VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Practice Profiles

Overview

Virginia's Children's Services Practice Model and Practice Profiles

In 2008, the Virginia Department of Social Services (VDSS) – in collaboration with child serving agencies across the Commonwealth – created the Children's Services Practice Model as the guidepost for Children's Transformation. Continuing the evolution in practice improvement, the VA Learning Collaborative Series (VLCS) was convened in partnership with Casey Family Programs in a year-long process to assemble local agency teams, introduce key practice changes, create changes within organizations that support the delivery of effective practices, and sustain enhancements long-term to improve outcomes for children and families. Twenty-one local departments of social services participated in this endeavor, working diligently to test new ideas and concepts. The major outcome of the VLCS is the creation of the Practice Profiles, which operationalize the Virginia Practice Model in measurable terms. The Practice Profiles cover 11 key skills sets across the child welfare continuum from child protective services to permanency.

In recognition of the holistic well-being of children, the Practice Profiles were closely reviewed with a "trauma lens" and trauma-informed behavioral indicators are used as examples throughout. VDSS adopted the definition from the Trauma Informed Care Project (TIC) of Iowa as follows: "An organization, system, or community that incorporates an understanding of the pervasiveness of trauma and its impact into every aspect of its practice or programs. It emphasizes physical and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild/maintain a sense of control and empowerment."[1]

Message from the Director of Family Services

Ensuring that every child and family we touch is in a better position to be successful is overarching goal. While transforming Virginia's child welfare system has been a necessary, yet challenging endeavor, we know we have much more that can be done. As we continue to transform Virginia's child welfare system, we are constantly improving how we respond to children and families in need. Recognizing that front-line workers and supervisors are the backbone of our child welfare system, we created these Practice Profiles from the ground up to provide supervisors a tool in coaching their employees to fully implement the tenets established in the Virginia Children Services Practice Model.

I want to thank the local and state staff who participated in the development of this document. With their insight, understanding of trauma-informed interventions and examples of optimal practice, this document will assist supervisors and front-line workers as they work with youth, families and resource providers to keep children safe, achieve permanency and ensure well-being.

–Carl E. Ayers, Director

[1] *Retrieved September 23, 2015 from http://www.traumainformedcareproject.org/*

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Chesapeake	Middlesex	Stafford
Mathews	Westmoreland	Bedford
York-Poquoson	Powhatan	Danville
Franklin City	Fluvanna	Roanoke City
Isle of Wight	Prince Edward	Pulaski
Southampton	Shenandoah	Montgomery
Hanover	Page	Bristol City

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Virginia Children's Services System Practice Model

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Comprehensive Services. The practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

» **We believe that all children and communities deserve to be safe.**

» **We believe in family, child, and youth-driven practice.**

» **We believe that children do best when raised in families.**

» **We believe that all children and youth need and deserve a permanent family.**

» **We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.**

» **We believe that how we do our work is as important as the work we do.**

What are Practice Profiles?[2]

The Virginia Children's Services Practice Model provides core, guiding principles which delineate the scope of services and describe in what fashion they are delivered to families. Commitment to a well-conceived practice model is the first and necessary component of creating a system characterized by improved outcomes. The second critical component is the Practice Profiles which describe how the model is put into action. Practice Profiles describe the core activities associated with each function of the Practice Model and enable it to be teachable, learnable, and doable. Vision and values are transformed from paper to practice.

Benefits of Practice Profiles

- **Facilitate implementation of coaching strategies and fidelity assessments**
- **Promote consistency at every level of service delivery**
- **Provide a framework within which to integrate best practices**
- **Identify agency supports that enable reliable and effective practice**
- **Develop and sustain worker competency and understanding of expectations**
- **Provide consistent outcomes that be accurately identified and understood**

Operational Definitions for Practice Profile Rubric

Practice Profiles describe caseworker practice across a spectrum of proficiency, defined in three categories optimal, developmental, and unacceptable. Indicators (*examples*) specific to each function are included.

Optimal:
Practice is defined by consistent application of skills and abilities to a wide range of settings and contexts. The most favorable solution or approach is utilized by the worker to ensure that the other party is respected and included, to the extent possible, in achieving a common goal. The worker demonstrates independence and is able to adapt their response to a variety of contexts and situations while continuing to grow and improve in their position. They are able to use the larger child welfare system and a family's natural resources to achieve positive outcomes.

Developmental:
Practice at this level is often only minimally sufficient and inconsistent across multiple contexts or settings. Focus is on short-term and immediate needs rather than long-term goals. The worker is expanding their knowledge base and refining their approach with families, and often needs consultation or coaching from their supervisor. While continuing to improve, they need frequent guidance, especially when encountering new or unique situations. They may occasionally make an avoidable error but are learning to utilize their strengths and recognize their challenges.

Unacceptable:
Practice at this level is fragmented, lacking in necessary intensity or miss-directed. Workers in this category are unable to implement required skills and abilities in any context. Through both inaction and direct intervention, the worker is unhelpful or even harmful to families which results in poor outcomes. Unacceptable practice is not solely an indication of deficiency on the part of the worker, and can suggest lack of training or support from their agency.

[2] *Adapted from the National Implementation Research Network, Active Implementation Hub, Lesson 3: Practice Profiles. University of North Carolina, Chapel Hill, NC. 2011.*

Advocating

Recognizing and supporting the power of individuals and families to speak about their well-being, find solutions, and continue to grow. Working on behalf of a client, family and/or community, communicating with decision-makers, and initiating actions to secure or enhance a needed service, resource or entitlement.

Assessing

The process of gathering and synthesizing accurate, comprehensive and credible information concerning the child, youth, and family's strengths, needs, preferences and underlying issues to objectively develop a plan for safety, well-being and permanency.

Collaborating

Collaboration is characterized by agencies, families, and community partners working across organizational, social and/or cultural lines toward a shared vision or goal.

Communicating

Sharing and disseminating oral and written information so that meaning and intent are understood in the same way by all parties involved.

Planning

Planning is the process of thinking about and organizing the activities required to achieve a desired goal. It requires the creation and maintenance of a plan. The finished product is based on the assessment of risk and the needs of the family, youth and children. It forecasts what the family wants to achieve in a designated period of time. Planning requires the input of the family, youth and children and should be revisited to establish when objectives are met, changes should be made, and most importantly, goals are achieved.

Engaging

Engaging involves all aspects of connecting with youth and families in a deliberate manner to make well-informed decisions about safety, achieving permanency, lifelong connections, and well-being. Family engagement is an intentional practice with utilization of particular skill sets to ensure partnership. Family Engagement is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences. Engagement goes beyond mere involvement; it is about motivating and empowering families to recognize their own underlying needs, protective capacities, and supports. True engagement supports families in taking an active role in working toward change.

Demonstrating Cultural and Diversity Competence

Cultural and diversity competence is an ongoing developmental process that includes an acquired understanding of the patterns and potential dynamics of specific groups and cultures, including our own. It is the understanding of how culture (the values, beliefs, attitudes and traditions acquired from affiliate groups) as well as personal circumstances, conditions, nature and experiences influence our own and other people's thinking and behaviors.

Partnering

Partnering is based upon respectful and meaningful cooperation in the development of strength-based, trusting relationships with families to achieve safety, well-being and permanency for children. True partnership forms the basis for family engagement and embracement of youth, family and caregiver "voice and choice."

Implementing

To implement involves the process of placing a decision or plan into effect by utilizing effective and appropriate methods to support and meet goals established in the planning stage.

Evaluating

Acquiring and reviewing information to determine if desired goals are being achieved and, if not, reconsider services and resources provided to promote safety, ensure well-being, prevent re-traumatization and achieve permanency.

Documenting

Documentation is the technical communication and formal reporting of facts, incidents, evaluations, and observations of a specific situation that serves as the official record.

Definition:

Recognizing and supporting the power of individuals and families to speak about their well-being, find solutions, and continue to grow. Working on behalf of a client, family and/or community, communicating with decision-makers, and initiating actions to secure or enhance a needed service, resource or entitlement.

Introduction:

Advocates are champions for youth, children and families. When advocating, we are modeling new behaviors for our clients, showing them how to speak for themselves, empowering them to enact change, and helping them to take the necessary steps toward goals of safety, well-being and permanency. Advocating involves working with community partners to develop services to meet the needs of clients, speaking in court to demonstrate your belief in a parent's ability to change, or working toward changing laws, regulations, or guidance that hinders a worker's ability to support youth, children and families.

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Family Support		
Models, coaches and encourages families to be direct, persistent and assertive in requesting services, benefits or entitlements they need.[1] *Examples:* Negotiates changes or improvements in services, benefits or entitlements on behalf of families (in their presence) to model advocacy behaviors and skills. Accompanying a family to a meeting with schools, service providers, government entities or landlords in order to support family as they resolve problems with service provision or to help families obtain services, benefits or entitlements as necessary.	Inconsistently models, coaches and encourages families to be direct, persistent and assertive in requesting services, benefits or entitlements they need. *Example:* Makes changes and improvements with families present, but does not model or show families how to do this independently.	Does not model, coach or encourage families to assertively request services they need. *Example:* Conducts these tasks personally instead of encouraging the family to do so, and/or partnering with the family.
Coordinates with the family's formal and informal advocates to assist the family to find their own solutions, and provides ongoing support and linkages to culturally-competent and effective services. *Example:* Connects families with Legal Aid Services immigration support services, housing services, health services, faith-based supports, etc., and includes these advocates in the discussion at the family's request.	Acknowledges the importance of advocacy for families. However, the worker inconsistently identifies new or relevant resources, and may not follow up with the family to ensure a connection to services. *Examples:* Provides a list of resources to a family but does not explain the purpose of the service, or the benefits of working with advocates. Provides an outdated and/or incomplete list of resources to the family without checking to see if the resources still exist or are applicable.	Does not recognize that advocates are an important part of assisting families to find their own solutions. Does not assist families with identifying and locating formal and informal advocates.

[1] *Ohio Department of Job and Family Services (2013), Ohio Differential Response.*

Optimal Practice	Developmental Practice	Unacceptable Practice
2. Systems Change		
Assists families in identifying and overcoming organizational or systemic barriers to accessing services or benefits. *Examples:* Advocates for the parent during ongoing service planning when entry into substance abuse treatment is delayed due to lack of availability. Educates service providers about the unique needs of clients as well as timeframes required by the service plan. Speaks with the prescribing provider of psychotropic medications about their necessity and purpose and supports a second opinion when warranted. Advocates keeping siblings together.	Recognizes that there are organizational or systemic barriers to accessing services or benefits, but needs prompting to address them. *Example:* Expresses concern about the welfare of a child receiving psychotropic medications but does not act on the apprehension (e.g. speaking with provider, discussing at FAPT, staffing case with supervisor, etc.).	Does not assist families in overcoming organizational or systemic barriers to accessing services or benefits. *Example:* Does not express concern about or recognition of the possibility of barriers to receiving needed services. Does not identify service gaps or collaborate to mitigate service needs.
Promotes changes that would optimize agency and community providers' ability to fully serve families and/or improve services.[2] *Examples:* Shares with community service providers the roles, responsibilities, and functions of the family partnership meetings. Shares Virginia Children's Services Practice Model values and principles. Provides information concerning trauma informed care with community service providers.	Inconsistently takes action when policies or procedures are impeding agency and community providers' ability to fully serve families. *Examples:* Invites community providers to family partnership meetings but does not explain their roles, responsibilities and functions. Disagrees with case planning decisions but does not constructively express disagreement	Does not recognize situations or fails to take action when policies or procedures are impeding agency and community providers' ability to fully serve families.

[2] *Ohio Department of Job and Family Services (2013), Ohio Differential Response.*

Optimal Practice	Developmental Practice	Unacceptable Practice
3. Trauma		
Recognizes the impact of trauma experienced by children and families and makes demonstrable efforts to ensure that qualified providers address the trauma history as a part of their service delivery. *Examples:* Includes trauma history when referring a client to a service provider when relevant to the service being provided and in consultation with the child, youth or family. Ensures that trauma history is always considered as a factor in case planning. Refers clients, when available, to mental health providers with credentials and the practice of applying trauma-informed modalities. Ensures child victims of sexual abuse receive appropriate victim services when testifying against their assailants.	Recognizes the presence of trauma in the life of the children and families that we serve, but may need coaching to seek out supportive services that apply trauma-informed practice to all aspects of the case. *Example:* Understands what trauma is but is unable to apply knowledge to service referrals and the identification of providers best-qualified to work with the child.	Does not recognize the presence of trauma and does not seek out supportive services that use trauma-informed practices.
4. Self-advocacy		
Promotes and encourage youth, family and team to share their voice, offer solutions, and participate in the development of their case plan. *Examples:* Includes the parent and youth in the discussion and decision related to use of psychotropic medication. Reviews needs identified in the Ansell-Casey Life Skills Assessment and encourages the youth to identify solutions and take action. Includes foster parents when making decisions about permanency for the youth.	Recognizes the importance of self-advocacy but may not provide or has limited opportunities for inclusion of the youth and family in case planning.	Stifles, restricts or silences the youth and family's ability to self-advocate. Does not give the family the opportunity to learn the skills to self-advocate.

Assessing

Definition:

The process of gathering and synthesizing accurate, comprehensive and credible information concerning the child, youth, and family's strengths, needs, preferences and underlying issues to objectively develop a plan for safety, well-being and permanency.

Introduction:

Assessment is not a single event or point in time; it is a continuous process. Assessing begins at the time of the first contact with the family and continues until the identified family goals or expected outcomes are achieved. Assessment establishes a baseline to enable measurement of progress as well as opportunity to engage and explore deeper issues with the family.

Early and periodic trauma screenings are an important part of the assessment process. A combination of clinical, functional, educational and informal assessment techniques should be used to determine the strengths, needs, underlying issues, trauma exposure and impact on present behavior, as well as goals of the child and family. Assessment techniques and tools, both formal and informal, should take into account the unique circumstances and diversity of the child, youth, and family and include approaches for assessing pre-verbal children.

The outcome of an assessment process results in a clear, objective, culturally-sensitive and detailed picture of child safety, family strengths and needs, supports and resources. The assessment process informs safety planning, service planning and provision, safe case closure, and the achievement of permanency for children. While assessment of families providing a service to the agency (e.g., resource families) may require different processes than families needing services from the agency, the same philosophy is present in assessment of all families.

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Information and Roles		
Completes an assessment of family strengths and needs with emphasis on safety, risk, well-being and likelihood of permanency, with all family members (unless separate interviews are indicated or required by the Code of Virginia). Uses relevant objective information; also jointly plans with the family for any immediate safety and well-being needs for the child and family's best interest.	Conducts and completes an assessment of safety, risk, well-being, and likelihood of permanency with the family members with and without family input.	Does not include or minimally includes the family in the initial assessment. Pays insufficient attention to the concerns of the child's (children's) safety.
Gathers, includes and considers detailed and factual information from family members about the issues that led to the agency's involvement. *Examples:* Demonstrates due diligence in collecting a broad range of information from a variety of sources. Seeks to include 3rd party information, especially as it pertains to nonverbal children, when appropriate. Recommends screening for presenting issues (e.g. sexual abuse screening) to gather all relevant information about the situation.	Inconsistently gathers, includes and considers detailed information from family members about the issues that led to the agency's involvement. *Examples:* Uses speculation and does not always ask clarifying questions from family members. Completes some relevant aspects of an assessment but does not obtain 3rd party supporting information (e.g. medical records).	Does not gather, include, or consider detailed information from family members about the alleged maltreatment and/or the issues that led to the agency's involvement. *Examples:* Reaches conclusions without obtaining supporting information from the family. Completes assessment based on anecdotal information.

Optimal Practice	Developmental Practice	Unacceptable Practice
2. Youth, Family and Caregiver Voice		
Uses family engagement principles to solicit the family members' perspectives on their safety, risk, well-being and likelihood of permanency throughout the assessment process. Conducts a thorough assessment of youth needs, including trauma-related needs, as they prepare to exit the system; links transitioning youth to ongoing community support services. *Examples:* Participates in a mutually agreed upon face-to-face meeting with the family and their supports to address each issue/problem and gather the family's perspective. Approaches parents as experts on their child. Demonstrates awareness that interviews and investigations may trigger parents' own trauma experience. Ensures family members, particularly parents, understand the purpose and process of agency involvement and are authentic partners in the development of their family's safety plan. Explores why parents may remain quiet and ways to elicit a response from a reluctant parent (e.g. is mindful of trauma history such as domestic violence).	Includes the family members' perceptions of their own strengths and issues but efforts are inconsistent or not comprehensive. Demonstrates inconsistent practice using family engagement principles. *Examples:* Needs supervisory support to identify existing protective factors within the family. Leads face-to-face meetings with families sporadically, and when meetings are held does not address all identified issues/problems directly with the family. Collaborates with community partners to ensure basic services but when lacking knowledge of the need for comprehensive services for transitioning youth, does not seek supervisory assistance.	Does not gather, include or consider assessment information from family members and/or does not include their perspectives about presenting issues, problems or strengths. Practice does not reflect active use of family engagement principles. *Examples:* Completes assessment without engaging youth, families, or caregivers in the process, and does not ask for additional information. Fails to consider protective factors that exist within the family. Expresses opinion that assessing with voice and choice in the forefront only takes more time.

Optimal Practice	Developmental Practice	Unacceptable Practice
3. Respect for Family Privacy		
Respects the family's privacy, informs the family of the limits of consent, and exercises discretion in interviewing and gathering information specific to the family. *Examples:* Shares the family's information with third parties only after explicitly receiving a signed consent to exchange (except when necessary and allowed by law). Maintains the perspective that information is shared on a need-to-know basis only.	Understands privacy issues at times, but demonstrates inability to balance the need for sharing and/or gathering information with the privacy of the family.	Does not seek or gather information about family members with respect for privacy and exercises little discretion when interacting with and on behalf of the family.
4. Information Gathering and Critical Thinking		
Gathers and analyzes detailed information, including underlying causes of behavior and history relevant to trauma and/or maltreatment from multiple, pertinent sources to assess safety, risk, well-being and likelihood of permanency. *Examples:* Reviews the case history thoroughly prior to taking action. Considers all pertinent sources such as relatives, service providers, schools, and courts. Ensures that family has a "safe place" where they are able to disclose relevant information, and is mindful that some families may need to meet offsite or in neutral locations.	Gathers information that sometimes lacks sufficient or key detail regarding factors known to create substantial risk (such as domestic violence, mental health issues, substance abuse and past trauma) and the underlying causes of behavior and history as relevant to possible trauma and/or maltreatment. *Examples:* Reviews case history only partially or selectively focuses on certain information. Initiates hard conversations that may upset parents and trigger trauma memories without a clear picture of underlying issues.	May seek or gather information from collateral sources but does not use this information or ask additional pertinent questions to initiate critical thinking. Does not pay sufficient attention to factors known to create substantial risk (such as domestic violence, mental health issues, substance abuse, and past trauma). *Examples:* Focuses only on the incident resulting in initial agency involvement. Gathers no information regarding underlying causes of behavior and history as relevant to possible trauma and/ or maltreatment.
Uses assessment data to guide safety planning, case outcome, family service/case planning, and/or case closure. Assesses the validity and reliability of information gathered, suspends judgment until all relevant information is gathered, and analyzed. Demonstrates critical thinking skills through the ability to synthesize and summarize information.	Inconsistently uses critical thinking during the assessment process. Collects some information or data of questionable relevancy and draws conclusions. Weighs all information equally in determining the relevance or significance of certain details as they relate to safety and family well-being, case outcome, identification of appropriate service and supports, and/or planning for case closure.	Does not use the assessment process for its intended purpose. Draws conclusions before all relevant information is gathered and analyzed, or is unable to formulate conclusions. Does not possess critical thinking skills as evidenced by inability to articulate the relationship between information gathered and decision-making, including safety planning, case outcomes, determination, service planning, or case closure.

Optimal Practice	Developmental Practice	Unacceptable Practice
5. Trauma		
Conducts interviews in locations that are child-friendly, private, and safe to the child. Actively separates children from the chaos and/or distress of arrest, interrogation, or resistance on the part of the parents to provide psychological safety. Minimizes number of interviews and number of interviewers through collaboration and precise documentation. *Examples:* Uses the Child Advocacy Center (CAC) model and principles such as having relevant professionals observe the interview, re-interview only if there are new issues to explore or an additional interview is needed for the child to provide a complete statement. Use of tools such as ACES or CANS to screen for trauma exposure. Incorporates questions about trauma history/exposure into existing screening tools and routinely screens children/youth and their parents for any prior history of trauma. Screens for untreated illnesses, developmental delays and disabilities, and arranges for assessment, diagnosis, and remedial services. Incorporates indicators of trauma, developmental delays, disabilities, illness, early attachment needs and other conditions that impact children/youth's development. Observes for signs of traumatic stress in children when taking reports (e.g., nightmares, flashbacks, intrusive thoughts, repetitive traumatic play, heightened arousal, avoidance of trauma triggers, emotional numbing).	Recognizes indicators of trauma, developmental delays, disabilities, illness, early attachment needs and other conditions that impact children/youth's development with supervision and consultation with other staff. Requires assistance in identifying screening tools for children/youth for untreated illnesses, developmental delays and disabilities, and arranging for assessment, diagnosis, and remedial services. *Example:* Demonstrates ability to reframe child's behavior "problems" as possible trauma reactions when appropriate, but lacks knowledge on how to educate parents about the importance of trauma-focused treatment for children when trauma reactions are present.	Lacks the knowledge of developmental norms for various age groups and disabilities including early attachment needs. Also, does not include the impact of trauma on the child/youth's development and behaviors. *Examples:* Does not provide parents and family members with available information about trauma reactions and coping skills to help them manage child's trauma-related behaviors and emotions. Exposes child or youth to multiple screening and interviewing experiences without regard to re-traumatization.

Collaborating

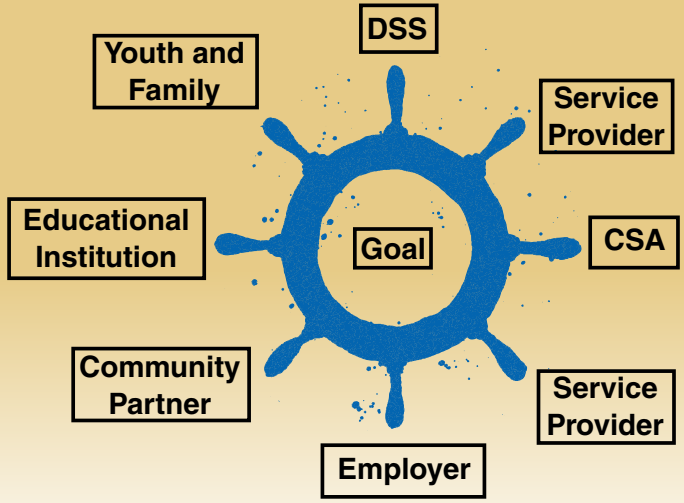
Definition:

Collaboration is characterized by agencies, families, and community partners working across organizational, social and/or cultural lines toward a shared vision or goal.

Introduction:

Collaboration includes a variety of resources such as families, co-workers, community stakeholders, and service providers. A successful collaboration model is a ship's wheel – each participant is a spoke of the wheel. The center is the goal; everyone (including the youth and family) is working toward the goal. Sometimes one entity drives the ship; sometimes everyone drives the ship, but everyone is accountable for the shared goal.

Particularly because trauma can disempower and disengage individuals, a collaborative approach enables families and agencies to make decisions together. By focusing on safety and a climate of trust, family members are empowered to mutual decision-making.



Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Information and Roles[1]		
Engages in activities that embrace knowledge building, mutual respect, and support for on-going relationships with community partners, service providers, families and co-workers. *Examples:* Attends partner organization events and/or visits to learn about services offered, eligibility criteria, referral processes, etc. Invites partner organizations to attend agency sponsored events that promote information sharing and education about services. Shares information gathered from community partners with other staff within the local department at team meetings, staffings, etc.	Needs prompting or has limited knowledge on how to engage collaborators in relationships and knowledge building. *Example:* Attends events but is not selective about which ones and/or does not share information with staff after the event.	Conducts activities independent of or without regard to collaboration with community partners and service providers. Does not support other organization's activities and events.
Demonstrates a clear understanding of specific partner organization roles in providing services to the family by requesting services that clearly fall within the bounds of an organization's mission and purpose. *Example:* Refers the family to services which directly support the family's goals.	Understands the need for involving partner agencies but does not always seek a clear understanding of partner organization roles before recommending services. *Examples:* Routinely sending families to parenting class without considering the specific needs of the family.	Does not work with partner organizations to develop an understanding of the organization's roles and services.
Seeks to understand a community partner's, service provider's and /or family member's perspective when differences of opinion arise. *Example:* Creates an environment where all parties can discuss perspectives with mutual respect and achieve consensus.	Sometimes avoids discussion of differences and moves forward without understanding or resolution.	Assumes the service provider, community partner, and/or family members perspective is wrong.

[1] *Ohio Department of Job and Family Services (2013), Ohio Differential Response.*

Optimal Practice	Developmental Practice	Unacceptable Practice
2. Cooperation and Coordination		
Uses collaborative/group decision-making techniques and involves the collaborative partners in identifying processes that directly impact their ability to provide services or to achieve the shared goal. *Examples:* Strives to identify a family's natural supports and ensures, with consideration for the culture and language of the family, that the majority of FPM attendees represent the family and their natural supports. Finds creative ways to involve non-custodial parents, as well as relatives who are physically absent (e.g. incarceration, deployment, hospitalization). Sponsors "Permanency Team" meetings consisting of GAL and other involved individuals to interview and evaluate potential adoptive parents when multiple options are presented. Includes teachers and IEP team members in meetings and/or permanency planning during the youth's critical transitions. Supports the relationship between resource and bio-parents such as medical and education scenarios (IEP decisions, tubes in ears, extracurricular activities, piercings, etc.).	Involves collaborative partners in the decision-making process with prompting. May understand the need to meet but does not include the necessary partners.	Makes decisions that impact other collaborative partners without consulting the other parties.
Educates collaborative partners about DSS philosophies, practices and policies resulting in more informed participants with appropriate expectations of DSS role and capacity. *Example:* Convenes joint training sessions to share the Virginia Children's Services Practice Model and trauma-informed practices.	Limited sharing of DSS philosophies, practices and policies with collaborative partners.	Does not share DSS philosophies, practices and policies with collaborative partners.

Optimal Practice	Developmental Practice	Unacceptable Practice
Coordinates with the local attorney to present and prepare completed and accurate testimony for the court; provides information about potential witnesses and prepares documentation for court hearings.	Coordinates with the attorney to present and prepare completed and accurate testimony for the court with assistance or prompting from the supervisor. Sometimes or rarely provides information about potential witnesses and prepares documentation for court hearings.	Does not engage with the attorney to prepare for court intervention.
3. Respect for Family Privacy		
Obtains family's written consent to release information to community partners prior to releasing the information or data (when required), and shares all relevant information with collaborative partners. *Example:* Shares the nature and scope of the agency's intervention with the family and all pertinent information with the Commonwealth's Attorney, agency attorney, GAL and/or CASA when the agency requests legal interventions to protect children.	Obtains family's written or verbal consent to release information to community partners when releasing information or data. Shares limited information or inconsistently shares information and details pertinent to service provision.	Does not obtain necessary consents, when required, for the release of family information or data. Shares details that are unnecessary for the service provider to provide services; does not provide necessary information for the community partner and/or service provider to properly serve the family.

Communicating

Definition:

Sharing and disseminating oral and written information so that meaning and intent are understood in the same way by all parties involved.

Introduction:

Communication skills are fundamental to social work practice. Effective communication skills are one of the most crucial components of a case worker's job. Every day, family services workers must communicate with clients as well as an array of child welfare team members and professionals in order to gain information, convey critical information and make important decisions. The quality of the worker-client relationship and the quality of the communication are connected to each other. Critical to quality practice is an understanding of how emotional and traumatic events can impact the child and family's ability to communicate. For effective trauma-informed communication, principles of trust, safe spaces, and empowerment are foundational in ensuring that services minimize trauma.

"The single biggest problem in communication is the illusion that it has taken place." ***—George Bernard Shaw***

"The most important thing in communication is hearing what isn't said." ***—Peter Drucker***

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Language		
Uses respectful, unbiased, non-judgmental and empowering language in all communications and interactions with family members, service providers, community partners and co-workers. *Examples:* Uses "person first" language to acknowledge that a person's individuality and humanity are more important than their disability – "a person with schizophrenia" versus "a schizophrenic," or "a person with an addiction" versus "an addict."[1] Refers to a child by their name, not funding source (e.g. "IV-E child vs. CSA child"). Develops easily understood written plans with the family using the family's own words.	Use of strength-based language is evolving and may need assistance reframing their communication at times. Avoids language that tends to inflame, sounds punitive or labels the family. Recognizes the value of positive communication and intervention with service providers, family members, community partners and co-workers but may need additional coaching for optimal practice.	Uses language that is judgmental, authoritarian or condescending when communicating with family members, service providers, community partners or co-workers. *Example:* "Mr. Smith appeared to be deceiving me (opinion) vs. Mr. Smith avoided all eye contact during the meeting (objective behavioral observation)."
2. Clarity, Syntax, and Grammar		
Demonstrates a clear and consistent understanding that all forms of communication are a reflection of personal, state and local agency professionalism. Ensures that written and verbal communications reflect high standards. *Examples:* Uses objective language and ensures communication is clear, concise and well-organized. Uses correct grammar, terminology, and spelling while avoiding jargon and abbreviations. Proofreads all forms of written communication and solicits feedback from their supervisor.	Lacks complete awareness or understanding of how documentation is a reflection of personal, state and local agency professionalism. Inconsistent use of the degree of formality an official record requires. Alternates between professional writing conversational writing. *Examples:* Documents factual information irrelevant to the purpose for being involved with the family (e.g. documenting the brand of beer the family drinks or that the family has a personalized license plate). Uses acronyms, expecting the audience to have knowledge of service terms.	Written and verbal communications are unclear, superficial, verbose or lacking in detail. It also contains jargon, lingo or abbreviations that are not understood by the intended audience. Consistent grammar and spelling errors in written documentation. Demonstration of inadequate professional writing skills after repeated coaching. *Examples:* Injects personal biases and subjective conclusions in communication. Relies on jargon and slang terminology routinely. Submits court plans with incomplete sentences and grammatical errors.

[1] *http://www.ct.gov/dmhas/lib/dmhas/publications/PCRPLanguage.pdf*

Optimal Practice	Developmental Practice	Unacceptable Practice
3. Preparation and Timing		
Coordinates with the team to gather and organize pertinent information, prepare talking points and identify questions prior to timely dissemination. *Examples:* Prepares for court hearings, depositions and fatality reviews in advance by reading case notes and other case records. Collects and reviews assessments, evaluations and other documentation necessary for review at FAPT meetings when requesting services. Sends required correspondence before deadlines and follows up with recipients. Shares court recommendations and service plan progress updates with the family prior to the court hearing date. Is prompt in responding to calls and emails from family members, children and resource families.	Understands that coordination with others, preparation and organization are critical to the timely dissemination of information but does not always include the pertinent information or schedule an appropriate amount of time to prepare. *Examples:* Sends required correspondence at the assigned deadline which does not allow the supervisor to review and provide feedback. Displays inconsistency in returning calls and emails (e.g. is prompt in some situations and procrastinates in others).	Does not coordinate with others and Does not prepare or organize communications prior to disseminating information to individuals or groups. *Examples:* Repeatedly sends required correspondence late and does not follow up with recipients.
4. Respect for Family Privacy		
Demonstrates an observable commitment to meaningful informed consent by thoroughly explaining to clients their legal and implied right to privacy and about agency practices regarding confidentiality. *Examples:* Requests permission to enter a family's home at every visit. Distributes CPS Investigation/Family Assessment brochures at the beginning of a case directly to the parents/caregivers rather than leaving on a door. Demonstrates sensitivity to privacy when leaving a business card on someone's door (e.g. places the card in a plain envelope with the intended recipient's name on the outside).	While recognizing the need for privacy does not always provide or fully explain to client's their legal and implied right to privacy. *Example:* Does not clearly understand the difference between privacy and confidentiality and, while attempting, cannot explain to the client in a clear fashion.	Does not inform clients of their legal and implied right to privacy. Shares case information with uninvolved parties.

Optimal Practice	Developmental Practice	Unacceptable Practice
Knows that family privacy is important. The worker is discrete as to where and with whom they speak about clients. Limits expressions of frustration to meetings with the supervisor or unit meetings where cases are being discussed	Occasionally expresses frustration about clients with other co-workers, but never in a disparaging or unprofessional way, and always behind closed doors.	Makes inappropriate or unprofessional comments when discussing clients with co-workers, or expresses frustration in a public forum with no regard for family privacy. *Example:* Uses disparaging, derogatory, or belittling language; gossips and complains to others.
Recognizes that any potential breach of confidentiality is a very serious issue. Consistently follows agency protocol and reports breaches of confidentiality timely and with prudence.	May not have a total awareness or understanding of agency protocol concerning breaches of confidentiality. With knowledge about an issue, does not report breaches of confidentiality timely to their supervisor.	Disregards agency protocol concerning breaches of confidentiality.
5. Transparency, Honesty and Ethics		
Always engages in communication with honesty, transparency, integrity, empathy and respect, even when the conversations are difficult. Practices solution-focused communications with youth, families, service providers, community partners and co-workers.	Does not always provide time for conversations but attempts to do so with honesty, transparency, integrity, empathy and respect with youth, families, service providers, community partners and co-workers.	Works in isolation without involving supervisor, service providers, community partners and/or the family in dialogue. Actively avoids difficult conversations requiring honesty.
Always maintains professional boundaries with youth, families, and collaborative partners and demonstrates ethical decision making.	Unsure of how to address questionable ethical situations but brings the scenario to supervisors attention for assistance in resolving the situation.	Does not maintain professional boundaries with clients, co-workers, community partners and service providers.
6. Cultural, Diversity, and Disability Sensitivity		
Prepares for communication with individuals from diverse cultural backgrounds and/or with disabilities. Assesses for literacy and makes accommodations in oral and written communications. *Examples:* Ensures accommodations are made for blind, deaf and hard of hearing children and families. Arranges language interpreters for verbal communication and translation of documents.	May prepare for communication with individuals from diverse cultural backgrounds but is not knowledgeable about accommodations available in the community.	Does not assess for literacy and does not make accommodations in oral and written communications.

Optimal Practice	Developmental Practice	Unacceptable Practice
Understands how people's cultural backgrounds affect their values, identity, behaviors, perceptions and assessments of others, and communication styles. *Examples:* Understands that direct eye contact, shaking hands, allowing photographs, or acceptance of government assistance are some examples where sensitivity to different cultural practices is important. Understands that acceptable living and sleeping arrangements can vary greatly among different cultures, as do standards of personal hygiene. Understands their role in working with families of tribal descent and the need to adhere to the rules of the Indian Child Welfare Act (ICWA). Seeks out resources to make accommodations in all applicable situations.	Though trying to make accommodations, has a limited understanding of how people's cultural backgrounds affect their values, identity, behaviors, perceptions and assessments of others and communication styles.	Does not acknowledge that cultural backgrounds affect one's values, identity, behaviors, perceptions and assessments of others and communication styles.
7. External Communications		
Follows local, state, and federal government protocols regarding communication. This includes messaging and communication with community partners. *Examples:* Knows when to use formal letters versus emails. Follows agency policy regarding speaking with representatives of the media. Incorporates the philosophy of the Virginia Children's Services Practice Model into written and verbal communications. Includes the agency's mission statement in communications.	Has limited understanding of agency protocols regarding communication. Needs guidance or reminders about incorporating the philosophy of the Practice Model and mission statement into communications. Sometimes distributes formal external communications without supervisory review.	Does not use or disregards agency protocol regarding communication.

Optimal Practice	Developmental Practice	Unacceptable Practice
8. Verbal Communication		
Ensures children and families understand conversations by using various reflective listening techniques. *Examples:* Summarizes conversations and agreed-upon actions or decisions and asks the recipient if anything was unclear to them. Provides follow-up clarification, verbally and/or in writing, and repeats statements and instructions in different ways. Uses pitch, tone and volume of voice to facilitate communication and avoid triggering a trauma response.	Understands the importance of using reflective listening techniques and then clarifying conversations to ensure that all parties have the same understanding. However, is unable to consistently apply this skill to their regular practice.	Has preconceived ideas and does not make efforts to listen to conversations to ensure that the worker understands what children and families are saying. Does not follow up to ensure the children and families have been heard or have a clear understanding of the conversation. *Examples:* Uses ultimatums like, "we'll take your child away if you don't give custody to the grandmother."
9. Non-verbal Communication		
Recognizes that non-verbal communication is an important part of engagement between the worker and families, children and community partners. Shows awareness that facial expressions, head/ body movement and posture/positioning can inhibit or facilitate communication and may trigger a trauma or survival response. *Example:* Makes eye contact (when culturally acceptable) when speaking with families and uses welcoming body language.	Recognizes the significance and meaning but is not always conscious of when they use non-verbal communications. *Example:* Uses non-verbal signs of disagreement in certain stressful situations in response to something a family member has said; such as, eye rolling, yawning, and interrupting a family member.	Does not recognize the significance and meaning of non-verbal communication and/or regularly engages in inappropriate actions *Examples:* Clenches fists, taps foot and looks at phone or clock. Stands over individuals or engages in intense staring/glaring, or cornering.

Demonstrating Cultural and Diversity Competence

Definition:

Cultural and diversity competence is an ongoing developmental process that includes an acquired understanding of the patterns and potential dynamics of specific groups and cultures, including our own. It is the understanding of how culture (the values, beliefs, attitudes and traditions acquired from affiliate groups) as well as personal circumstances, conditions, nature and experiences influence our own and other people's thinking and behaviors.

Introduction:

Demonstrating cultural and diversity competence is shown by interacting with families without making assumptions, respecting and learning from the unique characteristics and strengths of the family (while acknowledging and honoring the diversity within and across cultures), and applying these skills to the partnership with the family. Agencies recognize the impact of personal and organizational bias, poverty, and other social factors on the disproportionate representation of minority children and families in the child welfare system. A multicultural perspective is essential and moves practice away from viewing culture as being rigid, inflexible and unchanging. While all cultures are respected, any parenting practice which compromises the safety or well-being of a child would not be acceptable.

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Self-Awareness		
Routinely conducts self-assessment of cultural and diversity understanding by taking inventory of personal values, beliefs, attitudes, biases, knowledge, and awareness. Identifies how differences in these areas can impact practice and implements changes in practice to improve work with families. Exercises cultural humility by learning about each family's culture rather than applying assumptions/stereotypes. Always holds self and others mutually accountable. *Examples:* Understands that poverty does not equate to neglect when investigating allegations of abuse and neglect. Uses respectful questioning during the planning process to understand the influence of culture (gender roles, heritage, special needs, history of trauma or oppression, religion, language, socioeconomics, education, sexuality, and other factors). Understands that the sexual orientation of an individual is not connected to the probability of their engaging in sexual abuse. Recognizes that culture goes beyond what is obvious (e.g. medical conditions, deaf or hard of hearing needs, religion, and regional practices) and can articulate this clearly.	Conducts a self-assessment of cultural and diversity competency when prompted. Can identify how some differences in these areas can impact work with families. Sometimes implements changes in practice to improve work with families. Sometimes holds self and others mutually accountable for diversity competency.	Does not value the importance of self-assessment and does not demonstrate an understanding of how personal values, beliefs, biases, attitudes, knowledge and awareness can impact work with families. Unable to integrate changes in practice to improve work with families.

Optimal Practice	Developmental Practice	Unacceptable Practice
2. Respect for Family Practices and Choices		
Always makes a significant effort to respectfully learn about the lives of families and their unique experiences, values, language and traditions to ensure a trust-based relationship. Makes use of knowledge of cultural preferences when communicating with families. This is accomplished through direct inquiry with the family members and the at-large community and through cultural sensitivity. Understands how ethnocentrism, lack of knowledge, and reliance on stereotypes can contribute to intercultural conflicts and miscommunication. *Examples:* Recognizes that some families choose not to openly discuss their personal history, especially traumatic events. Asks the family what traditions and cultural norms they would like to share with the substitute caregiver (e.g. food, hair care, skin care, holidays, bedtime routine, etc.) when removing a child. Identifies and engage leaders or organizations (e.g. Hispanic Chamber of Commerce) in ethnic communities to develop trainings and/or establish a relationship prior to child welfare involvement. Contacts coworkers, community partners or other departments of social services to identify culturally-specific resources. Understands how various cultures identify and respond to traumatic events.	Makes some effort to learn about the customs of families and their unique experiences, values, language and traditions. Relies on basic knowledge of a few cultures but does not include the family in authentic direct inquiry about their values, language, preferences, and traditions that are unique to their family.	Makes little or no effort to learn about the customs of families. Relies on generalized information or stereotypes when describing families. *Examples:* Expresses reluctance to use providers outside of the more traditional agency network, even when requested by family. Does not utilize interpreters even if requested, and relies on less preferred means of communication.

Optimal Practice	Developmental Practice	Unacceptable Practice
3. Communication		
Incorporates Virginia Children's Services Practice Model values and principles and communicates in ways that demonstrate sensitivity and responsiveness to culture, language, socioeconomic status, and other relevant areas of diversity. *Examples:* Uses a variety of verbal and nonverbal communication techniques that encourage positive interaction with families. Provides opportunities for families to communicate in their first language and/or dialect. Uses interpreters or translators effectively to gather information from families and collaterals, conduct assessments, and partner in safe service planning.	With guidance, attempts to communicate in ways that demonstrate sensitivity and responsiveness to culture, language, socioeconomic status and other differences. *Example:* Seeks assistance from supervisor to strategize how best to support family communication needs.	Uses only one style and/or method of communication. Makes no attempt to modify communication style or techniques based on family needs or differences. *Examples:* Uses interpreters or translators on rare occasions, or relies on family members or children to interpret or translate.
4. Information and Roles		
Always shares with community partners any unique communication needs of the family. Actively creates a workplace culture that welcomes, questions and attempts to learn about diversity, and various cultures of the staff and families they serve. *Examples:* Shares the need for an interpreter, special accommodations, and accessibility issues with service providers. Addresses behaviors and responses from co-workers that demonstrate bias or insensitivity to clients. Understands that engaging in culturally-aware practice increases the likelihood that families will feel safe and empowered rather than disenfranchised or traumatized.	Understands the importance of sharing any unique communication needs of the family with community partners but requires occasional guidance. Makes attempts to learn about diversity to enhance the workplace culture.	Does not share with community partners any unique communication needs of the family. Does not address or attempt to learn about cultural diversity of agency staff and clients, and the role this awareness plays in cultural responsive.

Documenting

Definition:

Documentation is the technical communication and formal reporting of facts, incidents, evaluations, and observations of a specific situation that serves as the official record.

Introduction:

Workers, supervisors and management have the responsibility to consistently, accurately and objectively record the official history of our work with children, youth and families within the official case record, and to incorporate the facts and the sequenced narrative of events as they occur. We must abide by all the laws and regulations that govern record generation, protection and release, while ensuring that families are aware of the existence of the formal record and how they gain access to it. We also must recognize the importance of the formal records that we maintain on families because it documents personal and sometimes intimate details about their lives.

Documentation may include written records, contents of the data information system, audio/video tapes, CD's or photographs. Taken together, these documents provide the history, evidence, authentication, accountability and substantiation of the "life of a case" from the moment it is created until it is purged. Documentation may be shared with other agency staff, courts, law enforcement and state/federal staff, and may be reviewed by the current or future family. At all times, we must be mindful that all documentation is part of the child's history and has long-term implications well beyond their involvement with the child welfare system.

"In each family a story is playing itself out, and each family's story embodies its hope and despair." ***—Auguste Napier***

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Language/Communication		
Uses a concise narrative that reflects all facts pertinent in providing a historical testimonial to the work done throughout the life of the case, while reflecting the depth of information that is needed for assessment, planning, and decision making. When information is shared with families, sensitivity is given to their traumatic experiences while maintaining and honoring full disclosure. This is especially relevant during Family Partnership Meetings.	Uses a narrative to provide historical testimonial that may be lacking in facts or including details not pertinent to the case. *Examples:* Develops a service plan unreflective of all identified needs of the family or the level of risk. Completes assessments which lack the full history of the family necessary to develop the service plan. Documents key elements such as "Dispositional Assessment" and "Justification for Level" with facts insufficient to support a decision regarding abuse and neglect.	Narrative provides limited information indicating that the worker fails to gather pertinent facts in the field. Narrative reflects an inaccurate accounting or lacks any detail to support decisions or conclusions. Documentation of interactions with the family does not reflect the depth of information that is needed to develop assessments, service plans and for making important decisions or be a true historical document for the life of the case.
Demonstrates the understanding that documentation is a reflection of professionalism and, as the official record, it has to meet the requirements of all state/ federal laws, regulations and standards of practice. *Examples:* Avoids subjective decision-making and remains objective in the gathering of information. Uses an appropriate degree of formality for the intended audience, and refers to family members and collateral contacts by full name and identified role in the case. Uses appropriate grammar, terminology, and spelling, while avoiding jargon and abbreviation. Documents information that is factual and relevant to the purpose of involvement with the family. Focuses on transparency without "surprises" with documents supplied to the court.	Inconsistently uses objectivity and formality when creating the document. May not have a total awareness or understanding of how documentation is a reflection of professionalism and that as the official record has to meet the requirements of all state/ federal laws, regulations and standards of practice that DSS has the responsibility to follow. Occasionally does not use the degree of formality an official record requires.	Documents opinions without facts to support them. Uses jargon, lingo, and abbreviations, as well as inappropriate degree of informality for the intended audiences. Narrative includes poor grammar, repeated misspellings, and inappropriate terminology. State/federal laws, regulations and standards of practice are neglected.

Optimal Practice	Developmental Practice	Unacceptable Practice
2. Youth, Family and Caregiver Voice		
Values the importance of conversations with the family and youth. The client's perspective is consistently reflected in the case record by incorporating clients' own words, stories, goals, and feedback. Documents information obtained during all meetings gathered using various interviewing skills. *Examples:* Solicits and records responses gathered from open-ended questions to gain detailed information beyond the immediate safety, well-being and permanency concern. Provides detailed information gathered about family experiences, where they have lived, extended family members, how they view their children, recreational activities, and what they like about being a parent.	Inconsistently includes clients' own words, stories, goals, and feedback. Documentation focuses solely on safety, well-being, and permanency. Selectively gathers and/or incorporates collateral information.	Documentation reflects worker's bias and opinions, as opposed to objective behavioral observations and direct input from the clients. Documentation does not incorporate information from the family or collateral contacts.
Documents interactions with children and families to reflect their participation in case decisions. Includes a precise narrative of what is discussed including the family's reactions and thoughts. *Examples:* Records the family's opinions and their contributions to the decision making process. Includes the parent's knowledge of their child and what they would like to happen with problematic behavior. Documents the family's insight regarding the reason for DSS involvement. Uses tools such as Eco-mapping, Genograms and probing questions to help determine children's safe places and to identify people to help determine their needs.	Selectively documents interactions with children and families. Narrative may include limited or general details of the family's reactions and thoughts.	Documentation is not inclusive of family input. Contains worker opinions and biases. Omits the clients' own words, stories, goals and feedback.

Optimal Practice	Developmental Practice	Unacceptable Practice
3. Respect for Family Privacy		
Follows all federal/ state laws, regulations and standards of practice for releasing information. Secures the consent of the family, ensures they have a full understanding of why the information is needed, and who will be receiving it. Documents the purpose of and recipient for all released information. Ensures all necessary consents for release of information have been acquired and are present in the formal record. Information about children's needs is shared when appropriate. *Example:* Shares information about the child's needs such as traumatic experiences so that substitute caregivers don't trigger those memories.	Makes observable effort to learn all state/federal laws, regulations guidance and standards of practice that governs the protection and release of client information. Frequently seeks supervisor assistance to determine conditions when it is appropriate to release information.	Shares information regarding the clients in a reckless manner without regard for the laws and regulations that governs its release. Displays a lack of respect for the client's right to privacy.
Conveys respect for the family by asking permission to take notes or record an interview. Informs the family of their right to see information in their formal records and shares the laws, regulations and guidance that govern the transparency of our record keeping.	Inconsistently informs clients of their rights regarding access to their formal record, how to access the information, or who is entitled to their information either with or without their consent.	Does not inform clients of their rights regarding access to their formal record, how to access the information or who is entitled to their information either with or without their consent.
Follows the protocols and rules of storing, maintaining and purging information set forth in law, regulation and guidance.	Follows the protocols and rules of storing, maintaining and purging information set forth in law, regulation and guidance but with continual supervisory oversight.	Regardless of supervisor prompting, does not follow the protocols and rules of storing, maintaining and purging information set forth in law, regulation and guidance.

Optimal Practice	Developmental Practice	Unacceptable Practice
4. Timeliness		
Demonstrates the importance of timely and accurate input of case information by consistently reflecting names, dates, times, and descriptions of all contacts with the clients, collaterals and service providers. This prevents families from having to retell their traumatic history. *Examples:* Uses techniques such as time management, protected time and organizational skills to meet all deadlines in a timely manner. Ensures that the case record is in compliance with mandatory guidance and program requirements such as response times, mandatory contacts, and timely data entry. Responds timely to emails and voice mails.	Reflects names, dates, times, and descriptions of all contact with the clients, collaterals and service providers in the case record with supervisory oversight.	Regardless of supervisor prompting, does not reflect names, dates, times, and descriptions of all contact with the clients, collaterals and service providers in the case record. *Examples:* Submits ICPC paperwork after a deadline passes which causes delays in permanency or even the need to send a child back. Records material about a placement change without regard to timelines resulting in IV-E billing errors.

Engaging

Definition:

Engaging involves all aspects of connecting with youth and families in a deliberate manner to make well-informed decisions about safety, achieving permanency, lifelong connections, and well-being. Family engagement is an intentional practice with utilization of particular skill sets to ensure partnership. Family Engagement is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences. Engagement goes beyond mere involvement; it is about motivating and empowering families to recognize their own underlying needs, protective capacities, and supports. True engagement supports families in taking an active role in working toward change.

Introduction:

Family engagement and trauma awareness are the foundation to the Virginia Children's Services Practice Model. Family engagement requires a shift from believing that agencies alone know what is best for children and families to one that encourages the family to partner in decision making. Family Engagement ensures the voices of children, youth and families are heard, valued and included in the decision-making process. Engagement is the ongoing ability to establish and sustain a genuinely supportive and productive relationship with the family while developing a partnership, establishing healthy boundaries and maintaining contact as mutually negotiated. Engagement is approached with honesty and transparency and is at the core of our work and foundational to all the work we do with families. Engagement also includes foster parents, service providers and community partners. Trauma informed care is about ensuring all individuals feel physically and emotionally safe, are noticed and listened to, and are given a voice.[1] In a trauma-informed system, engagement is done with sensitivity by creating safe spaces and engaging in clear communication to minimize the possibility of trauma.

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[1] *The Institute on Trauma and Trauma Informed Care (ITTIC), The State University of New York at Buffalo, 2014*

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Youth, Family and Caregiver Voice		
Involves youth, families and children in all aspects of the case. Empowers the family to self-identify their strengths and skills in addition to areas for improvement and potential solutions. Sets mutually agreed upon goals that are generated primarily by the family, and stated in their language. Inquires about previous experiences with social services and is mindful of these experiences moving forward. *Examples:* Uses FPMs, Child and Family Team Meetings, Concurrent Planning Meetings, Ice Breaker Meetings consistently to increase voice and choice, and to assist in co-creating action plans and service plans. Parents, youth, and their supports are prepared in advance to fully participate. Ensures that family preference is given substantial weight in identifying relatives as substitute caregivers when needed. Provides family and youth with the choice to decide on when, where and by whom a service is provided. Family and youth are given the opportunity to interview several providers. Recognizes that youth who are pre-verbal or who aren't able to share their voice need to be engaged and makes active efforts to ensure this takes place.	Occasionally involves children and parents or caregivers in only some aspects or part of the case (not throughout the life of the case). Tends to work with one family member rather than the entire family. *Examples:* Utilizes team decision-making and other opportunities to incorporate family voice at important decision points; however, families are not prepared in advance for meetings. Periodically works with parents to identify relatives but expresses hesitancy to utilize them as substitute caregivers. Inconsistently offers choices around types of providers, approach and scheduling. Includes children in decision making but often allows adults to speak for children rather than having children state their own opinions.	Avoids interactions with family; does not involve family members in assessment, case planning, decision making or service plan implementation. Does not discuss progress or point out family strengths. *Examples:* Fails to utilize a team decision-making approach and makes unilateral decisions without including the voice of family or youth; does not believe family or youth should have a say in decisions. Expresses distrust of biological parents' ability to make good decisions related to substitute caregivers, or relatives to provide safe care for children/youth. Expresses the belief that family and children do have a say in services and supports, but makes referrals without engaging family in process.

Optimal Practice	Developmental Practice	Unacceptable Practice
Utilizes "exploring skills" to actively listen to each family member and solicit all perspectives. *Examples:* Encourages the family to tell their story without interruption from the worker. Demonstrates flexibility in selecting interview strategies in response to family members' reactions and contributions (e.g., "Help me understand," "What I heard you say…").	Listens and sometimes seeks perspectives from family members, avoids assumptions, and asks open-ended follow-up questions to clarify information. *Example:* Demonstrates lack of active listening skills (e.g. interrupts or interjects while the family is sharing their story and information).	Communication skills consists mostly of worker informing the family about his/her assessment conclusions and recommendations for services, without soliciting meaningful input from the family. *Examples:* Interprets the family's statements from the worker's perspective and/or summarizes inaccurately for the family. Demonstrates indifference or disdain for family members' voices and stories.
2. Respect		
Uses strength-based, respectful, unbiased, non-judgmental and empowering language in all communication and interaction with family members, and with significant community stakeholders. *Examples:* Uses motivational interviewing strategies to help individuals, groups and family members comfortably express and discuss their feelings, concerns and opinions. Allows each person to feel physically and psychologically safe to tell his/her story in order to fully understand trauma and resiliency and build trust.	Inconsistent use of strength-based language with family and community stakeholders, but avoids language that tends to inflame, sounds punitive, or labels the family.	Uses language that is judgmental, authoritative, or derogatory in communication with the family.
Routinely respects the family's privacy and exercises discretion in interviewing and gathering information specific to the case. *Examples:* Consults with the family through discussion about how and what information needs to be shared with particular service providers. Prepares and empowers the family to share relevant information in all team meetings and referral interviews (such as therapeutic services intake meetings, Family Partnership Meetings, Ice Breaker Meetings etc.).	Occasionally divulges personal information when it is relevant to the case (though not related to safety) but without the family's permission; or seeks information that is not relevant to the case. Discusses with the family what information needs to be shared and why but does not prepare and empower the family to share the information; instead, the worker usually shares the information.	Seeks or gathers information about family members without specific respect for privacy and exercises no or very little discretion. *Examples:* Consults rarely with the family about how, what and why information should be shared with various service providers. Expresses belief families are incapable of accurately providing relevant information and behavior reflects said belief.

Optimal Practice	Developmental Practice	Unacceptable Practice
Consults with the family when scheduling contacts and respects family choices, when possible. Incorporates family's preferences for day, time and location for the visits, unless safety concerns are present. *Example:* Asks family about contact preferences, such as phone, email or text.	Determines a time and date for the visit and asks the family if this is mutually agreeable. Arrives at the appointment on time for scheduled contact; avoids cancellation of appointments. Inconsistently or selectively asks the family about contact preferences.	Schedules visits primarily according to the worker's convenience for time and location. Regularly misses appointments with families without notifying the family. Does not ask the family about contact preferences.
3. Authority		
Understands that authority is inherent in child welfare responsibilities but consistently seeks to maximize self-determination for families and youth. Engages law enforcement only when necessary to ensure child or worker safety. *Examples:* Worker collaborates with law enforcement to minimize trauma during joint investigations. Executes authority to provide case supervision (i.e. monthly visits, service plans, safety assessments, etc.) with respect and full disclosure about the purpose and possible outcomes.	Over or under utilizes authority to ensure child or worker safety. *Examples:* Engages with law enforcement for worker comfort without regard to family perceptions, or overlooks opportunities for self-determination (such as contacting a parent to set up an interview versus making unannounced visits). Uses authority in an effort to motivate change rather than solution-focused strategies. Explains parameters of authority to the family without full disclosure.	Relies primarily on use of authority. *Examples:* Consults with law enforcement when not required by circumstances. Uses extensive authority with families in an effort to intimidate or force change to the exclusion of solution-focused engagement strategies. Explains parameters of authority with embellishment or does not disclose at all to the family.
Consistently demonstrates an understanding of the importance and benefits of using the least intrusive level of authority needed to protect children, families and workers. Uses collaborative casework approach to child welfare throughout their ongoing practice.	Does not fully understand the balance between authority and a collaborative case work approach.	Does not balance authority with engaging families in a collaborative relationship.
Informs (by both verbal and written methods) families of their rights under Virginia law and regulations, as well as DSS policies and practices. *Examples:* Provides youth and families written notice of rights and responsibilities (including how to appeal) and explains in a manner the family can understand. Initiates interpretation of documents in family's native language as needed.	Provides youth and families with limited knowledge of Virginia laws, regulations and DSS policies and practices. *Example:* Expresses hesitancy or inconsistency in notifying families of appeal rights.	Does not provide youth and families with knowledge of Virginia laws, regulations and DSS policies and practices. *Example:* Attempts to avoid notifications related to rights of appeal.

Optimal Practice	Developmental Practice	Unacceptable Practice
4. Information and Roles		
Always informs the family about what to expect from the agency and the child welfare system, both verbally and in writing, including caseworker contact information and who to contact if the caseworker is unavailable. *Example:* Provides family with both team and supervisor contact information on a routine basis.	Provides written information to the family about what to expect from the agency, without full and complete verbal explanation, and vice versa. *Example:* Provides an anecdotal and incomplete verbal explanation that the worker is comfortable with, and does not provide written clarifying documents.	Does not communicate with the family about what to expect regarding their individual case, nor provide the family with adequate information to make informed decisions.
Consistently discusses with the family the agency's and stakeholders' roles and responsibilities in all aspects of the case.	Inconsistently or incompletely discusses with the family the roles and responsibilities of the agency and involved stakeholders.	Omits discussion with the family regarding agency and stakeholder roles and responsibilities.
Develops clear and complete Working Agreements with youth and families, and reviews them routinely to prevent confusion about roles and expectations. *Example:* Sets realistic expectations and openly communicates about progress/concerns on a regular basis.	Demonstrates familiarity with the steps of developing a Working Agreement and often facilitates a discussion of roles and expectations between self and family.	Working Agreements are unclear or not completed at all. Does not take time to facilitate a conversation regarding roles and expectations between self and family. *Example:* Expresses belief that role clarification is unnecessary. Completes Working Agreements without family or youth participation and expects compliance.
5. Relationships		
Empathizes with families and supports birth-foster family relationships. Utilizes engagement to learn the needed "backstory" to co-create, along with the family, a support/service plan that addresses past trauma and builds on the identified resiliency factors and functional strengths. *Example:* Uses engaging techniques with family members individually or together such as Ecomaps and Genograms; Strengths and Needs exercises; Solution Focused strategies; and Family Partnership Meetings.	Understands that to be effective in building trust based relationships, the core conditions of respect, genuineness, empathy, trustworthiness, and competence must be demonstrated in interactions with families. *Example:* Demonstrates some or all of the core conditions inconsistently depending on likability of family and other factors.	Actions do not reflect the belief that the core conditions of respect, genuineness, empathy, trustworthiness and competence are necessary to work with family and children. *Examples:* Expresses idea that family and children should just "do what worker says." Does not use effort or time to develop a trust based relationship.

Optimal Practice	Developmental Practice	Unacceptable Practice
Builds trusting and collaborative casework relationships that motivate and sustain productive change in youth and families. Clearly demonstrates the core belief that families can change and are experts on themselves. *Examples:* Uses Solution Focused strategies with each family contact. Knows and effectively utilizes Forward Focused questioning to work through challenging conversations.	Worker demonstrates the belief that families can change and are experts on themselves, yet is inconsistent in establishing an ability to motivate and sustain trusting and collaborative case work. *Examples:* Shows familiarity with Solution Focused questions but does not use regularly or is not comfortable with application. Demonstrates tendency to be directive and guide action planning, rather than helping the family to identify its goals and strategies Expresses a level of difficulty with challenging conversations, and may label family members as “resistant” or other negative terms.	Casework relationships are consistently controlling, worker-centered, and not based on mutual trust and respect. *Examples:* Uses blaming techniques and mirrors families escalated language instead of Forward Focused questioning and reflective skills to work through resistance and escalated behaviors. Uses labels or language that reflects stereotypes or belittles the family’s culture, history, situation or behaviors.
Always maintains professional boundaries with clients, co-workers and community partners and demonstrates ethical decision making.	Unsure of how to address questionable ethical situations but brings the scenario to supervisors attention for assistance in resolving the situation. Example: Expresses discomfort with situations where ethical principles are unclear yet asks for direction.	Inability to maintain professional boundaries with clients, co-workers and community partners.

Evaluating

Definition:

Acquiring and reviewing information to determine if desired goals are being achieved and, if not, reconsider services and resources provided to promote safety, ensure well-being, prevent re-traumatization and achieve permanency.

Introduction:

Evaluation is a continual process and requires the social services department, children, families and community partners to monitor the effectiveness of interventions. This process includes ongoing monitoring of strengths and needs so that adjustments can be made to the interventions when necessary, adapted to be culturally-sensitive, and data-driven. Practice should be viewed through a trauma lens, being mindful of both the impact of past trauma on current functioning as well as preventing re-traumatization through agency interventions. Service Plan tasks are critical but not the only component needing evaluation.

"How we do our work is as important as the work we do."

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Youth, Family and Caregiver Voice		
Includes the family when reviewing information to determine if the desired goals are achieved. *Examples:* Discusses their perception of progress in an ongoing manner with the family. Uses evaluation instruments to capture family members' perceptions of their engagement in the process (e.g. post-Family Partnership Meeting survey).	Intermittently seeks, and may or may not use feedback from children and families, to determine if services are helping them identify and achieve their goals. *Example:* Seeks feedback for court hearings only, instead of for all meetings, activities, and milestones in the case.	Rarely or never seeks feedback from children and families regarding if services are helping them identify and achieve their goals.
Works with caregivers to ensure continual evaluation of their capacity to care for the children placed in their home and identifies supports where needed. Actively solicits feedback form youth, family, and caregivers regarding all agency activities with a focus on the quality of engagement activities. *Examples:* Discusses support needs prior to placement and throughout the duration of the placement. Conducts planned, post-placement discussions with caregivers to identify secondary trauma, support needs for the family, and any areas of improvement for the resource family and agency (responsiveness, customer service, etc.).	Is not always in contact with the family and is inconsistent with ensuring there are planned evaluations for the family and children. May ask for feedback regarding agency activities, but does not take action with the information.	Does not solicit feedback and when provided by family is dismissive or does not react in a professional manner' *Examples:* Labels family as "difficult" or "unreliable" when feedback is provided which reflects poorly on a staff member or the agency in general. Treats caregivers in a punitive manner for expressing concerns (e.g., less help for the birth parent in connecting to services; resource families are not considered for future placements).

Optimal Practice	Developmental Practice	Unacceptable Practice
2. Progress Reviews/Outcome		
Reviews current interventions on an ongoing basis to determine if barriers to success (as defined by the case or program) are addressed. When barriers are identified, the worker continues to engage the family to determine changes to implement to achieve desired outcomes. *Example:* Uses family engagement practices to actively assess progress and make specific changes (e.g. Family Partnership Meetings, Family Assessment, and Planning Team Meetings).	The worker intermittently reviews current interventions to evaluate if barriers are being removed. Worker uses this skill irregularly during supervision/coaching sessions, Family Partnership Meetings, Team Meetings, Family Assessment and Planning Team Meetings, and other relevant venues. *Example:* Inconsistently utilizes protective factors to identify options to reduce the risk of abuse/neglect or foster care when barriers to success are identified with the family.	The worker rarely reviews current interventions to evaluate if barriers are being removed. Progress and outcomes are not assessed during supervision/coaching sessions, Family Partnership Meetings, Team Meetings, Family Assessment and Planning Team Meetings, and other relevant venues.
3. Quality Assurance		
Engages in agency or community evaluation and quality improvement efforts. *Examples:* Participates in Continuous Quality Improvement (CQI) or Quality Management Review (QMR) programs, which begins with agency self-assessment. Participates in reviews initiated by the community and/or local government (e.g. Systems of Care, United Way, Community Foundations, and Bristol Motor Speedway Foundation).	The Worker is aware of but intermittently participates in agency or community evaluation and quality improvement efforts. May need reminders or prompting from their supervisor.	The worker rarely participates in agency or community evaluation and quality improvement efforts.
4. Monitoring and Adjustment		
Ensures the plan has concrete steps for continuous re-evaluation of progress and identification of barriers. Measures progress by observable behavioral changes rather than compliance alone. Amends plans as needed based on assessment of continued needs.	Includes review dates in plans; however, reviews often focus on status of service completion rather than outcomes. Faces challenges when minimal compliance is achieved but worker/team is uncertain if meaningful behavioral change has occurred.	Lacks concrete plan for reviewing progress and fails to set or follow through with regular reviews. Monitoring focuses solely family compliance without consideration for barriers or behavioral change indicators.
Evaluates during service plan reviews whether implemented strategies/ services/supports produce results and makes needed changes in behaviors with input of family and team.	Evaluates compliance with services and addresses unforeseen problems with services providers as they arise, sometime resulting in changes in providers and extended periods of service.	Uses sporadic case reviews (only when required or prompted) and focuses on what the family has/has not completed without examining effectiveness of strategies.

Optimal Practice	Developmental Practice	Unacceptable Practice
Identifies within plan how agency will determine that safety threats and risk concerns have been adequately diminished/permanency achieved/ or transitions successfully completed.	Provides general information in the plan to indicate that completion is necessary for case closure but may not specify how this will be measured.	Fails to set forth in the plan how the family can successfully end involvement with the child welfare system or how the agency will measure success or make decisions regarding closure. Family may be uninformed about closure and unprepared to handle ongoing needs.
Discusses plans for closing a case or ending direct involvement with the youth and family with collaborative partners.	Inconsistently discusses plans for closing a case or ending direct involvement with the youth and family with collaborative partners.	Closes youth and family cases without notifying or discussing with collaborative partners.
Conducts follow-up with community partners, service providers, youth, families, and caregivers regarding agreed-upon activities in a timely manner.	Recognizes the importance of follow-up with community partners, service providers, youth, families, and caregivers but is inconsistent or needs prompting to act in a timely manner.	Fails to follow-up with community partners, service providers, youth, families, and caregivers on agreed upon activities.

Implementing

Definition:

To implement involves the process of placing a decision or plan into effect by utilizing effective and appropriate methods to support and meet goals established in the planning stage.

Introduction:

Implementation is client-specific, driven by the family, and always mindful of the child's need for safety, permanency and well-being. Workers and supervisors can generate excitement for implementation by respecting, trusting, and creating understanding by learning about the family and their ability to overcome barriers. Motivation for implementing changes can be impacted by past or present trauma; therefore successful strategies are strength-based and contribute to building resilience.

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Youth, Family and Caregiver Voice		
Involves children, parents and caregivers as service referrals are facilitated and linkages are made on behalf of the family. Contacts made on behalf of the family when needed, are made with their knowledge, input, and when possible with their agreement. Asks families to identify barriers to success. *Examples:* Explains options for various referrals and makes a joint selection for service providers. Addresses identified barriers by proposing solutions with family input. Empowers youth and families by coaching them to take an active role in the implementation process.	Involves children, parents and caregivers in the referral process but does not routinely share resources with the family that may be used to support their goals. Makes contacts on behalf of the family, if needed but may not have current knowledge of all available local resources. Sometimes asks families to identify barriers to success.	Identifies services and providers to be used without family input. Utilizes the worker's own opinion versus gaining input from the family. Does not involve the children, parents and caregivers in the referral process. Does not make contacts on behalf of the family. Does not ask families to identify barriers to success.
2. Respect for Family Privacy		
Obtains a release of information prior to any service referral and reviews consent with family. Provides written or verbal communication to the service provider about presenting issues, assessment results, goals and desired outcomes. *Example:* Treats each instance where a release is needed (e.g. reason for involvement, assessment and evaluation results) as an opportunity to gauge the family's understanding of the limits of privacy with mandated services.	Occasionally provides a written and/or verbal referral stating presenting issues, assessment results, goals and desired outcomes for service providers, and inconsistently obtains the family's permission prior to referring to service provider.	Releases information without obtaining family consent and does not communicate with the provider concerning a service referral.

Optimal Practice	Developmental Practice	Unacceptable Practice
3. Authority		
Utilizes authority as defined in program guidance with respect, sensitivity and understanding of client's rights. Balances the authority of DSS while empowering the family. Knows the characteristics, benefits and limitations of authority and collaborative casework in child welfare. *Example:* Explains to the youth how authority and collaboration can blend together to successfully implement a plan.	Inconsistently utilizes authority as defined in program guidance with respect, sensitivity of client's rights. Does not fully understand the balance between authority and a collaborative case work approach.	Does not utilize or over utilizes authority as defined in program guidance. Demeanor with families is rigid and controlling.
4. Scheduling		
Demonstrates respect for family and caregivers time by, when appropriate, seeking their preferences for day, time, and location for visits and provider appointments. *Examples:* Explores preferred methods of contact (i.e. phone, email, and text) with the family and follows through with their choice. Confirms the caregiver's comfort with how, when, and with whom a message is left. Demonstrates professionalism by arriving on time for all scheduled meetings.	Determines a time and date for the visit and then asks the family if this is mutually agreeable. Arrives at the appointment on time for scheduled contact and generally avoids cancellation of appointments. Discusses contact preferences with the family when time allows.	Schedules visits primarily according to the worker's convenience for time and location; misses appointments without notifying the family and collaterals. Does not return phone calls and disregards the family's contact preferences.

Optimal Practice	Developmental Practice	Unacceptable Practice
5. Identification of Successes, Barriers and Problem Solving		
Reviews the family service plan (or safety plan if applicable) at each and every contact to ensure the plan is implemented and supports positive change and goal achievement. Works jointly and transparently with the family to assess progress, identify barriers, and make relevant adjustments to the plan to meet family's ongoing and emerging needs. Updates all team members on successes and barriers on a regular basis. *Examples:* Works with the family to jointly complete instruments such as CANS or ACES to identify trauma as a possible barrier or source of strength. Shares results of assessments with the family to engage in problem-solving together (e.g. asks family "how can we move this high risk category to low risk?").	Occasionally reviews the family service plan (or safety plan if applicable) to ensure the plan is implemented to support positive change and goal achievement. Recognizes that the service plan is a fluid document but needs prompting from the supervisor to view the service plan as a guide when adding services beyond the scope of the original identified need.	Does not review the service plan (safety plan if applicable) or assess progress to insure the plan is being implemented.
Takes immediate and necessary action if barriers to implementation are identified, or changes occur in the family's circumstances that create a safety concern.	Works with the family to assess progress, identify barriers and make relevant adjustments to the plan but without a sense of urgency.	Does not make adjustments to address or overcome barriers, or consider safety concerns due to changes in family circumstances.
Effectively and routinely collaborates with the supervisor to discuss case progress or barriers toward achieving goals and case closure.	Possesses in-depth knowledge of the barriers and successes defining the case, but needs the supervisor to move the case forward to achieve goals and case closure.	Does not use supervision to discuss case barriers or progress, or has limited knowledge of the case and is unable to describe barriers or progress.
6. Relationships		
Believes that families can change and are experts on themselves and continuously builds a collaborative relationship based on trust.	Believes that families can change and are experts on themselves but is inconsistent in demonstrating the ability to motivate and maintain trusting and collaborative case work.	Does not believe that families are experts on themselves and does not build collaborative relationships with families.
Supports productive change and motivates family by recognizing strengths and provides affirmation for successes.	Recognizes family strengths but infrequently conveys affirmation for their successes.	Does not recognize family strengths or provide positive feedback for their successes.

Definition:

Partnering is based upon respectful and meaningful cooperation in the development of strength-based, trusting relationships with families to achieve safety, well-being and permanency for children. True partnership forms the basis for family engagement and embracement of youth, family and caregiver "voice and choice."

Introduction:

Partnerships are founded in respect and trust, where all parties have a voice in setting priorities and understanding of the goals, outcomes and barriers to achievement. Partnerships evolve overtime and are inclusive of the youth, entire family and whole DSS team. The key to creating a successful partnership are transparency, clarity, time, trust in the process, honesty, the belief that people can change, and that families are experts on themselves.

"Approaching parents as the experts on their own children, listening openly to their concerns and perspectives, and seeking solutions with them (rather than providing them) helps foster a trusting relationship between service providers and parents."[1]

[1] *Child Welfare Information Gateway, 2012.*

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Youth, Family and Caregiver Voice		
Demonstrates recognition that families are experts on themselves. Encourages children and family members to be actively involved in decision-making throughout the duration of the case while recognizing that trauma may impair their motivation or ability to partner. Cultivates an environment where families assist in establishing ground rules, have crucial conversations, and clarify fully their thoughts and feelings in developing safety plans and goals during Family Partnership Meetings, home and office visits, etc. Acknowledges the family's contributions at every opportunity. *Examples:* Engages family members in role playing, skill-building, or mock situations to assist them with active participation in case activities like FPMs. Encourages children and family members to have input and identify supports when developing a safety plan. Supports resource parent involvement in making prudent parenting decisions and establishing communication with the family of origin. Solicits family and/or community involvement as family supports (e.g. the family identifies a specific church to be included at FPM and other meetings). Includes all of the family's input, suggestions and/or possible solutions in the case notes to use in the present or future. Mediates/negotiates various and sometimes contradictory opinions from all parties to the case to avoid triangulation.	While encouraging family involvement, the worker does the majority of the talking and decision-making. Inconsistently recognizes the family as expert, or does not verbalize this principle. *Example:* Provides the family with a list of DSS-identified services and service providers to select from, and does not inquire to see if the family has any thoughts on services or providers not on the list.	Fails to demonstrate recognition of the family as expert. Does not solicit opinions from the family and disregards any input provided. *Examples:* Identifies a service or service provider for the youth and family without any discussion of other options; does not allow the youth and family to participate in the provider selection. Communicates by monopolizing conversations with the family.

Optimal Practice	Developmental Practice	Unacceptable Practice
2. Transparency		
Provides the youth and family with a realistic and honest disclosure of both positive and negative outcomes that may result from various team and individual actions. *Examples:* Provides a parent with consequences of both a positive and negative drug screen results prior to scheduling the drug screening. Offers regular updates and possible implications on the progress or regress in achieving the goals of the service plan. Explains to both the biological and foster parents the process and benefits of concurrent permanency planning. Provides the youth and family with a notebook that includes items such as detailed steps of the child welfare system, contact information of the key players, a list of additional resources, and space for copies of notes along the way. Discloses options to families when considering diversion of a child from foster care.	Provides the youth and family an incomplete disclosure of outcomes that may result from various team and individual actions. Frequently encourages participation of family dialogue in decision-making and service planning process, but occasionally needs supervisor assistance in embracing family input as valued information in identifying needs and strengths. *Example:* Engages in partial and selective disclosure of consequences to family and youth and avoids areas of potential conflict.	Does not share information or explain the possible results from decisions/ actions with the youth and family. Consistently makes decisions without youth and family participation. *Example:* Shares a goal change recommendation with the family the day of the court hearing.
Recognizes that varied factors such as trauma experience and education level may affect a person's ability to understand and process information and decision points in case. *Examples:* Seeks multiple ways to convey information, rather than simply tell a family what to expect (e.g. provides brochure outlining the steps involved in a child abuse investigation). Checks frequently for understanding and comprehension.	Sometimes will seek accommodations for a person's inability to understand and process information due to factors such as trauma and/ or education level. Does not always remember to ask about or assess a client's ability to understand. *Example:* Recognizes that there are issues with comprehension but does not take next steps to solicit feedback and adjust communication approach.	Does not take into account factors such as person's previous trauma and/or education level when providing feedback, communicating in writing or when setting expectations. *Examples:* Provides written communication without first establishing that the person can read and comprehend English. Provides verbal instructions to the family without ensuring that the family understands what is being asked of them.

Planning

Definition:

Planning is the process of thinking about and organizing the activities required to achieve a desired goal. It requires the creation and maintenance of a plan. The finished product is based on the assessment of risk and the needs of the family, youth and children. It forecasts what the family wants to achieve in a designated period of time. Planning requires the input of the family, youth and children and should be revisited to establish when objectives are met, changes should be made, and most importantly, goals are achieved.

Introduction:

We develop plans with families, youth and children to help them use their current strengths and resources to address underlying causes of what brought them to the attention of the agency. Plans include goals, strategies, objectives and time limits which help families achieve successes and to remain focused. Case planning is continuous throughout the life of the case and considers both past experiences and trauma which may impact the plan, as well as ways to build resilience so that achieving goals is increasingly possible for families, children, and youth.

Skill Sets:

Optimal Practice	Developmental Practice	Unacceptable Practice
1. Youth, Family and Caregiver Voice		
Prepares in advance of family meetings and is knowledgeable and ready to advise families about community resources and services. *Examples:* Uses detailed information–obtained through assessment process and historical information–to inform planning (e.g. traumatic events, safety and risk, individual/family strengths and protective capacities that mitigate concerns, as well as needs of the family). Helps family members develop plans to use their current strengths and other resources to resolve contributing factors and underlying causes of abuse and/or neglect. Explains prescribed timeframes fully, including consequences for missing key dates (e.g. court appearance). Prepares for engagement with the family by considering the presence of trauma history and avoids re-traumatization caused by re-telling of past experiences.	Has some awareness of community resources and sometimes explores alternatives and availability before meeting with family/team. *Examples:* Considers recent assessment information related to individual/family strengths and needs but focuses primarily on where families fall short. Identifies strengths to family and team members and may utilize them in the planning process though most plans tend to look similar rather than truly individualized.	Delays and negatively impacts planning with lack of information about resource and services options and their availability. Obtains minimal information about possible options prior to meeting with the family. *Examples:* Proceeds with planning without obtaining or reviewing assessment information specific to the child/family. Fails to identify family strengths and protective capacities that can be incorporated into planning. Focuses heavily on deficits and generates generic "cookie cutter" plans that are not specific to the family's unique strengths or needs.
Explains purpose of planning thoroughly to the family at each phase. Encourages the family to participate in developing the plan and all concurrent plans.[1] Conveys the benefit of concurrent planning to the family and family's advocates in clear language.	Provides general explanation of planning, sometimes with confusing professional jargon. Offers the family a voice in planning but tends to rely on agency and other professionals as experts. Advises family and other parties of concurrent plans devised by agency or develops concurrent plans inconsistently.	Limits input of family/team by failing to define purpose of planning meetings. Uses authority to dictate course of action to youth/family. Fails to incorporate youth/family perspective or value their expertise about what will be effective. Extends length of involvement with the child welfare system by failing to implement concurrent planning.
Plans and decides with the child, youth and family what the needed services are. Planning meetings generally include extended family members and non-relatives support.	Involves the family in some planning and listens to their input. Some efforts are made to include other connections, though the number involved may be limited.	Creates plans without input from the family or consideration of impact from past trauma. Fails to recognize the importance of the extended family support system or offer them planning input.

[1] *Creation of alternative plan in the event the primary goal is not achieved within set timeframes and limits prescribed by law, regulations and guidance.*

Optimal Practice	Developmental Practice	Unacceptable Practice
Constructs the plan in the presence of the family and with the approval of the family. The plan is consistent with the goals of the family. Provides recommendations but considers the family's strengths and preferred choice of services. *Examples:* Provides information about affordable, effective services for the family's choice. Ensures parents participate in planning regarding children's health (including use of medication), education, religion, and upbringing while in agency custody.	Develops draft of plan of action (mentally or in writing) either alone or with other professionals prior to meeting with the family. Works to persuade youth/family of course of action rather than fully incorporating goals and ideas of youth/ family. Makes efforts not to be overly intrusive in life of family; presents limited number of options based on what is most available or most affordable rather than presenting full range of options. *Examples:* Worker offers families limited choices based on general awareness of available services. Goals may be mutually developed or agency driven. Parents are involved in some planning while children are in agency custody but foster parent and worker independently make some choices related to children's care.	Writes plan for compliance purposes without youth's/family's/team's knowledge or input. Include only worker's perspective and goals for the family in the plan. Determines course of action without family input or regard for self-determination or least-restrictive alternatives.
2. Cooperation and Coordination		
Invites the family, child, relatives, non-relative supports and community partners as a planning partnership team. The team collectively provides information of several resource possibilities, choices and supports. The team members share assigned responsibilities. *Example:* Generates ideas with family to identify a wide range of natural supports (extended family and community resources) and includes them as contributing members of the planning team.	Makes some attempts to engage the family in planning with the agency and other partners. Includes the youth/family in team meetings and allows them some input, though the input of the agency and other professionals may be given greater weight. Notifies youth/family that they can invite extended family or other supports to team meetings, but does not assist to ensure family supporters and advocates can attend. *Example:* Sets priorities for transition planning unilaterally, believing that youth may lack the knowledge/ experience to make good choices.	Fails to offer teaming opportunities to the family or only meets minimal mandated meeting requirements. Fails to offer the family/youth an equal voice in the team process. Overlooks inclusion of natural support system. *Examples:* Creates a team with limited participants and few or no family supports. Offers youth limited options for future because planning was not coordinated with youth input. Fails to listen to family goals or deems them unrealistic.
Ensures that all case plans (safety/service/ foster care/FPM/IFSP, etc.) are developed with the family and are compatible (and when necessary, presented to court for approval). Empathizes with family and tries to work with partners to present unified plan to court when necessary.	Attempts to help family understand that plans created by various teams may differ due to different purposes/perspectives.	Fails to seek congruent planning or discuss existing plans with various teams. Fails to recognize impact of different goals & multiple services on families.

Optimal Practice	Developmental Practice	Unacceptable Practice
Schedules meetings at the convenience (time, location) of the family when possible and offers transportation/phone/video options. Eliminates barriers where possible for the family and identifies relatives and community partners to ensure participation in all planning meetings.	Asks family about availability as one consideration in planning meeting times but also considers other factors, such as convenience of worker or other professionals, to be equally or more important. *Example:* Convenes meetings with minimal family support present due to scheduling conflicts.	Ignores the needs and convenience of the family and its support system when scheduling meetings. Fails to offer transportation or other accommodations to promote participation. *Example:* Schedules meetings based on personal convenience with family attendance secondary.
3. Comprehensive Information		
Reviews current and past assessment information and family history to consider the potential impacts of trauma and what has or has not been effective for the youth/ family prior to developing the written plan.	Reviews aspects of assessment information to consider what has or has not been effective for the youth/family, but not all available assessment information in its totality before planning.	Does not review assessment information and/ or family history in the planning process, and consequently creates an ineffective plan that fails to address key issues.
4. Goal & Action Oriented Planning Process		
Develops a written, individualized family service plan with goals, objectives, and strategies that is shared and reviewed with the family. The individualized plan takes into account the presence of trauma history, as well as immediate, short-term, and long-term needs of the youth/ family with a focus on how to achieve safe case closure.	Develops a written family service plan with goals that are tailored to the family specific needs and considers what must be achieved for safe case closure. The plan is shared with the family.	Fails to consider individual/family needs when developing a plan. Develops short-term plans without being mindful of what is necessary for safe case closure.
Ensures that the plan is behaviorally-based and measurable, and defines "who, what, when and where." Ensures that the strategies have anticipated time frames for all team members. Takes into consideration what resources are available or can be developed. *Example:* Completes a family service plan goal of reunification with an objective to obtain treatment for identified substance abuse problems. Strategies are: attends Narcotics Anonymous, receives assessment through the local CSB Board, and completes a substance abuse treatment program.	Ensures that all elements of the plan format are completed, and steps are realistic. Includes concepts that may be difficult to measure or lack specific behavioral descriptions. *Example:* Defines a service plan objective as "Parent will obtain substance abuse treatment to improve family dynamics."	Partially completes plans and fails to provide all necessary information related to expectations, roles, and responsibilities. Uses vague or generic objectives not linked to specific needs.

Optimal Practice	Developmental Practice	Unacceptable Practice
Identifies current and upcoming life transitions and major changes for youth/family and plans ahead for supports needed for successful adjustment. *Examples:* Completes youth-driven transition planning (e.g. taking into consideration the school year, length of the placement, developmental needs and the trauma history of the child) and seeks to prevent new or re-traumatization. Ensures that the youth determines who will be part of planning team and selects priority goals in preparation for adulthood. Informs family about all necessary steps to achieve reunification in foster care service plan reviews. Plans are made in advance for transition of children back into home to include length of monitoring period, and indicators of stability. Develops aftercare plan for continued support and services if needed.	Gives thought to upcoming events but often waits until plan is reviewed to incorporate support for transitions in near future. *Example:* Informs family of the necessary steps to achieve reunification but steps are taken to plan for the transition and aftercare monitoring at the same time the court approves the return home.	Possible outcomes are not anticipated and crises arise for youth/families when goals are not achieved. *Examples:* Family is not made aware of when the agency will recommend reunification. Prepares minimally for the court decision to return children back into home, and the family is not equipped to create ongoing stability.

Training

Advocating

- CWS3021: Promoting Birth and Foster Parent Partnerships
- CWS3061: Permanency Planning for Teens – Creating Life Long Connections
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and Its Impact on Children

Planning

- CWS1071: Family Centered Case Planning
- CWS2010: CPS Ongoing Services
- CWS3061: Permanency Planning for Teens: Creating Lifelong Connections
- CWS3071: Concurrent Permanency Planning
- CWS3091: Transition Planning for Older Youth in Foster Care

Partnering

- CWS2010: CPS Ongoing Services
- CWS3021: Promoting Birth and Foster Parent Partnerships
- CWS3061: Permanency Planning for Teens-Creating Lifelong Connections
- CWS4020: Engaging Families and Building Trust-based relationships
- CWS4030: Family Partnership Meeting Facilitator Training

Assessing

- CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development
- CWS1061: Family Centered Assessment
- CWS2010: Ongoing CPS
- CWS2011: Intake, Assessment, and Investigation in CPS
- CWS2031: Sexual Abuse Investigation
- CWS2141: Out-of-Family Investigations
- CWS3041: Working with Children in Placement
- CWS3081: Promoting Family Reunification
- CWS5307: Assessing Safety, Rick and Protective Capacity
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS3103: Mutual Family Assessment
- CWSE4015: Trauma-Informed Child Welfare Practice – eLearning

Collaborating

- CWS1041: Legal Principles in Child Welfare Practice
- CWS2141: Out-of-Family Investigations
- CWS3061: Permanency Planning for Teens – Creating Life Long Connections
- CWS4030: Family Partnership Meeting Facilitator Training
- DVS1001: Understanding Domestic Violence

Communicating

- CWS1041: Legal Principles in Child Welfare Practice
- CWS1071: Family Centered Case Planning
- CWS1305: The Helping Interview
- CWS2011: Intake, Assessment, and Investigation in CPS
- CWS3071: Concurrent Permanency Planning

Demonstrating Cultural and Diversity Competence

- CWS1031: Separation and Loss Issues in Human Services Practice
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning
- CWS4020: Engaging Families and Building Trust-based Relationships
- CWS3021: Promoting Birth and Foster Parent Partnerships
- CWS3103: Mutual Family Assessment
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWSE1002: Exploring Child Welfare - eLearning
- CWSE4015: Trauma Informed Child Welfare Practice – eLearning

Engaging

- CWS1305: The Helping Interview
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS4020: Engaging Families and Building Trust-based Relationships
- CWS5305: Advanced Interviewing Techniques: Motivating Families for Change

Implementing

- CWS2010: CPS Ongoing Services
- CWS3021: Promoting Birth and Foster Parent Partnerships
- CWS3041: Working With Children in Placement
- CWS3061: Permanency Planning for Teens-Creating Lifelong Connections
- CWS3071: Concurrent Permanency Planning

Evaluating

- CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development
- CWS1061: Family – Centered Assessment
- CWS1071: Family – Centered Case Planning
- CWS3041: Working With Children in Placement
- CWS3071: Concurrent Permanency Planning
- CWS3081: Promoting Family Reunification
- CWS5307: Assessing Safety, Risk, and Protective Capacity

Documenting

- CWS1021: The Effects of Abuse and Neglect on Child and Adolescent Development
- CWS1041: Legal Principles in Child Welfare Practice
- CWS1071: Family Centered Case Planning
- CWS2000: CPS New Worker Policy Training with OASIS
- CWS3000: Foster Care New Worker Policy Training with OASIS
- CWS3010: Adoption New Worker Policy Training with OASIS

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

FAMILY SERVICES

VIRGINIA LEARNING COLLABORATIVE SERIES