the cause of all the problems in my household. It wasn't even imaginable to him that the source didn't start with me.

When I began to explain what the needs of my family were, I didn't even get to finish. He knew what we needed already. By looking at me, talking to me and seeing the crises of the family, which happened to be an unruly teenager, he under-

stood that I lacked the parenting skills necessary to hold my family together. He knew that my priority was with work and not for the nurturing or caring for my family.

To this day I still wonder what left him with that impression. If he would have asked, he would have understood that I was the one who went to my children's school and doctor's appointments. He would have known that when my wife was pregnant with all of our children that I made it to every single one of her doctor's appointments. Not because I was forced to or pressured into it, but because I genuinely wanted to share that experience with my wife. Raising children was something that we aspired to and we wanted to be the best we could be at it.

With the same persistence, when a meeting was scheduled, I attended each one. I insisted on knowing what plans were being put in place and what roles and responsibilities each of us had.



John Laing

I was engaged in the process and to the social worker that was threatening. The nerve of me to want to know what is happening with my family. Everything that most people would look at as a strength in my character was turned into a negative. My persistence was threatening, my demand to be respected was intimidating, and my need to be an active participant was viewed as controlling. I couldn't win.

You see, the problem here isn't with me. It doesn't start with me. The problem is social service systems view men as this incredible obstacle for them to do their job.

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# Creating best practices for effective visitation between children and birth fathers

By Geraldo Pilarski

The Nashua New Hampshire Division of Children, Youth and Families (DCYF) District Office is participating in the New England Breakthrough Series Collaborative on Safety and Risk Assessment (BSC). At one of our earlier meetings, our parent leader shared her experience when her children were removed; total despair. She also had a powerful and positive reaction to the possibility of having a visit with the children the very next day. Her compelling response gave us that final motivation to embrace the opportunities for change presented by the Breakthrough Series Collaborative. This is a unique opportunity not only to examine our current practice, but also to create and implement innovative strategies to provide quality, effective, and humane services to our children and families seeking to achieve safety, permanency and well-being.

Engaging families is a key priority area for us during this journey as a Collaborative. In order to more effectively engage families and meet the needs of the children in care, Nashua designed and tested a PDSA with the aim of improving visits between birth family and children in out of home placement.

We want visits to serve children and their families, and to effectively support permanency planning. Children are removed from their parents and placed in out-of-

home care because a court has determined that it is not safe for them to live at home. However, children who are removed from home, particularly those who are very young, are exposed to a new danger—the emotional and developmental harm that can result from separation. Children at different stages in life react differently to separation from a parent, based primarily on their ability to understand the reasons for separation and the range and maturity of their coping strategies. The younger the child and the longer the period of uncertainty and separation from the primary caregiver, the greater the risk of harm to the child. In addition to that, removal deeply impacts birth family members, especially parents, siblings or other primary care givers. Therefore, timely, early, frequent, and meaningful birth family-child visits are critical for all children in foster care, but especially infants and toddlers.

## The practice change: timely initial visit (within 24 hours)

We proposed the following specific practice change: to facilitate timely visits between children and birth family (or important people in the child's life). We wanted sustained attention to the following: the initial visits must be timely; within 24 hours the child must participate in deciding whom she visits with, and visits must lead to frequent and quality visits thereafter. Our thesis was that children who have such timely visits and who are involved in making decisions regarding who visits with them will have a more positive out of home placement experience and better adjust to their new place of residence, as compared to children who do not know when they will see family or other important people in their lives. We also believed that such timely initial visits would motivate parents to commit to a safe, frequent, and quality visitation plan. The strategy of keeping parents involved in the lives of their children would facilitate engagement in correcting the

conditions and become a key factor in safe reunification.

This practice change was first tested with a family whose three children were removed from their parents for neglect. The parents, both active substance abusers, were engaged in a number of risky behaviors, and ended up homeless. Their behaviors and decisions clearly resulted in significant threats to the safety of their children. A visit, supervised by the worker took place within 24 hours with all three children and the parents present. "The interaction between the children and the parents was excellent. We learned that despite the fact that the parents were actively involved in using drugs, they were able to attend and actively participate in a visit with their children immediately following the removal. We also learned that the parents indeed did have good parenting skills and that there was powerful attachment between all family members." The foster parents, assisted in transporting the children and were also able to meet the parents face to face. This initial contact between birth parents and foster parents facilitated their communication and alleviated the

**"When my children were removed, I went on a binge for a whole week; I would not have done so if I knew that I could see my children the next day."**

stress on the children as they witnessed the two families working together to keep them safe. The parents and foster parents exchanged contact information enabling further communication and provided the foster parents with information about their children. All of this has been instrumental in creating the condition for a positive working relationship between the two families. The interaction between them continues to be positive and the parents have not missed a visit. By the third visit the 3 year old exhibited better coping with the separation from her parents as the visit ended. This practice change clearly benefited the children and the family and enabled the staff and foster parents to better meet the needs of the children and birth parents.

## Further testing and key findings

Encouraged by this initial result, the PDSA was tested and studied multiple times by many workers with the following outcomes:

- Timely visitation helps children cope with the stress and trauma resulting from out of home placement; it eases the pain of separation and loss for the child and parent.
- Timely visitation lets children know we care about them, and their voices matter to us. This encourages their active participation in safety planning early on and case planning later on.
- Timely visitation helps children better adjust to out of home placement; it promotes healthy attachment and reduces the negative effects of separation for the children and parents.
- Timely visitation helps the child protection agency better understand safety concerns during visits and appropriately address them.
- Timely visitation supports the creation and normalization of an effective visitation plan that supports the goals of safety, permanency and well-being for children and their families.



Geraldo Pilarski

- Timely visitation ensures that birth families maintain vital connections and sustain ongoing relationships; keeps hope alive for the parent(s) and enhances parents' motivation to change; it also establishes and strengthens the parent-child relationship; it helps parents gain confidence in their ability to care for their child and allows parents to learn and practice new parenting skills when necessary.
- Timely visitation creates the opportunity for the worker to observe the parents parenting their children and gain greater insight about the family dynamics; it involves parents in their children's everyday activities and keeps them abreast of the children's development.
- Timely visitation supports early connection and development of a working alliance between birth family and foster parents; it also allows foster parents to support birth parents and model positive parenting skills.

These outcomes suggest that, whenever possible, the first visit after a child is removed from home should happen 24 hours after the out of home placement and that the children should be involved in deciding those they want to visit them. As children help decide who will visit them

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# Confirmation Bias: A poison in need of an antidote

By Paul Martin

“We don’t see things as they are; we see things as we are.” Talmud

This quote captures a phenomenon that can exist in child welfare work. Over the years, our field has recognized and acknowledged that practitioners’ personal and professional experiences, their established values and beliefs can act as a “filter/lens through which all gathered information, facts and evidences are perceived, analyzed, interpreted which then can potentially negatively impact decision making and interventions. These factors may even impact how one conceptualizes a family and its members in the context of child abuse, neglect. The practitioner’s own “factors” can play a significant role in how one views and works with a family.

Given the negative influences it can have, our field has developed models and structures to assess, control for and manage “practitioner bias”. I am writing this brief article because I have personally and professionally experienced, witnessed and learned more about another form of “bias” that can be even be more problematic and destructive to the child welfare process. It is called Confirmation bias”. When it exists for a practitioner at any stage of an involvement about or with a family.....

“We don’t see things as they are; we see things we want to see.”

(You get what you’re looking for!)

Confirmation bias is a common phenomenon that has the potential to negatively impact child safety and risk assessments and their related decisions. Confirmation bias is a tendency to search for and interpret information in a way that confirms one’s preconception and avoids exploring for or considering information or possible interpretations which contradict prior beliefs or decisions. When it is present/active, it can promote conscious or unconscious selective, unbalanced fact and evidence gathering, which are two critical elements in child welfare related safety and risk assessments. Since child safety and risk assessments are ongoing throughout child welfare’s involvement with a family, the possibility exists for confirmation bias to occur throughout that involvement. If a practitioner is unaware that confirmation bias may be present or is not taking steps to counter it’s presence or influence, that may result in reaching false positive or false negative child maltreatment outcomes for children and their families. One explores to either “rule in” or “rule out”. This may occur because when confirmation bias is active, it may result in flawed assessment planning, problematic interviewing approaches (leading, forced choice questions), and incomplete exploration of relevant facts and incorrect, unsupported interpretation of the facts that have been gathered.

Even though confirmation bias is subconscious, when it exists it can negatively impact “client engagement and forming partnerships” because it can communicate suspicion rather than interest and curiosity. It can also communicate judgment rather than true empathy, sincere concern or a desire to gather facts in a neutral, fair and balanced manner. Confirmation bias can become a major barrier to our recognizing and communicating to the family and its members that they are truly the experts about their own family.

During a recent training in Maine, Dr. Neal Boris of Tulane University demonstrated how

hearing “sharp music” rather than “soft, smooth music” to view the same scenes results in a very different experience for the viewer. Confirmation bias is “sharp music” that can alter approach, experience and outcomes. It can prevent us from establishing the necessary positive relationship that research has shown is a key element in promoting others’ seeking and experiencing change.

Confirmation bias can also have deleterious impacts on how a practitioner views and experiences a family member’s statements that refute what was reported about suspected child maltreatment. One is apt to see “client denial, resistance, minimization, lies” that usually result in premature client confrontation rather than one exploring for all the facts that a family member is able to share about “what did or didn’t happen”. One may not use “rolling with resistance techniques” and instead actually invite and entrench “client denial”. It is very sad that these early negative client experiences have a tendency to build a problematic, inadequate foundation for the rest of child welfare work. Confirmation bias precludes the use of “appreciative inquiry” approaches that help to build a more solid foundation for that work.

Lastly, confirmation bias can also impact inter and intra-agency relationships, community partnerships, and help to promote “disproportionality”. For these reasons and the reasons mentioned above, it must be controlled for and managed throughout the child welfare system.

## The antidote

If it is indeed a “poison” then what is it’s “antidote”? That antidote is alternative hypothesis planning and alternative hypothesis testing. Alternative hypothesis planning (AHP) refers to taking conscious, deliberate steps to insure that when taking initial reports, staff explores for “exceptions to maltreatment”, previous demonstrations of “protective capacities”, family success and strengths. When deciding about how to approach completing the assessment, when deciding how to approach the critical case member during initial interviews/contacts that plans are made about how to communicate and demonstrate objectivity, neutrality, a sincere concern for all of the family despite what may have happened related to child maltreatment.

Alternative hypothesis testing (AHT) is a term that refers to the conscious, deliberate steps that are taken to insure that anyone assessing for or helping to decide about child maltreatment has sufficiently explored for and considered facts and evidence that also challenge or counter any preconceptions (confirmation bias). Alternative hypothesis testing can benefit planning for assessments, guide more balanced exploration during interviews, guide the analysis of the gathered facts and help to insure that the decisions that are reached are objective and supported. Since confirmation bias may occur during different points of child welfare involvement with families, it is imperative to practice alternative hypothesis testing through the life of the case. Alternative hypothesis testing is a shared responsibility for child welfare professionals.

Both alternative hypothesis planning and alternative hypothesis testing can also help guide and support “trauma informed”, “resiliency informed” and “relationship informed” child welfare practice.

I am developing examples of AHP and AHT questions one could use when receiving a report, during assessment preparation, during critical case member interviews, when reaching decisions about child maltreatment, a level of safety and risk, and when deciding whether or not to close a case. Below are samples of the work that is in



Photo by Pat DallPonte

Paul Martin

progress. I would appreciate receiving questions or approaches you have used to help insure balanced and supported child protective services and their related decisions, interventions.

## AHT and AHP at Various Stages of Child Welfare Involvements

- A. At Report: (AHT) exploring for family, parent/caregiver strengths/protective capacities, exceptions to child maltreatment with the referent and hopefully promoting a more balanced view of the family during assessment**
- i. What do you know about any times when things have gone well or better for this family, these children, these parents?
  - ii. If you know that there was a time when things were better, what do you know about the family that may have made that possible?
  - iii. When considering what is best for the children AND their family, what are you hoping will come from your having made this report?
  - iv. Given the problems you believe this family is currently experiencing, what may be happening now that hasn’t happened before?
  - v. What do you know that could help to explain why this family may be experiencing these difficulties (not just the suspected child maltreatment)?
  - vi. What do you know about what any of the family members may have done that demonstrates some level of success?
- B. During Preparation for Assessment: (AHP) trying to create objectivity, curiosity and sense of importance for a balanced assessment**
- i. Given what is being reported or what is already known about this family, what else could explain the allegations?
  - ii. What should be kept in mind about the referent’s possible motive for having made this report?
  - iii. If what is being alleged is true, what impact could that have upon each child?
  - iv. What do you anticipate will be most difficult about completing this assessment?
  - v. So, how could you approach your meeting with \_\_\_\_\_ to foster engagement and promote a partnership that is so essential to this assessment?
  - vi. If you were this parent/caregiver, what would have to happen during the initial contact so that you could begin to talk about what happened, is happening?
  - vii. What factors may be coming together to

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# The BSC methodology evolves

By Karl Chan Brown

*Focus and Sequencing of the New England Breakthrough Series Collaborative on Safety and Risk Assessments*

From big national projects to small statewide versions, the Breakthrough Series Collaborative (BSC) methodology has a consistent core structure. But in a process not unlike the Plan-Do-Study-Act cycle that is central to rapid practice change, the model itself evolves from one BSC to the next. The New England BSC on Safety and Risk Assessments tests improvements in two major areas:

First, with multiple teams from each participating state, key leaders from the region, and a local planning staff, the New England BSC has a regional focus. Second, it follows another BSC on the same topic, grounding its work in the foundational documents developed for the national BSC led by the American Humane Association.

Because of the enhanced coordination among teams in each state and the learning transferred from the national BSC, the New England Association of Child Welfare Commissioners and Directors (NEACWCD) and project funder Casey Family Programs expect to see faster and deeper improvement in practices. The early stages of the effort have been influenced by regional and serial characteristics in both accelerating and challenging ways.

## A regional focus

Where other BSCs have focused on the breadth of national collaboration, a major goal of the New England BSC is to add depth. Concentrated in a relatively small geographic region, led by NEACWCD, an organization dedicated to enhancing cross-systems learning among agencies in the region, and supported by the leaders of those agencies – many of them experienced with BSC methodology – the New England BSC presents an opportunity for enhanced cooperation between participating teams within a single state and between agencies from neighboring states. The regional focus could help teams develop practice improvements more fully, implement them in greater concentrations in the region, sustain them after the BSC, and embrace long term learning and bottom-up organizational improvement. It has given the project an uncommon starting point, with revised processes and new structures in the early stages, and an enhanced level of connection between participants and planners.

## No application process

Because authorization for the New England BSC came with a commitment from each state to identify participating teams, there was no need for the application process that usually determines who will participate in a collaborative. Efficiency in the preparatory stages was enhanced through the elimination of several unknowns about participating teams.

But the application process usually serves several other purposes as well, using a competitive format to attract innovative leaders, practitioners and stakeholders, giving planners some degree of choice about whom they invite to the collaborative, and functioning as a gauge of participating teams' strengths and needs. Its absence in the New England BSC meant planners had less clarity about where teams might fall on the innovation curve and less influence over states' and teams' outlooks on the project.

## Balancing structure and creativity

In a methodology centered on flexibility in the practice arena, structure is all the more important to the processes and configurations that support experimentation with improvement. With author-

ization and participant make-up determined by the states, the team formation phase of the BSC had an unusual foundation that produced numerous proposed alternative approaches to the collaborative work.

To better support the regional focus of the project, the planners and states agreed on several adjustments to the standard BSC structure, adding two support functions within each jurisdiction to take advantage of the high concentration of participating teams. Each state has a primary contact person responsible for coordinating communications between participating teams from that state, guiding them toward collaboration and ensuring their integration into the BSC community. State contacts may eventually coordinate broader cooperation when opportunities to spread practices beyond initial sites emerge. Each state also designated a data specialist to help teams with the measures they are required to track.

Other proposals displayed creative thinking and deep interest in advancing practice changes but could not be squared with the BSC structures designed to foster collaboration – uniformity of team composition or adherence to a single project-wide topic. One state, for example, sought to leverage its regional clinical staffing structure to dramatically enhance opportunities for the spread of anticipated improvements. While the proposed team composition would have made it difficult to integrate participants into the collaborative, planners suggested using existing flexible structures like the extended team to allow the agency to take advantage of its clinical staff while maintaining sufficient similarity to other teams.

## Relationships

As might be expected, many of the key areas of practice to be improved in the BSC center on relationships, concentrating on engaging, respecting, and collaborating with others. But a web of connections among planners and participants also permeates the project, facilitating the inception of the BSC and shaping its processes.

In the year leading up to the formal start of the New England BSC, Association Director Julie Sweeney Springwater laid the groundwork for its approval, engaging the commissioners, educating them about the methodology, and addressing their questions on the focus and structure of the proposed project. Formal authorization of the New England BSC was the effort's first major collaborative accomplishment. But the concept of a regional BSC had surfaced and then been shelved in 2003, and it was only through a small regional network that interest could be sustained until regional conditions and support made this viable again.

Faculty members, many nominated by participating states, are regionally or locally known. Some have secondary roles with participating teams and most work with the agencies in the BSC. Key planning team members and both co-chairs are also well known in their jurisdictions. This density of connection helps raise the organizational level of awareness and support for the project.

## A serial progression

The centerpiece of the BSC is the Plan-Do-Study-Act cycle of small-scale improvement efforts. As originally conceived, each BSC is itself a kind of large PDSA, to be improved upon by subsequent collaboratives that build on the learning in previous ones. Each BSC on a given topic can spur additional BSCs on the same topic, spreading and enhancing improvements tested in the first one. Casey Family Programs and others have adapted the BSC methodology, but before the New England BSC, which follows the national BSC on Safety and Risk Assessments, typically



Photo by Pat DalPonte

Karl Chan Brown

serial BSCs had not been implemented. Like the regional aspect, the serial aspect of the New England BSC has influenced several major early processes, including topic selection, project timelines, and team formation.

## Topic selection

Two major factors influenced topic selection in the New England BSC. Primarily, participating states agreed that Safety and Risk Assessments are an ongoing priority for them, with several currently making major improvements in the area or restructuring in ways that will impact it. But CFP's renewed interest in the methodology also led it to explore the possibility of funding a follow-up BSC based on the national effort.

Once a topic is selected, BSC planners develop a framework that outlines a vision for improvement and key areas of focus to be addressed by participating teams. Development of this framework, known as a Change Package, is the first order of business in BSCs on new topics, and wholesale adoption of the Change Package by subsequent BSCs accelerates startup significantly. By skirting document development and expert review and advancing directly to faculty and team selection, the New England BSC shaved about six months off a typical startup timeline.

## Faculty selection

Like the application process, the development of a Change Package serves multiple functions. Besides creating the foundational document, it usually culminates in a meeting of experts who ensure the document represents current best thinking in the field. This Expert Panel brings together a diverse pool of candidates from which the planners select many of the faculty who will guide teams throughout the project. Faculty members selected through this process gain familiarity with the Change Package and contribute to it, and have some interaction with each other as well as the planning team before joining the effort.

Without an Expert Panel, the New England BSC developed its pool of faculty from nominations by participating states and planning team members, completing a process conversion that began with team selection – instead of faculty helping select teams, states helped select faculty. While this approach affords better integration with participating teams, and faculty composition reflects the participating teams geographically, which it does not in other BSCs, faculty members had less opportunity to work with the Change Package, and many first met one another when they gathered to review information on all of the participating teams.

## Experience of participants

The New England BSC can be considered a serial effort in a second manner: many of the states, participants and planners have past experience with BSCs. As a collaborative, the group of participating teams has a high baseline of knowledge about the methodology and ready access to an experiential knowledge base in previous participants and through institutional adoption of key principles learned in past BSCs. Although they received no unusual preparation for the first of four all collaborative Learning Sessions, many

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# Small steps, big dreams, positive changes

By Beverly Dubiel

The Laconia District Office of the New Hampshire Division of Children, Youth and Families is one of the four sites in New Hampshire participating in the New England Breakthrough Series Collaborative (BSC) on Safety and Risk Assessments. Two supervisors and two staff from this office are part of our Core Team. The rest of the office is actively involved in many ways including: the testing of ideas, acting as members of the extended team and tracking data for the monthly measures. Each of them is vital to this process.

As part of the BSC process we had to identify a community member to participate in the Core Team. We did struggle a bit in this area, as it was hard to find a member that was able to commit to the monthly meetings as well as the travel involved with the learning sessions. We were finally able to find a member that could make the commitment and who was as excited about the opportunity it offered as the rest of the team was.

Our team has been lucky because we were able to identify a parent leader and a youth leader early on in the process and they have stuck with the collaborative. Both our parent and youth leader have attended our ongoing team meetings as well as the two learning sessions. As a team, we have learned so much from them and have worked to include them not only in the meetings but also in testing ideas. Our youth leader is working with engaging other youth through our youth advisory board. Our

parent member will present a PDSA, to our staff and will also participate in her own PDSA testing parent to parent support for parents who would benefit from a mentor when they become involved with our agency. A PDSA is a small test of change in a practice.

The PDSA that our parent will present to staff is one that results from her experience with the agency. She was very challenged by the various treatment plans that were part of the case and found it hard to know what was being discussed during home visits and meetings. Based on this,

their case and any services and tasks that they will need to work with to address the issues. The result we seek is to have families more engaged in the process when we are assessing safety and risk throughout the case.

### And now, the extended team

Our team has worked to establish the extended team and has found the meetings with this team energizing. In our first meeting we were able to explain the collaborative and what a PDSA is and shared several in progress. At our most recent meeting we broke into groups to focus on our priorities for this office and how we can impact safety and risk assessments in each of the priority areas. The groups involved staff from various community agencies, a foster parent, DJJS staff, our staff and the core team and all members are very engaged in the work. We now have many new ideas about how to enhance our practice, as well as, test our practice. At our next meeting the local Family Division Judge will participate along with her clerk, which is extremely exciting because of the opportunities it will bring to the table.

Another benefit to our participation in the BSC has been the collaboration with other New England states. Through the collaborative calls, extranet use and the learning sessions we have been able to share and learn many ideas relevant to safety and risk assessment as well as our overall practice. We look forward to continuing this collaboration as the project moves forward toward our third learning session.

*Beverly Dubiel is the District Office Supervisor for the Laconia, NH DCYF office. She has been in the field of child protection for the past 20 years. She has worked as a line worker in both family services and assessment before becoming an assistant child protection supervisor and now the district office supervisor. She may be reached at 65 Beacon St. West, Laconia, NH 03246. (603)-524-4485 ext. 338.*



Laconia Core Team

Photo by Pat DallPonte

the team talked about developing a family folder in which the family would have a copy of their case plan and court orders to have in hand during their contact with the Child Protection Social Worker (CPSW). We then expanded our idea to ask the family what else they would like to have in the folder; this input is crucial, as it is theirs. The hope is that families will be able to refer to these documents and have a clear understanding of what the safety and risk issues were that led to

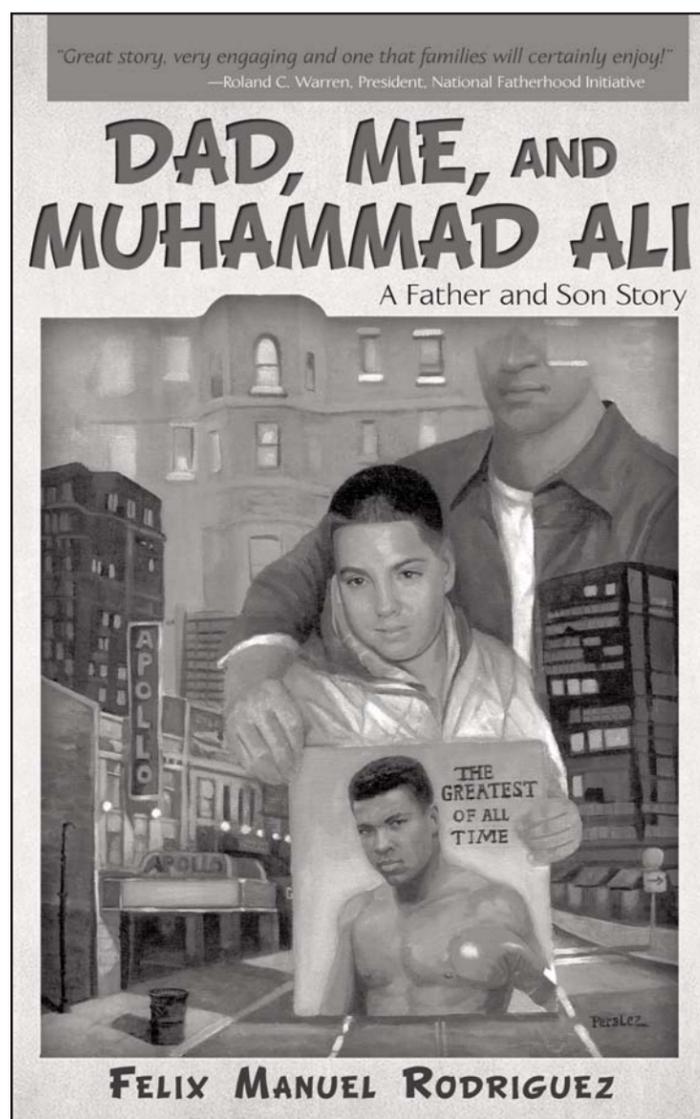
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Felix Manuel Rodriguez, is a writer, a child welfare employee, a professional boxing inspector and a father of two. He is available for speaking engagements or discussions on the importance of fatherhood. Additional information on upcoming engagements or book signings is available on his website, [www.dadmeandali.com](http://www.dadmeandali.com).

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Wilbert "Skeeter" McClure, PhD  
1960 U.S. Olympic Gold Medal Champion

# The art of family engagement, critical thinking and analysis

By Lorrie L. Lutz

One of the most critical aspects of assessing the safety of children is for social workers to understand how their own beliefs and values about the family impact information gathering, interpretation of information and decision making. Being open to fully understanding family functioning is absolutely foundational to accurate assessment of child safety. This article will focus predominantly on the assessment of child safety and safety planning.

## Basic definitions

Let's define what we mean by safe, unsafe and risk.<sup>1</sup>

**Safe:** A child is in an environment without any immediate and/or impending safety threats or if there are identified safety threats, a responsible adult in a caregiver role demonstrates sufficient capacity to protect the child.

**Unsafe:** A condition in which the threat of immediate and/or impending harm is present and the protective capacities of caregivers are not sufficient to protect the child.

**Risk** refers to the likelihood that a child will suffer from future maltreatment.

## Dealing with decisions

How does a worker remain open and able to listen and really hear the family's voice and thus make accurate decisions about child safety?

- Through work and action we communicate to families that what they say matters to us—thus we want to understand their perspectives and concerns.
- We acknowledge that the way we ask questions and interpret the answers is largely influenced by our values and personal biases. As such, we are willing to consider new/different interpretations of information we learn about the family.
- We actively seek to understand the day to day functioning of the family and how it impacts the safety of children in the home.
- We explore with the caregivers their protective capacities.
- We strive to understand the family in the context of their race, culture and ethnicity at the same time being willing to reflect on our own beliefs about the family's race, culture and ethnicity.
- We seek out supervision to ensure that our personal biases and filters do not impact our interpretation of information compiled.
- We critically analyze the information compiled during the assessment—determining if the situation presents a safety threat or risk to the child and if so, whether or not there are any adults in the family who have sufficient protective capacities to protect.
- After we make our decisions, we are transparent—making certain that families understand our critical thinking and decision making processes.

## Understanding safety threats in behavioral terms

It is very important when making decisions about child safety, that we do not conclude that a child is unsafe simply due to parental "substance

abuse" or "mental health issues". A strong safety assessment requires that we understand behaviorally how children are unsafe. We must answer the question, "How is the safety threat operationalized in this family"? For example, when Mom is drinking does she leave the children ages 2 and 3 alone? Or is she unable to supervise her very young children due to her inebriated state? Does Dad not take his medications for his mental health issues, and as a result, he is so depressed he

does not get out of bed, and as a result his children are not fed, clothed or supervised? When we understand the safety threat in behavioral terms, we are able to communicate more effectively to parents why we believe that their children are unsafe AND it helps us to craft case plans that are focused on changing behaviors that caused children to be unsafe.

## About strengths and protective capacities

I have found that we often confuse strengths and protective capacities in our work in child protective services. For over 30 years social workers have asked families about their strengths. We learn about them, we often document them, but I am not certain we know what to do after that. There appears to be confusion about how to leverage family strengths in the change process. Therapist and author Dr. Barry Duncan suggests that by identifying and optimizing family strengths as part of the clinical process, we have much greater success in helping families make and sustain behavioral changes. His research suggests that 55% of sustained behavior change comes from starting from a place of strength, 30% comes from being in a relationship with someone who believes in you and supports you and 15% of long term change comes from being hopeful and having expectations about the future.<sup>2</sup> By understanding caregiver's strengths and using them as an integral part of the process of change—we can make a lifetime impact on child safety.

However strengths do not necessarily provide immediate protection. Families can possess tremendous strengths that are evidenced by their love of their children, their desire for their children to have a better life, their willingness to make financial sacrifices, their commitment to the change process...and still children can be unsafe in their care. This lack of safety usually has to do with some form of diminished protective capacity. A protective capacity is an aspect of the caregiver that can be mobilized immediately to protect their children. It is not a promise "I will never let him back in the home" or "I will stop drinking" but a skill or resource that exists within the family that has been used in the past with success, to keep their children safe. A protective capacity requires a realization that children need to be protected and the physical, intellectual or emotional skills and resources necessary to actively protect. Assessing protective capacities that exist within caregivers is foundational to keeping children safe. Understanding a family's protective capacities allows us to create effective in-home safety plans.

**"Attitudes are a form of action, capable of influencing change."**

**The safety plan fills in the gaps by ensuring that someone with demonstrated protective capacities has his/her eyes on the child during the times that the children have been vulnerable to harm.**



Lorrie Lutz

## Safety plans

Child Protective Services "has been notorious for its diametric view of safety intervention. The point of view that has prevailed in our past is that either kids are safe or not and that if kids are not safe they are removed from their homes".<sup>3</sup> Not only is this not very creative thinking; but it is a very troubling way to work with families. In fact if children are determined to be unsafe the social worker has an obligation to partner with the family and kin to try to find ways to keep the children safe in their own homes through the implementation of a safety plan. This may not always be possible—but we do not know until we try.

An in-home safety plan is a specific set of in-home supports, actions and tasks that control and manage the identified safety threat(s). In my work across the country, when helping workers/families develop safety plans I find it useful to create a calendar that depicts every day of the week, all 24 hours of the day, and then determine when the children need to be protected, from whom and how the protection will occur. There are times when children are in school or after school programs and they are safe, or are in child care and are safe. Safety planning fills in the gaps by ensuring that someone with demonstrated protective capacities has his/her "eyes on the child" during the times that children are vulnerable to harm. For example, can grandma, who is aligned with us and committed to protecting the children come in the home every evening? Can a neighbor be there in the morning? Can the children go to a neighbor for several hours and then go home? While this may be much more challenging than removal, when children remain home safely it reduces their trauma, ensures educational continuity, allows children to maintain connections with friends, and provides a sense of hope to caregivers.

It is critical to understand that a safety plan is NOT a set of services. The purpose of services is to change behaviors (in the long term). The purpose of a safety plan is to immediately control and manage the safety threat. The table below depicts the difference between a case plan and a safety plan.<sup>4</sup>

Safety management is dynamic, meaning that our work must always be subject to change and adjustment based on what is happening with caregivers and families. Safety management is characterized by a flexibility that results in safety activities, actions and tasks being increased or

Comparison Between Safety Planning and Case Planning	
Safety Plan	Case Plan
<b>Purpose</b> - manage or control safety threats	<b>Purpose</b> - change behaviors or conditions
<b>Provider</b> - informal or formal	<b>Provider</b> - formal or informal
<b>Effect</b> - immediate	<b>Effect</b> - longer term
<b>CPS responsibility</b> - oversight	<b>CPS responsibility</b> - facilitation

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# Implementing questions pertaining to race, culture and ethnicity with families

By Thomas O'Connor

## Brief overview

The Rochester Revolution, a team from the New Hampshire Division of Children, Youth and Families is currently involved in an exciting initiative called the New England Breakthrough Series Collaborative on Safety and Risk Assessments. This team is comprised of DCYF staff members, a local community service provider, a parent representative and a youth representative. The BSC's primary purpose is to bring together and support diverse jurisdictions whose common goal is improving decision-making and outcomes for children, youth and families by creating positive changes in assessing risk and safety in the child welfare system. This initiative has truly been a collaborative effort. Our team has the unique opportunity to meet face-to-face and have collaborative conference calls with the other teams participating in the BSC. We also use the internet to share our ideas, brainstorm to overcome challenges/barriers and truly use a team approach to best meet the needs of the children and families we serve across the New England states.

## The Rochester Revolution

As part of the BSC, we assessed the needs of our child welfare office and came up with, what the BSC calls, our priority statement. This is what our office needs to focus on to become a stronger support system to the children and families in our community. Our priority statement is: "The Rochester Revolution will develop new practice strategies and implement them into our daily practice for the ten identified assessments and cases in our target area. The Rochester Revolution will then conduct a thorough evaluation of those practice enhancements on a month-

ly basis as we implement them into our comprehensive system of safety and risk assessments that will be utilized throughout our involvement with families due to abuse and neglect."

Through our needs assessments and the development of this statement, we decided on two areas to concentrate on: 1) Maintaining focus on permanency and well-being; by incorporating a family's cultural and spiritual beliefs in the family's plan, and maintaining and strengthening family identified community members that support self-sufficiency, safety and effective and timely permanency planning; including identifying and incorporating a concurrent plan to insure timely permanency. To make this happen we will enhance our efforts in respecting and responding to race, ethnicity and culture - insuring respectful interactions that are free from racial, ethnic and cultural biases. 2) Engaging the child/youth and family in the assessment process including active participation in safety planning and giving their input regarding decisions made for their family. We will request that parents and child(ren) sign the safety plan after it is mutually developed.

After creating our priority statement and goals we reached out to community members and stakeholders to educate them about the BSC and the opportunity to truly have an impact on child welfare practice. This began the creation of our "Extended Team" which currently consists of members of local school departments, police departments, a Judge and a Marital Master, community mental health providers, local therapeutic providers and foster parents.

## Plan, Do, Study and Act

Once we created our Core team and Extended team, we began to develop PDSA's. What are PDSA's you ask? A PDSA is an integral component of a BSC and it stands for Plan, Do, Study

and Act. These are small tests of change (or action steps) that can be implemented quickly, tested for effectiveness and if appropriate, moved forward to spread that practice change to others that work with children and families involved in the child welfare system.

When reviewing our priority statements the team decided to focus on developing PDSA's that were directly related to key areas for improved practice in safety and risk assessment in our community. With that said below is a PDSA, which we feel has had a positive impact on our work with children and families related to safety and risk assessment.

## PDSA – Race + Culture + Ethnicity = meaningful engagement

We believed that having deeper and more meaningful conversations regarding the family's race, culture and ethnicity would help us to identify possible strengths and supports that a family naturally has, as well as, allow us to make appropriate referrals and access resources that could be more sensitive to the family's racial, cultural and ethnic needs. What we hoped to accomplish through this PDSA was to have more thorough and accurate information on the families that our office is working with because although we have been charged with the responsibility of gathering this information there was really no meaningful conversation and deep exploration around these type of questions.

To truly begin this process the Core Team asked themselves what does not allow us to have meaningful conversations with families regarding the sensitive topics of race, culture and ethnicity. Some people suggested that maybe time was the barrier; others suggested that maybe it wasn't

*Continued on page 9*

## The art of family engagement

*Continued from previous page*

decreased in accordance with the status of the family and changes in caregiver protective capacities.

## Seamless transition planning

When a transition occurs between workers there is a period of vulnerability for children and families involved in the child welfare system. One way to counter this is to conduct rapid and seamless transition meetings. A seamless transition occurs when the worker who conducted the initial assessment of safety meets with the ongoing worker as soon as possible to communicate the following information:

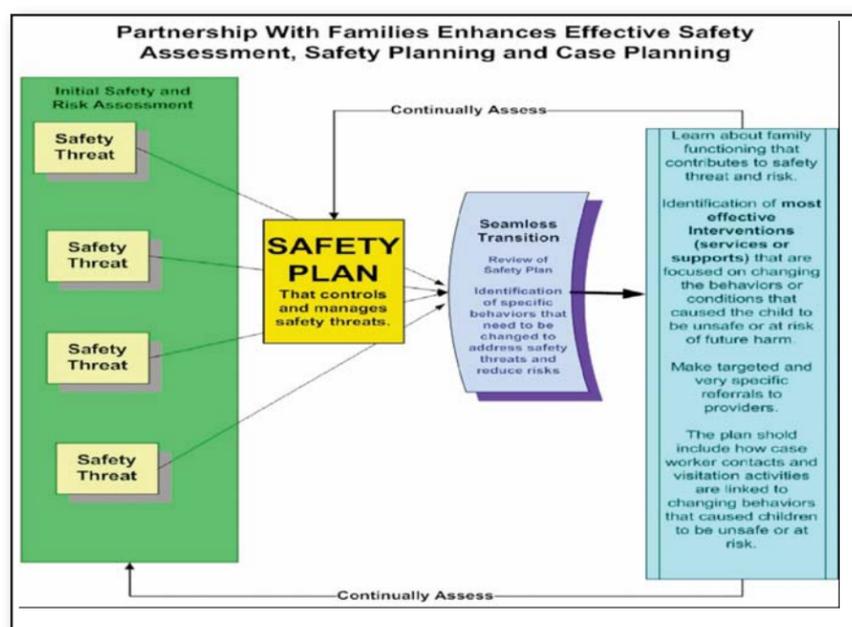
Brief description the reason(s) the family came to the attention of the system including history of system involvement;

The results of the safety assessment and the specific safety threats that were identified;

A detailed description of the safety plan and how it is managing or controlling the identified safety threats;

The specific behaviors or conditions of the caregiver(s) that have to change in order for the child to be safe and the strengths of the family system that can serve as a motivator or platform for the ongoing work.

This planful process ensures that the ongoing worker fully understands how the safety threats are being operationalized in the family system,



how the safety threats are being controlled or managed (if an in-home safety plan was put in place) and where to focus the efforts of the case plan. Following the Transition Meeting, the ongoing worker immediately begins the process of building relationship with the family, ensuring that if an in-home safety plan was put in place it is still controlling and managing the safety threat(s), and starts constructing the case plan focusing on providing interventions to change specific behaviors that caused children to be unsafe.

The chart above provides a visual depiction of this process.

Decisions in child protective services are often made rapidly in emotionally charged circum-

stances. Yet, even given this reality, children and families deserve unbiased assessments and our informed methods of reasoning, critical thinking and decision making. This article was intended to provide ideas to improve our work, evidence and research to support our work and a perspective to inspire conversations throughout New England.

*Lorrie L. Lutz, M.P.P., President of L3 P Associates, LLC, a consulting firm specializing in social service reform, has a comprehensive background in a broad array of public policy areas with specific expertise in child welfare and juvenile justice. In the past decade Lorrie's work has focused primarily on family centered practice, kinship care and resource family recruitment and retention, safety and risk assessment and reducing the use of residential services through community based care options. Lorrie has spent her professional life immersed in bringing practice innovations and family and youth voice to the fields of child welfare and juvenile justice. She can be reached at lorriel@L3PAssociates.com or via phone at 207-655-5277.*

<sup>1</sup> NRC for Child Protective Services.

<sup>2</sup> Duncan, Barry. *Heroic Clients, Heroic Agencies: Partners for Change*. ISTC Press. (2002)

<sup>3</sup> NRC for Child Protective Services.

<sup>4</sup> *Action for Child Protection*. (2005).

# A future full of promise

By Anne Comstock

In 2007 Casey Family Programs (CFP) and American Humane Association (AHA) came together to launch a national Breakthrough Series Collaborative (BSC) on Safety and Risk Assessments and Decision Making—an issue that is at the heart of child protection. The goal was to assist organizations in developing, improving or enhancing their work with children, youth, families, service providers and their communities to strengthen critical decision making responsibilities. Twenty-one sites from across the country – state, county, tribal, rural, & urban – were selected to join the Collaborative. With the work of this BSC concluding later this fall, it's important to pause to consider lessons learned and how positive change can be sustained in the future.

## The Breakthrough Series Collaborative Methodology

CFP has been using the BSC methodology of continuous quality improvement to introduce sustainable improvements to the child protection system since 2000. BSC system change harnesses the power of small tests of change to create transformative system improvement. The methodology focuses on a “model for improvement” that responds to three core questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

People directly involved in the work – consumers, workers, supervisors, administrators, service providers and community members - use the Plan-Do-Study-Act (PDSA) cycle to try out small tests of practice change and measure the impacts. Successful tests that have a positive impact are replicated, broadened and spread throughout the organization. The result is improved practice that has broad-based ownership and support. There are numerous reasons why this model is embraced by people committed to system improvement:

- It is an inclusive change process;
- Changes are developed by those who are closest to the work;
- Early successes are used as motivators;
- It reduces tendency toward over-planning; and
- Measurement is used for learning.

## The CFP/AHA BSC on Safety and Risk Assessments

Working with a diverse, representative group of people involved in the work, our BSC developed a comprehensive roadmap for the Collaborative - a “change package” that includes foundational values, principles and components. The 21 teams involved in the Collaborative assess their organization and identify priorities within a holistic approach to improving safety and risk assessments and decision making in key areas of practice change:

- Respecting and Responding to Race, Ethnicity and Culture
- Engaging the Child/Youth and Family
- Using Safety and Risk Assessment Tools
- Making Sound Decisions on Safety and Risk
- Practicing with an Integrated and Comprehensive Assessment
- Maintaining Focus on Permanency and Well-Being

- Collaborating with Cross-System and Community Partners
- Ensuring Appropriate Services and Supports are Available and Accessible

The change package also identified three requisites for spreading and sustaining practice change:

- Maintaining and supporting a qualified, competent and well-trained workforce
- Using data with diverse audiences to ensure improvement
- Providing agency leadership around safety and risk assessments.

In order to understand the impact of their efforts, teams also gather data on a monthly basis around the following measures:

- Family Engagement and Participation
- Family Satisfaction
- Child Safety and Risk of Future Harm
- Permanency
- Well-Being

## What have we learned so far?

At this point in the work, a number of learnings have begun to emerge.

**Organizational readiness and leadership is key.** Teams that are successfully spreading practice changes to improve their safety and risk assessments and decision making and embedding this methodology as a way of “doing business” share a level of organizational readiness. They have an organizational culture that embraces inclusion and innovation and leaders who both lead and follow positive system change.

**It's hard to think small.** One of the tenets of this methodology is to test practice changes that can be accomplished “by next Tuesday,” such as one worker trying something new with one family. It is challenging to break down the work into such small components. Doing so requires both patience and a belief that these small changes can be the essence of positive transformative system change.

**There is real power in the collaborative learning environment.** Conducting safety and risk assessments and making sound decisions is a universal expectation of the child protection system. Bringing together 21 diverse teams to share both their challenges and successes in an environment of learning, collaboration, and connection is quite powerful. Through conference calls, a project-specific intranet site, and regular gatherings of participants – ideas, strategies and approaches can be “shared relentlessly” in a motivating and energizing way that truly moves the work forward – both for individual teams and the field at-large.

**Simple, but powerful practice changes are important.** Improving safety and risk assessments and decision making requires a long-term, holistic commitment and approach. It can seem like an overwhelming and daunting task; however, when broken down into small components, improvement can be both manageable and impactful. A seemingly simple practice change that a number of our teams took on was defining the difference between safety and risk and ensuring this was a shared understanding – with professionals in the system, but even more critically with the children, youth and families in the system. Many teams discovered the need to strengthen this foundation before moving forward; the effort has enhanced the system for families and professionals alike.

**Family engagement and cultural responsiveness is a priority.** Of the 296 PDSA tests conducted, 44% (129) are focused on family engagement and cultural responsiveness. Collectively, the teams have assessed this to be a priority area for their systems. Teams have identified numerous ways to



Anne Comstock

ensure an inclusive, culturally responsive approach to the work that firmly centers on the child, youth and family. Teams are spreading diverse practice changes such as asking about and tracking ethnicity, creating a youth survey to solicit information, conducting family team meetings early in the case, and adapting approaches to respond to specific needs of military families.

**There are challenges in moving from “thinking small to dreaming big.”** Just as teams have embraced the PDSA cycles and testing out small practice changes, we begin to push them to consider which of these changes should be implemented on a broad scale across their system. What does their data tell them about the practice changes that should be spread? What kinds of support from leadership and others across the organization will be necessary to move from this small test of change to a commitment to embed the change into a model of practice and approach to the work? These questions require thoughtful answers and planning. And while considering “spreading” of change, the work of continuous quality improvement on a small scale continues...quite a challenge!

## What next?

The “official” work of this Collaborative ends with our final gathering in Charlotte, North Carolina the end of September, but there is considerable work yet to be done. We are approaching the next few months with an energy, momentum and desire to support teams in both continuing to test ideas for practice changes, while building the infrastructure and support to spread and sustain prioritized changes throughout their system. Teams are being asked to identify at least two practice changes they intend to “spread” and to work with staff and BSC faculty on calls and the project intranet to document both the process and the need for support to sustain successful practice changes.

Our final gathering in September will provide ample opportunity to celebrate the work of the Collaborative; however, there will be a focused eye toward the future and how teams can sustain and build on the work they have accomplished. The goal is that a year from now or beyond – someone can enter one of these 21 organizations and see a continued, holistic focus on improving safety and risk assessments and decision making that occurs in a culture of innovative and inclusive continuous quality system improvement....a promising future, indeed!

*For more information please visit our website - <http://www.americanhumane.org/protecting-children/programs/breakthrough-series-collaborative/> or contact Anne Comstock, Project Director via email at [annec@americanhumane.org](mailto:annec@americanhumane.org).*

### Implementing questions

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viewed as important information, and some suggested it was fear that prohibited workers from asking those questions. When we asked why fear was a barrier, that person explained that we live in a society so sensitive to these issues that people often choose to ignore them. We felt that there is much truth behind that and began to brainstorm ways to ask those difficult questions without the fear of negative repercussions.

During the first BSC learning session teams from other states mentioned that they had developed questions for workers to use to begin the discussion around race, culture and ethnicity with families. So, we began developing our questionnaire, with the support of Collaborative team members from York County, ME, who had their own questionnaire already developed. This would be used with families that we currently work with in our assessments, the initial investigation of abuse/neglect. We “Stole Shamelessly” from our partners in Maine to get an example of how they approached their families to have this discussion and identified one Rochester worker willing to participate in this PDSA. That worker identified one family with whom to implement the questions into the assessment process and report how it went for her. Some of the questions asked are: What race do you identify yourself as? Do you identify with any spiritual or religious beliefs or practices? When do you find that things are most stressful for you and your family? While, we have follow up questions, we wanted to leave it to the worker to come up with these hoping to inspire a more meaningful conversation that did not come across as scripted. We believed asking families questions in a culturally responsive way would help them to see that our intent is to have a more complete understanding of their family and how it functions on a daily basis. This could open the door to a stronger working relationship between our agency and our families, and the community as a whole.

### Testing the PDSA

Our worker completed the PDSA with one family and met with her supervisor to discuss how it felt to incorporate these questions during her initial interaction with the family. It was a struggle to initiate the conversation as she wanted it to seem like she wasn't reading from a script and wasn't sure when she should begin that conversation. The worker and her supervisor brainstormed solutions, which is part of the cycle for testing the PDSA for effectiveness and impact.



Rochester Revolution Core Team

After working through issues that came up in the first test we implemented the questions on the next 5 assessments this worker received. Upon completing this, the worker returned with a lot of positive feedback. She was able to identify when to effectively ask these sensitive questions during her initial conversations with families. She also reported that some of the families didn't really seem to understand what was meant by ethnicity and culture. However, she was comfortable and able to help clarify this with the family and it seemed to help her engage with them on a deeper level. Many of the families she worked with seemed pleased that she was interested in their race, culture and ethnicity. It has helped her to have more accurate and thorough information on the family and in some cases seemed to break down communication barriers. For example, in one assessment we helped

a family, new to the area, to identify and seek out a religious community to provide additional support.

### Spreading the PDSA

Once we completed our second test with this PDSA we decided to have another worker try this process, which is called “spreading” the PDSA. Now we had two workers asking these questions on all new assessments. We learned there are times when it is not effective for us to ask these questions during our initial contact/conversation in more high-risk situations. It would make more sense to get into that conversation after securing the safety of the children involved in high-risk situations, especially in assessments that may lead to immediate removals. We also acknowledge the importance of having that type of conversation quickly to help assess for natural network and supports that the family may already have in place.

Currently, this PDSA has been spread throughout our office and is currently being practiced in 5 other DCYF offices across New Hampshire. Our team is extremely proud because we feel that engaging in these difficult, yet extremely important conversations with our families will go a long way in helping our agency and the child welfare system as a whole identify internal strengths and natural supports that may already exist for families involved in the child welfare system.

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### Making small changes

Continued from front page

sibility of sitting with the family, and through discussion of safety concerns, have the family prescribe for the worker what the safety plan will be. This method of safety planning takes into consideration the family's strengths and protective capacities as well as their natural supports. As you can imagine, this has been a success. Families are feeling more involved, and are ultimately more invested in the safety of their children. This PDSA is now in the process of being spread to two more assessment staff for use.

### Our second – Katie's Konsult

Katie's Konsult provides an opportunity for our assessment worker to consult with the Manchester District Office LADC prior to initiating an assessment when there are allegations of substance abuse. This affords the worker the opportunity to gain critical information regarding the alleged substance abuse from the LADC and enables them to devise critical questions that will need to be answered during the initial home visit in order for the worker to have a thorough understanding of the substance use/abuse by the parent or caretaker and if this substance use/abuse does in fact put the child at risk of harm. As we have begun to study this PDSA, what we have found is that the worker enters an assessment more aware of the critical information needed to make a thorough and accurate assessment of safety.

### The third – Caroline's Call

The LADC in the Manchester District Office has proven to be an invaluable resource, providing consults, evaluations and limited treatment for our families. Where we sometimes fall short with this resource is getting clients to follow through with

this much needed referral resource. Caroline's Call, our third PDSA was born in an attempt to be timelier with referrals, but to also be more transparent in the referral process with families. When the worker initiates an assessment with a family where there are concerns for substance use/abuse, the worker will make the family aware of the referral resource, but will also make the referral to the LADC with them at the time of the home visit. Previous methods of referral would include the worker providing the client with the name and number of the LADC and advising them to expect a call from the LADC to schedule a time to meet. The worker would then return to the office, make the referral to the LADC with the information obtained during their visit with the client and then have the LADC call the client for follow up. What we hope to see with this change in practice is that clients will feel more involved in the referral process, and will be more inclined to follow through when the referral is more timely and the concerns are still fresh in the minds of the worker and the family.

### Finding Fathers

Last but not least is our need to engage fathers in the safety and well-being of their children. Too often, we are assessing the concerns for children who reside with their mother and not including the children's father in the assessment of the children's safety. As an office, we are very adept at locating absent fathers, or engaging non-custodial father's in the assessment process when court action is needed to ensure the safety of children. However, we recognized that we needed to do a better job at engaging fathers in the assessment process from

the start. Finding Father's is a PDSA focused on determining from the start of the assessment, the non custodial parent's, most often fathers, role in the life of their children. Are they having consistent contact with their children, providing support for their children, and could they be a greater source of support and safety for the children.

This all may seem overwhelming as you read, but the advantages of these small tests of changes are just that, they are small tests of a change. We start by using one worker with one family. If we find that the change was effective, we do it again. If we continue to see the positive effect of the change, we ask another worker to do it, and before you know, it spreads to all workers and becomes something you do day in and day out. You can easily make the decision to not ever do something again, and there is no harm done.

I would encourage any office, community or state that is interested in truly making changes to consider being a part of the Breakthrough Series process. Again, it is small change from the ground up that often creates the best outcomes for children and families.

*Jennifer is the Supervisor for the New Hampshire Division for Children, Youth and Families, Manchester District Office. She has been working in the field of child welfare for 14 years, and envisioned the New England Breakthrough Series as a way to engage staff in making small changes within the Manchester Office in order to improve outcomes for the families served. Jennifer can be reached at 195 Mc Gregor Street, Suite 110, Manchester, NH 03102 (603)-668-2330 extension 365.*

**It is small change  
from the ground up  
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# Building safety with effective engagement in Vermont

By Sarah Gallagher & Sarah Ward

The Vermont Department for Children and Families (DCF), Family Services Division (FSD) is undergoing a transformation of practice within both child protection and youth justice focused on relationships: between the social worker and family, workers and supervisors, central and district offices, and within communities. In 2001, Vermont underwent their first Child and Family Services Review (CFSR) and made changes to the system with a focus on building structure to support improved outcomes, such as implementing structured decision making tools. In 2007, the second CFSR revealed that although Vermont successfully completed the Program Improvement Plan for the first one and many outcomes were improved, significant issues remained.

One key issue identified in the 2007 CFSR was a lack of adequate ongoing assessment of safety and risk, as well as too much reliance on community partners, rather than the social worker to build relationships with families. Services were not seen as consistently tied to specific risk and/or safety. This underscored the need for comprehensive system and practice change.

FSD has taken a systemic approach to addressing these needs, evaluating how they engage with children, youth, and families in every aspect of their work. Along the way, the Child Welfare Training Partnership has shifted the training program to focus more on relationships as the vehicle for change, implementing local training, consultation, coaching and mentoring targeted to support specific aspects of the FSD transformation plan. Engagement practices implemented (and described below) include Family Safety Planning, Family Group Conferencing, YASI, Shared

Parenting meetings, Family Time Coaching, Differential Response, Teaming, and the Breakthrough Series on Safety and Risk.

## Family Safety Planning

Since 2005 some districts in Vermont have been utilizing a Family Safety Planning (FSP) framework to identify safety and risk, and the Transformation Plan formally endorses this approach while funding independent meeting facilitators for each district. In Vermont FSP utilizes a version of the Signs of Safety framework by Turnell and Edwards that was enhanced by Sue Lohrbach of Olmsted County, MN. The framework is used in the context of group supervision to help staff make balanced assessments, to encourage reflective conversation about the use of language and relationship, and to enhance the culture of learning within their office. In family meetings, the framework allows families, community providers and social workers to come together to do an open, balanced assessment of safety and risk within the family. Bringing families to the table to discuss these critical issues of safety and risk enhances the working relationship between social workers and family members.

One aspect of this framework that has been particularly influential in assisting FSD work in Vermont is the focus in Family Safety Planning on the specific use of clear, respectful language. Previously the terms danger/risk and safety were used interchangeably. Safety in this framework is defined as “acts of protection for a child demonstrated by a caregiver over a period of time.” Safety represents the presence of actions, patterns of behavior, attitudes and skills that are observable, measurable and are protective. Danger is defined as “acts of harm to a child,



Sarah Ward and Sarah Gallagher

either past or present, by a caregiver.” It is necessary to establish the connection between a caregiver’s behavior and the impact on the child to conclude that a child is in danger.

## Other engagement practices

Family Group Conferencing emerged naturally in districts engaged in Family Safety Planning in 2006, and statewide capacity is also supported in the Transformation Plan. Vermont uses the New Zealand model, with extensive preparation of extended family members, a neutral facilitator, and a meeting with three phases: welcome and information sharing, private family time for developing a plan, and plan presentation/negotiation with the social worker, family and facilitator. This model is usually used in circumstances where a Family Safety Planning meeting is unlikely or was unable to result in an effective family plan to address needs for safety, permanency and well being.

In 2007 Vermont began to implement the Youth Assessment Screening Instrument (YASI), a research based assessment tool and casework process which utilizes motivational interviewing skills and the trans-theoretical model of change to assist workers to focus their efforts on those young people most in need of services, and on those malleable risk and protective factors most closely tied to the delinquent behavior.

*Continued on following page*

## Best practices

*Continued from page 2*

the very next day, the trauma of separation is alleviated. While most children want to see their parents and siblings if placed in separate homes, there will be times when a child does not want to see his or her parents. We need to be ready for that.

In Nashua at least one teenager told us she did not want to see her mother. In such cases, the worker helps the children identify other important people in their lives. Strong evidence from practice and research that delaying visits can be harmful to the child emotionally and can also be confusing to the child and birth family. It may alienate the parents who are already in a very vulnerable situation further undermining the likelihood that they will trust the caseworker or participate in services. Therefore, the more timely the initial visit, the sooner individualized support can be developed, normalized, and planned to meet the needs of children and their families.

## Implications for permanency planning

This PDSA has helped us see clearly that timely visits are a critical component of an effective transition into out of home placement. Successful visitation begins with the effective handling of the child’s placement. Once a solid visitation plan is in place, then the worker is in a better position to truly develop an effective working alliance with the parents and children that should include routine visits as part of the case planning. Frequent, consistent, well-planned quality visits are associated with a number of concrete benefits for the children and families as outlined above. In addition, visita-



Nashua Navigators Extended Team

tion is a key strategy for reunifying families and achieving timely permanency. We are just in the beginning of a learning curve with regards to all the potential positive implications of this practice change for permanency planning. We anticipate that as we move forward timely, frequent, quality visits will play a key role in permanency planning. Planned visitation can:

- Facilitate family assessments and can help the court determine whether reunification is the best permanency option for the child.
- Provide information to the court on the family’s progress (or lack of progress) toward their goals.
- Provide a setting for the caseworker or parenting coach to assist birth parents with how to improve parent-child interactions allowing them to demonstrate that they are able to protect their children and that they have now greater parenting skills to safely and effectively parent their children to meet their needs.

## Spreading this practice

Nashua is now spreading this best practice through the entire District Office. We have identified a worker who is responsible for coordinating timely visits (within 24 hours) between birth family and children for all cases that when opened, involve an out of home placement. There is much positive energy in Nashua regarding this practice change, especially as workers see how the children, birth families, and foster parents react to it. This is a clear example of how the Breakthrough Series

Collaborative empowers staff to create and implement best practices involving the families we serve and other front line key stake holders like foster parents and child protection social workers. This experience of being a part of the Breakthrough Series Collaborative helping craft and implement best practices has led one staff in the Nashua District Office to say: “I never felt happier and more fulfilled in my life as a child protection worker”.

*Geraldo Pilariski, MA, ACSW has been a social worker for 18 years. He is currently the DCYF District Office Supervisor in Nashua. Geraldo’s contact information is 19 Chestnut Street, Nashua 03060. (603) 883 7726 ext 560 email: gpilarisk@dhhs.state.nh.us.*

**Building safety**

From previous page

When a child cannot be safely maintained in their home and are placed in kin or foster care, a Shared Parenting meeting is held with the child's parent/caretaker, placement provider, social worker and coach (and child if age appropriate) to establish a working relationship, share important information about the child, and to plan for the contact between the child and family.

Family Time Coaching provides supportive and educational contact between a child in custody and his or her parent. Parents receive coaching before, during and after family time, to maximize their success. Family time coaching draws on the best of family strengths to help a parent create fun and nurturing time with their child. There is a greater focus on assuring that contact occur in a setting that is natural and comfortable for family members. Family Time Coaching can be contrasted with traditional supervised visits which are focused more on safety and monitoring and often occur in district office settings.

Vermont passed a law allowing DCF to implement Differential Response beginning July 1, 2009. This supports the Transformation Plan by allowing DCF to tailor interventions to the severity of the reported incidents. The assessment track does not require substantiation, but focuses on safety and risk as well as the underlying factors which interfere with the family's healthy functioning. The decision at the end concerns the family's need for ongoing services.

Another offshoot of the implementation of Family Safety Planning and the Transformation Plan in Vermont is an interest in Teaming. Based on the Massachusetts model, several districts are in various stages of organizing themselves into teams to further support empowering workers and supervisors to do their best work with families and with each other.

In 2008 Vermont joined the New England Breakthrough Series on Safety and Risk

Assessments, developing three teams who are trying out new practices in order to improve outcomes for children and families. One practice includes using the Structured Decision Making Safety & Risk Assessment tool with the family during the investigation, and working transparently to identify how the agency makes decisions about opening a case with a family based on the outcome of this tool. One parent, who recently went through this process, said to her social worker, "I always wondered how you decided who had to work with (DCF) and who didn't, like it was random, it's good to see there is something helping you to make that decision."

**CWTP's evolving role**

Supporting a systemic change which includes

**"I always wondered how you decided who had to work with DCF and who didn't, like it was random, it's good to see there is something helping you to make that decision."**

intentional language, self-reflection, group process to examine practice, and many hours of discussions about the values that individuals bring to this work cannot be addressed through categorical workshops. The Vermont Child Welfare Training Partnership has undergone its own simultaneous transformation, focusing on the relationships within the entire Family Services Division. Each training coordinator provides training, consultation, coaching and reflective supervision to every district office across the state. CWTP provides coaching for staff to develop skills in using solution focused, strength-based questions, transparent practice, team development, and strong management teams. Being an invited "guest" at the

table, it is critical that CWTP establish healthy working relationships with staff and community partners across the system. This means reaching out to experienced and new employees alike, modeling healthy collaboration and transparency, going through the appropriate authority when making requests and asking staff to try new practices. Additionally CWTP must integrate the values of the transformation of Family Services into the curriculum of the training that is provided.

Preliminary results indicate that there is a practice shift happening and positive working relationships are being developed between social workers and families. The CWTP implementation evaluation of family centered meetings indicates that families are very satisfied with them. Said one fictive grandfather after attending a FSP meeting: "Well nowadays there seems to be more climate around trying to help people out instead of just having total authority over somebody. (Before) it seemed like "We have authority and there's nothing you can do about it". You know. That's what they were telling you. "It's gonna go the way we want it to go and that's it". Nowadays they're more apt to listen to you and if you've got a good idea that's maybe gonna help somebody then they're more apt to go along with it. Better atmosphere now."

*Sarah Ward, LICSW, is a Training Coordinator with the Vermont Child Welfare Training Partnership between UVM and DCF. She can be reached at 802-656-3345 or Sarah.Ward@uvm.edu.*

*Sarah Gallagher, MSW, coordinates the same partnership, and can be reached at Sarah.Gallagher@uvm.edu or by calling 802-656-3354. Both Sarahs are having a wonderful time supporting the DCF Family Services Division's family engagement efforts!*



The BSC faculty began the opening ceremony with a song, making all feel welcome.



Massachusetts put on their hardhats for the BSC



Connecticut teams share their goals during the opening ceremony in Newport.

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Vermont put the pieces together to show how they were moving forward.

Photos by Pat DalPonte

# Shaken Baby Syndrome Prevention: The Massachusetts Initiative

By Becky Sarah

**S**haken Baby Syndrome is the most common cause of death from child abuse. Each year about 1200 cases are reported nationally while in Massachusetts, about 20 cases are reported, which include up to four (4) fatalities. Most victims are less than one year old.

Shaking can cause severe, permanent brain damage, resulting in blindness, mental retardation, seizures, and death. Shaken Baby Syndrome is also often called Abusive Head Trauma, because in many cases the infant's head is thrown or hit against a hard surface in addition to shaking. Some victims have rib fractures where the perpetrator violently grasped the child's torso. About half also have partially healed rib or thigh bone fractures, or head injuries, from earlier abuse.

Education is the only method of preventing Shaken Baby Syndrome. There are prevention programs all over the country; most based on research by Dr. Mark Dias<sup>1</sup> which emphasize education of all parents of newborns in the maternity hospital. Within the framework established by Dr. Dias's research, the Massachusetts program takes an innovative, strength-based approach, working to build the skills and competence of parents and caregivers. Rather than simply warning of dangers and playing on fears, the program delivers positive messages while educating about the dangers of shaking.

The Massachusetts program, formally known as the Shaken Baby Syndrome Prevention Initiative, is a collaborative effort between state agencies, nonprofit organizations, and professionals including those working in health care and in other services to families. Participants include pediatricians, social workers, and managers of service agencies, including Early Intervention and The Parental Stress Line. The Massachusetts Department of Public Health (DPH), the Children's Trust Fund, and the Department of Children and Families (DCF) are lead agencies of the Shaken Baby Syndrome Prevention Initiative Advisory Group.

Massachusetts legislation, specifically "An Act Providing for the Prevention of Shaken Baby Syndrome" (Chapter 356 of the Acts of 2006), mandates both surveillance and comprehensive prevention programs. It clearly outlines activities to be undertaken:

- Education of all new parents in maternity hospitals
- Parent, professional, and medical provider education
- Support for victims and families affected by Shaken Baby Syndrome

- Improvement in surveillance and data collection on Shaken Baby Syndrome

In the past year, the DPH has focused on working with all the maternity hospitals in the state to help them comply with the legislation. DPH provides hospitals with a Master's prepared nurse trainer to educate their staff on talking to parents, educational materials for both staff and parents and an alternative of computer-based training for staff. Children's Trust Fund provides consistent community-based education for professionals, and the DCF educates every client family with a child under two about the dangers of shaking.

### The Massachusetts program: building parental strengths

The Massachusetts Initiative to prevent Shaken Baby Syndrome emphasizes teaching parents to have realistic expectations of infants, accurate knowledge of infant development and infant thinking, and most importantly, parenting skills in comforting an infant and handling adult frustration and anger. This approach is strongly focused on prevention of Shaken Baby Syndrome, but also works to give parents important strengths that will serve them well in parenting past infancy.

Although no new parent fully realizes what it's going to be like to care for a new child, having more realistic understandings and expectations of infants and children helps. The adorable, responsive, smiling baby seen in the media and advertisements is very different from the real infant—red-faced from screaming—who keeps an exhausted caretaker up all night. Misunderstandings about infant development may need to be dispelled; some parents believe that a baby who doesn't stop crying "hates" them or is "trying to manipulate" them.

Skills and confidence are crucial. If we can help parents feel, "I know what to do," or "I'm good at comforting him, I understand what my baby needs," then crying won't be so hard to tolerate. Parenting can be an extremely demanding challenge. Parents need supports of all kinds – including other adults. These adults can be the child's other parent, the extended family, friends, or the community. Probably the best is a combination of these. Parents need their own innate attachment response to their child, which increases with contact and caretaking. The enduring love and commitment that parents come to feel for their children is the best protection for babies against the worst in the world around them.

Parent education and support during infancy should build parents' capacity to handle the more serious frustrations that come after infancy: a three year old who tries to help do the laundry and

dumps the entire box of detergent into the washing machine; a first grader with nightmares who wakes the whole family several times a night; a 10 year old shoplifter; a moody preteen who leaves his dirty sneakers on the dining room table; a teenager arrested for drunk driving.

Parents can also benefit from learning that everyone has limits and it's a sign of thoughtful, mature parenting to recognize such limits. If a parent is angry enough to be in danger of losing his or her temper and actually hurting a child, then putting the baby down in a safe place and walking away is the right thing to do. But it is the last resort; the threshold for walking away should be very high. One problem with simply telling parents that babies cry, and to put the baby down if frustrated, is that real medical problems may be missed. A study in the March 2009 issue of *Pediatrics*<sup>2</sup> reports that 5.1% of infants without fever brought to the emergency room for crying had serious illnesses. Another is that if done too often or too lightly it doesn't help parents develop confidence in themselves and attachment to their babies.

DPH looks forward to working with other agencies, in addition to maternity hospitals. "All Babies Cry," the fact sheet for parents developed at DPH, is available at no charge, in seven languages, and can be ordered from The Medical Foundation. Staff trainings on talking to parents about infant crying are also available. DPH also provides a 4 page primer on Shaken Baby Syndrome, possible causes, and tips on educating parents, titled "How Can Department of Children and Families Prevent Shaken Baby Syndrome?" that is useful for any professional working with families. Please contact the author for any of these materials.

*Becky Sarah, M.P.H., is the Department of Public Health's Program Coordinator for the Massachusetts Shaken Baby Syndrome Prevention Initiative. She has worked with childbearing women, and families for many years. She would love to hear from readers with their thoughts on this topic. She can be reached at [becky.sarah@state.ma.us](mailto:becky.sarah@state.ma.us) or 617-624-5490.*

<sup>1</sup> Preventing Abusive Head Trauma Among Infants and Young Children: A Hospital-Based, Parent Education Program, Mark S. Dias, MD, FAAP\*, Kim Smith, RN, Kathy deGuehery, RN, Paula Mazur, MD, FAAP, Veetai Li, MD and Michele L. Shaffer, PhD | | *PEDIATRICS* Vol. 115 No. 4 April 2005, pp. e470-e477 (doi:10.1542/peds.2004-1896)

<sup>2</sup> The Crying Infant: Diagnostic Testing and Frequency of Serious Underlying Disease, Stephen B. Freedman, MDCM, MSc, FRCPC, Nesrin Al-Harthy, MD and Jennifer Thull-Freedman, MD, MSc, *PEDIATRICS* Vol. 123 No. 3 March 2009, pp. 841-848 (doi:10.1542/peds.2008-0113)

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# Improving quality through the development of a practice model

By Fernanco J. Muñiz and Jerry Milner

The Connecticut Department of Children and Families (DCF) has operated under the terms of a settlement agreement pursuant to the Juan F vs. Rell class action lawsuit since 1991. For the last four years, progress toward exiting from federal court oversight has been measured by 22 outcome measures outlined in the Juan F. Exit Plan. These 22 Outcome Measures, while important in assuring the needs of children and families are met, present a limited view of the quality of child welfare practice. Connecticut's recent Child and Family Services Review (CFSR) and our own internal reviews of our work revealed that, while the frequency of our interventions with clients was sufficient to meet many of the Exit Plan standards, the quality of our interventions was variable. In response to this concern and to a stipulated agreement to the Juan F. settlement, DCF agreed to engage an independent consultant to assist in the creation and implementation of a practice model for its work with children and families.

In late 2008, DCF contracted with the Center for the Support of Families (CSF) to develop a comprehensive Practice Model to provide a conceptual framework for its work with children and families. CSF's work in Connecticut has been led by Jerry Milner and included comprehensive reviews of existing policy and practice, numerous focus groups, interviews of key stakeholders and an all-staff survey. The resulting model is one that is principle-based and outcome-oriented. Additionally, it is a model intended to guide the Department's work regardless of what "door" the children and families enter through.

The state's consolidated child welfare agency, DCF includes three major program divisions – Child Welfare, Behavioral Health, and Juvenile Justice. At times, they serve children and families with very different approaches, although many of the same children and families require services that spread across the three divisions. Even within child welfare and among DCF's 14 area offices, there are variable approaches to serving children and families. Reducing this variability and ensuring that best practices are implemented across the state are two of the major goals of the Practice Model.

The approach employed by CSF in developing DCF's Practice Model began with connecting the various components and practices to the Department's guiding principles. These include:

- Safety, Permanency, and Well-Being
- Families as Allies
- Cultural Competence
- Partnerships

- Organizational Commitment
- Work Force Development

Practice improvement must be connected to the guiding principles and to a research base to provide a framework for our workforce and our stakeholders. Such a connection helps to explain why we employ each practice and what outcomes are expected from its implementation. This approach also serves to guide decisions regarding policy, planning, and resources and for integration of the various programs and services that DCF offers. Key tasks include identifying the interventions with children and families that are needed for DCF to operate within the framework of these principles, and identifying the types and levels of supports needed within the agency's infrastructure to implement and sustain the model.

The Practice Model will serve as a roadmap for how the Department expects its workforce to put the mission and guiding principles into practice through specific activities and expected outcomes across the following six domain areas:

1. Assuring Child Safety;
2. Assessing Strengths & Needs of Family Members;
3. Timely & Appropriate Decision Making;
4. Involving Children and Families in Case Activities & Decision-Making;
5. Individualizing Services;
6. Monitoring.

The practice model developed by CSF is a clinical intervention model, not a case management model. It is intended to focus on the interventions of social workers, parole officers, and others as critical components in achieving outcomes for children and families. In framing it as a clinical model, we focus on the substance of casework activities that DCF and its providers perform, and emphasize the importance of particular interventions such as performing substantive strengths and needs assessments that address presenting issues and their underlying causes, early identification of developmental and cognitive concerns with children and families and addressing them in case planning, providing services that are matched to individual needs, and intervening early to address behavioral health issues before they become reflected in more serious behaviors that both child welfare and juvenile justice staff often must address with the children they serve.

The importance of effective supervision in strengthening practice has been widely acknowledged in social services. This model emphasizes clinical supervision as a key element in improving practice, as opposed to administrative supervision.



Fernando Muñiz

Throughout each component of the practice model, we have identified the appropriate roles for supervisors in terms of reviewing, guiding, coaching, and mentoring with regard to assuring qualitative casework practices and strengthening staff capacity.

Connecticut will be implementing its Practice Model over the next several years. The approach to implementation will be a regional one, with small cohorts of offices implementing the model and receiving on-site training, coaching and support. This approach will allow for continuous quality improvement of the implementation strategy and for focused attention on the offices undertaking the practice improvements. It will also allow for slightly different implementation in each of our regions, since many of these practices are already being employed effectively by some of our staff. Through this implementation strategy, the Department will ensure the best outcomes for children and families while providing appropriate supports to our staff in implementing the desired changes.

*Fernando Muñiz currently serves as Program Director of Planning and Program Development in the Bureau of Continuous Quality Improvement of the Department of Children and Families (DCF). In this capacity, he oversees the Policy & Accreditation Unit, the Risk Management Unit and serves as the state's Child and Family Services Review (CFSR) Coordinator. Prior to joining the Department in 2005, Mr. Muñiz served as Executive Director of the Connecticut Juvenile Justice Alliance.*

*Jerry Milner, Vice President for Child Welfare Practice at the Center for the Support of Families, has worked in public child welfare for 30+ years. The first 25 years were with the Alabama Department of Human Resources where he was a caseworker, county child welfare supervisor, State adoption manager, and State quality assurance director before becoming the State child welfare director during a period of massive child welfare practice reforms in the State. After retiring from the Alabama Department, he worked for the Children's Bureau, U.S. Department of Health and Human Services, for over 8 years managing the Federal Child and Family Services Review (CFSR) throughout the initial review of all States in the country.*



Photo by Pat DalPonte

Open Mic Night, an activity for the youth in the collaborative, where DJ Alixes Rosado offers up the stage to all.



Photo by Pat DalPonte

# New England Breakthrough New Hampshire

## Keeping up with the progress in the



Rochester Revolution



Laconia - Visionaries



Nashua - Nashua Navigators



Manchester - Strong Wings

## Vermont



St. Albans - Northern Lights



Burlington Bubbling with Determination and Optimism



St. Johnsbury - Olmstead Wannabees



East West Bay - Natural Supporters



Hartford - Hartford Heartbeats



## Rhode Island



Urban Core - The Collaborations



Meriden - Silver City

## Connecticut

The second Learning Breakthrough Series Collaborative Assessments was held April 28 and 29, 2009. The twenty two team members of the twenty two team public child welfare agencies. Collaborative by BSC faculty and staff, and in Since the first learning Session and reported on here in *COMMON GROUND* working on testing small practice as a priority based on self assessment. Teams share their "lessons learned" during action periods via monthly posting details of their tests of Another method for sharing information work are the team poster boards played at each Learning Session.

Learning Session Two focused dialogue about the linkages between planning and case planning, engaging participation within the context of one of our core beliefs is that each role the different lens each person possessed.

Teams spent time individually planning and then sharing plans of action phase of their work. Spread involvement that they have tested successfully hopefully throughout the agency. Some members may already be aware of these as a result of this work. To foster honor the hard work of the teams this issue of *COMMON GROUND*

By Julie Sweeney Springwater, BSC

# New England Breakthrough Series

Session of the New England Collaborative on Safety and Risk in Newport, Rhode Island on Monday was attended by members from the six New England collaborative members were joined by invited guests.

which was held in December 2008, *ON GROUND*, teams were busy making changes in areas that each defined. Presentations were done prior to that session. We worked with collaborative members through All Collaborative calls and by making change on the BSC extranet. Information about the team and its members which are updated and then distributed.

on deeper exploration and diagnosis of safety assessments, safety plan-constituents in these, and disproof safety and risk assessments. As a team member plays a leadership role brings to their work was also discussed.

and with the larger group planning for "spread" which is the next lives moving the practice changes to others in their office and then Some *COMMON GROUND* read-changes occurring in your offices for the spirit of collaboration and many are highlighted throughout the report.

Project Leader



York - The Renegades



Augusta - Keeping It Together



Portland - Maniacs



Rockland - Breakwater Team



Hancock Washington - Dedicated Downeasters

## Maine

## Massachusetts



Fall River - Spindle City



Greenfield - The Crazy Eights



Malden Risktakers



CSI: Lawrence



Park St - FSS: Family Safety Supported



Worcester East - S.O.S - Seek Out Safety

Photography by  
Pat Dal Ponte  
Dedish@aol.com

# Family engagement in Family to Family

By Abel Ortiz

**F**amily to Family (F2F) is a child welfare reform initiative that seeks to improve child welfare outcomes by fundamentally changing the way that families in crisis are served. Sponsored by the Annie E. Casey Foundation, F2F was begun in 1992 in response to the exponential growth in foster care arising from the crack cocaine epidemic.

At its core, Family to Family asks child welfare leaders to adopt family-centered practice principles and strategies. This means they support keeping families together and connected to their ethnic and geographic communities.

Over the past 17 years, the Annie E. Casey Foundation has provided grants and technical assistance to spur practice innovation. The initiative is active in multiple sites in California, including Los Angeles County, as well as in Denver, Phoenix, Cleveland, Louisville, New York City, and Raleigh and Greensboro, North Carolina. A number of additional states have adopted Family to Family strategies to address practice issues identified through the Child and Family Services Review process.

A formal evaluation of F2F is underway, with the final report scheduled to be released in early 2010. Additional information about F2F, including a more detailed description of each of the strategies and “tools” for system reform, is available at [www.aecf.org](http://www.aecf.org) under Major Initiatives.

## The basic Family to Family principles

A key principle of F2F is that children belong in families, preferably their own, whenever possible, and deserve to live with other family members or with caring foster parents when clear safety threats mean they must be removed from home. While child welfare systems often appropriately place children in foster care when safety at home cannot be maintained, at times they also remove children when safety threats have not been fully identified or safe alternatives thoroughly explored. The latter often results when inexperienced staff deal with a high volume of referrals and have too few alternatives to placement.

A related principle is that families do best when they live in communities where strong supports are available. These include good schools, neighborhood centers, mental health and substance-abuse treatment providers, active churches, and caring, concerned citizens. We have learned that collaboration with the community provides child welfare systems with additional safety and service resources and offers families long-term resources to help.

In short, Family to Family’s strategies center on the belief that family engagement is critical to system reform. In our view, family engagement—that is, policies and practices that seek to support family involvement, empowerment, and success—is central to changing child welfare agency culture and outcomes.

## Four core strategies

Successful implementation of these reforms depends on a broad, systemic commitment to

working differently with families than in traditional child welfare practice. For example:

1. The community partnership strategy is built on the notion that engaging members of a family’s home neighborhood (or other relevant community) to support that family, should they become involved with child welfare, is critical to good outcomes. In most sites, developing a system to organize access to family support services in high-referral neighborhoods has allowed child welfare to serve more families at home and to create neighborhood support for foster and kinship families caring for the community’s children. The engagement of grassroots communities in public and private child agency welfare activities has proven to be a powerful partnership, fostering the likelihood of sustainable reforms in many F2F sites.



2. Family to Family’s self evaluation strategy promotes the development of a diverse team to track and analyze data on system reform efforts. When F2F began, the majority of child welfare sites did not routinely monitor family or child-level data, nor use it to assess the effectiveness of practice strategies or programs. As a result, some of the work to support families failed to produce the desired results, as was the case for many family preservation efforts. We have been encouraged by the desire and willingness of child welfare staff and their partners to better understand the results of their efforts and to use the data to advocate for families involved with child welfare.

3. Team Decision-Making (TDM) has been in effect since 2000 in all Family to Family sites for all placement-related decision points in a child’s case, before the child is moved, whether related to initial placement, moves while in care, reunification, or guardianship/adoption. TDM meetings are led by a dedicated, non-case-carrying child welfare staff person, and bring together parents, youth and other family members, agency staff, foster parents, community partners and others to share information and jointly plan for the child’s safety and well-being.

We are learning that families and older youth who participate in TDM meetings often feel more empowered to take action. TDM data also suggest that family and community-partner involvement in these meetings very often increases the likelihood that the team will be able to develop a safe plan for the child to remain at home or with a relative while services are provided.

4. Family engagement strategies are the foundation of F2F; recruitment, development and support of Resource Families work. One example is the “Icebreaker” meeting, held shortly after a child enters placement, which introduces foster and birth parents and creates a supportive relationship that will lead to successful and timely reunification. The agenda for the meeting is simply the child and his or her needs. Foster parents introduce themselves and affirm the importance of the birth parents’ role by asking them for advice and information about the child: schedule, likes and dislikes, habits, etc.

Many birth parents are reassured and feel better able to focus on their service plan after meeting the foster parents. Foster parents in turn report feeling validated in their caretaking role by meeting and subsequently supporting the birth

parents. While these meetings are often held informally, evidence suggests that building a shared parenting relationship increases foster parent retention, stabilizes the child’s placement, and is associated with more frequent visits between the parents and the child—all of which contribute to better system outcomes.

## Creating parent advocates

Beyond these core strategies, Family to Family began in 2005 to provide technical assistance to several sites—Los Angeles and Alameda Counties in California, and Detroit, Cleveland, and Louisville—to implement targeted parent advocacy programs. Central to this effort was our belief that parents who had successfully navigated the child welfare system were in the best position to support birth parents currently involved with child welfare.

In Louisville, the first program to be formally evaluated, agency and community leaders identified birth parents with an interest in leading the work. They then co-trained staff and potential birth parent advocates using the Building a Better Future curriculum, which was written by Sandra Jimenez, a New York City birth parent who had successfully reunified with her children. The sessions covered grief and loss, effective communication, and self-advocacy. The program then selected an out-of-home service unit to demonstrate the work.



Several parent advocates began working in collaboration with case-workers to guide and mentor birth parents through the TDM, court, and service planning

process. They also provided support during family visits, doctor and school appointments, and treatment meetings. Louisville targeted the service to families with one or more children placed in foster care and did not select out families who had previous involvement with child welfare. As a result, families referred to the Parent Advocacy Program had younger children and higher service needs than the comparison group.

The most recent evaluation report (July 11, 2007) concluded that parents served by the program had a higher rate of reunification and lower rate of subsequent reports than families not referred to the Parent Advocacy Program.

In addition to specific strategy work, F2F sites routinely involve birth parents as valuable contributors to work groups, training and staff-hiring processes. Our sites have learned that on-the-ground collaboration and true engagement—among staff and birth parents allows relationships to develop, and in the process diminishes preconceptions. Better outcomes are the natural result.

*Founded in 1948, the primary mission of the Annie E. Casey Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today’s vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs.*

*Abel C. Ortiz leads the Annie E. Casey Foundation’s work of designing and implementing the Foundation’s investment strategies for mental health and child welfare through grant making and technical assistance. Family to Family is one of the major initiatives that fall under his purview. For more information on the Louisville program go to [http://chfs.ky.gov/NR/rdon-lyres/F17AF937-836E-4514-AA47-59FE1B3ECB9B/0/ParentAdvocateProgramEvaluation\\_Retouch\\_July1107.pdf](http://chfs.ky.gov/NR/rdon-lyres/F17AF937-836E-4514-AA47-59FE1B3ECB9B/0/ParentAdvocateProgramEvaluation_Retouch_July1107.pdf) evaluating. For additional information on F2F go to [www.aecf.org/MajorInitiatives/Family%20to%20Fa](http://www.aecf.org/MajorInitiatives/Family%20to%20Fa)*

# An authentic voice for partners in child welfare

By Kimberly-Ann Coe

In the face of challenging economic times, it is essential that those who are charged with the responsibility for protecting children and helping families remain focused on the outcomes of permanence, safety and well being. While budget realities must be addressed, they do not define or guide best practices. The New England Breakthrough Series Collaborative on Safety and Risk Assessments is a stellar example of individuals coming together with a shared purpose to make system changes that result in improving the lives of families and while the distractions and barriers are at times daunting, the team development and the work that is produced from this collaborative is rich and innovative.

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**Perhaps the most important thing that we can bring to the children and families that we work with is hope, the belief that things can be better.**

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Having devoted twenty-two years to working in child welfare, I was honored to be asked to participate in the New England Breakthrough Series as a faculty member. Being a foster and adoptive parent I was particularly proud to be nominated by Vermont's child welfare leadership to bring voice and perspective to this important process. Giving authentic voice to birth families, youth, community providers and foster parents is a key element in the New England Breakthrough Series. In fact, according to the BSC, one of its guiding principles is that "active engagement of birth parents, children, youth, and their kin with

child welfare agencies, tribal agencies, and community service providers is fundamental".

## Honoring the contribution

Foster families have long been identified as valuable partnering resources for the child welfare system and numerous initiatives have been launched to address issues of teamwork, recruitment, retention and training. However, the focus of seeing foster parents as active partners in child safety and risk assessments is an innovative and important advancement in the field of practice. It is important to remember as Vermont's Department for Children and Families fully engages in their transformation plan with a focus on family engagement, that foster parents hold vital information to move that practice forward, not only as caretakers for children in state's custody but as community members and partners in child protection. As the president of the Vermont Foster and Adoptive Family Association, I can say without pause that foster families are fully invested in understanding, informing and participating in the process of child protection via safety and risk assessment. I know that child welfare leaders throughout New England are committed to making that a reality.

The other role that I cherish is that of Residential and Community Treatment Director at Lund Family Center. Lund Family Center provides residential treatment to women and their children and community based family supports. In this capacity I work with families that are engaged with child welfare while struggling through recovery from their own treatment issues. Through the eyes of these families that have seen so much trauma and despair, I have seen a fierce determination to do what is right for their children and while the process to get there may be misguided or even wrong, their vision is the same...safety and well being for their children



Photo by Pat DalPonte

Kimberly-Ann Coe

and themselves. Families must be authentically engaged in this process in order for any sustainable change to truly happen.

Perhaps the most important thing that we can bring to the children and families that we work with is hope, the belief that things can be better. Essential to that work is to bring that hope to the very people charged with making that happen, social workers, foster parents and community providers.

*Kimberly-Ann Coe has spent more than twenty years in the field of child welfare, first as a social worker for DCF doing child abuse and neglect investigations and later on-going case work. For the last fourteen years Kim has been the director of Residential and Community Treatment Programs at Lund Family Center, supervising a residential treatment program for women and their children providing mental health and substance abuse treatment services as well as all Parent Child Center services for Lund. Kim is also the President of the Vermont Foster/Adoptive Family Association and has been a foster and adoptive parent for fourteen years. Kim can be reached at Lund Family Center, 76 Glen Road Burlington, Vermont 05401 or via phone at (802) 864-7467.*

# Family involvement may hold the key to successful outcomes for children

By Leslie Akula

Public child welfare agencies, like the Massachusetts Department of Children and Families (DCF), are finding that involving families in decision making promises better outcomes for children, even when out-of-home placement is needed. Family involvement may be limited to the immediate members of the consumer or constituent family, or it may extend to kin and significant others with whom the parent or child has such strong ties of affection that they are regarded as family.

When called upon to intervene on behalf of children, whether through a report of child abuse or neglect, a request from the family or a court or other referral, DCF finds that the family itself often holds the best solutions for keeping the children safe, well and connected. Increasingly, DCF is using several different approaches for teaming with the family and with relatives and members of the family's natural support system early on to address whatever needs have prompted DCF intervention. Often families develop strength-based solutions that avoid out-of-home placement. When placement is necessary, the duration is shortened and kin emerge to care for the children in ways that safely preserve familial ties. Linkages to continuing supports are identified and can be nurtured. Such meetings support more culturally sensitive and appropriate problem-solving than traditional one-on-one casework.

## Types of family meetings

DCF approaches to what is often generically referred to as "family group decision-making" can take many forms, these include:

- **Family Team Meetings** – DCF current practice is to convene a meeting through the contracted Family Networks Lead Agency, whenever out-of-home placement of a child is considered necessary or an emergency removal has occurred. (It should be noted that this pattern may change somewhat when the Community Behavioral Health Initiative is implemented in Massachusetts. Then, when a child appears to have a "serious emotional disturbance," a referral for in-home therapy or intensive care coordination may occur instead.) Family team meetings usually take place in the Area Office. In addition to kin, school and service providers may attend. The goal is to mobilize resources to prevent placement, or when placement is necessary, to identify the appropriate level.
- **Family Forums** – These meetings are convened by DCF, without the Family Networks Lead Agency, usually early in DCF involvement. They may be convened (or reconvened) at any point. Family forums are usually held in the Area Office, but sometimes a setting preferred by the



Leslie Akula

family is used. The goal is to develop a plan for stabilizing the family situation and ending DCF involvement safely and as rapidly as possible.

- **Family Group Conferences (FGCs)** – DCF's FGCs are modeled after the successful New Zealand program that originated the phrase, "Nothing about us without us." FGCs may be convened at any point during DCF involvement, but are used most often early with those families DCF feels can benefit. A designated coordinator meets with the family to identify who among their natural support system of kin and community members they would like to attend. Current

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## Constituent Engagement

# Constituency engagement in the New England BSC

By Anthony Barrows

The twenty two teams partnering in the New England Breakthrough Series Collaborative on Safety and Risk Assessments (BSC) have been very hard-working and imaginative in creating a variety of small tests of change in performing Safety & Risk Assessments. The Collaborative, being run by the New England Association of Child Welfare Commissioners and Directors and sponsored by Casey Family Programs, is regional with each of the six New England states contributing two to six teams per state. This regional approach offers a unique opportunity for emerging practices to spread rapidly within and among all of the six New England states. By having multiple teams in each state, relationships with in-state neighbors are being forged. This means that we are building support networks with peers and colleagues who understand both the practice changes, the process from which they emerged, and the idiosyncrasies of each state's child welfare system, something rarely afforded by national Collaboratives. Furthermore, by having the full geographic and demographic range of New England, the diversity of experience and circumstance that help to energize and cross-pollinate national Collaboratives is retained. Needless to say, we are all excited about the results so far.

One basic element of the work of a BSC is what is called the PDSA, an acronym standing for "Plan, Do, Study, Act". This represents the four stages of an experimental test of change: imagining and designing a change in practice (Plan), executing the change (Do), gathering information about how well the change worked (Study), and revising, refining and relaunching the plan in light of the evidence collected (Act). The staff at the New England BSC has the privilege of reading through each and every PDSA that gets designed and tested by the Collaborative, and we wanted to share the flavor and the work with the readership of *Common Ground*. As you will see, our teams are doing a lot of interesting work on improving assessments by improving constituency engagement. Here are six of the many practice changes that have been tested so far. Hopefully you'll be hearing about these and more as we move toward spreading successful practices throughout the region.

### Reaching out to fathers in Connecticut

The Hartford Heartbeats team in Hartford, CT have been working on better ways to find and work with fathers and paternal families. Their PDSAs - "Dads Have Rights Too!" & "Adolescents Need Fathers Too!" - ask questions aimed at finding and engaging with the fathers and paternal families of young people coming into contact with the system. The first PDSA focuses on the initial stages of a child's contact with the system; there are several questions asked during investigations that will help to identify and establish contact with the father and his immediate and extended family. This practice seeks to identify more resources in the child's paternal family which should help to reduce removals and to increase reunifications when removals occur. It also seeks to increase the amount of non-placement resources that can support the child and their caregiver. The second PDSA focuses more on youth who have spent a longer time in the system by helping to increase paternal involvement in cases involving adolescents. By actively reaching out to fathers of teens in care, the PDSA seeks to have fathers more involved and more supportive of their children in care. Over time, we should start seeing fewer disrupted placements, more parental involvement including visits, and increased reunification with

fathers and/or paternal family. Both of these PDSAs seek to reverse long-established trends in child welfare that marginalize fathers and their families. That inattention often results in a family's inability to cohere and keep their children safe and out of the system. Recent efforts such as these have found that children have a better chance of getting and staying out of the system when their paternal family is involved.

### Birth parents and foster parents meeting in Maine

The Maineiacs team from Portland, ME has been working on a PDSA called "Foster Parent Meets Bio Parent Within 5 Days". By beginning the relationship and conversation between the birth parent and foster parent very early in a placement, the team is seeking to increase comfort levels for everyone concerned and to thereby support the well being of the child who has been placed. The hope is that, by creating a strong and trusting relationship between foster and birth parents, foster parents will get the best information about the child and their needs while the birth parent will get the peace of mind that comes from knowing their children are well cared for. Furthermore, as their foster parent is being well informed about things such as their medical needs, food preferences and cultural identity, the child will be well served. So far the results have been great: children are less anxious about a placement when their parent gives them the 'OK'; parents are less apt to be angry or anxious when they can meet a substitute caregiver and give them instructions; foster parents have an easier time when they are better informed about a child. We are looking forward to hearing more about this practice change as it spreads.

### Peer support for adolescent planning in Massachusetts

The Risktakers team from Malden, MA has begun working on a new PDSA called "Engaging Youth That Are Turning 18, Planning For The Future" which seeks to help young adults in foster care get better information and make better decisions. As we know, young people who 'age out' of the foster care system at 18 tend to have a variety of negative outcomes due to their lack of support and connections. In order to help the young people in Malden who are making decisions about whether to be involved with the system after their 18th birthday, the team has begun to involve their Youth Leader in sharing her experiences with a targeted group of youth. The Youth Leader on the team (a young lady still in the care of DCF), along with a staff member, discusses her experiences in care and the benefits to be realized by staying in care past 18. She also answers questions that youth may have about her experiences. The expectation is that hearing the perspective of a peer will be more meaningful than being given advice from adults and social workers. By getting the message out about the resources available to young adults through this peer network, the Malden team expects that more young people will stay in care voluntarily, and that more young people will access services and resources even when they leave care. Both should result in better outcomes for youth in care.

### Reducing placement anxiety in New Hampshire

The Nashua Navigators team has been working on an important PDSA called "24 Hour Visit" - the idea is brilliantly simple. Whenever a child is removed, they will be given the chance to visit with their parent(s) or another important person they identify within 24 hours of the removal. By allowing families and kinship networks to stay connected during these times of immense stress, anxiety is reduced and transitions are eased. This represents an improvement for everyone involved.



Photo by Pat DalPonte

Anthony Barrows

The children are given the chance to voice their wishes immediately upon entering the system, modeling a helpful relationship with social workers from their initial interaction. This can help reduce their anxiety and ease their transition while simultaneously helping to identify the people they know, trust, and care about. The parents are given the reassurance that they will be in contact with their children despite the removal; their anxious uncertainty can be ameliorated slightly while also reducing the combativeness toward the system. Furthermore, the reduction in stress and improvement in information and relationships is a true boon to the workers as it results in better information about supports and better relationships with their clients. So far this PDSA has been a resounding success and it has spread from one worker to the entire office. While the logistics surrounding these visits are admittedly daunting, the approach has been working - by designating a point person in the office and having other staff pitch in bits and pieces (like transport, supervision, etc.), they have made these crucial visits work.

### Demystifying the system in Rhode Island

Both the Collaborations and Natural Supporters teams from Rhode Island have been working on a PDSA called Full Disclosure and Transparency. This PDSA involves having preliminary conversations with parents about the documents workers present in court before the hearing. The RI teams have sought to do this in order to help build better relationships with families. Workers have not usually reviewed the court letter and their recommendations with the family before the court date. This has meant that many families have gone into court without knowing what to expect from the proceedings, without knowing what the worker will recommend, and perhaps without understanding the process and the specialized language used in the child welfare system. By testing this PDSA, the workers have made sure that anything that is unclear gets explained and that parents get to hear about the worker's recommendations before they are presented to the court. It also means that families get answers to any questions they have so that they are better prepared for their appearance in court. This helps ensure that families will be properly prepared and informed for court dates. By doing this, the teams in Rhode Island have increased the amount of trust families have in workers, and have also helped families' understanding of the processes in the courts and the child welfare system. By improving relationships and information, we expect to see better outcomes across the board.

### Synthesizing practice changes in Vermont

One characteristic of work on a BSC is that practice changes start as something very small and simple, but they often end up metamorphosing into something more broad and complex through multiple refinements. The Olmsted Wannabees team in St. Johnsbury, VT has tested multiple small practice changes over the initial

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# Engaging youth in post secondary education

By Maria Pastorelli

Over the years, the Connecticut Department of Children and Families (DCF) has restructured adolescent services in an effort to engage youth in a variety of opportunities available to them while in care. DCF has implemented new practice and policy for the case management of youth in foster care. DCF has recognized the challenges of this time of life and is continuously making efforts to improve services provided to youth in care.

## First steps

In an initial attempt to improve services, DCF assigned specialized social workers to adolescents throughout their entire time in foster care. DCF social work staff who want to work with adolescents must have demonstrated a sincere interest and ability in working with this population. It is also recommended that the worker be employed with the agency for a minimum of 2 years. To increase competencies of staff working with adolescents served by the Department, the Training Academy offers an eight day certification course for adolescent social work staff. Content includes youth development and trauma, resiliency, teen sexuality and parenting, juvenile services and criminal matters, permanency for adolescents and transitional services.

DCF also utilizes an adolescent case planning conference to engage youth. Any youth in the care of DCF between the ages of fourteen through eighteen meet yearly with special DCF staff to discuss a multitude of factors leading to a successful transition from care. These yearly meetings help the youth and staff explore educational transitioning options and whether the youth intends to continue with services past the age of eighteen.

DCF has a unique opportunity for engaging foster care youth in care at the age of 18. All youth in DCF care at the age of 18 are offered the opportunity to stay in foster care and continue receiving benefits while actively enrolled in an accredited full time post secondary education program. This policy allows youth to earn an education until the age of 21, when their academic progress is reviewed and those who have earned 24 college credits are allowed to continue with DCF until the age of 23. Throughout this time, youth receive medical coverage, a stipend to cover costs of daily living expenses, a cell phone, laptop and housing on or off campus.

The essence of teaching foster youth how to survive as a young adult has become increasingly essential for DCF staff and the local community. DCF has implemented policy to successfully engage youth transitioning to independent living by collaborating with local community agencies to educate and provide case management through a recognized credentialed program called CHAP (Community Housing Assistance Program). To be eligible for this program youth must be committed to DCF at the time of their eighteenth birth date, must have obtained a high school diploma or GED, must have exhibited adequate social, behavioral and life skills, have agreed to continuing services and have successfully completed a DCF approved Life Skills program through DCF community providers. The Life Skills program is a year long program available to youth as early as the age of fifteen. The youth must also be actively enrolled in a full time educational program and prove to have 40 productive hours per week. This is monitored by the DCF social worker and by an assigned case manager working for a DCF community provider, who is responsible for visiting

the youth at least 3 times a week and reporting back to DCF staff about progress. This service is available on a voluntary basis through the time of a youth's 21st birth date. If at that point the youth meets policy guidelines and has earned the necessary 24 college credits he can continue with this service until his 23rd birthday.

## Educational opportunities

An added measure DCF has taken to engage youth is increasing the number of educational staff that serve the committed youth in care. Certified educators and vocational specialists were hired both within DCF and at the DCF group homes. The pupil services specialist that work at central office focus on programming, data collection and trend monitoring and consulting services for youth. In recent years they have organized college tours, college fairs and youth conferences. Educational specialists staffed in the group homes focus on tutoring and educational planning.

College tours, sponsored by the Bureau of Adolescent and Transitional Services through federal grant dollars, are another strategy to engage youth

with post secondary education. Tours expose foster youth, especially those of minority descent, to the world of post secondary education. It is an opportunity to visualize themselves on a college campus, pursuing a higher education. Youth see the variety of schools and academic programs available, and visit institutions with a large minority student enrollment specifically those recognized as HACU (Hispanic Association of Colleges and Universities) and HBCU (Historical Black Colleges and Universities). Touring the campus, dining in their cafeterias and participating in culturally specific activities through Black Greek alliances on campus are other opportunities available.

Youth attending a post secondary education program are also offered a free laptop computer. This incentive program is available to all foster youth entering a viable program after completing their high school diploma or GED. Hundreds of foster youth have benefited from this program made possible by federal grant money.

## Engaging the college community

Recognizing the potential barriers youth face when trying to access a higher education, DCF has joined forces with Casey Family Services, the CT State University System, the CT Community College System, the CT Conference of Independent Colleges and other community stakeholders to initiate an easier transition for foster youth pursuing post secondary education. The committee wrote to local college and university presidents to consider hosting a specialized pilot program for foster youth. DCF and Casey Family Services kicked off this initiative by hosting a statewide conference, held in the Fall of 2008, to educate higher ed professionals on the barriers foster youth face when transitioning to post secondary education.

Five colleges and universities have agreed to launch specialized pilot programs to better serve foster youth on campus. The schools, Southern Connecticut State University, Housatonic Community College, Sacred Heart University, Mitchell College and Fairfield University, are working with the committee to design a unique program that will fit their community and meet the needs of foster youth on their campus. Each school has agreed to enhance existing services to more specifically target the needs of foster youth,

and to assign a foster youth liaison to act as a go to person when a foster youth has a concern. The liaison will be an advocate for foster youth on campus and help them navigate through the daunting troubles that may arise.



Maria Pastorelli

One unique component of these specialized pilot programs is the need for a transitional orientation and/or bridge program that can help foster youth familiarize themselves with the college environment. Each school has agreed to carve out summer time to host such an event. Southern Connecticut State University's summer bridge program will last approximately 4-6 weeks and allow participants to experience all aspects of college prior to admissions. Youth in this program will be getting a head start and earning credit for courses they will take while in this program. Mitchell College is designing a day long orientation specifically for foster youth and DCF staff to acquaint them with the college and the existing services on campus.

The instrumental measures DCF has taken to engage youth into a life of post secondary education is ahead of existing trends in the nation. DCF continues to demonstrate their dedication in supporting foster youth in their journey to post secondary education by collaborating with key stakeholders in the community and within the state agencies. Many DCF foster youth who take advantage of this opportunity contribute to society by choosing to work in the human services field and even within the agency. DCF will keep making strides to improve the quality of life and future of youth in our care.

*Maria Pastorelli is a Pupil Services Specialist employed with DCF's, Bureau of Adolescent & Transitional Services. Prior to this, Maria was a School Guidance Counselor at Hartford Public High School, Hartford, CT. Maria has experience working with the adolescent population a Family Support Worker educating teenage mothers in the Hartford community. Maria is a graduate of Saint Joseph College for Women in West Hartford, CT. Here Maria completed her Bachelors degree in Child Studies with a minor in Psychology and Women Studies. Maria went on to pursue a Masters degree in School Counseling and a Sixth Year Degree in Counseling from the University of Hartford also in West Hartford, CT. Maria Pastorelli may be reached at 505 Hudson Street, Hartford, CT 06106, (860) 550-6345. Her e-mail address is Maria.Pastorelli@ct.gov.*

## Methodology evolves

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teams showed greater readiness to begin testing improvements sooner than is typical. In the period following the first Learning Session, teams advanced several practice improvements through multiple testing cycles, and many came out of the second Learning Session prepared to begin spreading practices, a state normally attained only at the end of a BSC.

*Karl Chan-Brown provides Child Welfare related research and writing services. Over the past decade he has had a variety of roles in the Foster Care arena, including chairing the National Foster Care Month effort, designing and implementing pilot programs, and staffing early Breakthrough Series Collaboratives. He also provides individual therapy at an all-volunteer agency in Seattle. Karl can be contacted via email at Karl@chan-brown.com.*

# Group mentoring: a new approach in CT

By Sara Wilhelm



Sara Wilhelm

The Connecticut Department of Children and Families, (DCF), has been providing mentoring services for youth in foster care, ages 14-21, through a network of contracted community service providers since 1994. As the DCF mentoring program grew and evolved, the needs of the LGBTQI population came to the forefront. Information shared with DCF showed that the LGBTQI had:

- Increased risk of suicide (creating a suicide plan, suicidal ideation, making suicide attempts, etc.).
- Increased rates of truancy due to harassment and the fear of violence;
- Increased risks of running away (often due to the fact that LGBTI youth experience significantly more placement disruptions than non-LGBTI youth)
- Increased use of alcohol and other drugs (including cigarettes) as well as other maladaptive coping mechanisms such as cutting and various forms of self-harm
- Increased risks of sexual acting out

In 2003 DCF entered into contract with True Colors (<http://ourtruecolors.org>) to provide mentoring services to LGBTQ youth in foster care. The program allowed DCF staff to refer youth to True Colors to be connected with a volunteer adult mentor. All mentors undergo an application process, background checks, training, and ongoing support through True Colors. Youth involved in the program are provided with ongoing support services by their mentor and professional staff at True Colors. Youth and mentors meet at least three (3) times per month and also maintain weekly telephone contact.

This program has been highly successful, affording youth participants the opportunity to connect with volunteer mentors who are open and affirm-

ing. These mentors provide the youth with critical support in all areas of their life and individual outcomes for those partnered with a mentor for at least one year have been documented to be greater than those of peers who are not involved in a mentoring program or not involved with a mentor for at least one (1) year. As the success of the program became evident, more youth requested a mentor through True Colors. This resulted in an extensive waiting list of over 50 youth by late fall 2008. The number of youth on the waiting list was far beyond the capacity of the existing mentoring program operated by True Colors and included youth from all around the state of Connecticut.

## A group solution

In response to a growing waiting list, True Colors began holding monthly group mentoring meetings for the youth on the waiting list. The turnout for the meetings was overwhelming, with youth traveling from all areas of the state to attend. DCF representatives participated in some of the meetings. This led to True Colors submitting a proposal to DCF to provide a group mentoring program for LGBTQ youth in foster care. This proposal was in addition to the existing One on One Mentoring Program that was already in place for LGBTQ youth in foster care. The goal of the group mentoring program was to provide for monthly group meetings in different areas of the state which would allow for youth on the waiting list to become involved with a mentoring program and also afford prospective mentors the opportunity to be involved without the need to possibly travel a distance to meet with youth. In April 2009 DCF entered into contract with True Colors to implement the group mentoring model.

True Colors is now providing, in addition to their existing One on One Mentoring Program, a group mentoring program. This program meets once a month, on a set day and time, in four different areas of the state. This has eliminated the geographical obstacles that were presented based on

the living arrangements of youth in care or the availability of mentors in a particular area of the state. Youth and mentors meet monthly at a facilitated meeting and are provided with support services through True Colors. Additionally, youth and mentors are able to participate in quarterly activities and an annual outing. Involved youth and mentors are also may attend the Annual True Colors Conference.

This unique partnership has resulted in tremendous feedback from the youth and adult participants. While the formalized program just recently began, the work of the group mentoring is already visible in the state and local communities. The youth in the group mentoring program have created a Speaker's Bureau and been involved in numerous community based projects. The Speaker's Bureau has provided educational workshops for professionals and communities. Recently, these youth worked with TheaterWorks of Hartford, CT in the advertising campaign for their current production *Speech and Debate*. For ticket and show information see [www.theaterworkshartford.org](http://www.theaterworkshartford.org)

*Sara Wilhelm has worked for DCF for over 21 years, the past 10 of which she has worked in Adolescent and Transitional Services. Sara is married and has two wonderful children. For more information on mentoring services for foster youth in Connecticut, contact Sara Wilhelm at [sara.wilhelm@ct.gov](mailto:sara.wilhelm@ct.gov) or 860-550-6348.*

*To find out more about True Colors, contact Kamora Herrington at 860-649-7386 or via email at [kamora@ourtruecolors.org](mailto:kamora@ourtruecolors.org).*

## Reflections

*Continued from front page*

How does engaging the father help me as a social worker? It is just so much easier dealing with women. Men are threatening, controlling and batterers. To them, I could be nothing more than this. The reality is that I am much more unlike their image than I am like it. Oh, I can be driven to what they perceive me to be when I'm feeling disrespected, discouraged, and disempowered, but that is not my essence. And their job isn't to push me to those limits to see where my breaking point is; but rather to engage me in a way that supports any efforts or goals they have for ensuring harmony and stability for me and my family.

For me being a father is a blessing bestowed upon me from a love greater than my own. To be viewed as a distraction in a family is not only harmful, but shameful. Why can a father not speak to his own truth? Why must I conform to that box that you want to put me in for convenience sake? There are many fathers out there that want only an equal opportunity to raise and affect the direction of their children's lives. Don't children benefit from having both parents in their lives? Is your convenience greater than the needs of the family?

Because of my challenges with the department, I became an ally in the fight to make it better for the next person. For the last five years I have sat at their table and asked for them to be what they claim to be: \*Child-centered \*Family-focused \*Strength-based \*Community-based \*Culturally competent/diversity sensitive and \*Committed to continuous learning; nothing more and nothing less. To effectively meet the needs of the people

## For far too long the term "birth parents" has carried a negative connotation to it.

families themselves? In Massachusetts we are moving towards that goal. More and more parents are being invited to add perspective at different forums and at every level of child welfare. I see this as step in the right direction, but there is still a long way to go.

Currently, I am also the co-chair of the Casey Family Program Birth Parent Partnership Initiative. Along with my goal to continue to have a seat around the table with my own state's social service system, this allows me to help determine practices that are in best interest of not only me but of other birth fathers and mothers and our children as well. I am equally concerned about the lack of regard for fathers and the potential impact, if given a chance, to affect their child's life in a meaningful way. Families as a whole have it hard, but fathers, they truly have it bad in this current environment. Through Casey, the hope is to launch a national effort to put Birth Parents (both fathers and mothers) in a place where they are engaged by child welfare as partners and experts of their children's lives. For far too long the term "birth parents" has carried a negative connotation to it, and Birth parents are not as supported as foster parents, kinship providers, youth, and grandparents. Birth parents have had to take a back seat and watch as child welfare stripped their babies away as if they could never have the capacity to care for

that you serve there must be a dialogue that supports your interest in their experience. How can you make a decision that reflects the needs of families without talking to the

their own child. They would rather build the capacity in someone else than to support the natural and biological connection between a parent and child. It is reprehensible to think that child welfare practice reflects such a negative view of parents.

I sought help from the child welfare system to keep my family together, and their help just drove my family further apart. I shouldn't be viewed as neglectful especially when I invite a social worker into my home. Just because I don't agree with the social worker's limited assessment of my family needs doesn't mean that my intentions and my plans for my family don't make sense and are not honorable. We should have had dialogue around this; threatening to remove all my children to enforce compliance with the state's plan as if it would be a better father than me did not help my family. WOW. That is truly an abuse of power. Whose interests are being served? Definitely, not my family's. Had I not been there, they probably would have helped my wife without judgment and the same should apply to me. Just because I am a father, it shouldn't be so easy to dismiss my involvement, negating all the positives that I provide to my family.

My family is better now, but it is the persistence and determination, that was seen as a personal "flaw" by the child welfare system, that has us back together now. With that same persistence and determination I will try to help this system that impacts so many lives, get to a better place as well.

*John Laing is the father of five children. He has become a national birth parent advocate, partnering for child welfare system changes in practice and policy. John can be reached via email at [johnlaing@laingen-terprises.com](mailto:johnlaing@laingen-terprises.com).*

# Building a stronger voice

By Madlynn Haber

One of the tasks of a Supervisor with the Adolescent Outreach program of Massachusetts Department of Children and Families (DCF) is to facilitate a monthly Regional Advisory Board meeting for youth in the care of DCF. The Youth Advisory Board (YAB) presents an opportunity for engaging youth in an experience that can empower them to have a voice in the system and an opportunity to reflect on their life experience in a way that produces growth, broader perspective and a sense of their own strengths and competencies.

The YAB serves a number of purposes. Most importantly, it provides youth in care with an opportunity to develop skills in many areas including leadership. In addition, the YAB cultivates a population of youth that can be called upon to offer input on issues relevant to foster youth. Representatives of the Regional Boards participate in a Statewide Board that over the years has met with the DCF Commissioner and Executive Staff, State Legislators, representatives of state and federal policy and funding agencies, potential foster and adoptive parents, supervisors and social workers within the agency. They have reviewed and offered input on grant proposals, policy documents and reports, research studies, marketing and promotional materials. Many people are interested in hearing the voice of foster youth.

Helping youth develop a voice that is clear, articulate and meaningful is the task we address in the monthly meetings. Our goal is to enable youth to become comfortable and competent in speaking on behalf of themselves and other youth in DCF care. The process by which youth become active advisory board members and assume the role of youth speaker encourages growth and development. Watching youth become successful speakers, I have seen a process unfold whereby youth go from being barely able to share their personal story, to telling their story with affect and congruence, to seeing their story as representing a class of young people being raised within the system, to seeing their story reflect a larger reality about a complex system with strengths and challenges that they can effect in a positive way.

## Bill's story

Let me describe a young man I will call Bill who came to the advisory board on the recommendation of his older sister who had been a YAB member for some time and was leaving the area. Bill was a muscular, bright young man in his junior year of high school with a humorous yet provocative style. He saw himself as a rebel and someone who was there to "challenge the system". We welcomed Bill's energy, enjoyed his

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humor and appreciated his articulateness. We invited him to speak at Foster Parent MAPP Training.

Bill's story included being left in a homeless shelter by his parents when he was 9 years old and then taken into DCF custody. After a short time in an emergency foster care placement, the parents of a school friend came forward and became a foster home for him. He has lived there ever since and is truly a member of the family. At Bill's first MAPP training he masked his nervousness with humor and some off color language. In his presentation he blamed both his parents and DCF for his being in care. Under the surface of his joking, adolescent demeanor was a sense of the anger and impotence of a young boy who had no control over his circumstances. He barely mentioned the positive experience he was now having in his foster home. As is always the case, the staff and prospective foster parents responded with warmth, sympathy, compassion and interest in Bill's story.

At our next meeting, we commended Bill for his presentation and the positive response he received. We also encouraged him to consider how some of his language may have made it hard for some people to hear his message. Over the years Bill has presented at such training many times. His confidence has grown and his language has become more respectful. A couple of years later, at a MAPP training, Bill's tone in telling his story was different. I was startled to see his face soften, his voice deepen and his eyes well up with tears. It was moving to watch this strong young man tell his story with tears streaming down his face as the sadness and feelings of abandonment that were beneath his anger and rage surfaced. This time, he talked about his new family and the sense of belonging he felt with them.

Now, Bill is about to graduate from college with a degree in criminal justice. He is doing an internship in a child welfare agency and deciding how to combine a career in juvenile justice with social work. Recently he came to a foster parent recruitment event and this time in telling his story he talked about how his family's drug problems interfered with their ability to parent him,

how much he valued the family he lives with and his gratitude towards DCF for helping him attend college. In speaking to the prospective foster parents he talked about how "We" need to protect and take care of children in foster care. I have watched this youth change from a youngster who saw himself as an angry, sad victim in an impersonal system to someone who sees himself as a strong and integral part of making that system better.

## Contributors to the changes

Many factors influenced the growth and development of this young man, the DCF workers and supervisors who have supported him through school, his foster family, his biological family, his educational opportunities, teachers, counselors, friends and his own resources and resilience. I like to believe his experience as a member of the YAB had a small influence as well.

Youth come to the Regional Advisory Board meetings on the recommendation of their workers, their friends, their foster parents or just by hearing or reading about it. Some youth come once; some come regularly for a period of time, some occasionally for years and some return long after their case has closed. We run the meetings with two assumptions. One is that everyone has something to say. And the other is that there is something to learn from everyone's experience. When youth share negative experiences, we ask how can the system become better. When youth share successes and achievements we ask how the system helped them to accomplish their goals. We engage youth in looking at all sides of an issue. We allow youth to speak freely and experiment with different voices. The youth who is angry this month, may be the voice of calm reason next time. We encourage the exploration of complexity. For example, in discussing a proposed Foster Child Bill Of Rights we explored how some youth want the right to be included in family holidays, while others want the right to decline those invitations. We explored how both the youth and foster parent might be affected in that situation.

By using the YAB to allow youth to express different opinions, we encourage them to experiment with ideas, to grow and to develop. Having youth use their stories and their experiences to improve the system helps them get in touch with their own strengths and resources and empowers them to take an active role in changing things for the better for themselves, their peers and the entire system.

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## Constituency engagement in NE BSC

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stages of our Collaborative and has managed to amalgamate the most promising elements into a sophisticated process with proven success. Their PDSA – "Mindful Planning Through FSP and Packet" – evolved over several months. The team was testing the use of numerous family-centered tools and practices such as Ecomaps (which visually represent the family's resources and supports), genograms (which chart important relationships), and informal family meetings and they were having good results. The purpose behind the tests was to find ways to get better information about family and community support networks, with the hope that the information might prevent removal, and that it might keep children within their community and family when removal cannot be avoided. Having less threatening meetings and using tools like Ecomaps that collect information about a family's support network, makes it easier to

accurately assemble a picture of who can care for a child. By actively engaging the entire support network in respectful and inclusive discussions about the needs of the children, it becomes easier to document the supportive people in a family's network and help them make and implement plans for children at risk that keep them safe and in the care of the people they know and trust. The St. Johnsbury team saw that these individual practices were working, but needed some structure to combine them. So, they rolled the Ecomaps, genograms, informal family meetings and a series of safety-related questions into a set of forms and guidelines to be used by assessment workers. The expectation is that the use of these more family-friendly tools earlier in cases will result in better outcomes throughout the life of a case.

## Looking ahead

As you can see, our teams have had a heavy focus on improving their ability to engage and form partnerships with the families and youth

they serve. We know that the capacity to do good safety and risk assessments is greatly decreased if workers are unable to get complete and accurate information from families, and if they are unable to convey information effectively. By improving engagement and communication from worker to family and vice versa, we have good reason to expect that assessments will be improved as well. Beyond the basic need to provide respectful and responsive service, improving engagement and communication with families also results in better outcomes for everyone involved. Our Collaborative has a number of promising practices emerging and being refined. As they gain traction and become proven successes, we hope to spread them throughout New England.

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# Nothing about us without us

By Susan Getman, Heidi Kayler and John Laing

**B**ased in Seattle Washington, Casey Family Programs is a national operating foundation solely dedicated to improving the outcomes for children and youth whose families become involved in the public child welfare system. Joining with child welfare leaders and public policy partners across the country, Casey Family Programs supports efforts to improve the practice, policies and systems of care which engage families around matters of safety, permanency and the well-being of their children.

Committed to working collaboratively with states, counties, cities, tribes and local communities to improve the outcomes for children and families who become involved with child welfare systems, Casey Family Programs has undertaken a bold and urgent goal to improve permanency outcomes by the year 2020 through safely reducing the number of children in care by fifty percent. That represents over 250,000 less children in care on any given day; 250,000 more children who are growing up, every day, with a permanent, legal family and other life-long ties. Known simply as “2020”, this goal cannot be met by government alone. Involving birth fathers and birth mothers as strategic partners with child welfare and community leaders is essential.

Recent years have seen the emergence of strengths-based, family centered practices which have given rise to new models for engaging families in questions related to assessing safety and risk, safety/action planning and planning for permanency when it’s been necessary to place children away from their homes. Who should be at the table as these innovative models are created and new policies and systems are developed to support improved outcomes? How do social workers and birth parents alike make the transition to a model of shared leadership that calls for collaboration and partnership not only when addressing child protective concerns and related worries with a family but also when planning for systems improvements?

The leadership, experience and wisdom of those in government and local communities are obviously central to this work. Working collaboratively, birth fathers and birth mothers who have wisdom and knowledge born of past experience with child welfare interventions and services also bring invaluable leadership to the work of change for improved outcomes. Similar collaborative models have emerged in recent years that have joined efforts with youth-in-care, alumni of foster care, kinship caregivers and foster parents. All of these strategic partnerships are needed to successfully support the safe reduction of children in care and other critical outcomes for children, youth and their families.

Today, Casey Family Programs is involved with projects across the country which engage birth parent leaders as partners in a wide range of activities such as:

- strategic planning;
- system reforms;
- advocacy;
- mentoring birth fathers and birth mothers who are involved with the child welfare system;
- governance meetings and decision-making
- facilitating groups for child welfare-involved birth parents;
- co-training child welfare professionals; and
- co-facilitating shared learning seminars for birth parent leaders, child welfare and community professionals.

## Constituency Engagement: working “better together”

While involving birth parents as partners in child welfare reform is a recent development, the concept of engaging other constituents, particularly youth and alumni of foster care, in such work is not brand new. Casey Family Programs has been actively practicing in these ways for some years. This work originally grew from a research project conducted by Casey with alumni of the foster care system when it was discovered that their voices and perspective were critical in helping to develop new and better ways of helping children and families impacted by the child welfare system. These leaders were also eager to connect with one another to build a foundation for collaboration and to mobilize other alumni towards making change on behalf of the children who would follow them.

Over the years, this concept has evolved to include the voices of other people who have been involved in child welfare, including foster parents, kinship caregivers, and more recently that of birth mothers and fathers. Finding ways that child welfare staff, community allies and these constituents could learn to effectively work together, sharing responsibility and accountability, became essential to these developing partnerships. “Better Together,” a day and half program of shared learning and work, evolved as a result of these insights. It fosters equal, mutually respectful partnerships among constituents as leaders, child welfare staff, and allies to promote positive and practical changes in the child welfare system. The phrase “nothing about us without us” means that these collective voices and experiences are needed to help shape the future of child welfare and thus outcomes for children. By bringing the invaluable perspective of constituents together with child welfare staff and allies, “Better Together” seeks to make that phrase a reality. To date, “Better Together” has reached hundreds of people involved in child welfare systems throughout the United States, fostering change, large and small wherever it is offered.

Recently, in collaboration with the Connecticut Department of Children and Families (DCF), a Better Together with Birth Parents program was developed and offered to 26 people, comprised of 50% parents and 50% DCF staff and community partners. True to the Better Together facilitation model, the pilot was co-facilitated by a child welfare professional and a birth parent. This program provided opportunities for participants to learn how to work better together as equal partners, each bringing unique value to the work of systems improvement and helped to set the stage for future birth parent partnership work throughout the State. Plans are now underway to train a carefully selected team of DCF professionals, birth mothers and birth fathers as co-facilitators so that DCF can implement Better Together with Birth Parents to help advance both practice and system improvements.

## Birth parent leaders making a difference

Casey Family Programs has found eager and innovative partners for this work in New England. Through sharing expertise and resources, Casey is supporting a range of avenues for these collaborations. The New England Breakthrough Series on Safety and Risk Assessment, sponsored by Casey, and hosted by the New England Association of Child Welfare Commissioners and Directors, is a region-wide example where teams of professionals, birth parent and youth leaders along with community partners work together to develop new, more effective ways of engaging family members in the assessment and planning activities that help to ensure safety for children and youth.

Casey Family Programs has also joined with several New England states in additional ways to

deepen this shared leadership practice with birth parent leaders, supporting the improvements needed to accomplish better outcomes for children and youth.

For the last five years the Massachusetts Department of Children and Families (DCF) has sought birth parents to serve in an advisory capacity as different practice models, policies and specific family centered practices are explored. Birth parents have reviewed drafts of requests of proposals (RFP’s) to ensure that the services that the DCF purchases will meet the needs of the communities that they serve and to ensure the language in the contracts respectfully speaks to the needs of those

same communities. Birth mothers and fathers who have successfully navigated the system are members of DCF management teams, a policy steering committee and strategic work groups. Many have personal experiences that weren’t so great, but they desire to contribute to changes in the Department’s culture and practices in order to support better outcomes for other families. Birth fathers and mothers, who have generally been a population overlooked as “partners”, are being engaged as experts who draw on their experience and as such can speak to the strength and weakness of the current practice model and policies.

Sharing the stories of their experience with the child welfare system can be hard for some. Casey’s, Strategic Sharing, a half-day program, was created to help constituents “tell their story” in a variety of meaningful ways that are helpful to others while not re-traumatizing for the person sharing. Whether when simply introducing oneself, as a member of a planning committee, as a conference panelist or as a key note speaker, Strategic Sharing “graduates” are constituents who have increased comfort and confidence in sharing their stories to effect positive change, and often also include staff and allies in child welfare. Casey is presently collaborating with MA DCF to train a group of co-facilitators, child welfare professionals and birth fathers and mothers, so that Strategic Sharing can become part of a Parent Leadership series that has been evolving at DCF over the past two years. Building the capacity of birth parents and child welfare staff to work together is key to supporting these emerging partnerships.

Recently, Casey Family Programs extended its aid in helping DCF’s Fatherhood Initiative network with those professionals and birth father leaders across the country who are seeking to improve the ways that child welfare professionals engage birth fathers. Long neglected as essential and valued participants in the child welfare planning process for their children, the involvement of birth fathers and their kin are increasingly viewed



Susan Getman



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# Fatherless children

By Felix Manuel Rodriguez

**D**id you know that almost 25 million children in the United States are growing up in families without a father present? According to a Chapin Hall 2008 report, *Dads in the Mix: The Future of Responsible Fatherhood Initiatives*, that number is roughly two-and-half times higher than four decades ago.

A growing body of research documents ways children benefit when they have engaged fathers, including better school performance, reduced substance abuse, less crime and delinquency, fewer emotional and other behavioral problems, and less risk of abuse or neglect. As a child from a father-absent home with seven brothers and sisters, and a mother who barely spoke English, I personally know the challenges and struggles of a single parent home.

I cannot give my mother enough credit for raising seven children alone. Her ability to deal with seven different personalities while attempting to provide for all of our needs and wants, and doing this herself is nothing short of incredible. It was not easy; we lived in the housing projects, we did not have our own yard and, I'll speak for myself, I did not have a positive male role-model to emulate. It was tough. With that said, I truly appreciate what my mother was able to accomplish without losing her mind.

Now, as a proud father of two, I fully understand that being a dad is the most significant part of my life. It has brought me overwhelming happiness and memories that will live with me forever. However, I also fully understand how difficult and demanding it is to be a father. Having a nine year old daughter and a fourteen year old son is a challenge in itself; the complaints, bickering and messes left behind can drive any parent crazy. Yet

to me, there is nothing better than being an active dad and seeing my children happy. I can't help thinking about the fatherless children who observe other children interacting with their dads at home, in school or at playgrounds. I know this feeling all too well. It's a feeling of loneliness and detachment. To this day, I still remember when I was in elementary school and the other kids in my class made special arts and crafts presents for their dads, I did not.

Unfortunately, there are too many fatherless children who share similar experiences. Father-absence is a major problem in this country, especially in our under-served and economically under-privileged communities. The price of father-absence has high economic costs as well. The National Fatherhood Initiative conducted research that shows the federal government spends \$100 billion of taxpayer money on programs that support father-absent homes. The \$100 billion is a direct cost of father-absence.

Without involved fathers, the indirect cost is that kids are more at risk to unfortunate outcomes that cause an even greater cost to society. Here are the facts:

- If a father is engaged with the child for the first two years of their life 80% will stay involved.
- Young children growing up without father's involvement are ten times more likely to be extremely poor.
- 90% of all homeless and runaway children are from fatherless homes.
- 63% of youth suicides are from fatherless homes.
- 85% of all children that exhibit behavioral disorders are from fatherless homes.

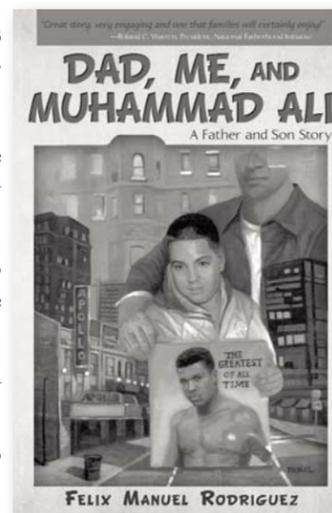
- 70% of juveniles in state operated institutions come from fatherless homes.
- 71% of high school drop outs are from fatherless homes.
- 85% of all youths sitting in prisons grew up in a fatherless home.

(Source: *Fatherhood Facts* provided by U.S. Department of Health and Human Services, National Fatherhood Initiative, 2008)

These statistics are staggering! As responsible parents, educators, and child welfare employees, we must do everything humanly possible to help curb this devastating trend and bring this crisis to the national spotlight. We need to build strong alliances and networks to give our fatherless children the best opportunities possible to help them grow into positive, productive adults. By accomplishing this, we will provide hope and opportunity for all fatherless children who may already

have concluded the world had given up on them.

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# Families feel included, supported & encouraged

By Donna Reulbach and Raelene Freitag

**C**ritics of Structured Decision Making® (SDM) assessments often suggest that they are deficit based and do not support strength-based practice. The Massachusetts Department of Children and Families (DCF) sought to find a way to obtain the benefits of reliable and valid structured assessments while promoting family-centered, strength-based practice. Through a collaborative effort with the Children's Research Center (CRC), Massachusetts was able to adapt the SDM model and achieve both goals. The development process included a series of workgroups to customize the tools, an inter-rater reliability study to test effects of design options, collaborative training that blended Andrew Turnell's Signs of Safety approach with the assessments, and, finally, a field test.

Workgroup participants included DCF line staff, supervisors, stakeholders, and family representatives. Items and definition language was reviewed carefully to be sure it supported the agency's intent to promote a holistic assessment of families, while still attending to critical threats to child safety. New features introduced included:

Certain danger indicators (safety threats) can be identified as existing due to abuse or neglect OR not due to abuse or neglect. This allows a family to acknowledge and address danger without labeling it as maltreatment when the cause is beyond the caregiver's control; for example, when poverty alone is the cause of the danger, or when the threat of harm comes from a person so dangerous the caregiver needs help organizing protection.

The risk assessment will collect supplemental items related to protective capacities. While not contributing to the score initially, a planned prospective study will be the first to test whether

carefully identifying and defining selected protective capacities might result in measurable impact on risk classification.

Both assessments build in a way to capture conflicting information. For example, when an item is scored based on the best available evidence, but one or more family members disagree with the score, the family's member's point of view is clearly documented.

## Field test results

During a field test of these new safety and risk assessments, families were surveyed by telephone following the assessment to better understand their experience and determine whether the new assessments would help support strengths-based practice. The results were encouraging. Nearly 90% of the 73 families who agreed to a telephone interview felt included in the decisions about their family. Just over 90% of parents felt supported in their role as the decision maker for their family. About 93% felt encouraged to think about their own strengths and supports.

Positive reactions extended to workers as well. About half of the workers felt the tools helped them to work more positively with families, about 40% felt neutral, and only 5% felt the tools made the interaction less positive. Similar proportions felt using the new tools improved their relationships with families.

Initially, it was hoped that the appearance of the SDM assessments could be modified in a way to make them more "family friendly." After numerous variations were attempted, it was determined that there really is a proper use of professional working documents. What needed to change, it was learned, was not the form, but the way the form was used. Training on the assessments is not just about how to fill out a form;

rather, by integrating principals of "Signs of Safety" and other family engagement concepts, workers learn that the assessments become the way to think and act, the way to be with the family. They learn that the assessments guide both the conversation with the family and the decision making that happens with the family.

The MA DCF is preparing to implement a new, integrated case practice model, which includes the structured decision making tools, beginning July, 2009. This will involve a gradual and planned implementation over the next three to four months. Other changes include extended screening time, differential response, extended investigation, and a new comprehensive assessment and service plan.

More information on the Field Test results, is available on the DCF web site [www.mass.gov/def](http://www.mass.gov/def).

More information on SDM and the Children's Research Center, can be found on the CRC web site [www.nccd-crc.org](http://www.nccd-crc.org).

The development work and the field test of the tools were supported by funding from Casey Family Programs. [www.casey.org](http://www.casey.org)

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# Jose's Way: A young man's journey through loss, adoption, trouble and redemption

By Lisa Flower

*"Parenting Jose has been one of the greatest joys, challenges and, most of all, one of the most meaningful and loving experiences of my life. Life as Jose's mom has been a series of successes, of which not all have been mine. They've been a collaborative effort between Jose, his sister Pam, our extended family, social workers, teachers, therapists and professionals. As a parent, watching Jose grow into the man he has become is very rewarding. But more than that, the cycle of neglect and abuse that encompassed him has been broken. His history has truly become his past. He's moving forward, and while there are times when he looks back, it's just that—a look. His past is no longer an excuse; it's not a reason for what he does. Jose is truly moving forward — with the hopes and dreams of the man he is, and not the child he was."* — Michelle Hrbek, parent and Connecticut Association of Foster and Adoptive Parent (CAFAP) liaison.

Living the life of running the streets, incarceration and drug abuse was the way that Jose lived for almost six years. Beginning at the age of fourteen, Jose made decisions that put his life in danger. It wasn't until he turned 20 years old that he made a life-changing decision: he would abide by the law.

Jose grew up with his biological parents in Florida until the age of five. He remembers his parents using and selling drugs, eating out of dumpsters, and sleeping in the bed of a pickup truck. He also recalls the day he was removed from his parents, crying, and placed in a children's shelter. He did not speak English. He was alone and scared. He did not understand what was happening to him.

He recalls a woman named Michelle, who was one of the first staff people that he met in the shelter. She was a compassionate, caring woman. Both Michelle and her husband, Chuck, were employed at the shelter. They had no children.

When Jose was removed, his mother was pregnant, and a month after Jose was placed in the shelter, he learned that he had a newborn baby sister. The baby, who was to be named Pamela, was born in a prison infirmary and then placed at the shelter. Jose felt he now had family with him.

Soon thereafter, Jose learned that Michelle and Chuck were interested in caring for him and Pamela. They began visiting at their home until the couple was licensed. They were eventually placed with the family directly from the shelter. He remembers life being great.

Jose was ten when he was officially adopted. It was the beginning of his permanent life. He was very excited to finally have the last name Hrbek, so he could be like his parents. Jose always called his to-be-adoptive parents "Chucky" and "Michelle." He vowed not to call them Mom and Dad until the adoption was finalized. On the day of the adoption, he walked out of the courthouse and said, "Mom can we go get ice cream." That was the beginning of their permanent life together.

Unfortunately, the road grew treacherous soon thereafter. When Jose turned 13 years old, the family relocated to Connecticut. His parents separated and were soon to be divorced. With his father out of the home, Jose felt fewer limits on his behavior and found it easier to evade those set by his mother. In middle school, he was getting failing grades and getting into minor trouble. Instead of going home after school, he went to the beach with his friends and stayed out late at night. His school difficulties brought frequent detentions and suspensions. Michelle was having

a hard time controlling his behavior and reluctantly decided to send him to reside with a family friend in Louisiana. He stayed there a few months. But when his behavior did not improve, he was sent to a Christian camp for troubled teens. His first impression was positive: there were farm animals, a chapel, basketball courts, and a farm. Within days though, Jose found the long days and frequent fights with other street-savvy kids to be tiresome.

After six long months, he returned home — promising to behave and abide by the rules. He began high school and did well for a few months. He attended a partial school program as well. One day during the partial program, it was determined that Jose needed a higher level of care. He was admitted to a children's psychiatric hospital. Jose said he began to exhibit dangerous behaviors that often resulted in him being placed into restraints. He remembers one of his high school teachers visiting and seeing her cry as she saw him in the restraints. He remained hospitalized for five months.

It was at this time that Michelle decided to contact the Department of Children and Families (DCF) requesting help through the voluntary services program, which assists families with children who have serious mental health and behavioral issues. While in the program, families retain custody of their child and do not have an open child protection case. Michelle hoped the services would assist Jose.

Over the next few years, Jose received treatment in a number of places. For 11 months, Jose received clinical treatment at DCF's Connecticut Children's Place, and then for another 11 months at a privately-run residential treatment facility. During this time, his behavior marginally improved. At the same time, Jose's relationship with his mother was strained as he was angry at being in placement. Nevertheless, while Jose would still face considerable trouble before getting straight, Michelle recalls that the voluntary services program created accountability for Jose.



Jose

"I credit DCF social worker Natalie Sapp with saving his life," Michelle said. "She worked with Jose, providers, and me. It was a team effort."

Michelle added that the fact that she did not have to give up custody of Jose was critical. "Jose had already been abandoned once," Michelle said. "I didn't want to have it happen again."

But the troubles were certainly not over. At the age of 18, Jose "aged out" of the voluntary services program, although he received transitional services from the Department of Mental Health and Addiction Services through its Young Adult Services (YAS) program in Bridgeport. Program staff assisted him in locating an apartment and provided supervision required because he was on probation for four years for charges accrued while in residential placement.

During this time he went to Bridgeport Central High night school and got his diploma. Shortly after — although Jose is not proud of it — he began using and selling illegal drugs. Jose reached his lowest point when he was arrested for assaulting a police officer and received two more years of



Lisa Flower

probation. He was discharged from the YAS program after this incident. Reality hit home after Jose was issued an inmate number. "That will be with me for the rest of my life," Jose said. It was shortly after this incident and a breakup with a girlfriend that Jose decided that enough is enough.

Jose was then reintroduced to a prior acquaintance, Kaylie. After seeing her again and feeling tired of the life he was leading, he said he came to a realization. "I woke up," Jose said. "I wanted to be on the other side." Kaylie was just the good influence that he needed. He stopped using and selling drugs, and he got a job.

Jose began working at the APT foundation helping troubled youth from 12 to 18 hours a week. At first, he remembers being frustrated because the kids were not reaching out for help. "I've been where they were," Jose recounted. "I just wanted to be able to help them." But he also came to another critical realization about how difficult his behavior must have been for his mother and sister. The change of perspective had a huge impact on him. "I started a relationship with my Mom again," Jose said. "It continues to get better. Now we are on a constant, 'it's all good.'" Jose knows his behavior caused a lot of grief. "There is no grudge anymore," he said with relief.

Jose and Kaylie have now been together for four years. They have a nice apartment in Bridgeport. He is attending Housatonic College and is completing his core requirements. He plans on continuing his education, and, as he says, "the sky is the limit." He has decided to study Spanish — his language of origin although he is no longer able to speak Spanish.

Jose has demonstrated that he has turned his life around. "Anything is possible," Jose said. "Put your mind to it. Wake up and smell the coffee." He wishes he would have listened to people when he was 13 years old. If given another chance to speak to youth, Jose said his advice would be "your future can be anything. Go to school and get a good job."

He lives his life by his new motto: "Do what you have to do to move forward. You can look back. But don't go back. Look in the rearview mirror, but that's as far as you go."

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# Coming home

By Polly Marston

I cried when I found out my birth mother's first name. That small yet intimate detail was enough to grab onto and imagine the others; what her laugh sounded like when something was really, really funny or the way that she loved to spend her rainy Saturday afternoons. These are the moments that I yearned to know when I decided to search for my birth mother.

One of the hardest things about life is realizing that what we think is going to happen seldom does. And the search for a birth parent holds so many unknowns. Truthfully, what does an adoptee know better than unknowns? Our lives are full of blanks with no answers. We quickly become experts at fielding questions about why we don't look like the rest of our family; no, we are not sure if we have a family history of that disease, and sorry but we can't answer where our "real" mother is.

It was hard for me not to know those answers. But what I hadn't counted on was that it is just as hard for me to know them. I began my search, not uncommonly, around the time I had my own daughter. I was full of maternal instinct and finally had a little being around me that shared my history, blood type, and brown eyes. I thoughtfully commented to others about how "strong and brave" my mother was to have placed me for adoption after going through a pregnancy but now having done it myself, I cried privately at the thought.

I had a few sketchy details. I knew she had been seventeen years old at the time I was born and my heart and mind filled in the rest. She probably had been accepted into a prestigious

university (that's where I must have gotten my brains from!) or perhaps her parents forced her to sign the adoption papers under duress (no one would do such a thing willingly!). When someone is forced to create their own past, the story they weave becomes as much a part of themselves as their own reflection.

My adoptive parents supported my search. In fact, my mother had recently been reunited with her own brother and used her happy ending as an inspiration. I worked up the courage to contact the state department of child welfare. After a few years worth of starting and stalling, I got the answers.

I learned that my mother was a young girl who struggled with mental illness, substance abuse, and domestic violence. I was the first of nine children that she had, most of whom she was never able to parent. I learned that she loved to ride on the back of a motorcycle and had a smile that filled the room when she walked in. And I learned that she died tragically young.

When I found out that she had died, I couldn't go to work or even empty the dishwasher. So I went to the place that all adult children go when they need to feel safe. I went back home to my parents. The day after I learned her name, my parents went to the library to search for her picture. While I sat home crying over the heartbreak that she was nothing I had imagined her to be, they handed me a picture of a girl with sad eyes and my nose. "Do you love her?" I asked my parents, looking at them carefully, knowing somehow that the rest of my life depended on their answer.

"Oh yes", they said without hesitation and with utter sincerity. "We love her." I didn't realize



Polly Marston

it then but now I know what that question really meant. It is the same question that silently lives in the heartbeat of all children. "Do you really love me? Do you love the whole truth of me?"

I will never know what my birth mother's laugh sounded like or what she did on her quiet weekends. But I do know that when I ride on the back of a motorcycle, sometimes I can feel her. Learning about her has helped me learn about myself and I find myself more at rest than I was before. But finding the answers to these questions has also done something else. It has brought me right back to where I have been all along; to a family that chose to raise a child that wasn't theirs just because they wanted to.

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## Antidote

Continued from page 3

- allow for this type of parental/caregiver behavior/s?
- viii. Given the specific allegations, what will you have to explore so that you can best determine whether the allegations are founded or not? How do you plan to do that?
- C. During assessment interviews: (AHT)** (this stage is more difficult to demonstrate and requires more work that won't be done in time for submitting this article)
- D. When reaching decisions about child maltreatment, whether to intervene and at what level: (AHT)**
- i. At this point of your assessment, what are you inclined to decided about the allegations, about child safety?
- ii. What assessment facts support that decision/those decisions?
- iii. What factors don't support that decision/those decisions?
- iv. What factors conflict with one another and therefore challenge your decision/s?
- v. What don't you know that if known would increase the confidence in your decision/s?
- vi. What could happen in the event that the wrong decision is reached?
- vii. What would it take that to help insure that \_\_\_\_\_ (each child) is safe?
- viii. What level of risk exists for each child? What would it take to significantly reduce that risk?
- ix. What would need to be happening so that we could be more confident about

- child safety?
- E. When Transferring from Assessment to Case: (AHP)** helping to promote effective, focused work with the family in order to gain supported and timely outcomes
- i. What would it take to close this case?
- ii. What are the barriers (contributing factors, underlying causes, complicating factors) to closing this case?
- iii. What protective capacities already exist that can be built upon to help remove those barriers?
- iv. What would it take in order to help the parent/caregiver acknowledge the barriers, increase his/her motivation and commitment to work at removing those barriers?
- v. What formal and informal supports exist that could support these efforts?
- vi. What could the caseworker say/do to help motivate, empower and enable the parent/caregiver to gain a sense of hopefulness to increase his/her protective capacities and remove those barriers?
- vii. What would need to be done to insure that "reasonable efforts" are being made?
- F. When deciding whether to close the case: (AHT)** working to reduce the likelihood of repeat child maltreatment
- i. What case facts (changes in contributing factors, underlying causes, and complicating factors) support that it is time to close the case/to return the child home?
- ii. What made it possible for this family's success?
- iii. What concerns remain and why?
- iv. In light of any concerns, what facts do not support closing the case or retuning the child to his/her parents?
- v. What could go wrong and what could be put in place to reduce that possibility?
- vi. What has each child resolved related to the significant impacts of previous child maltreatment?
- vii. What is each child's view of this proviii. posed action?
- viii. What will the family need in order to help insure child safety and sufficient risk reduction?
- ix. What plans are in place to insure that what is needed is and will continue to be available?

*Paul Martin MS, LSW is a Child Protective Program Specialist in the Office of Child & Family Services for the Maine Department of Health & Human Services. He can be reached by calling 207-624-7949 or via email at paul.j.martin@maine.gov.*

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**Castles in the Air**

The sun comes out,  
 The clouds go away.  
 When everything seems simple,  
 We feel we've found the way.  
 We see the horizon and what it holds.  
 We think we're almost there.  
 But the sun starts to set and it all unfolds.  
 The darkness rains upon us fears and doubts.  
 Consumed by feelings of concern,  
 We yell but no one hears our shouts.  
 As it always does the sun will rise once more.  
 A castle in the air,  
 Giving us hope that it will not pour.  
 A course of action destined to repeat.  
 Nothing we do will stop it.  
 It's intent slightly bitter sweet.

By Stephen Farrow

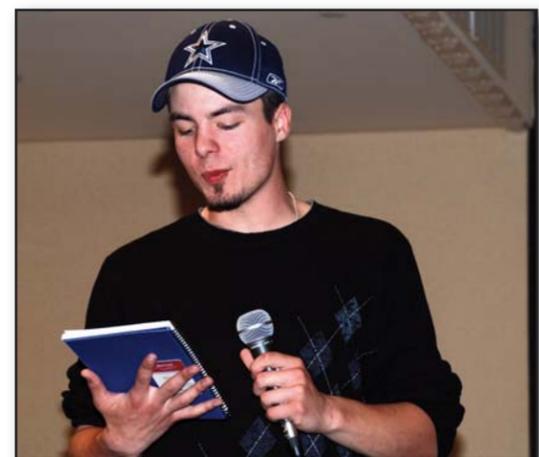


Photo by Pat DalPonte

Stephen Farrow at "Open Mic Night" in Newport, RI.

**Family involvement**  
 Continued from page 17

or potential service providers may also be invited. Then the coordinator works with those individuals to prepare them for the FGC. Every effort is made to convene the FGC in a community setting that is comfortable for the family and conducive to the FGC format. A specially trained facilitator runs the meeting which begins with a identification of DCF concerns and a discussion of the family's strengths that may support them in addressing the concerns. The FGC includes a meal or snack of foods the family enjoys. During the FGC's "family alone time," the family develops its own plan for safely addressing DCF concerns. DCF may accept the plan or ask the family to reconvene family alone time to address continuing concerns.

**Family advocates**

DCF finds that an effective way to support families in the various types of family meetings that take place is to provide a family advocate. Family advocates are peers, usually parents who have been involved with DCF in the past, have successfully resolved the issues and ended DCF involvement, or professionals hired through agencies or working with Community Connections Coalitions. The family advocates help families whose DCF involvement may be just beginning or later in the process when the advocate's support may benefit the family for a period of time. DCF provides training for the family advocates and an opportunity to meet quarterly to share best practices and address challenges.

**Other approaches to family involvement**

DCF is finding that family involvement can have positive impact beyond individual families and upon the system as a whole. Family voices remind professionals of the effects of their words and actions. Family members' ideas for improving the system are realistic, practical and effective.

As a result, family members – referred to as "community representatives" – have been identified to participate in a number of important DCF standing and ad hoc groups, programs and activities. In recognition of the challenges this participation poses to them, families are prepared through special training and are supported with stipends. The following are examples of DCF groups, programs and activities that are reaping the benefits of family participation:

- **Senior Staff** – DCF's highest level managers meet once every two weeks with a community representative in attendance.
- **Statewide Managers** – DCF's regional and area directors, regional clinical directors, administrative managers and counsels meet monthly with Senior Staff, and two community representatives attend.
- **Family Advisory Committee** – DCF has established a group of consumer parents, foster/adoptive parents and individuals who were once foster children that meets quarterly to review and develop recommendations regarding the agency's practice, policy and programs.
- **Policy Steering Committee** – Recently a community representative has been identified to attend the monthly meeting of this group which is responsible for supporting the development, implementation and evaluation of DCF policy.

- **Integrated Casework Practice Model Implementation Steering Committee** – DCF has placed a community representative on this group which is overseeing implementation of the act that created DCF in July 2008 and recommendations that emerged during a strategic planning effort that concluded during fall 2008.
- **System of Care Proposal Reviews** – Community representatives also participate in the review of proposals from agencies seeking to be part of DCF's provider network. They provide recommendations rooted in what they know about resources and services in the community that are helpful to families.
- **Core Training** – Community representatives participate in the training new social workers receive, providing the perspective of families about what helps and what hurts when DCF becomes involved in their lives.

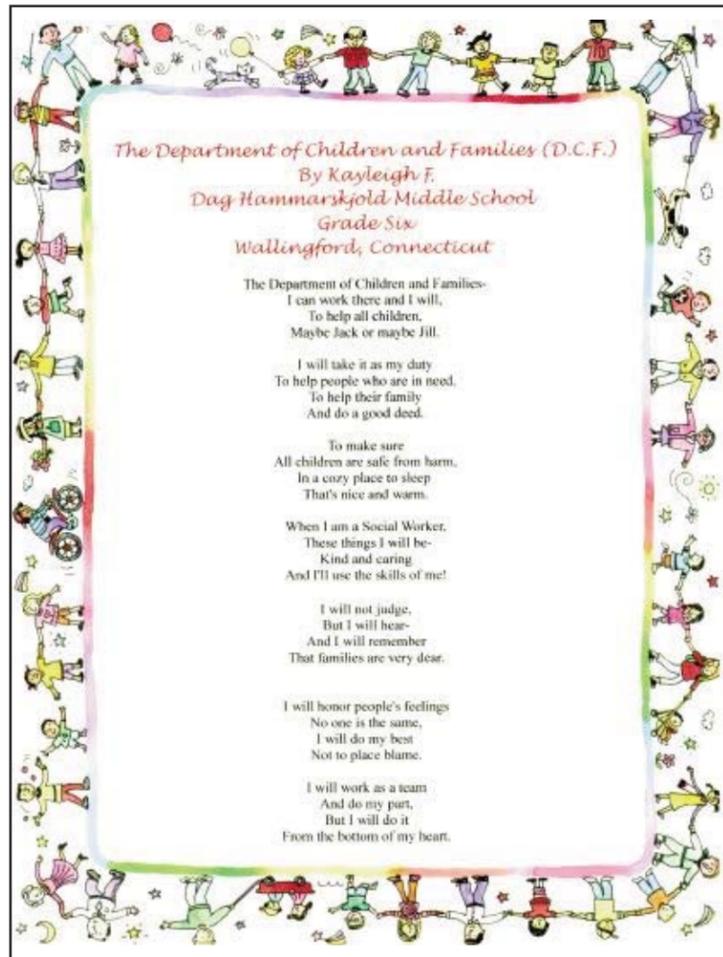
Like parents, DCF is increasingly involving youth in making the decisions that affect them on both the individual and systemic levels. Rapidly, DCF staff are arriving at the point where they regard family members as key partners in the development of solutions when important decisions are to be made.

*Leslie is Director of Policy Support at the Massachusetts Department of Children and Families. She has worked at DCF and its predecessor state child welfare agencies in various roles since December 1968. She holds a Master's of Science in Social Services degree from Boston University School of Social Work and is an L.I.C.S.W. She may be reached at [leslie.akula@state.ma.us](mailto:leslie.akula@state.ma.us).*

# Dream Big Contest Winner in Connecticut

A poem by Kayleigh, a sixth grader from Dag Hammarskjold Middle School, Wallingford, CT, took first place in the statewide competition as well as being chosen the winner in the sixth grade category. Judges for the competition said, "Kayleigh had a very focused and powerful message to communicate. She clearly expressed her role in making change happen. It was encouraging to read her poem. She obviously cares so much about her peers and wants to use her skills to provide a better quality of life for other children."

The competition was a drawing, poetry and essay contest for Connecticut students in grades Kindergarten (K) through six (6). The Dream Big contest, sponsored by the State of Connecticut Treasurer's office and Connecticut Higher Education Trust (CHET) a 529 college savings program, ran from February 16, 2009 through April 3, 2009 and was the second annual contest designed to encourage families to begin thinking about how higher education may help their children realize their dreams and make a difference in the world, and to promote the importance of saving for college early.



Kayleigh's teacher, Mrs. Baltramatis, saw the information about the competition and decided it would be a good project for her class. The assignment for sixth graders was to write a poem about how you would change the world after going to college. Kayleigh decided that she would 'change the world' by becoming a DCF social worker.

An award ceremony was held at Goodwin College in East Hartford where State Treasurer, Denise L. Nappier, presented Kayleigh's parents with a total prize of \$750 which included a \$250 check given to each county winner and an additional \$500 check for the statewide win. A check for \$150.00 was also presented to Mrs. Baltramatis for a classroom celebration to honor Kayleigh.

To learn more about the Dream Big Contest go to [www.chetdreambig.com](http://www.chetdreambig.com). To learn more about other competitions sponsored by CHET go to [www.aboutchet.com](http://www.aboutchet.com).

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**Nothing about us without us**  
Continued from page 22

as critical to the safety, permanency and well-being of their children. The small planning group for The National Fatherhood and Child Welfare Network is comprised of Casey staff, child welfare professionals and a birth father leader. "Nothing about us without us."

The commitment of Maine's Office for Child and Families Services (OCFS) to creating avenues for birth parent leadership in the actual delivery of services has been the driving force for OCFS's implementation of parent advocacy roles for birth parents that have successfully ended their involvement in its child protective services. Through the Portland-based Community Partnerships for Protecting Children (CPPC), "Parenting Partners" involves birth parent leaders in providing a range of supports for parents who are newly involved with OCFS. Parent Partners facilitate Building a Better Future groups with birth parents. This curriculum, developed by Annie E Casey Foundation, provides participants with valuable information about the workings of the child welfare system and helps them to build the skills needed to effectively engage with others on behalf of their children. Parent Partners also provide mentoring and advocacy support to birth parents in preparing for critically important meetings and court hearings, often attending with the birth parents so that they are supported as they find their own voices.

A children's behavior health treatment research project in Maine is underway through the collaboration of OCFS, the national Youth Mental Health Network, Casey Family Programs, Annie E Casey Foundation, the MacArthur Foundation, and Judge Baker Children's Center. Known as ChildSteps, this treatment model employs family advocates who are birth parents, foster and adoptive parents with child welfare experience, in helping parents whose children have had contact with OCFS to negotiate the mental health and other systems on their child's behalf.

Having birth parents at the "leadership table", discussing implementation of new practice models creates dialogue that has largely not existed prior to this time. This requires a transparency on the part of each public child welfare department; it gives a perspective that is generally overlooked as important. One birth parent says "When I hear that practice implementation decisions were specifically influenced by the voice of parents, I know that we are moving in the right direction." As families are engaged at each level of the child welfare system and its staff become more experienced and comfortable with having birth parents at the table, the barriers that have been built for far too long between system and community will be removed.

Engaging families in this way is still in a transitional stage. We are learning how to work together as equal partners. Although the "family voice" is

seen as a value in certain aspects of practice, many in the field who do the day to day work, are resistant to viewing families as partners in the decisions making process. Changing the culture will take time. Says one birth father leader, "Seeing parents as partners in decision-making not only for practice and policy changes but for the decisions that are made about individual families is not just one way to better serve families, it's the only way."

*Heidi Kayler is the Manager for Casey Family Program's Community & Constituency Engagement team and is the lead coordinator for Better Together and Strategic Sharing. [hkayler@casey.org](mailto:hkayler@casey.org)*

*John Laing is the father of five children. He has become a national birth parent advocate, partnering for child welfare system changes in practice and policy. John is the co-chair of Casey's Birth Parent Partnership Initiative and is a founding member of the newly developing National Fatherhood and Child Welfare Network. [johnlaing@laingenterprises.com](mailto:johnlaing@laingenterprises.com)*

*Susan Getman is the Senior Director for Casey Family Program's Strategic Consulting in New England, partnering with child welfare professionals, birth mother and birth father leaders to accomplish systems improvements leading to greater safety, permanency and well-being for New England's children. [sgetman@casey.org](mailto:sgetman@casey.org).*

Susan Getman photo, page 22, by Pat DalPonte.

# Regional Round-Up

## Massachusetts

### Community Program Innovations

For information on upcoming workshops contact: [csteven@communityprograminnovations.com](mailto:csteven@communityprograminnovations.com) by calling 978-968-2781 or via mail Carol Stevens, 471 Broadway, Lynnfield, MA 01940

### Center For Family Connections

Cambridge, MA 617-547-0909 / (800) KINNECT  
E-mail: [cffc@kinnect.org](mailto:cffc@kinnect.org)

### Massachusetts Adoption Resource Exchange

July 20-September 14

New Heart Gallery Portraits on display from at: Cape Cod Mall, 769 Iyannough Rd., Hyannis, MA 02601  
Saturday, September 12, 2009

A Home Run for a Child: An Adoption Matching & Recruitment 11:00 a.m. to 3:00 p.m. at Boston Police Station District E-5, 1708 Centre St., West Roxbury, MA - [www.mareinc.org](http://www.mareinc.org) for more information.

## Connecticut

### Get Creative @ Saving for College Program

Get Creative @ Saving for College program, sponsored by the State of Connecticut Treasurer's Office and Connecticut Higher Education Trust (CHET) For more information and official contest rules go to [www.aboutchet.com](http://www.aboutchet.com) and click on "Get Creative".

## Rhode Island

July 27th

### 17th Annual Tuesday's Child Golf Tournament

At Quidnessett Country Club in North Kingstown. Contact Adoption Rhode Island at [adoptionri@adoptionri.org](mailto:adoptionri@adoptionri.org) or call 401-865-6000 for more information.

### 4th Annual Heart Gallery

For more information please contact Judith McSoley at [jmcsoley@adoptionri.org](mailto:jmcsoley@adoptionri.org).

## Connections for a Lifetime

For more information about the group contact Malaina Murphy at 401-865-6000.

## The Adoption and Foster Care Certificate Program

[www.ric.edu/socialwork/pcelicensing.php](http://www.ric.edu/socialwork/pcelicensing.php) for 2009 schedule. For questions about registration, call Rhode Island College at (401) 456-8761.

## Vermont

October 8

### Parenting Revisited- Life on a Trampoline: VT/NH Kinship Conference

Sponsored by Vermont Kin as Parents & NH Relatives as Parents programs, Dr. Joseph Crumbley, presenter, at the Fireside Inn, West Lebanon, NH, contact 603-388-4725

October 16, 2009

### 7th Annual Vermont Collaboration Conference on Children, Youth, & Families

Killington Grand Hotel, Killington, email Don Mandelkorn at [don.mandelkorn@ahs.state.vt.us](mailto:don.mandelkorn@ahs.state.vt.us)  
Vermont Training

### Reporting Child Abuse & Neglect Training

If you are a central Vermont mandated reporter of child abuse/neglect and want initial or additional training, contact Kim at [kim.revoir@ahs.state.vt.us](mailto:kim.revoir@ahs.state.vt.us)

For statewide or non-central VT training, contact Fred Ober at 802-241-2131, [fred.ober@ahs.state.vt.us](mailto:fred.ober@ahs.state.vt.us)

Training Links: [www.dataofri.org/vermont.html](http://www.dataofri.org/vermont.html), [www.uvm.edu/~cdci/best/](http://www.uvm.edu/~cdci/best/), [www.globalearning.com](http://www.globalearning.com), [www.state.vt.us/educ/new/html/dept/calendar.html](http://www.state.vt.us/educ/new/html/dept/calendar.html), [www.healthvermont.gov/mh/training/training.aspx](http://www.healthvermont.gov/mh/training/training.aspx)

## National

January 25-27

### CWLA 2010 National Conference, Children 2010:

#### Leading a New Era

Child Welfare League of America, 2345 Crystal Drive, Suite 250, Arlington, VA 22202, call 703/412-2400 or visit their website at [www.cwla.org](http://www.cwla.org).

### National Child Welfare Work Institute

Free starting in September, **Leadership Academy for Supervisors**, an on line training national project for supervisors in public, private and tribal child welfare agencies.. To find out more or to apply go to [www.ncwvi.org](http://www.ncwvi.org)

# COMMON CLIPS

## Daniel Kids

4203 Southpoint Blvd., Jacksonville, FL 32216  
(904) 296-1055 Email: [info@danielkids.org](mailto:info@danielkids.org) for information on upcoming conferences

## Massachusetts Adoption Resource Exchange, Inc.

MARE exists to find "a place to call HOME" for CHILDREN in foster care, including sibling groups and children who are traditionally harder to place. We do this by recruiting, educating, supporting and advocating for FAMILIES throughout the adoption process. Go to [www.mareinc.org](http://www.mareinc.org).

## Center for Family Representation, Inc.

CFR is based in New York, for more information call 212-691-0950 or visit their website at [www.cfrny.org](http://www.cfrny.org) to download their latest newsletter.

## National Resource Center for Youth Services

Visit their website at [www.nrcys.ou.edu](http://www.nrcys.ou.edu).

## National Foster Youth Advisory Council

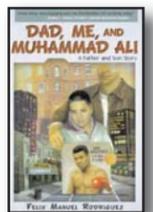
Visit [www.nfyac.org](http://www.nfyac.org) for more info.

## Child Welfare Information Gateway

Protecting children and strengthening families, go to [www.childwelfare.gov](http://www.childwelfare.gov) for updates on information, services and resources.

## Dad, Me, and Muhammad Ali: A Father and Son Story.

New author, Felix Rodriguez, presents a heartwarming story for ages 8-13. To learn more about Felix or his book, please visit his website: [www.dadmeandali.com](http://www.dadmeandali.com).



# COMMON GROUND

## Themes for January 2010

DEADLINES FOR ARTICLES:  
NOVEMBER 15, 2009

COMMON GROUND provides a forum to highlight work done in the field of child welfare, to examine practice and policy issues, and to explore and share strategies for improving outcomes for children and families working with these agencies.

Please consider submitting an article for publication related to the themes described below or one that discusses a current issue facing the field.

### Trends in Kinship Care

The Child Welfare League of America has defined kinship care as "the full time care, nurturing and protection of children by relatives, members of their tribes or clans, step parents, godparents or other adults who have a family relationship to a child." Although extended families, friends, and community members have historically served as resources for children who could not live with their parents this has not been the norm in child protection situations. However, the practice of seeking kinship caregivers for children who must be placed out of their homes because of abuse and neglect safety concerns has grown dramatically over the last fifteen years to become the preferred placement resource. Policy and best practice now require that kin (or fictive

kin) be considered first, if possible, when a child is to be placed in out of home care.

What does the increased use of kinship placements mean for children, families, caregivers and the agencies who work with all of them? What has been learned about how best to support families through this process? What has been shown to be successful and what are your agencies doing to implement best practices regarding kinship care?

Recent legislation, such as the federal Fostering Connections Act, will impact the process of locating kin as well as training them and supporting them in their role as caretakers. What are the implications for agency assessment and training and for the staff working with relatives, friends, and neighbors providing kin care? How are the roles and complex responsibilities of kin caregivers different from or similar to other non relative caregivers? How have family engagement practices, such as family group conferencing or family team meetings affected placements and permanency for children? What are others systems, such as the judicial, educational, or TANF systems doing to change their work with kin?

### Behavioral Health, Trauma and Issues in the Child Welfare System

Feeling safe and protected, both physically and emotionally, are key elements necessary for normal physical and emotional growth and health. Children who are in unsafe situations can find themselves traumatized by a cascading series of events that are beyond their control. These events may affect them in a myriad of ways that impact their physical and emotional growth and development. Short term and long term effects include the ability to learn, to understand and communicate their feelings, and to sleep through the night. Reactions to post traumatic stress can be evidenced in increased use of substances, such as drugs and alcohol, difficulties in developing rela-

tionships, and depression.

Every day staff in child welfare and behavioral health agencies work with children and families impacted by trauma and the resulting issues. Over time they have developed knowledge, insight and more effective practices for working with these individuals and the issues they present. Resource families and relative caregivers are critical partners in the effective care of children and in the support and mentoring of families. The impact of secondary trauma on caregivers and staff must always be considered and addressed. What are your agencies doing to assess the impacts of trauma, and to treat and support children and families? What resources are being developed that promote the use of effective coping strategies? How is your agency working with the multiple systems that deal with children and their families to develop cross system service delivery that minimizes duplication and promotes integration? And what methods are being employed to address stress experienced by professionals that has been shown to result in burnout and less effective work performance.

Please consider submitting an article that describes an innovative program, policy or treatment intervention related to either of the themes presented here.

Articles should be submitted to Donna Coppenrath via email at [dcopp@jbcc.harvard.edu](mailto:dcopp@jbcc.harvard.edu) or by mail to:

Donna Coppenrath, Assistant Editor  
NEACWCD Judge Baker Children's Center  
53 Parker Hill Ave., Boston, MA 02120

For questions regarding articles for Common Ground or for a copy of our format guidelines please contact Donna Coppenrath at 617-278-4275 or via email at [dcopp@jbcc.harvard.edu](mailto:dcopp@jbcc.harvard.edu).