The Child and Family Practice Model

CONTINUOUS SUPPORT FOR SYSTEM CHANGE AND ALIGNMENT

> *Do not go where the path may lead; go instead where there is no path, and leave a trail.*
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> ***-Ralph Waldo Emerson***

The system reviews and analyses that were completed in implementing jurisdictions during CFPM development identified persistent system behaviors across jurisdictions that created system processes *in service to the organization and system* rather than to the children and families being served. Systems were not organized to enable and support staff to understand and meet the underlying needs of children and families. For instance, it was common to see only agency-contracted or court-approved services in case plans. There were few protocols guiding staff to identify or match services to the culture and needs of the family or creating pathways to fund those individualized service needs. Agency-contracted services were often not identified to address trauma, so this was not addressed in case plans or service delivery even when the case records indicated it was a clear need. These system reviews and analyses highlighted that while social workers can be trained in and deliver an intervention such as the Practice Model, these kinds of service delivery issues *must be addressed* if outcomes are to be improved and reduced disparities in outcomes are to be achieved.

In implementing the Practice Model, jurisdictions that worked closely with their community partners and frontline practitioners and that had stable implementation infrastructure with strong practice-to-policy feedback loops were most effective at addressing the systemic barriers and needs that surfaced. The day-to-day work of an active and engaged implementation team and the active involvement of community partners most effectively keep the system barriers that social workers experience and the real experiences of children and families in front of agency leadership. These communication and feedback loops bring significant pressure on child welfare agency leadership to look at and work to solve systemic issues and barriers that are impacting the Practice Model reaching children and families. As implementation proceeds, it is critical for implementing jurisdictions to ensure strong and consistent communication and feedback loops that lift up system barriers and themes based on the ongoing experiences and perspectives of community partners and social workers delivering the Practice Model. All levels of staff will be instrumental in identifying and addressing agency policies, procedures, and business practices that must be brought into greater alignment with the Practice Model.

In one jurisdiction, CPS intake or “hotline” staff were confused about how the Practice Model applied to their work, and community partners were concerned that the agency was handling referrals on Tribal children without the involvement of the Tribe. The agency worked with community partners to seek and obtain a standing juvenile court order allowing the child welfare agency to initiate communication with the child’s Tribe(s) at the initial screening process to better support agency-Tribe collaboration in earlier stages of child protective services. A Screener Narrative Desk Guide Example (provided at the end of this document) and other tools were developed to assist hotline staff to align their work with the Child and Family Practice Model and to implement the local Tribal collaboration protocol.

In another jurisdiction, local visitation contracts and procedures, mental health contracts, foster family agency agreements, the state child welfare SACWIS data system, court-approved services (which

did not include Tribal services), and an internal agency review process (family reunification panels to determine when family reunification services would be bypassed) were identified as problematic and misaligned aspects of the system. The agency quickly established a workgroup that included all levels of staff to develop and test out new family reunification panel processes. It also mobilized work at the manager level to draft a Memorandum of Understanding based on the values, principles, and behaviors in the Practice Model for use with local foster family agencies. Agency staff and resources were brought together to develop and, ultimately, to pilot a new approach to supervising and supporting parent/child visitation. In addition, the agency worked with the court to ensure awareness of and approval for culturally relevant Tribal services. Simultaneously, the executive leadership began strategizing changes to local mental health and visitation provider contracts.

While the local jurisdiction could not change the state SACWIS data system, it did position itself on committees that were working on SACWIS changes. It also guided staff in "workarounds" so that key information that aligned with the Practice Model was included in notes in the SACWIS system and, ultimately, in court reports until SACWIS changes could be put into effect. Some of these system alignment activities moved quickly, while others took years. However, staff were kept up to date on progress and developments, so they understood the commitment of local managers and leaders to aligning the system and to supporting the practice. Importantly, the jurisdiction continued to use data and feedback loops on an ongoing basis to identify systemic issues and themes that were actively and adaptively worked on in partnership with staff and the community.

This kind of timely, responsive, closely coordinated, and proactive work involving communication linkages and feedback loops with all levels of staff and community partners to identify barriers, co-create solutions, and strengthen system alignment is key to building an adaptive and aligned system able to support and sustain the Practice Model and to ensure that the needs and outcomes of the children and families being served are prioritized over system functioning and needs.

SCREENER NARRATIVE

This document was designed using the Child and Family Practice Model to guide the screener when taking a report of abuse and/or neglect, specifically how to document the information obtained in each section of the Screener Narrative template to ensure consistency in Screener Narratives.

Considerations:

After obtaining the demographic information, the screener engages and guides the reporting party in reporting the allegations for the narrative. Mapping the three questions with the reporting party elicits the potential harm and danger to the children and complicating factors in order to apply this to the safety and risk assessment hotline tool definitions to determine if in person response is needed.

Family/Household information:

- ❑ Who does the child live with include custody and visitation arrangements.
- ❑ Where is the child now?
- ❑ Where is the alleged perpetrator now?
- ❑ When were the children last seen and by whom?
- ❑ Who else lives in the home?
- ❑ Child's school/special education needs.
- ❑ Developmental issues or delays and/or health concerns of the child and/or household members.

Tribal affiliation:

- ❑ Name the specific Tribe and/or Tribes.
- ❑ Who, in the household, is an enrolled member and to what Tribe are they enrolled, eligible for enrollment, not enrolled or pending enrollment.
- ❑ If the reporting party does not know, document this in this section of narrative.
- ❑ Follow the Tribal Collaboration protocol by contacting the designated Tribal representative to inquire as to the child/ren's enrollment status: inform them of the allegations/worries in the report we received if the child is enrolled, eligible for enrollment but not yet enrolled or pending enrollment. Ask for any additional information he/she may have and add it to the Screener Narrative.
- ❑ Using the Tribal Collaboration Checklist document your collaboration/contact with any of the eight local Tribes in the narrative.

Harm and Danger (gain understanding if/ how the parents' behaviors are impacting the child/ren):

- ❑ Who (those involved and those who know about the problem)
- ❑ What (they have seen or heard)
- ❑ Where (where this happens)
- ❑ When (time frame of the most recent event, dates and times)
- ❑ How (the alleged abuse or neglect occurred)
- ❑ Who else is as worried as you are?
- ❑ Example questions to illicit behavioral descriptions:
  - What about this situation worries you the most?
  - What convinced you to call today?
  - How is this behavior a problem for you?
  - Is this behavior/incident a problem for other children in the home?
  - Have you done anything (apart from making the call today) to address the problem or do you know if anyone else has done anything?
  - What do you see as the cause of the problem?
  - Have you talked about the matters with anyone who knows the family? What would they say? Would others agree with your perspective?

PRACTICE TIPS & NOTES

Always write down what the reporting party doesn't know; this demonstrates that the screener asked the question.

Avoid using generalizations: For example: "She is mentally ill" does not describe the behaviors of the person that affect her parenting, safety of the child/ren and that lead the reporting party to believe the caregiver is mentally ill. Ask questions that raise behavioral descriptors and avoid jargon and vagueness. Always reveal how the problem is impacting the child. Use questions like the following: "What do you observe or hear that leads you to think that? What caregiver behaviors are associated with it? When do those behaviors show themselves? What does the child know? What has the child seen? What are you worried will happen or is happening?" When someone says "He is an alcoholic" ask What does he drink? When? Where is the child when he drinks? What are the caregiver behaviors? When do the behaviors happen and how are they impacting the child? How do you know they are impacting the child?"

Example: " She is stable" - ask questions around what stability means. Stable from what, what caregiver behaviors are associated with stability? When do those behaviors show themselves? How do those behaviors impact the child?

What is working well (gain understanding of actions by caregiver(s) that have protected the child/ren, supportive people or services in their lives, and what aids in keeping child/ren safe):

- ❑ What is the impact of this behavior on the child? Be behaviorally descriptive.
- ❑ Example exceptions and strengths questions:
  - If this has happened before. What have you seen the family do to sort this out?
  - You mentioned that it is not always like this. Can you tell me what is happening when the situation is okay? What is different about those times?
  - Are there times when the mother is attentive rather than neglectful? Can you tell me more about those times? What did the parent and child do instead? What do you think contributed to the parents responding differently?
  - You said the child always seems miserable and withdrawn. Are there any times when you have seen him/her come out of her shell? What is he/she like?
  - How do family members usually solve this? What have you seen them doing?
  - Are there times that they call on other people to help solve problems? When do they do that? Who do they call on?
  - Can you relate anything good about these parents?
  - What do you see positive about the relationship between the parents/children?
  - Are there aspects of your relationship with the family that, in conjunction with our intervention, night help influence them for the better?
  - Are you familiar with any of the extended family?

What needs to happen next (explore interventions that have occurred and their outcome and resources that are a natural support to the family):

- ❑ Example questions to illicit a response:
  - What do you think should happen? How would that solve this problem?
  - Calling this agency is a big step. What convinced you to make this call?
  - In your opinion, what would it take to make the children safer?
  - Have you taken actions other than making this call to address this problem?
  - Have you talked about these concerns with anyone else who knows the family?
  - Did you tell the parents you would be calling? How did they react?
  - What do you think is the cause of the problem?
  - Do you think any other agency might be able to help with this situation?
  - What do you think this family should do? What are they capable of doing?
  - Are the parents concerned about the problem? How do you think the parents will go about resolving this? How might you know when the problem is solved?
  - What do the children say that they want or what do you think they want?
  - If this situation remained unchanged, how would you rate the level of safety in the home on a scale from 1 to 10, 10 being very safe/no concerns and 0 being very dangerous? What needs to happen to move one point higher on the scale?

CWS/CMS (State SACWIS System) search:

- ❑ Search for the involved clients in CMS. Document the family members because different names searched may bring up different history.
- ❑ Summarize relevant case and referral history regarding the family in a brief paragraph and include dates of referrals and/or cases.
- ❑ Document when the last referral was received and if it's similar allegations and any conclusions that were reached during the last investigation.
- ❑ If there is a current assigned referral or open case, include the name of the assigned SW and the worries and/or allegation(s) in the referral/case.

Develop a preliminary harm and danger statement:

- ❑ Take the information gathered from your inquiry into how the child was harmed and/or the worries about future danger. This should be related to what you are marking on the safety and risk assessment hotline tools.

PRACTICE TIPS & NOTES

Example: Physical Abuse referral - it is relevant to know if the child has been abused in the past or if the alleged perpetrator has abused children in the past.

Example of CMS search, "Searched CMS for Jane Doe and found 2 referrals linked to her name between 2008-2014. 1 for General Neglect which was investigated in May 2008 unfounded; Oct. 2013 substantiated-failure to protect from physical abuse-case opened. Concerns were about parental substance abuse and inadequate shelter. FM case opened. Case history: Court FM Oct. 2013-June 2014. According to the case closure summary, at the close of the case the parents had completed AOD treatment, had been in recovery for 10 months and had demonstrated their ability to parent without physical discipline.

Example Harm and Danger statements: "CWS is worried that the father may hit the child again causing the child to have bruises, broken bones, or more serious injuries." "CWS is worried that the mother will drive under the influence with the children in the car and that the children could get hurt or killed in a car accident." CWS is worried that the mother will not provide enough food for the kids and the children could become malnourished and get sick."