Commissioner Guidance Document Transmittal

Date- July 2019

Manual - Child and Family Services Manual, Chapter A, Practice Foundations

Transmittal # - 286

The purpose of this transmittal is to provide new and updated guidance, Chapter A of the Child and Family Services Manual. Chapter A has been renamed and is now titled "Practice Foundations." The new chapter was developed through collaboration between VDSS and a workgroup of dedicated LDSS staff eager to emphasize the importance of these topics and explore best practice family engagement more fully.

The entire chapter has been reformatted and reorganized to provide a more comprehensive and functional guide to the practice model and values upon which Virginia's child welfare practice rests and, the foundational practices of family engagement. Chapter A. of the Child and Family Services Manual is now comprised of three sections: **Section 1.** Overview of Practice Foundations; **Section 2.** Family Engagement; and, **Section 3.** Guidance Development.

The content in Section 1 and Section 3 provides context for guidance published in the chapters which follow Chapter A in the Child and Family Services Manual. They include information about the Practice Model, Practice Profiles, Trauma-Informed Practice and how guidance is developed.

Much of the content in Section 2. Family Engagement was previously found in Chapter A. Additional family engagement content has been moved from the Foster Care and CPS chapters to this Section. Numbering for the content has been changed and, in some cases the content has been reorganized. Over the next year, duplicate content will be removed from the other chapters.

The guidance in the chapter is, unless otherwise noted, already in effect.

This transmittal and manual are available on FUSION at https://fusion.dss.virginia.gov/dfs/DFS-Home/Family-Engagement/Family-Engagement-Guidance

Significant changes to the manual are as follows:

Page(s) Changed *(Subchapter, section, page number(s)*	Significant Changes
Section 1 Overview of Practice Foundations	Adds a section providing an overview of the relationships between VDSS, the Division of Family Services, and LDSS
1.1 Introduction	Adds an introduction to the Child and Family Services Manual. Identifies the new authorities of the Commissioner as established during the

	2019 General Assembly session. Provides a brief description of each program area with corresponding links to their prospective webpages.
1.2 Practice Philosophy	Adds a new subsection that describes the Virginia Children's Services Practice Model's guiding principles with a web-link. Also introduces the Practices Profiles and provides a list of the 11 skill sets and their definitions.
1.3 Trauma and the Child Welfare System	Adds a subsection that provides information pertaining to trauma-informed practice in child welfare and offers a list of web-links for additional resources.
1.4 Federal Child Welfare Laws	Adds a subsection which defines and adds links to the relevant federal child welfare laws.
1.5 Federal Child Welfare Outcomes	Adds a subsection which lists the desired outcomes for the Child and Family Service Review.
Section 2 Family Engagement	Consolidates and expands upon family engagement guidance previously in Chapter A and in other chapters of the Child and Family Services Manual.
2.1 Introduction	Provides new and updated guidance about engaging families, the benefits of family engagement and engagement practices.
2.2 Family Search and Engagement	Adds a section providing guidance for assisting families in locating relatives or other natural supports. It also provides guidelines and tools for identifying, searching and engaging a child's paternal and maternal family members.
2.3 Strategies for Finding Relatives	Adds a subsection providing examples of relative search and identification, as well as options available to relatives whose family member is involved with the child welfare system. Includes best practice for use of the person locator tool and using letters which protect the confidentiality of the parents when using the report generated.
2.4 Engaging Fathers	Adds a new subsection that provides information regarding benefits, barriers and strategies when engaging fathers. This section also provides some historical data

	as it pertains to the involvement of fathers and the importance of connecting and reconnecting fathers through engagement.
2.5 Engaging Extended Family	Adds a new subsection providing information regarding the roles and possible involvement of a child's relatives.
2.6 Special Considerations	Adds a subsection addressing the lack of parent involvement and youth involvement.
2.7 Family Partnership Meetings	Adds additional information pertaining to the FPM process which includes information on how trauma informed practice influences the FPM process.
2.7.1 A family Engagement Tool in Trauma Informed Practice.	Adds a new subsection providing information pertaining to trauma- informed care and its practices and its impact on FPMs.
2.7.5 FPM Participants	Provides additional information relating to FPM participants and their roles during the FPM process.
2.7.6 Widening the family circle	Adds a new subsection pertaining to locating and engaging relatives to participate in FPMs.
2.7.6. Before the meeting	Adds information pertaining to meeting preparation and training requirements for the FPM facilitator, LDSS staff and community partners. Adds additional information relating to the planning and scheduling of FPMs and considerations for safety and domestic violence.
2.7.7 During the meeting	Adds information which lists the specific stages of an FPM and how to implement each stage.
2.7.8 After the meeting	Provides additional information in regards to concluding the FPM. Adds new information pertaining to the follow-up conference and contingency plans.
2.8 Use of FPM for additional case decision points	Adds a new subsection that provides information concerning other benefits of FPMs.
2.9 Child and Family Team Meetings	This section was moved from the Foster

	Care chapter. Provides a description of Child and Family Team Meetings (CFTM), provides definition and comparison of an FPM to a CFTM. This section also provides information as to when a CFTM is used.
Section 3 Guidance Development	
3.1 Process of developing guidance	Adds a subsection providing a brief description on how guidance is developed
3.2 Overview of guidance document	Adds a subsection describing the design of the guidance manual.

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Deputy Commissioner

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PRACTICE FOUNDATIONS

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PRACTICE FOUNDATIONS

1.1 Introduction

1.1.1 Overview of child welfare services in Virginia

The Virginia Department of Social Services (VDSS) oversees the operation of social service programs in accordance with §63.2 of the Code of Virginia. The Virginia model for social services delivery is "state supervised" and "locally administered." VDSS partners with 120 local departments of social services (LDSS), along with faith-based and non-profit organizations, to promote the well-being of children and families statewide.

Local departments of social services (LDSS) are an integral part of the social services delivery system and serve as the focal point within all local communities for the delivery of family-focused and family-based preventive and protective services. LDSS use federal, state, and local funds to deliver services.

The State Board of Social Services was created by the state legislature in July 1974. The members are appointed by the Governor and include representatives from various regions of the state. Terms are for four years and board members may serve no more than two successive terms. The State Board has responsibility for the adoption of rules and regulations consistent with federal and state law.

The Commissioner of Social Services, who is appointed by the Governor, directs VDSS at the state level. VDSS, under the direction of the Commissioner, develops policies, procedures, regulations, training, and standards for social service programs. It is responsible for the monitoring and evaluation of these programs, and allocation and management of funding to LDSS. As of July 1, 2019, in accordance with §63.2-904, the Commissioner has the authority to place, remove, or direct the placement or removal of a child in foster care and is required to do so when the child is in a placement which fails to meet requirements related to the child's health, safety, or well-being. The Commissioner also has the authority to intervene when a LDSS fails to provide foster care services or acts in a manner that poses a

substantial risk to the health, safety, and well-being of any child in foster care. Intervention may include the development of a corrective action plan or the assumption of temporary control of the LDSS' foster care services and associated funds.

VDSS has five regional offices: the Northern office in Warrenton; the Eastern office in Virginia Beach; the Central office in Henrico County; the Piedmont office in Roanoke; and the Western office in Abingdon. There is a director assigned to each region who works collaboratively with state staff housed in both the VDSS and Regional offices to support VDSS initiatives. VDSS staff who work in the regional offices provides program oversight, consultation, monitoring, analysis of performance, and technical assistance to support LDSS and community organizations.

VDSS supervises the administration of programs by the LDSS. The LDSS is the setting for direct contact with individuals receiving or requesting services. The components through which the LDSS can assist individuals fall into two major divisions: benefits and family services programs. Benefits programs are managed by Benefit Program Specialist while family services are administered by Family Services Specialist.

The LDSS staff determines eligibility for participation in services and benefits programs, authorize payments to individuals and vendors for services, and provide direct services to individuals.

1.1.2 Program Areas

Within VDSS, the Division of Family Services (DFS) promotes safety, permanency, and well-being for children, families, and individuals in Virginia. The Division's programs are designed to address the needs of Virginia's most vulnerable citizens. The programs emphasize personal responsibility for safety, stability, and well-being, balanced with effective intervention, when necessary. The programs are state-supervised and locally administered. Those operated at the local level are composed of the following program areas:

Family Engagement: *Family engagement is a shift from the belief that agencies alone know what is best for children and families. It is a practice that allows the family to fully participate in decision-making. For additional information please see: Family Engagement*

Prevention: *The Prevention program provides services to children and families prior to, or in the absence of, a current valid Child Protective Services (CPS) referral. It includes public education and awareness activities to the general public, services directed to at-risk groups, and services to individual families at-risk of maltreatment or out-of-home care. Additional information can be found in: Prevention.*

Child Protective Services (CPS): *The CPS program is responsible for the identification, receipt and immediate response to valid reports of alleged child abuse or neglect of children. It also includes assessment, and arranging for or providing necessary protective and rehabilitative services for a child and their family when the child has been identified as abused or neglected or is at-risk of future maltreatment. Additional information can be found in: Child Protective Services. For information on how to make a CPS or APS complaint see: Hotlines for Child Protective Services & Adult Protective Services*

Foster and Adoptive Family Recruitment*: The Foster and Adoptive Family Recruitment program is responsible for recruitment, development, and support activities for foster, adoptive and kinship caregivers in the Commonwealth. The goal of this unit is to promote awareness and increase the quantity and quality of foster and adoptive parents to ensure viable family-based placement options for children in the system of care. The work of this unit is primarily done through training, technical assistance and intervention with the LDSS. Additional information can be found in Foster and Adoptive Family Recruitment.*

Foster Care: *The Foster Care program provides services to children and families when circumstances require the child to be removed from their home. Foster care provides a safe and stable environment for children and older youth until the issues that made placement outside the home necessary are resolved. When a child cannot return home, another permanent home is found for the child through adoption or legal custody transferred to a relative. Additional information can be found in: Foster Care.*

Independent living (IL) programs and services are designed to help youth in foster care, aged 14 through 21, prepare for adulthood. For information about IL services please see: Independent Living Programs & Services.

For youth who turn 18 in foster care or while committed to the Department of Juvenile Justice from foster care, the Fostering Futures program facilitates the extension for foster care services including placement and treatment services until the youth's 21st birthday.

Adoption: *The Adoption Program's function is to place children, who have been permanently and legally separated from their birth parents, with a new family. Adoption is a social and legal process which gives new parents the same rights and obligations as birth parents.*

Virginia's Adoption Program works to promote permanency by increasing adoption awareness, developing policies and procedures for adoption, and by improving the service systems that support adoption. VDSS is committed to achieving permanency for all children in foster care. Additional information can be found in: Adoption. For information about obtaining adoption records see: Adoption Records /Disclosure

***Domestic Violence**: Domestic Violence (DV) prevention programs provide services to survivors of DV and their children. These programs include public, private, and non-profit agencies that may receive federal and state funding. Local DV programs provide for the safety of battered adults and their children through the provision of emergency housing, transportation, crisis intervention, peer counseling, support, advocacy, and information and referral. Funding also supports public awareness initiatives and the statewide Family Violence and Sexual Assault hotline.*

1.1.2.1 State administered DFS programs

***Interstate Compact on the Placement of Children (ICPC):** The ICPC is a statutory agreement between all 50 states, the District of Columbia and the US Virgin Islands. The agreement governs the placement of children from one state into another state. It sets forth the requirements that must be met before a child can be placed out of state. ICPC ensures prospective placements are safe and suitable before approval, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement. Additional information can be found in FUSION by clicking here: Interstate, Intercountry, ICAMA.*

***Training:** Training for LDSS workers is primarily offered by VDSS which provides training on-line and through five regional training centers. See the DFS Training webpage for additional information. Virginia Learning Center (VLC).*

1.2 Practice philosophy

1.2.1 Practice model

A practice model is a clear, written explanation of how a social service agency successfully functions in its mission to secure safety, well-being, and permanence for children and families. The Virginia Children's Services Practice Model is the broad framework which includes Virginia's vision, clear statements of values, and core principles.

1.2.2 Purpose

The model provides a guide for LDSS in daily interactions among staff, children, families, stakeholders, and community partners, and helps workers understand their job priorities. Additionally, it helps families and other stakeholders understand the agency's purpose. The practice model invites families, service providers and the community at-large to be integral to the decision-making process.

1.2.3 Origins

Developed in 2009, 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. VDSS takes a leadership role in translating the practice model to everyday use in the field. The practice model is central to decision making; present in all meetings; and in every interaction with a child or family. Guided by this model, VDSS is committed to continuously improving services for children and families by implementing evidence-based practices, utilizing the most accurate and current data available, and improving safety and well-being of children and families.*

1.2.4 Practice Principles

The guiding principles for child welfare services in Virginia are incorporated in all decision-making meetings and service delivery for children and their families. These principles are essential in ensuring the safety, permanency and well-being of children. All service provisions should be timely and based on the following principles in the practice model:

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

- Safety comes first. Every child has the right to live in a safe home, attend a safe school, and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
- We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
- In our response to safety and risk concerns, we reach factually-supported conclusions in a timely and thorough manner.
- Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
- We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

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

- Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision-

making regarding safety, permanency, and well-being as well as in service and educational planning and in placement decisions.

- Each individual's right to self-determination will be respected within the limits of established community standards and laws.

- We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.

- Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.

- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

- Children should be reared by their families whenever possible.

- Keeping children and families together and preventing entry into any type of out-of-home placement is the best possible use of resources.

- Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.

- People can and do make positive changes. The past does not necessarily limit their potential.

- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.

- When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling, and community connections.

- Children's needs are best served in a family that is committed to the child.

- Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

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

- Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.

- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care, or guardianship. Placement stability is not permanency.

- Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.

- Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

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 are committed to aligning our system with what is best for children, youth, and families.

    - Our organizations, consistent with this practice model, are focused on providing supports to families in raising children. The practice model should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance, and other supports must reinforce the model.

    - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.

    - Community support is crucial for families in raising children.

- We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
    - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers, and community stakeholders.
    - All stakeholders share responsibility for child safety, permanence, and well-being. As a system, we will identify and engage stakeholders and community members around our practice model to help children and families achieve success in life; safety; life in the community; family-based placements; and lifelong family connections.
    - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
- We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

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

- The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our practice model. These professionals are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation, and appropriate resource allocation.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.

- Our organizations are focused on providing high quality, timely, efficient, and effective services.

- Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.

- The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness, and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.

- As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

1.2.5 Practice Profiles

The Practice Profiles consist of 11 core skill sets central to child welfare practice that operationalize the Practice Model in measurable and observable terms. Virginia's Practice Profiles cover the continuum of practice, "from first contact to permanency," in order to reflect a holistic approach. In 2016, VDSS, in partnership with Casey Family Programs, convened the Virginia Learning Collaborative Series by bringing together LDSS teams to learn about and apply innovative practices and strategies. Using a trauma-informed lens, with engagement as the centerpiece, the following practice profiles were created: advocating, assessing, collaborating, communicating, demonstrating cultural and diversity competence, documenting, engaging, evaluating, implementing, partnering, and planning.

Each profile describes child welfare practice across a spectrum of proficiency and differentiates between optimal, developmental, and unacceptable practice.

***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 misguided. Workers in this category are unable to implement required skills and abilities in any context. Through both inaction and direct intervention, the worker is not helpful, and possibly harmful, to families, which results in poor outcomes. Unacceptable practice is not only an indication of deficiency on the part of the worker, it can suggest a lack of training or support from their agency.*

The proficiency levels can be used as a learning tool for workers by promoting self-awareness and highlighting opportunities for growth. The practice profiles define best practice and emphasize the importance of having well-trained and competent service workers.

1.2.5.1 Practice Profile definitions:

- ***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*** *- Gathering and synthesizing accurate, comprehensive and credible information concerning the strengths, needs and preferences of the child, youth, and family in order to objectively develop a plan for safety, permanency, and well-being.*

- ***Collaborating*** *- 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.*

- ***Demonstrating Cultural and Diversity Competence*** *– Engaging in an ongoing developmental process that includes an acquired understanding of the patterns and potential dynamics of specific groups and cultures, including one's own. It is the understanding of how culture (i.e. the values, beliefs, attitudes and traditions acquired from affiliate groups) as well as personal circumstances, conditions, nature and experiences influence one's own and other people's thinking and behaviors.*

- ***Documenting*** *– Reporting the facts, incidents, evaluations, and observations of a specific situation and having those reports serve as the official record.*

- ***Engaging*** *- 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.*

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

- ***Implementing*** *- Placing a decision or plan into effect by utilizing effective and appropriate methods to support and meet goals established in the planning stage.*

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

- ***Planning*** *- 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 when objectives are met, changes are needed, and goals are achieved.*

The Practice Profiles provides agency staff with the tools and guidance to support skill development, coaching, and training and can also be used to communicate consistent performance expectations for employees. The Practice Profiles outline appropriate agency practices that workers should use when working with children and families.

Additional information regarding Practice Profiles can be found in Fusion, please see: Practice Profiles and Coaching. Information can also be found in the following courses: FSWEB1003: The Journey to Practice Enhancement, SUP5710: Foundations in Coaching, SUP5720: Coaching in Supervision, FSWEB1011: Using the Practice Profiles Assessment Toolkit, and FSWEB1013: The Coaching Conversation. These courses can be found in the VLC.

1.3 Trauma and the child welfare system

The child welfare system benefits from the work being done in the fields of trauma and adverse childhood experiences (ACEs). Many of the children who become involved in the child welfare system do so after experiencing some type of traumatic experience. Even for very young babies and children, exposure to events that threaten their safety or their caregiver's safety carries the potential for negative symptoms and effects that may be felt throughout their life. All children in foster care have experienced at least one traumatic event. The majority have experienced complex trauma, which involves exposure to two or more forms of trauma, including sexual, physical, or emotional abuse, domestic violence, neglect, severe caregiver impairment, and school or community violence. Studies have shown that adults who were previously in foster care have higher rates of posttraumatic stress disorder (PTSD) than adults not previously in foster care.

Unfortunately, when child welfare practice is not trauma-informed, children and youth in the child welfare system are at risk for further trauma during the course of CPS investigations, removals, and foster care placements. These experiences can lead to a sense of chaos, betrayal, confusion, fear of the unknown, failure or guilt, overwhelming change, and conflicting experiences of loyalty felt towards the "new family" and birth family. It is imperative that workers who interact with children in the child welfare system understand what trauma is; how it impacts children and is evidenced through behaviors; and, best practices for providing trauma-informed services. While each child's experience is unique, there are common characteristics of trauma exposure that span all events. The effects of trauma can be seen in every aspect of a child's life, through cognitive, behavioral, and physiological symptoms. Traumatic experiences impact relationships, attachment, emotional responses, self-concept, and even long-term health.

Some common symptoms displayed in children exposed to trauma can include the fol

Cognitive Symptoms	Behavioral Symptoms	Physiological Symptoms
• Poor verbal skills • Memory problems • Attention problems • Poor skill development • Learning Difficulties	• Aggressive • Verbally aggressive • Imitating the trauma • Withdrawn • Startles easily • Excessive screaming • Lacking self-confidence • Regressive behavior • Anxious, fearful, avoidant • Separation anxiety • Self-blame • Inability to trust others • Difficulty making friends • Irritability, sadness, crying	• Poor appetite, low weight • Digestive problems • Stomach/headache • Nightmares, trouble sleeping • Bed-wetting (after trained)

1.3.1 Trauma-informed practice

Trauma-informed practice involves understanding the impact of trauma on children and youth. It includes the awareness that the methods through which services are delivered can potentially re-traumatize children and youth. It requires providing appropriate supports and referrals to minimize the effects of trauma on clients. While trauma-informed practice requires an expanded knowledge base from which to operate, this work can be achieved without the addition of work-related tasks. For example, in each of the following practice areas, there are ways to provide services that are trauma-informed, which decrease the likelihood of further traumatization for children and their families.

Child Protective Services

- *plan investigations/family assessments/possible removals ahead of time as much as possible so as to reduce the element of surprise*
- *keep things calm during the investigation/assessment/removal*
- *provide the child with sensory comfort and help with adjusting to a new environment*
- *connect with the child and try to understand what the child is experiencing*
- *support the child's relationships and family connections* [1]

[1] Center of Improvement for Child and Family Services

Foster Care

- *minimize placement disruptions*
- *maintain school stability*
- *ensure that foster parents are trained to recognize trauma response as more complex than "bad behavior"*
- *maximize the young person's sense of trust and safety*
- *offer strengths-based services*
- *facilitate connections between birth and foster parents*
- *provide as much information as possible to the birth parents and children and youth so as to establish trust, promote transparency, and eliminate a sense of surprise*
- *coordinate with additional service providers as necessary*

Prevention

- *educate families about resources available for caregivers who have experienced traumas of their own*
- *actively engage with children and birth parents in a way that emphasizes their strengths*
- *perform comprehensive screening and refer for additional assessment, when indicated*
- *coordinate with additional service providers, as necessary*

Adoption

- *work with adoptive parents to ensure they are able to provide a predictable and consistent environment for the youth they are adopting*
- *continue to educate adoptive families on the symptoms of trauma*
- *coordinate with additional service providers as necessary*

Foster and Adoptive Family Development

- *educate foster and adoptive families on the importance of making a youth feel that they are safe*
- *work to establish predictable and consistent environments for youth*
- *address the impact of trauma and related behaviors and their impact on a child's development and relationships*
- *provide information, as is age-appropriate, about traumatic events to help the child reduce self-blame*
- *consider ways to maintain or strengthen the child's current relationships when considering placement and visitation options*
- *address the respite needs of birth and foster families to reduce caregiver stress*
- *encourage caregivers to participate in therapy, when appropriate*
- *coordinate with additional service providers, as necessary*

1.3.2 Secondary traumatic stress

Professionals who work with clients who have experienced or are currently experiencing traumatic events can begin to internalize the observed trauma and experience distress in their professional and personal lives. Service workers are exposed to trauma frequently through work with vulnerable clients, with the degree of exposure largely dependent on the type of work in which they are engaged. Service workers providing services to children and families who have histories of trauma are at high risk of secondary traumatic stress (STS), which occurs when post-traumatic stress disorder (PTSD) symptoms are present after indirect exposure to trauma.

Symptoms of STS include the following [2]:

- *Hypervigilance*
- *Hopelessness*
- *Guilt*
- *Avoidance*
- *Social Withdrawal*
- *Minimizing*
- *Anger and Cynicism*
- *Sleeplessness*
- *Insensitivity to violence*
- *Illness/ physical ailments*
- *Fear*
- *Chronic exhaustion*
- *Loss of creativity*
- *Inability to embrace complexity*
- *Diminished self-care*

2 *National Child Traumatic Stress Network*

There are also factors that increase the likelihood of STS. These include working with traumatized children, being new to the field, carrying a heavy caseload, social or organizational isolation, feeling professionally unprepared due to inadequate training, and unresolved personal trauma.

The effects of trauma on service workers, which result from hearing or observing traumatic experiences, can be mitigated through utilizing supervision effectively and engaging in adequate self-care practices. If supervision is reflective and relationship-based, the safe space created in supervision can provide an appropriate venue in which to process secondary trauma and receive additional support. Additionally, maintaining a consistent self-care routine is a good way to protect oneself against the potential for STS, as well as burnout. Burnout is typically distinguished from STS in that burnout is not trauma-related but rather tied to work load or organization/agency stressors.

Self-care has multiple components and involves a personal commitment to addressing the needs of one's whole self in order to maintain balance and experience greater satisfaction in one's personal and professional life. Any professional's self-care strategy should begin with an awareness of the stressors experienced and the level of exposure to trauma in the course of day-to-day work. Self-care also includes self-awareness of one's own coping strategies and whether or not they are beneficial mechanisms. Lastly, self-care requires developing a personal self-care plan, comprised of activities and exercises that serve to counteract the negative effects of STS and support well-being.

Self-care looks different for everyone. Some people find the following helpful: exercise, creating space for enjoyable activities, engaging in centering and mindfulness practices, breathing exercises, meditation, and mindful movement (such as yoga). The following ideas can serve to guide and inform the development of an individualized self-care plan [3]:

3 Sources: National Association of Social Workers, Reachout.com, University of Buffalo School of Social Work

Workplace/ Professional Self Care	Personal/Physical Self Care	Psychological Self Care	Emotional/Social/Spiritual Self Care
Engage in regular supervision Participate in a peer-support group Maintain appropriate boundaries with clients and staff Seek professional development opportunities	Develop a regular sleep routine Aim for a healthy diet Take lunch breaks Practice yoga, tai chi, other centering/mindful exercises Exercise regularly	Keep a reflective journal Engage with a non-work hobby Make time for relaxation Make time to engage positively with friends and family	Develop friendships that are supportive Start a gratitude journal Engage in an enjoyable activity (movie, hike, etc.) Attend religious services or participate in a supportive community outside of work Meditation, prayer, reflection

1.3.3 Additional trauma resources

Center for Disease Control and Prevention: Adverse Childhood Experiences (ACE), provides an in-depth look at the longitudinal ACE study conducted to determine rates of the U.S. population with a history of trauma, or adverse experiences in childhood. Provides an overview of how to prevent and address negative effects of ACEs.

Center for Improvement of Child and Family Services, supported by Portland State University's School of Social Work; produced a training entitled Reducing the Trauma to Children, which provides guidance on assessing and addressing trauma in children.

Child Trauma Academy, a free, web-based course that provides an introduction to trauma, secondary trauma and self-care activities.

Child Welfare Information Gateway, a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health Services that has resources and information on a number of topics related to child welfare.

Children's Services Practice Notes, a collaboration between the North Carolina Division of Social Services and the University of North Carolina at Chapel Hill School of Social Work that puts together a regular newsletter regarding different aspects of child welfare.

Encouraging Staff Wellness in Trauma-Informed Organizations, a helpful resource in regards to a brief overview of steps that can be taken to be trauma-informed within an organization.

National Child Traumatic Stress Network, provides multiple resources and guides for parents and caregivers, an extensive list of videos, articles, and other resources related to childhood trauma. NCTSN's Child Trauma Training Toolkit provides a great resource for trauma-informed practice and is free, but users must register on the website to gain access.

Resilience Trumps Aces, a website put together by the Children's Resilience Initiative (CRI) that offers webinars, presentation, and other resources focused on ACEs and resilience.

Self-Care in Social Work, a website dedicated to self-care for professionals, including a Ways of Coping self-assessment for workers to gain self-awareness and additional strategies.

Self Care Starter Kit, the University of Buffalo School of Social Work website includes this starter kit with an introduction to self-care practice, and resources to develop a personalized self-care plan.

Trauma Informed Practice with Young People in Foster Care, an issue brief and other trauma informed resources specific to child welfare, from the Annie E. Casey Foundation.

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others (Laura van Dernoot Lipsky, 2009), a book that discusses the impact of trauma exposure on professionals and includes self-care guidelines to combat potentially harmful effects. Author Laura van Dernoot Lipsky also gave a TED Talk, "Beyond" *on secondary trauma and self-care*

Traumatic Stress Institute, a website dedicated to promoting trauma-informed care and healing relationships.

1.4 Federal child welfare laws

Federal laws have a considerable impact on how states fund and deliver child protection, child welfare, and adoption programs and services. Federal laws and policies related to child abuse and neglect, child welfare, and adoption are set forth in the following:

The Indian Child Welfare Act of 1978 (ICWA). Congress passed ICWA in response to the high number of Indian children being removed from their homes by both public and private agencies. The intent was to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families."

The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). This federal program authorized appropriations for adoption and foster care assistance to states and required states to provide adoption assistance to parents who adopt a child who is AFDC-eligible and is a child with special needs. For foster care assistance, states are required to make reasonable efforts to prevent placement or to reunify children with their families.

The federal Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of legislation that guides child protection. CAPTA was signed into law in 1974 (P.L. 93-247). It was reauthorized in 1978, 1984, 1988, 1992, 1996, and 2003, and with each reauthorization, amendments have been made to CAPTA that have expanded and refined the scope of the law. CAPTA was most recently reauthorized on December 20, 2010 by the CAPTA Reauthorization Act of 2010 (P.L. 111-320, or 42 U.S.C. 5101 et seq.).

The Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996. These laws were enacted in an effort to promote the best interests of children by ensuring that they have permanent, safe, stable, and loving homes that will meet their individual needs, without regard to the child's or the prospective parent's race, color, or national origin.

The Adoption and Safe Families Act (ASFA) of 1997. This law was passed to promote the adoption of children in foster care.

The Foster Care Independence Act of 1999. This law was enacted to amend part E of title IV of the Social Security Act to provide States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency, and for other purposes.

The Deficit Reduction Act of 2005. Title VII of this act provides for reauthorization of the TANF program, Healthy Marriage and Family funds, Court Improvement Program, Safe and Stable Families Program, and other child welfare programs.

The Child and Family Services Improvement Act of 2006. This law's goal is to amend part B of title IV of the Social Security Act to reauthorize the Promoting Safe and Stable Families (PSSF) program, and for other purposes.

The Safe and Timely Interstate Placement of Foster Children Act of 2006. This bill was enacted to improve protections for children and to hold states accountable for the safe and timely placement of children across state lines.

The Adam Walsh Child Protection and Safety Act of 2006. This law was enacted to protect children from sexual exploitation and violent crime; to prevent child abuse and child pornography with an emphasis on comprehensive strategies across federal, state, and local communities to prevent sex offenders' access to children; to promote Internet safety; and to honor the memory of Adam Walsh and other child crime victims.

The Fostering Connections to Success and Increasing Adoption Act of 2008. The goal of this law is to amend parts B and E of Title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption, and for other purposes.

The National Youth in Transition Database regulations (45 CFR 1356.80 through 1356.86). This ruling adds new regulations to require states to collect and report data to the Administration for Children and Families (ACF) on youth who are receiving independent living services and on the outcomes of certain youth who are in foster care or who age out of foster care.

The Patient Protection and Affordable Care Act (P.L. 111-148). This regulation, passed in 2010, provides improvements in health care coverage for all Americans.

The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) was signed into law in September 2014. In addition to protecting children and youth at risk of sex trafficking, it also includes provisions for improving opportunities for children in foster care and supporting permanency. The law requires states to implement a plan to locate and respond to children who run away from foster care, report to law enforcement authorities any instances of sex trafficking, and to collect data regarding children in foster care who have been the victims of sex trafficking. Additionally, states are required to develop a reasonable and prudent parent standard for a foster child's participation in age and developmentally appropriate social, recreational and extracurricular activities. The law also limits the goals of Another Planned Permanent Living Arrangement and Permanent Foster Care to youth 16 years of age or older and prescribes requirements for approval of the foster care plan. Youth who age out of foster care at age 18 shall be provided with certain documentation and all youth age 14 and older shall be given the opportunity to participate in case planning and choose up to two members of their team.

The Family First Prevention Services Act (Family First) was enacted by Congress on February 9, 2018 as part of the larger Bipartisan Budget Act (BBA), and represents the most significant re-write of title IV of the Social Security Act since 1981. Family First enables states to use federal funds under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements by providing the following: i) mental health and substance abuse treatment, (ii) prevention and treatment services, (iii) in-home parent skill-based programs, and (iv) kinship navigator services. Additionally, Family First provides the tools and resources necessary to allow Virginia's social services system to focus on prevention in order to

keep children safely with their families and not enter foster care so that they have a better chance of growing-up in the least restrictive setting.

The amount of financial participation by the federal government is dependent upon compliance with federal regulations. Requirements are also in state laws pertaining to foster care and the Comprehensive Services Act (§ 2.2-5200 et. seq.).

1.5 Federal child welfare outcomes

The federal Child and Family Services Review (CFSR) is structured to help states identify strengths and areas needing improvement in their child welfare practices and programs, as well as institute systemic changes that will improve child and family outcomes. The CFSR enables Virginia to: ensure conformity with federal child welfare requirements, determine what is happening to children and families as we engage in child welfare services, and assist in enhancing our capacity to help children and families achieve positive outcomes.

Engaging children, their families, and other significant adults helps LDSS achieve the following outcomes required in the federal CFSR, as well as specific outcome measures:

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- *The agency responded to all accepted child maltreatment reports and made face-to-face contact with children within the required timeframe 95% of the time.*

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- *The agency made concerted efforts to provide services to prevent the child's entry or re-entry into foster care 90% of the time.*
- *The agency made concerted efforts to assess and address the child's risk and safety concerns 90% of the time.*

Permanency Outcome 1: Children have permanency and stability in their living situations.

- *The child is in a stable placement that supports their permanency goals 90% of the time.*
- *The agency established appropriate permanency goals in a timely manner 90% of the time.*

- *The agency made concerted efforts to achieve the child's permanency goals 90% of the time.*

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

- *The agency made concerted efforts to place siblings together 90% of the time.*
- *The agency made concerted efforts to ensure that frequent visitation occurred between the child, their parents, and siblings 90% of the time.*
- *The agency made concerted efforts to preserve the child's family and community connections 90% of the time.*
- *The agency made concerted efforts to place the child with relatives when appropriate 90% of the time.*
- *The agency made concerted efforts to support and maintain positive relationships between the child and their parents or primary caregivers 90% of the time.*

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

- *The agency made concerted efforts to assess the needs and provide services to the child, parents, and foster parents 90% of the time.*
- *The agency made concerted ongoing efforts to involve the parents and the child in the case planning process 90% of the time.*
- *Service workers conducted frequent and quality visits with the child to ensure their safety, permanency, and well-being 90% of the time.*
- *Service workers conducted frequent and quality visits with the child's parents to ensure their safety, permanency, and well-being 90% of the time.*

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

- *The agency made concerted efforts to assess and address the child's educational needs 95% of the time.*

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

- *The agency addressed the physical and dental health needs of the child 90% of the time.*
- *The agency addressed the mental/behavioral health needs of the child 90% of the time.*

2

FAMILY ENGAGEMENT

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Family Engagement Guidance

1.1 Introduction

Family engagement is a relationship-based approach to child welfare services that prioritizes the needs of the family, as they define them, to ensure safety, stability, permanency, and family connections. Family engagement guides every interaction with the family, from the first agency contact to the last, enabling a process of building trust in the relationship over time.

In order for family engagement to be successful, agency staff should believe in the potential of the family to create a life in which they thrive and support each other. This belief is important, regardless of the challenging circumstances that brought the family to the agency's attention. The family engagement approach is based upon the idea that the child's well-being is best achieved and sustained in the context of a strong family network. Family members offer a sense of identity, security, and belonging for a child in a unique system that cannot be replicated, as the family passes on their own characteristics, history, and cultural traditions. Family engagement draws upon the strengths of the family and addresses the long-term well-being of the family.

The family engagement practitioner has a significant impact on the family's shifting dynamics. Professionals must remember that not only is every family unique, but every family member is unique as well. Each member of a family may hold a piece of the puzzle that is the solution to a child's need for safety, well-being, and permanency.

Family engagement can provide benefits for all parties involved in the child welfare system. It encourages collaboration, cooperation and communication between families, service providers, and community partners who work in concert to ensure that the dignity and integrity of the family is protected.

1.1.1 Definition and purpose

Family engagement is a family-centered, strength-based approach to partnering with families to achieve desired outcomes. At the optimal practice level, it is the act of engaging, involving, and lifting up the voice of families throughout the child welfare continuum and protecting the family's right to self-determination to the greatest extent possible under the law. Family empowerment allows families to be the drivers

of the decision-making process rather than being told what to do. When family buy-in is achieved, reunification rates are improved and overall family outcomes are better.

Family engagement involves partnering with youth and families in a deliberate manner to make well-informed decisions about safety, stability, permanency, well-being, and lifelong connections. It is an intentional practice that utilizes particular skills to ensure relationships develop. It also supports partnerships between families and child welfare workers. The underlying principle is that when workers are communicating openly and honestly with families, it supports the family's disclosure of family dynamics, culture, and personal experiences. Engagement goes beyond mere involvement; it is about encouraging and empowering families to be their own champions, motivating and empowering youth and families to acknowledge their own underlying needs, positive capacities, and supports. True engagement enables families to take an active role in creating change.

In Child Protective Services (CPS), Foster Care, and Prevention cases, family engagement also involves notifying relatives when a child is or will be placed in foster care, or will be placed in a new foster care home. This entails searching for extended family and community networks, aggressively pursuing leads, discussing roles and resources the family members and significant adults can provide, engaging them in the child's life, and establishing permanent supports and lifelong connections for the child. These efforts continue throughout the life of the case.

Family engagement is important throughout the child welfare continuum to:

- *Ensure the child's safety.*
- *Stabilize the child's family when in crisis.*
- *Prevent the child's placement in foster care whenever possible.*
- *Provide supports for the child when foster care placement is necessary.*
- *Ensure service plans respond to the strengths, needs, and desires of the child and family.*
- *Reunify the child safely with his or her family when separation is no longer necessary.*
- *Identify permanent families when the child cannot return home.*
- *Establish the roles of family members in caring and supporting the child.*
- *Provide lifelong connections for the child.*
- *Transition the child to permanency.*

- *Connect the child and family to post-permanency resources for stability and success in life.*

1.1.2 Practice Model and Practice Profiles for engagement

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.

There are 11 practice profiles: advocating, assessing, collaborating, communicating, demonstrating cultural and diversity competence, documenting, engaging, evaluating, implementing, partnering, and planning.

The Engaging Profile encompasses all aspects of connecting with youth and families in a deliberate manner to make well-informed decisions about safety, permanency, lifelong connections, and well-being.

1.1.3 Benefits of family engagement

Family Engagement can:

- *Promote safety, permanency, and well-being outcomes*
- *Expand planning options*
- *Improve the quality and focus of parent-child interaction*
- *Increase placement stability*
- *Increase family commitment to the plan that's developed*
- *Improve the timeliness of permanency decisions*
- *Empower families to make informed choices about services*
- *Build family decision-making skills*
- *Improve likelihood of positive outcomes for families*
- *Increase responsiveness to families by the child welfare system*

1.1.4 Core concepts for engagement

The focus is on the diligence shown by the team in taking actions to find, engage, and build rapport with the children and families, and overcoming barriers to family participation.

Strategies should reflect the family's language and cultural background and should balance family-centered and strength-based practice principles with the use of protective authority. Team members should:

- *Approach the family from a position of respect, empathy and cooperation.*
- *Engage the family around its strengths and utilize those strengths to address concerns for the health, safety, education, and well-being of the child.*
- *Actively involve the child and family in the case planning process, including the establishment of goals and objectives in the case plan and any service plan reviews.*
- *Engage the child and family in decision-making about the choice of services and the reasons why a particular service might be effective.*
- *Be transparent and encourage information sharing by all parties.*
- *Support live decision-making as a team.*
- *Widen family circles to expand available supports.*
- *Respectfully conclude the relationship when the case is closed or the goals are achieved.*

1.1.5 Engagement practices

Effective, collaborative casework relies on the service worker's transparent efforts to continuously engage family members and others as appropriate. Service workers should:

- *Utilize trauma-informed interviewing practices.*
- *Utilize a strengths-based assessment that engages children, youth, and families through their family strengths, capacities, cultural heritage, and extended family resources, e.g., eco-mapping, genogram, family connections chart.*

- *Provide participants with materials and information so they are fully involved in the process.*
- *Identify behaviors and conditions that reduce risk and increase protective capacities.*
- *Use culturally sensitive practice.*
- *Match the family's and child's strengths and needs with solutions and services.*
- *Develop mutually agreed upon plans and delivery of practical services that families view as helpful.*
- *Engage community supports.*
- *Review, track, and acknowledge progress regularly.*
- *Determine readiness for key case transition points, such as reunification.*
- *Provide supports for relapse prevention, as needed.*
- *Prepare for case closure.*

1.2 Relative search and engagement

1.2.1 Definition

Relative search and engagement is an evidence-based best practice used to identify a child's family members and other significant adults, who may be involved in developing and carrying out a plan for establishing emotional and legal permanency for the child. It includes establishing or reestablishing relationships between the child, family members, and natural supports. It also determines whether the child is at risk of entering foster care or has entered foster care, and then engages the family members in the decision-making process. Relative search and engagement begins at the first stage of the family's involvement with the child welfare system, and should continue throughout the process.

1.2.2 Purpose

The purpose of engaging a child's non-custodial parent and extended family network is to explore all possible supports that the family can provide for a child. Relatives can offer emotional and concrete supports to the child and family that may allow the family to remain safely together. Involving family members can prevent children from entering foster care or encourage support of children in the event that they do enter

foster care. In addition, relatives can support a child's sense of stability, belonging, and connectedness should an out-of-home placement be necessary.

As relatives can offer a variety of supports to the family, parents should be provided the opportunity to discuss extended family members, including a non-custodial parent, in a manner that does not solely focus on utilizing those relatives as an alternative placement. These conversations can be balanced and serve as a critical gateway to ongoing engagement with the relatives and the child by including a discussion of strengths, accomplishments, and positive observations of family interactions.

The engagement of relatives can develop over time and be a gradual conversation when there is no immediate danger present for a child. Early conversations should focus on the value of including relatives in communication and planning as this may assist the parents in correcting areas that have created safety concerns. Ideally, the family should be encouraged to identify and reach out to their extended family members.

If at any point during prevention or child protective services casework, the LDSS considers removing the child from the home, the LDSS is responsible for relative identification, search, location, and assessment to determine whether relatives can serve to prevent the child's removal from the home and entry into care. The search for relatives should occur throughout the life of the case, including if the child enters foster care.

1.2.3 Requirements

Federal and state laws require the involvement of both parents and extended family for children who are at-risk of entering or have entered foster care. The LDSS shall diligently search for adult relatives and other individuals who have significant relationships with the child, including those adult relatives suggested by the child, birth parents or prior custodians (Social Security Act, Title IV, § 471 (a) (29) [42 USC 671]).

CPS may contact relatives without the family's consent, written release, or court order when the LDSS determines that disclosure of information is in the child's best interest and the person has a legitimate interest. The LDSS has authority to contact parents, grandparents, or any other individuals that the LDSS considers a potential caretaker for the child who is involved with child protective services, if the child has to be removed from the parent or custodian (§ 63.2-105; 22 VAC 40-705-160 B; 22 VAC 40-705-10). For additional information, see the Child Protective Services Manual, Section 9, Confidentiality - Release of information to legitimate interests and the Foster Care Manual, Section 2 Engaging the Child, Family, and Significant Adults – Notifying and informing relatives of child removal.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires local agencies to identify and locate family members within 30 days of removing a child. LDSS must exercise due diligence to identify and notify in writing all adult relatives that the child has been removed within 30 days of the child being placed in the custody *22VAC40-201-40. Foster Care Placements*. This written notice shall occur **within 30 calendar days** after removing a child from the custody of the parent(s). It should be done **within five days** when feasible.

The LDSS may determine it is not in the child's best interests to notify relatives involved in family or domestic violence, who have a barrier crime as listed in § 63.2-1719, or who are listed on the Virginia State Police Sex Offender Registry.

1.3 Strategies to find relatives

It is vital that ongoing searches for relatives are conducted early, broadly and consistently. Child welfare workers should conduct searches for relatives not only as a placement option, but also to capitalize on the many roles that relatives can play in supporting children. Searches should not be limited to relatives who can be easily identified, but rather extended to search for a larger network of family members.

*In CPS cases, if a removal is **not** being considered, the worker must get written permission from the parents before using relative information to initiate a search or to begin communicating with relatives. In these situations, if a parent does not have a reasonable number of relative connections or does not know how to locate relatives, the LDSS may explore with the parent ways to engage other relatives or supports in service delivery. If the parents give written permission, the relatives of the father and paternal family and the mother and maternal family shall be examined.*

There are also circumstances when no parental permission is required. Relative information can be requested as part of any intake of child maltreatment reports. Reporters may be able to provide relative information if asked specific questions that prompt them to provide known information.

1.3.1 Examples of relative identification and search methods/tools:

- *Interview family members separately, including extended maternal and paternal family members, about their family composition utilizing structured interviewing that intentionally involves them, such as ecomap, genogram or mobility mapping.*
- *In a guided manner, interview the child, siblings, and previous caretakers about the family.*

- *Collect information on deceased family members, such as obituaries or death announcements.*

- *Interview adults who have emotional attachments or connections with the child, such as godparents, friends' parents, teachers, counselors, service workers, coaches, church members, and neighbors.*

- *Review case records, including information gathered about the family search conducted during the child protective service investigation and the family assessment in Virginia and other states where previous child welfare services were provided.*

- *Contact the child's school to determine if they have information on emergency contacts for the child or other identified adults who are allowed to pick the child up from school or engage with the school on the child's behalf.*

- *Talk with LDSS eligibility staff to determine if there are other adults referenced on benefit cases for the child's household.*

- *Utilize a person locator tool to locate family members and supportive adults. All agencies have free use of a person locator through the VDSS. For additional information see person locator tools.*

    - *The report generated will contain names and contact information for individuals who are associated with the family but are not family members. The information in the report should be reviewed with the family to determine which people are relatives.*

    - *When the person locator report is the only means of potentially identifying previously unknown relatives, the Possible Relative Notification Form should be used. This form protects the confidentiality of the parents as much as possible.*

- *General internet search*

- *Social network searches such as Facebook, Instagram or Snapchat*

- *Child Support Enforcement*

- *State Inmate Locator Services- Virginia Dept. of Corrections*

- *Federal Prison Inmate Locater Services- Federal Bureau of Prisons*

- *Military Information- USA.gov*

- *Veteran's Administration*

1.3.2 Non-custodial parents and relatives of non-custodial parent

Non-custodial parents and their relatives may also be considered as a placement option for a child that can no longer safely live in their current home. These may be opportunities for families to provide living arrangements for children to alleviate further risk to the child's safety and well-being.

It is important to note that non-custodial parents with parental rights may be engaged in providing a home for a child; however, they cannot be approved as a foster home for their own child.

1.3.3 Options for non-custodial parent and their relatives

These are some examples of ways that the non-custodial parent or other relatives can be involved in a child or family's child welfare case. The non-custodial parent or relative may:

- *Assist the custodial parent in the day-to-day care of the child to prevent abuse/neglect or the need for out-of-home placement. This may include help with transportation, finances, food, and other concrete supports.*
- *Provide emotional support to the custodial parent as they work to address safety concerns within their home.*
- *Provide emotional support, connections, and concrete supports to children. These may include funding the child's enrollment in and transportation to social and recreational activities, regular visits and outings, homework assistance, participating in school activities, and other child needs.*
- *Participate in problem-solving and decision-making based upon strengths and needs for families and their children during family partnership meetings.*
- *Help to identify additional relatives that may provide concrete supports to the family and child at any point in the child welfare process.*
- *Provide short term periods of care for a child as arranged by the relative and the custodial parent, prior to a child's removal and placement into foster care. For example, caring for the child for a few overnights during the month or on weekends.*
- *Provide a short-term home for a child as arranged by family members prior to a removal, while the LDSS provides services to assist the*

custodial parent/prior custodian in resolving concerns in the home so that the child can return home.

- *Provide a permanent home for the child. This may occur prior to foster care entry or by families exploring a parental placement adoption. Relatives should be provided with known information about the child's needs (health, emotional, behavioral, etc.) and should clearly understand the long term financial commitment they are making by assuming custody of the child in these situations. The LDSS cannot exclude a relative from becoming a foster home placement for a child because the relative was unable to make the commitment to assume custody of a child prior to foster care entry.*

- *Become approved as a foster home for the child when a removal becomes necessary. LDSS should provide relatives with information pertaining to the emergency approval process. LDSS should consider relatives as the first option for a child needing a foster home placement. The emergency approval process permits the LDSS to place a child immediately with relatives therefore reducing the trauma associated with removal.*

- *Help with visitation for the child and the parent during the out-of-home placement when it is safe to do so. This support is an option even if the relative is not the foster home placement.*

- *Support the foster home placement by engaging with the foster parents. This may include support such as helping with transportation to appointments, supporting the foster parents by having the child for overnight visits, participating in social/recreational activities, etc.*

The service worker may assess other individuals for involvement in a family and child's casework process. Relationships with family members should be reconsidered throughout the child's involvement with the child welfare system. Someone who initially was not able to assist the child may become a valuable resource at another time.

1.4 Engaging fathers

Historically, societal views and expectations have shaped child welfare legislation and practice. Cultural norms around parenting tend to send the message that parenting is largely the job of mothers. Child welfare agencies have had limited involvement with fathers in the family work that is needed to achieve the safety, permanency, and well-being of children. The primary focus of child welfare workers has been reunifying the child with the mother and engaging the mother's relatives as placement options and supports.

Given the positive impact that fathers can have on their child's life, the service worker should make certain to identify, locate, and engage fathers and paternal kin. The LDSS should focus on ways to engage and involve the father who retains parental rights, regardless of the status of the relationship with the child. Child welfare agencies can promote responsible fatherhood by exploring and addressing barriers to the father's involvement with their child. Failure to conduct early identification, location and opportunities for engagement of the father may result in delayed permanency for children. See Prevention guidance Section 4.5.2 for additional information on connecting with fathers.

1.4.1 Benefits of fatherhood engagement

Research supports the positive impact that fathers have on the lives of their children. It is clear that children do better when their fathers are involved. Fathers who are actively involved in their child's life are more likely to have a close, enduring relationship with their child. Additional benefits of fatherhood engagement include:

- *Increases safety, permanency and well-being outcomes for children.*
- *Supports healthy child development.*
- *Prevents non-relative foster care.*
- *Reduces the occurrence of child abuse and neglect.*

1.4.2 Strategies to engage the father

- *Encourage the mother to identify the father early in the case.*
- *Use diligent efforts to identify, find, communicate with, and engage the father.*
- *Offer the father the same services and supports that the mother receives, and treat them equally.*
- *When age appropriate, explore the child's wishes.*
- *Identify the benefits of the father's involvement for the mother and child.*
- *Explore the option of the father and paternal family members as a placement, before placing the child in non-relative foster care.*
- *Involve the father in setting goals in the development of the child's permanency plan, as well as all reviews of the service plan. The father should be encouraged to express his concerns or questions about all services.*

- *Be honest and transparent with the father by clearly explaining the situation, his role, the role of the service worker, the LDSS expectations, and all relevant policies.*

- *Try to accommodate the father's schedule when scheduling meetings.*

- *Address concerns the mother may have regarding the father's involvement. Make sure to assess for domestic violence, the risk of the father's involvement to the child and mother, and determine appropriateness of the father's involvement. If the father's involvement is not advised, document why.*

1.4.3 Barriers to father engagement

Fathers have their own individual challenges, which can impact their level of involvement. The following barriers are identified as being significant contributors to fathers not being engaged.

1.4.3.1 Societal Factors

One of the key barriers to father engagement is environmental. These include the father's physical and social settings, education, and legal history. Not accepting or undervaluing the impact of environmental factors that often plague the families with whom we work can be very detrimental to the involvement of fathers in our practice.

- *Legal status (immigration)*

When working with fathers who are refugees, the LDSS should be mindful of their cultural history and experiences. These experiences often include extreme abuse of power by those in authority. Sharing information with strangers may be challenging especially for those who come from communities where there is a distrust of authorities and governmental systems.

- *Lower education achievement*

Engaging fathers with lower education can be difficult. Aside from the personal feelings of embarrassment and self-esteem, these fathers find it difficult to find meaningful employment. Unfortunately, many fathers equate their importance with their ability to provide income.

- *Criminal Background (Barrier Crimes)*

Fathers who have had involvement with the legal system often feel a sense of distrust for those in authority, including child welfare agencies. There is a financial aspect as well. Finding employers that hire men with criminal

backgrounds can be challenging. Incarceration is another barrier that may prevent a father from being included in case planning. Often times if fathers are not physically available, service workers exclude them from the process.

- *Lack of resources (housing & employment)*

Fathers with low or no income, who cannot provide resources for the family, may find it easier to remain absent from the family. In some cases, the mother and the children are able to access services and benefits easier if the father is absent or reported as absent.

1.4.3.2 Stereotypes:

The following negative stereotypes may create barriers to a father's involvement:

- *Fathers do not want to be involved in their children's lives.*
- *Single parent homes are an issue for minorities.*
- *Men who didn't have fathers during their childhood will not make good fathers.*
- *Fathers have no idea what they're doing when it comes to raising children.*
- *Fathers don't enjoy spending time with their children.*
- *Fathers can't be nurturing.*
- *Fathers can't care for young children.*

1.4.3.3 Challenges to engaging fathers

Service Worker:

- *Prior experiences can often influence the likelihood of engaging fathers when new cases are assigned.*
- *Interpreting the father's negative feelings towards the mother or child welfare system as a risk to the child.*
- *Misinterpreting communication and parenting styles.*
- *Wanting to honor the mother's wishes not to contact the father or upset the current household family dynamic.*

Courts:

- *Engaged fathers can disappear from the lives of their children after custody proceedings, or after the imposition of enforcement of a child support obligation.*
- *Fathers who litigate aggressively for custody or visitation may retreat from the lives of their children in the aftermath of court where the judge rules against them.*
- *Court orders or mandates prohibiting contact with the mother or child.*
- *Limited legal avenues for mothers who want to support father-child relationships when the father is absent.*
- *Court for child support enforcement seeks child support collection but can work to the detriment of healthy father-child engagement. The court can order child support payment, but cannot mandate engagement.*

Additional factors:

- *Fathers may live outside of the home. They may not be considered as important as the mothers. They may be difficult to reach or may not be accessible.*
- *School personnel may be hesitant to involve the father when there is conflict between the mother and the father.*
- *Fathers with unstable or unsafe housing conditions may be less likely to invest time and what little resources they have into transportation, meetings, etc.*

LDSS History and Culture:

- *Lack of male child welfare staff.*
- *The father's negative experience of support services and distrust of social services.*
- *Negative biases many professionals have about fathers.*
- *Lack of father-specific programming offered or appropriate outreach to fathers.*
- *The child welfare system has been focused on mothers to the exclusion of fathers for most of its history.*

1.4.4 Involving the paternal family in the search process

In situations where fathers are not actively involved in their child's lives, the paternal family members can be important sources of support for children and youth. Effective relative search includes paternal family resources as an integral part of the process. Beyond paternal networks, it is important to cast a wide net to explore all possible sources of support for children. Current policies help to ensure that searches give equal weight to fathers and paternal relatives as they do to maternal relatives.

As the service worker identifies family members and significant adults, the service worker should explore opportunities for reconnecting and re-engaging them in the child's life. See Section 2.5.1. This will provide the child with more support during the child welfare service delivery and beyond.

1.5 Engaging extended family

Relationships with family members and other adults should be reconsidered throughout the child's involvement with the child welfare system. The child's needs and desires, and a family member's circumstances, may change over time. Someone who initially was not able to assist the child may be a valuable resource at another time.

The service worker should:

- *Help the child determine how relationships will be maintained with different individuals over time, with consideration to the child's developmental level.*
- *Engage appropriate family members and significant individuals in the child's life, including the birth mother and birth father, consistent with the child's safety, interests, and desires.*
- *Candidly discuss with family members and significant individuals, the specific strengths and needs of the child, as appropriate.*
- *Identify the specific roles and resources they can provide the child.*
- *Encourage family members and significant individuals to connect and maintain involvement with the child, as appropriate to the child's needs.*
- *Invite the family members to discuss ways to be involved in the child's life, including the possibility of becoming a foster or adoptive parent for the child.*

- *Request assistance in locating relatives who may be willing to be involved in the child's life, including the possibility of becoming a foster or adoptive parent for the child.*
- *Explain the legal options available to relatives for the placement and care of the child.*
- *Describe the requirements for becoming a foster or adoptive family including the process for emergency approvals.*
- *Provide information on the types of services and supports available for children placed with foster or adoptive families.*
- *Explain the permanency options that may no longer be available if the relatives do not respond to the written notice.*
- *Provide contact information for LDSS staff responsible for responding to the relatives' interest in caring for the child.*

For individuals who have been identified as relatives of a child in foster care, the sample Relative Notification Letter should be used, as it contains all required language.

A copy of the written communication shall be kept in the child's case file. The date the written notice was sent and the date(s) any relatives responded shall be recorded in OASIS. The reasons for not notifying a specific relative(s) shall also be documented.

1.5.1 Role of extended family members

Family members and significant individuals can provide important connections and support for a child and their family at any point during the child welfare service delivery. Relatives can help provide natural support to a family that is experiencing difficulty in safely parenting their child at home. They can help the child through prevention, placement, permanency, and throughout adulthood. Parents with strong and supportive extended family are better able to meet the daily challenges of parenting, working, and household management. In CPS/prevention cases, relatives can provide a safe temporary caregiving option, i.e. safety plan or transfer of custody.

In order to assist the process, family members or other individuals may:

- *Provide information and leads on relatives and significant adults.*
- *Serve as bridges to help make connections with other individuals.*
- *Provide knowledge of the family's cultural traditions and practices.*

- *Identify the child, family, and community's strengths, supports, and resources.*
- *Help problem-solve to meet the child's needs.*
- *Participate in school activities or invite the child to participate in family and social events.*
- *Connect personally with the child on a regular, ongoing basis through visits, phone calls, email, texts, and social networking.*
- *Provide emotional support or mentoring for the child.*
- *Participate in Family Partnership Meetings (FPM).*
- *Help to develop and implement a plan to meet the child's needs for safety, permanence, and well-being.*
- *Provide transportation, financial resources, employment, housing, or respite/temporary care for the caregivers.*
- *Serve as placement resources.*
- *Provide a permanent family for the child.*
- *Provide lifelong connections for the child.*
- *Help to prepare youth over age 14 for a successful transition to adulthood.*
- *Provide any needed post-permanency supports to ensure that the child or youth is successful in the future.*

Involving relatives in a child's case should be based on the circumstances of the family. The LDSS should thoughtfully consider how and when to engage other family members. In some circumstances, the LDSS may choose not to engage a non-custodial parent or particular relative because such involvement presents safety concerns or may be significantly detrimental to a child's well-being. Additionally, if the child has entered foster care, such involvement may not support a stable permanency outcome for the child. If the decision is made not to engage a specific relative/s the LDSS should document the reasoning behind their decision in OASIS.

1.5.2 Documentation

A wide variety of tools are available for use throughout the family engagement process. The VDSS has promoted a specific tool for documenting relative identification, search efforts, or engagement work. The LDSS shall document

relative searches in the CPS, foster care and prevention record. This will include documentation in the I/I screen for investigations and family assessment and the diligent search screen for any open case. The LDSS may use other tools to support both the engagement process and documentation of this work.

1.6 Special Considerations

1.6.1 When parents are not involved in the search process

There can be numerous challenges to engaging parents in the search process. They may not trust the child welfare system. Some parents may be unreceptive and/or nonresponsive. When parents have feelings of inadequacy, are suspicious of child welfare professionals, or are unsure about the value of their contributions, barriers are created. Service workers should continue to pursue parental involvement throughout the process.

1.6.2 Involving youth in the search process

The process of finding family and lifelong connections should be conducted according to the desires and needs of the youth, consistent with the youth's developmental level. They should be involved as soon as possible in the search process, taking into account their circumstances and best interests.

Strong connections with family members can have a significant impact on a youth's permanency and sense of belonging. These connections can be identified by asking young people to identify those individuals who are important to them, where they spend holidays, and where they feel safe.

1.7 Family partnership meetings

Virginia's FPM model is based on the team decision- making (TDM) model developed by Annie E. Casey Family to Family Initiative. While there are a variety of family group decision-making (FGDM) models, the VDSS will provide guidance, support, and technical assistance on the FPM model and process. The FPM model, when faithfully implemented, provides a powerful, trauma-informed, engagement tool for partnering with families and other support networks.

The FPM is a team approach for partnering with family members and other support networks in decision-making throughout the family's involvement with the child welfare system. The FPM allows for a transparent, genuine, facilitated discussion around agency and family concerns. It focuses the group on co-discovering and developing functional strengths and protective capacity that are utilized in the creation of the FPM Action Plan. The FPM model and process assists the family, service worker, and support network by utilizing a trauma-lens to identify and assess needs. These must be met to achieve safety, well-being, permanency, and life-long connections for the child and family. The goal in each FPM is to reach consensus on

a live-decision regarding placement, and to create a plan of change which protects the child in the least intrusive, or restrictive environment.

1.7.1 A family engagement tool in trauma-informed practice (TIP)

Investment in appropriately utilizing the FPM and faithfully implementing it is actively contributing to a Virginia that is trauma-informed at each level of engagement with family, children, and professionals. A trauma-informed system acknowledges the widespread impact of trauma and understands the diverse paths involved in healing. It recognizes the signs and symptoms of trauma in clients, staff, and others individuals involved in the system. It responds by fully integrating knowledge about trauma into policies, procedures, and practices.

Although trauma-informed practice and family engagement are often presented as distinct, both are a part of a continuum of effective child welfare practice. Research and experience has repeatedly shown that creating trust-based relationships with families through engagement is a cornerstone of effective practice. Family engagement is founded on the principle of communicating openly and honestly with families. It supports disclosure of cultural and family dynamics, as well as personal experiences in order to meet the individual needs of every family and child. Engagement goes beyond mere involvement. It is about motivating and empowering families to recognize their own underlying needs, strengths, protective capacities, and support network. In doing so, they take an active role in making progress toward their goals.

With TIP and family engagement, you are not utilizing two separate practices. You are intentionally applying family engagement skills to address and respond to trauma. The FPM model is a family engagement tool, which is easily incorporated into a trauma-informed practice.

This section of guidance will provide support, direction and tools regarding the FPM model and process used by local agencies as applied to children, youth, families, the community and the public child welfare agency.

1.7.2 Description and purpose

The FPM is a relationship-focused process that provides structure for decision-making. The model creates an opportunity for open and creative discussion focused on safety and stability for the child and family. The model is comprised of six distinct stages and is facilitated by a trained individual that is not, and has not been, connected to the child or family in any other capacity. This process empowers both the child's family and community through a genuine partnership with caregivers, providers and community partners.

***Meetings are held**:*

- *For all decisions involving prevention of out-of-home placements in CPS families assessed at "very high" or "high" risk of abuse or neglect.*
- *Prior to a child's removal from a birth or adoptive family.*
- *Prior to a change of placement.*
- *Prior to a change of goal.*

The FPM can also be convened at any time in the process of providing services. This may be requested by the birth, foster or adoptive family, legal guardian, or by agency staff. See Section 2.7.4 Critical Decision Points for further details.

The FPM should:

- Include birth parents or caregiver, youth, other significant adults identified by the birth parents or youth, and neighborhood-based community representatives, all of whom are invited by the local agency.
- Be led by a skilled, immediately accessible, *and* neutral facilitator (may not be the family's service worker or supervisor) who has completed the required: *CWS4020, Engaging Families and Building Trust-Based Relationships and CWS4030,* FPM Approved Facilitator training.
- Be documented. Information about each meeting, including participants, location, and recommendations is collected in OASIS and ultimately linked to data on child and family outcomes, in order to ensure continuing self-evaluation of the *FPM* process and its effectiveness.
- Include natural supports. As the course of a child's life may be forever altered in one decision, it is crucial that all natural supports are present, especially those involved in possible removal of the child. The goal of the FPM process is to bring as many options and life-long supports for the child and family to the table.

The FPM is also used as a valuable tool for creating sustainable and transparent service plans for children in foster care. The FPM should be held prior to the dispositional hearing to co-develop the service plan with the family and establish the primary foster care goal and concurrent goal. Holding the FPM prior to writing the foster care plan or review allows genuine input and co-creation with the family—a tenet of TIP. The entire team is then able to provide input and gives everyone the opportunity to discuss any concerns/needs and genuinely explore the family's strengths. The family and team are also fully aware of what information will be shared with the court. This is another foundational principle of TIP.

In the event that the FPM is held immediately prior to the removal or within five days after the removal, a Child and Family Team Meeting (CFTM) may substitute for the FPM to develop the initial foster care plan. See Section 2.9 Child and family team meetings for further details. Again, the FPM should also be held prior to all review and permanency planning hearings to determine the appropriateness of the goal (the outcome of the meeting may or may not be a change of goal), and to determine whether changes are needed in the provision of services.

1.7.3 Benefits of using a FPM

The FPM improves the decision-making process by including families, service workers, foster families, private agencies, and support networks. When families are genuinely engaged and treated with respect, they contribute more effectively to the identification of their child and family's needs. Being a part of the decision-making process, families are more likely to participate in services to keep their family together, and to complete tasks in order to have their child safely returned home. By ensuring the family, service worker, and team all have the same information in the FPM regarding safety concerns and family strengths, the team is best able to plan for the safety and well-being of the child.

Establishing the team early in the process, either at the prevention stage of service provision or prior to a child needing to be removed, can accomplish the following:

Family:

- *Expect consistent trauma-informed practice regardless of how they enter the system.*
- *Receive increased protection for the child* by developing a specific*, individualized* safety plan.
- *Allow the family to proactively identify supports and make plans, should a crisis occur.*
- *Reduce the trauma of removal and plan the first steps of reunification for the child whose need for safety requires separation from the family. This can be done with the understanding and agreement developed through the FPM.*
- *Achieve permanency more readily when the family and their support network join professionals in deciding what services and interventions would best meet the child's co-identified needs.*
- *Establish and maintain a positive working relationship with the birth parents and child.*

- *Connect the parents and family more efficiently to local services and support networks.*

- *Contribute to the development of long-term community safety nets for the family by connecting them to support networks within their own neighborhood.*

Staff:

- *Support the supervisor, service worker and family by making placement decisions the responsibility of a larger group within the agency and community.*

- *Provide a venue where the LDSS staff can be supported by removing the impact of their own personal biases and cultural perspectives on life-changing decision making.*

- *Implement a transparent process to support the agency's responsibility to keep children safe with parents, family, and the local community. This is done by partnering with the family, extended family, neighborhood advocates, community-based providers, and additional child welfare staff members in decisions regarding the safety of the child.*

- *Provide a venue for supervisors and service workers to clarify and ensure understanding around legal principles, guidance, agency policy, and laws.*

- *Coach service workers of the possible challenges that may arise in the FPM. This is done by supervisors lending additional support.*

- *Provide an opportunity for new or inexperienced service workers to learn from seasoned, skilled facilitators, as they model effective family-engaging behavior and trauma-informed best practice, to address challenging situations.*

Agency:

- *Reframe the family, professional and community's view of the child welfare agency by clarifying the role of child protection services.*

- *Redefine the child welfare agency's role of assisting communities and families to develop interventions to keep at-risk children safe, and minimize the public perception of social services workers as either child-*

snatchers or workers who return children to dangerous and dysfunctional families.

- *Develop and sustain more transparent, consistent and trauma-informed practices to ensure reasonable efforts are made to prevent out-of-home placements in each case.*
- *Operationalize a principle of trauma-informed practice by giving family and children a voice and a choice regarding placement decisions, support and services.*
- *Support agencies in placing only children who need to be in foster care by balancing trauma of separation from family with other factors, during the FPM.*
- *Use a trauma-informed lens where relatives are brought to the table and considered first, if placement in foster care is necessary.*
- *Implement a more accountable and understandable decision-making process to families and the community.*
- *Develop a specific, individualized intervention plan that has support from a broad-based group (family, extended family, agency workers, private providers, community, etc.), and not just the service worker.*
- *Improve internal agency cooperation, communication and teamwork by including staff from all divisions such as child welfare, benefits and adult services.*

Community:

- *Facilitate the development of long-term, community-based plans with support networks for families and children that can exist after social services are no longer involved.*
- *Achieve clear and transparent communication among service providers, agency workers and families. This facilitates conversations where shared visions and plans are co-developed and understood.*
- *Operate with the notion that services designed in cooperation and co-development with families and communities are more effective.*

- *Involve foster parents as team members and assist them in developing ongoing, honest and positive communication with biological parents, thereby leading to more stable foster care placements.*

- *Engage foster parents and supportive members of their community in decision-making throughout the process, in order to have a safer, quicker, and more lasting reunification.*

- *Include the family, private providers, and community representatives in a discussion regarding children's safety and stability.*

- *Understand that when the family, community agencies, and foster parents participate in decision-making with child welfare workers, they learn more about the complexities of meeting children's needs. They learn first-hand that while children's safety remains the highest priority, children can be re-traumatized by being separated from their families.*

1.7.4 Critical decision points

The FPM is required to be held for every family involved with the child welfare agency at these five (5) critical decision points:

- Once a CPS investigation or family assessment has been completed and the family is identified as "very high" or "high" risk and the child is at risk of out-of-home placement.

- Prior to removing a child, whether emergency or planned.

- Prior to any change of placement for a child already in care, including a disruption in an adoptive placement.

- Prior to the development of a foster care plan for the foster care review hearing and permanency planning hearing. The purpose is to discuss permanency options and concurrent planning, as well as the foster care goal.

- When a meeting is requested by the parent (birth, foster, adoptive, or legal guardian), child, or service worker to address one of the four decision points above.

Very high or high risk child assessment

This FPM should be scheduled when the service worker assesses the child at "very high" or "high" risk of abuse or neglect, and the child is at risk for out of home

placement in those families who will be or are receiving ongoing services. These meetings are scheduled to develop the plan and services to prevent the out of home placement and identifies the circumstances under which a removal might be considered. The team should convene as soon as possible or within 30 days of initiating services, and prior to the development of the on-going service plan.

Emergency or planned removal

The LDSS should schedule the FPM when the worker assesses the child's safety to be in jeopardy or at risk of removal or out of home placement. However, safety concerns are paramount and necessary action to address safety issues shall not be delayed. The FPM should be scheduled **within 24 hours** after safety issues have been identified and the agency is considering removal, and occur before the **five-day** court hearing in cases after the emergency removal. Emergency removal prompts the need to convene the FPM. The purpose of the meeting is to facilitate planning to determine whether:

- The child can remain in the home safely with services, or the child return safely home with services; or
- There will be a voluntary living arrangement for the child by the parents with provision of services and a safety plan; or
- The agency should file for custody and facilitate placement.

Placement preservation/change of placement

The FPM should be requested before the child is transitioned from one placement to another. The meeting should be scheduled ideally when:

- Chronic or recurring problems in the placement are evident, but no later than when potential disruption of the foster or adoptive placement is recognized.
- Safety issues exist.
- A move from the current placement is believed necessary to benefit the child.
- A youth is beginning the transition to independent living, legal emancipation, and aging out of foster care or adult foster care.

This can be at the request of the child, birth parent, legal guardians, foster parents, adoptive parents, or the agency. If the situation is urgent, the meeting should be scheduled within 48 hours of the request. If the meeting is to discuss a change in placement, it should be scheduled within **5 business days**.

Prior to foster care review hearing / permanency review hearing / concurrent planning

The purpose is to discuss permanency options and concurrent planning, as well as the foster care goal. Concurrent planning should be used for all foster care cases to ensure that if reunification cannot be achieved within the time frame permitted by law, the child will still achieve permanency promptly. In most cases, the concurrent plan will be placement with a relative with subsequent transfer of custody or adoption. The Adoption and Safe Families Act (ASFA) allows the LDSS to engage in concurrent planning while making reasonable efforts to reunite the family. Concurrent planning replaces sequential planning in foster care by simultaneously exploring possible relative options and/or identifying a resource family that can serve as both a foster and adoptive family to a child.

- ***Reunification*:** The team recognizes the progress that the parent/former guardians have made in their ability to protect the child and meet the child's needs. The risk level is reduced such that the team is comfortable with recommending to the court that the goal of return home be continued or custody be transferred to the parent/former guardian. The team outlines the services and supports that the family will continue to access to ensure sustained progress.

- ***Placement with relatives:*** This meeting should be scheduled when the service worker determines that the plan for reunification has not been successful, efforts to revise the plan have been made and the team determines that the progress by parents has not been sufficient to reduce risk. At this meeting the need for a change in the goal for the child would be discussed. This meeting should be scheduled within **2** weeks of the request by any party for the meeting and before a change in goal occurs and before any court filing. To consider Kinship Guardianship, the goal of adoption must also have been found to not be in the child's best interests.

- ***Adoption by relatives or non-relatives:*** This meeting should be scheduled when the criteria in the above goals have been met and the *service* worker has explored possible options for placement with a relative. The meeting should be scheduled within 2 weeks of the request by any party for the meeting and before a change in goal occurs and before any court filing.

- ***Permanent Foster Care:*** This meeting should be scheduled when the criteria in the above goals have been met and the *service* worker has exhausted possible options for placement with a relative *and adoption*. The meeting should be scheduled within 2 weeks of the request by any party for the meeting and before a change in goal occurs and before any court filing.

- ***Aging out of Foster Care/Transition to Fostering Futures:*** For all youth approaching age 18, a Family Partnership Meeting (FPM) should be held whether there is reason to believe the youth will exit care at 18 or not. The transition planning process should include discussion about the benefits to the youth of continuing to receive services beyond age 18. Information about the Fostering Futures program and the opportunity for the youth to participate upon turning 18 or at any point prior to turning 21 should be provided to the youth in writing. The 90-day transition plan shall be directed by the youth, and shall be as detailed as the youth chooses. This plan shall document the specific goals and needs for the youth to successfully transition from foster care services to independence. The planning process should engage the youth's family and the youth's team.

1.7.4.1 Requested meeting

The FPM can be requested by the parent (birth, foster, adoptive, or legal guardian), youth, or service worker to address one of the four decision points above. A team meeting can be utilized to address other issues not related to the four decisions points.

1.7.5 FPM Participants

The FPM should include birth parents, youth, other significant parties identified by the birth parents and youth or agency, and a neighborhood-based community representative.

Each FPM convened at the critical decision points after a child's removal should include all of the team members invited to previous meetings and should include the foster and/or adoptive parents of the child so that the birth parents and current caregivers can begin to build and/or strengthen relationships to ensure that the child achieves timely permanency. Efforts should be made to ensure that there are more natural supports present at the meeting than service providers. *These should be people who can help maintain safety and stability after social services is no longer involved.*

Participants and their respective roles in the FPM are described below:

- ***Facilitator****. This individual is trained to lead the group through a solution-focused process. The FPM is facilitated by a trained individual who is not the service worker for the child or family, or the supervisor of the case. The facilitator is responsible for keeping the group focused and moving through the decision-making process and allowing family members to actively participate. The facilitator ensures the voices of parents and youth are heard and that all team members have a clear understanding of what is being discussed. The facilitator communicates with the service worker, child, and family to identify any potential emotional or physical safety*

concerns that may impact the quality of the meeting. When the child is present, the facilitator remains aware of their well-being, promotes a safe and protective environment, and ensures clarification is provided to the child, when needed. At the end of the meeting, the facilitator provides a summary report to participants outlining decisions, action steps, and any follow-up needed. The facilitator should ensure adherence to model fidelity and integrity to the process.

- ***Birth parents/custodial caregiver**. The birth parents are recognized as the experts on their family's needs and strengths. Their presence and involvement is integral to the meeting. For foster care cases, the FPM may proceed without the birth parents as long as other family members are present; however, there should be careful thought and consideration given to determining whether to have the meeting without the birth parents in attendance. In particular, the agency should decide whether the participation of other family members will lead to effective decisions, or if the meeting should be rescheduled in order to include birth parents.*

  In CPS or prevention cases, there are circumstances when continuing the FPM without the birth parents is permissible. These circumstances include when the parents refuse to attend the FPM, the agency is unable to locate the parents after numerous attempts have been made, or the agency has located family members and natural supports who are available for placement planning for the child. If the goal of the FPM is family reunification, it is not appropriate to have the FPM without the reunifying parent(s) present. In order to develop a successful transition plan with the parents, open dialogue between the team and reunifying parents must take place.

- **Service worker connected to the family**. *The service worker first talks with his or her supervisor to determine whether the FPM is needed for the child or family. The service worker is responsible for making the referral for the FPM. They relay all relevant information to the facilitator, including the purpose of the meeting and any potential physical or emotional safety concerns that may impact the meeting. In addition, they ensure both the maternal and paternal family are invited to the meeting, as well as all individuals that are involved with the family. The service worker is prepared to provide information to participants about the meeting purpose and provide any information about previous services received by the family. They are responsible for making a decision in the absence of a consensus or if safety concerns are evident. If it is determined that an individual cannot participate due to safety reasons, they talk with the facilitator to determine strategies for participation, i.e., conference call or separate meeting. The service worker prepares the family for the meeting ahead of time by explaining the FPM process and discussing concerns*

with them. They will prepare the family to discuss and express concerns and strengths during the meeting. Finally, if needed, they should determine whether child care arrangements are needed for the FPM.

- **Child(ren)/Youth**. In deciding whether or not a child should participate, the *service* worker considers the child's developmental and chronological age and the parents' suggestions and concerns, and consults with others that have a working knowledge of the child's capacity, such as a therapist or counselor. There is a presumption that older youth will always participate unless there is a sound reason for them not to. It is recommended that youth nine years old or older, unless otherwise determined, participate in FPMs. This does not preclude involving youth below the age of nine if the service worker, in consultation with others, believes they have the capacity to participate. All children and youth are engaged in locating natural supports and consulted about meeting participants. *Whether physically present or not in the FPM, children and youth's thoughts and wishes will be included in the FPM process.*

- **Extended family and non-relative supports**. Both maternal and paternal relatives as well as non-relative supports are invited by youth, parents, and the *service* worker as supports, to assist, and to be a resource. Their participation should be supported and encouraged. Extended family members are also asked about other individuals involved with the family who may be a potential support.

- **Members chosen by the youth**. *Youth 14 years of age and older shall be given the opportunity to choose up to **two** members of the team that are not their service worker or their foster parent. The agency may reject the individual chosen by the youth only if it has reason to believe that the individual will be damaging to the FPM process or traumatizing to the youth or other participants. This must be discussed with the youth and team, and the reasons for exclusion must be fully documented. Believing an individual "will not act in the best interest of the youth" is not necessarily grounds for exclusion as there may be times the team needs to address and work through this individual's behavior and impact on the youth's life in the FPM with supports and structure present. There are circumstances wherein the exclusion of a participant may be appropriate, but this will require transparency with the youth and family.*

- **Current caregivers (kin, fictive kin, foster)**. These individuals are seen as key team members who assist in providing information regarding the child's adjustment, progress, strengths, and needs. They also help with developing ideas and reaching a decision. *These individuals are prepared to engage birth parents in developing plans to support the child and reunification, if that is the goal. Under no circumstances should current*

caregivers meet birth parents in the FPM for the first time. Meeting in the FPM for the first time can be damaging to the birth parents' and current caregiver's connection due to the sensitive nature of topics discussed. If time before the FPM does not allow for multiple interactions, an icebreaker meeting should be scheduled prior to the FPM. At this meeting, introductions can take place and both parties can engage in a meaningful, productive manner where they can focus on the child's immediate needs and how they can work together to meet them. In this icebreaker meeting, the current caregiver should ask for specific information about the child from the birth parents such as routines, favorite things, and medical needs. Current caregivers may ask questions about cultural traditions and other information that will help care for the child. Having these conversations PRIOR to the FPM can increase productive discussions between current caregivers and birth parents, and decrease anxiety for both parties during the FPM.

- **Supervisor**. The supervisor of the service worker connected to the family is responsible for being knowledgeable of the case. *The supervisor should support the worker and provide coaching prior to and during the meeting.* The supervisor serves as the expert about the process for accessing various services within their locality *and ensures that all agency "non-negotiables" (issues that must be addressed by law, policy, or court orders) are addressed.*

- **Community partners**. These individuals are defined by their identity as a member of the family's community whether based on neighborhood, ethnicity, religion, school, or other connection. They are invited by the agency and/or the birth parents, based on existing partnership to provide support, resource expertise, and an external perspective to decision-making. Their presence in the meeting is agreed to by parents.

- **Service providers**. These are persons currently or previously involved with the family who come to the meeting prepared to discuss current or previous services provided to the child and/or family and any current or future recommended service needs.

- **Guardian ad litem (GAL) and court-appointed special advocate (CASA) volunteers**. These court-appointed representatives responsible for representing the child's best interest are invited to the FPM. These individuals often have useful information that can help inform the family engagement process. GALs (parent's or child's) can also give guidance and set parameters around legal issues that may be discussed during the meeting.

- **Other LDSS staff.** This group may include home finding, independent living, family preservation staff, adoption staff, prevention staff, adult services staff, benefits worker, VIEW workers or others available to provide expertise/information depending on the purpose of the meeting and the type of FPM.

1.7.6 Widening the family circle

"*Widening the Family Circle" refers to diligent efforts made to locate and engage extended family members and support network to participate in the FPM process. Rather than relying solely on who the family initially identifies to participate in the meeting, effort is made to explore additional relatives including: grandparents, cousins, aunts, uncles, neighbors, friends, mentors, pastors, godparents, and family members of siblings who only have one parent in common.*

Family members should be engaged and encouraged to identify additional family members and resources. The FPM model seeks to help families come together in their common interest of planning for the safety, well-being and permanency of the child. Solution-focused family engagement interviewing skills may help families see the potential benefits of widening the family circle.

Given the maternally focused nature of the child welfare system, special emphasis on identifying, locating and engaging fathers and paternal kin is necessary.

1.7.7 Before the meeting

Preparation is essential for a successful FPM and to support participants in reaching a consensus. It is the responsibility of the LDSS to identify someone in the agency who will ensure all participants are prepared and guide them through the process. Meetings will be most productive when the child and family are prepared by the service worker prior to the FPM. Prior to the meeting, this individual will have discussed and reviewed concerns and identified strengths to be discussed in the meeting. The family and other team members must also be prepared for the FPM process, e.g. what the meeting will look like, the structure, meeting expectations, etc.

1.7.7.1 Facilitator training/qualifications

The FPM facilitator should have a post-secondary education and possess knowledge and experience of the child welfare system. It is also recommended that they are familiar with prevention, CPS and foster care guidance. An approved facilitator should demonstrate the skills necessary to assess physical and psychological safety, understand conflict resolution, and have the ability to manage the process and structure of the FPM. The FPM facilitator is required to complete training and maintain expertise in all aspects of the FPM model and how to apply it when working with families. The minimum training requirements for approved facilitator include: CWS4020, Engaging Families and Building

Trust-Based Relationships and CWS4030, Family Partnership Meeting Facilitator Training: Virginia Learning Center. It is the responsibility of the LDSS to support the ongoing training and development of their facilitators.

1.7.7.2 Staff training

It is essential that service workers receive training to help clarify their roles in the FPM process, including the basic principles of family engagement. All service workers are required to complete: CWS4020, Engaging Families and Building Trust-Based Relationships. The LDSS supervisors should assess when service workers may need additional support and training and assist them in acquiring and maintaining skills and knowledge on how to successfully engage families.

1.7.7.3 Community partner development/training

Orientation for the various community partners, including legal professionals, should be offered to help them understand the FPM philosophy and the importance of partnership and collaboration. Orientation can provide clarification to community partners of their roles and the importance of their participation. In order to address any possible staff turnover, it is important to offer on-going orientation to support the knowledge and development of new staff.

1.7.7.4 Orientation of GAL/CASA/attorney etc.

Orientation provided to legal professionals can offer an explanation of the FPM purpose and process. It can also clarify that the FPM is not a legal process.

1.7.7.5 FPMs require live decision-making during the meeting

It is important that decisions for children and their families are made during the FPM. Live decision-making empowers families to have a voice, provide their input, and contribute to making decisions. It allows families, staff, and community partners to work collaboratively in determining custody and placement as well as identifying community supports, services, and permanency for a child. Outcomes should not be previously determined by the worker. It is understood that workers may have ideas and recommendations. This is different from concrete decisions. It is vital that the service worker is not making decisions prior to the FPM and not using the FPM to merely inform the participants of what has already been decided.

1.7.7.6 Planning for the FPM

The facilitator prepares for the FPM by thinking about their own assumptions regarding those attending the meeting and their participation. Throughout the

FPM process, the facilitator uses a reflective, introspective approach to identify their values and potential biases. The goal is to be fair and equitable to all participants. Facilitators are also encouraged to consult with their supervisors to work through any concerns.

Each LDSS will develop a protocol around making referrals for the FPM process and disseminate the information to staff. The referral information to be provided by the service worker to the facilitator will include at a minimum: demographic information about the family, the identified decision point (or purpose of the meeting) (i.e., high-risk, IL, transitional meeting, placement disruption), safety concerns, information about any pending criminal charges or outstanding court orders, and any former or current domestic violence concerns. Referrals for the FPM may also be submitted by request to the LDSS by family members and service providers.

The service worker and facilitator will remain in communication throughout the FPM preparation process. They will address the following:

- *The purpose for convening the meeting.*
- *The service worker's perception of the family's strengths and needs.*
- *The service worker's perception of the family's desired outcomes for the meeting.*
- *Complete the initial assessment of the risk and safety of all participants.*
- *The agency's position or developing position on pending matters.*
- *Ensure that any new case developments regarding agency decisions are shared by the service worker with the family prior to the meeting. The family must not be surprised at any time during the FPM.*
- *Logistical concerns.*
- *Potential need to exclude certain individuals from part, or all, of the meeting, for safety reasons.*
- *Provisions in any and all existing court orders and legal concerns, if any.*
- *Whether the service worker or any family member have any apprehension about full disclosure of their concerns regarding the child and family.*

After the referral has been made, and prior to the meeting, if there are significant changes in case circumstances during the preparation phase, the service worker will promptly notify the facilitator. Together they will assess the impact of the changes on the family and the FPM process and make accommodations, if necessary. Some examples include: new safety concerns that may have arisen, a child may have entered foster care due to an emergency removal after the referral was made, additional relatives have been identified during the preparation process, or participants have become unavailable to attend.

The service worker will share all information they have regarding physical and emotional safety concerns that may impact the participants and the quality of the meeting. The facilitator has the sole responsibility to make all safety planning decisions after consultation with others, including whether accommodations can be made to ensure safety, or if it is not safe to proceed with the FPM.

1.7.7.7 Scheduling

Scheduling the FPM can be challenging due to the busy and conflicting schedules of participants. Effort should be made to determine a time that can accommodate the schedules of all participants. In the event this cannot be achieved, priority should be given to the family's schedule. In that instance, service providers can be given the opportunity to send a substitute, participate by phone or other electronic means, or write a letter. In selecting the location of the FPM, the family's choice should receive priority. Other considerations when determining the appropriate location should include case history and assessment review, the LDSS' safety policy and procedures, and the availability of reasonable transportation so that participants can attend in person. Meeting locations should provide a neutral setting that allows participants to feel safe and comfortable, allowing an unbiased discussion to take place. It also ensures uninterrupted privacy. The location should offer phone or other electronic access, if needed. It can be in community buildings such as churches, recreation centers, libraries, schools, and LDSS offices. Conducting the FPM in a family member's home should be considered if the venue is the most trauma-reducing; however, all parties should agree that the home can provide safety and privacy.

Arrangements should be made in advance if services are needed to accommodate child care, foreign language interpretation, transportation, lodging, or disability needs. If food will be served, special diets should be accommodated.

1.7.7.8 Logistical considerations

The location is important to the FPM process because it serves as the physical space that allows individuals to be comfortable sharing their opinions and participating in the meeting. The setting will need to accommodate all the functions of the FPM.

Typically, a location will require a room that includes the following:

- *A room that can be closed to ensure confidential information is not shared outside of the room.*
- *Phone access for those participating by phone as well as in case of emergency*
- *Electrical outlets if the FPM requires computer access.*
- *Wall space for charting the FPM steps and feedback and to provide visual aid for participants.*
- *Accommodations, if a participant has a disability.*
- *Rest room access.*
- Security personnel if serious safety concerns exist.
- *Access to an interpreter if participants speak different languages.*

Supplies needed to facilitate the FPM may include:

- Large paper to affix to wall for facilitator to chart feedback, progress, and/or FPM steps.
- Pens, markers, and pencils for facilitator and participants to write on charts, and individual notes.
- Notepads for anyone that needs to take notes.
- Name tents, if desired, to allow participants to be able to identify each other.
- Written materials, handouts, and visual aids that may be helpful for resources, contact information, FPM documentation, consent and confidentiality information, etc., which should also be translated if participants speak different languages

- Computer or hard copy of FPM plan that will be completed by facilitator or a co-facilitator/scribe, along with access to copy machine to make copies for participants.

- Telephone to ensure that participants can participate by phone if they are unable to attend in person, as well as to make necessary contacts in the case of an emergency.

- Child-friendly toys, games, or activities that are accessible for children that may need to be present, but are not able to fully participate in or sit through an entire FPM.

- Beverages or food for participants that can accommodate meeting length as well as any dietary or allergy-related needs.

1.7.7.9 Preparation of FPM attendees

It is essential that the service worker and preferably the FPM facilitator talk with the FPM participants before the meeting about the family engagement process and their expectations of the meeting. These efforts should be made even when the meeting is the result of a crisis or removal. The parents should be informed of the FPM before removal occurs, if possible.

Participants are more effective in raising their concerns and proposing solutions when they have had time to prepare and understand the process ahead of time. Through preparation, facilitators learn more about families and potentially contentious issues that may arise in the meeting.

Family members can choose to identify a specific person in attendance as their support person who has the added responsibility to look out for the well-being of the family member during the FPM. This can include helping the family member identify any needs during the meeting, encouraging the family member to speak out during the meeting, and monitoring and responding to the emotional welfare of the family member during the meeting.

As a family-centered practice, the FPM should not have more service providers in attendance than family members. This helps ensure that priority is given to the family's voice in the process.

1.7.7.10 Preparing children for possible FPM participation

The preparation of children addresses how they will participate in the FPM not whether they will participate in it. The facilitator will help the child understand why the meeting is being held, the process, the child's role in the process and who will be present at the meeting. If it is decided that the child will not physically be present during the FPM, the facilitator will introduce alternative

methods to engage the child to ensure that their perspectives are shared during the meeting.

1.7.7.11 Preparation interview

The preparation interview is an important part of the FPM process as it helps assess and establish key factors in advance that will be critical during the FPM. Prior to the FPM, this interview is an opportunity to prepare parents, youth, and the support network to understand the FPM process. It also helps identify safety issues and explore any challenges that may affect the participants and their ability to contribute towards reaching positive outcomes. In this portion of the meeting, the service worker and, if possible, the facilitator meet with the parents, children, and other support networks to discuss purpose of the meeting, the process it follows, and possible outcomes that it may achieve. Additionally, the preparation interview is essential to explore any needs or concerns that necessitate accommodations, which allow participants to feel safe and remove potential barriers to their full participation.

Key Steps of preparation interviews include:

- *Describe the process and work with the family to identify the purpose of the meeting. This may include the critical case decision point necessitating the meeting. The interview will also address the different steps in the FPM, the expectations of each participant, including the facilitator, as well as potential outcomes.*

- *Discuss values of the FPM process. This includes a strength-based and solution-focused approach where each participant is valuable and has an equal opportunity to share and participate in the meeting. The emphasis is on empathy and respect in trying to reach a consensus towards FPM goals.*

- *Explain the role of the facilitator and the role of each participant in the meeting.*

- *Discuss strengths (including functional strengths) and needs, in order to give the family the opportunity to begin thinking about these ahead of time so that they may feel better prepared to have an engaging, solution-focused discussion.*

- *Provide an opportunity for the family to voice their concerns in advance of the meeting, which may include potential conflicts with other participants, safety considerations, concerns over pre-determined outcomes, objectivity, etc.*

- *Assess any critical needs, including any necessary accommodations for participants. This may include varied cultural values or practices, needs related to physical, emotional, trauma-related or mental health issues, and logistical needs such as allowing an individual to participate by phone.*

- *Consult with the family regarding the use of a family-centered approach. Although optional, family members are encouraged to begin the meeting sharing their perspective on the purpose of the meeting. They may provide pertinent background information about their family and initial concerns that may need clarification, prior to moving forward with the FPM process.*

- *Assess any potential legal conflicts (protective orders, barrier crimes, etc.) as well as safety concerns.*

- *Encourage the father's involvement in the FPM. If he is not able to attend, explore any accommodations that would allow his participation in the FPM, e.g., phone participation, advocacy from the service worker if the father is incarcerated, meeting with the father to collect data before the meeting if he is unable to participate, etc.*

- *Discuss the time and location.*

- *Assess the needs of people who may not be able to attend in order to receive their input, e.g., phone participation, sending a letter, etc.*

It is important for the service worker and the supervisor to review agency case history and assessment tools prior to the FPM to collect information regarding previous FPM documentation, potential support networks, previous services, prior social services history, safety concerns, etc. This ensures that services are not duplicated and that potential barriers to positive FPM outcomes are addressed prior to the meeting.

Possible case history and assessment tools to be reviewed include:

- SDM Safety Assessment
- SDM Risk Assessment
- SDM Family Strengths and Needs Assessment
- Service Plan
- SDM Risk Reassessment

- SDM Reunification Assessment
- Ansell-Casey Life Skill Assessment
- Child Assessment of Needs and Strengths (CANS)
- Previous FPM documentation
- Other OASIS case history

1.7.7.12 Safety planning

Safety is a top priority for the FPM so that all participants feel safe and comfortable in sharing information. Additionally, safety is always a priority as discussions in FPMs can often cover sensitive, emotional, and sometimes traumatic topics. Participants may respond negatively or have strong emotional reactions. The worker and facilitator should use the least restrictive measures for ensuring participants' safety, so that they feel comfortable sharing information in the FPM process.

In preparation interviews with families, facilitators and service workers should discuss any safety needs or concerns. Facilitators and service workers should also review any relevant case information (see possible case history and assessment tools) to determine any other safety factors that are important to assess and address prior to the FPM.

Safety issues could include potential conflict between participants, risk of physical, verbal, or emotional aggression or intimidation, domestic violence, medical, mental health issues, etc.

Safety measures could include the following:

- *Review local department guidelines for safety.*
- *Speak with participants prior to the FPM, if a particular concern has been assessed.*
- *Assess building and room security including phone connectivity and appropriate phone contacts (security, mental health crisis, police, etc.), location of security personnel, evacuation plans, etc.*
- *Encourage participants who may have a significant safety concern to attend with an individual (service providers, family members, other natural supports) who may have experience or expertise in de-escalation techniques.*

- *Formulate guidelines for the FPM on which participants can agree.*
- *Allow breaks in meetings to de-escalate when participants need time to cope with significant emotional, mental health, trauma-related, or other needs, prior to them reacting in disruptive or adverse fashion.*
- *If concerns exist regarding significant violence or aggression by a participant, assess and address whether that participant needs to physically participate in the meeting.*
- *Have security personnel present in the meeting if participants feel physically unsafe or there are concerns over potentially aggressive behaviors.*

1.7.7.13 Domestic Violence

Domestic violence (DV) is an issue affecting many families receiving services. Families experiencing DV can present unique challenges during the FPM and may be at increased risk of violence before, during, and after the FPM. The service worker should be informed of the DV victims' perceptions of safety and have a clear understanding of this throughout the FPM process. By working together, the service worker, FPM facilitator and if present, the DV advocate, can ensure a safe and productive meeting. Local agency referral forms for the FPM should include any DV information known. For additional information regarding FPM and DV please refer to the VDSS Child and Family Services Manual, Chapter H. Domestic Violence.

1.7.8 During the meeting

The FPM model is comprised of six distinct stages: Introduction, Identifying the Situation, Assessing the Situation (which includes assessing safety needs and developing functional strengths), Brainstorming/Developing Ideas, Reaching a Decision, and Recap/Closing. Choosing which stages to implement for the FPM is not an option. Model fidelity is important when considering the tremendous benefits of the FPM model. When faithfully implemented, the evidence indicates positive outcomes. We owe workers, families and other team members every effort to ensure a powerful, effective FPM outcome, which can forever impact the lives of the children and families we serve. For this reason, agencies should be committed to facilitating the model in its entirety.

1.7.8.1 *Agenda*/stages of a FPM

Introduction:

Facilitator responsibilities include the following:

- Explain the purpose and goal of meeting.
- *Consensus on the goal*.
- Introduction of participants, roles and relationships to family/child/case.
- Establish guidelines for the meeting to include *group agreements* (confidentiality, all participants to be treated with respect, one person talks at a time, everyone has an opportunity to speak, time frame for meeting, special considerations, etc.).
- If used in your agency, circulate confidentiality form for signatures.
- Answer any questions before beginning.

Identify the Situation:

- Ask the family to tell the story if they feel comfortable to do so.
- This is why preparation is integral to a trauma-informed practice; it allows families to prepare for taking ownership of their story and identifying the situation.
- The service worker should support the family in identifying the situation and provide any information or additional concerns necessary.
- If the family is unable or unwilling to identify the situation, the service worker should discuss the concerns and precipitating event to ensure all participants understand the reason for the FPM
- Other participants should be given the opportunity to provide input.

Assess the Situation:

- Determine and discuss the magnitude of the situation.
- Identify protective capacity, functional strengths and supports for the family/child(ren).
- Identify safety needs/concerns of the family/child(ren).
- Identify risks.
- Review all services currently involved and utilized in the past.
- Review past history/stressors.

- Clarify participant's perception of the situation.
- Clarify agency's perception of the situation.

Brainstorming/Developing idea:

Encourage the group to be creative and express any possibility or option regardless of its plausibility. Help the group to remain focused on quality of ideas and not censoring others. The goal in this stage is to brainstorm ideas to address each of the needs and concerns listed, and to assist the group in pulling from the functional strengths and protective capacity developed in the FPM. This stage, a vital stage in the process, is what allows for creative, individualized plans to be established and decided upon. It utilizes information from the family's specific functional strengths and underlying needs developed in the FPM. Ideas will usually be in categories:

- Plan for the safety of the child(ren).
- Services to reduce the risk and prevent placement of the child(ren).
- Placement/custody options and circumstances under which they may be needed.
- Permanency planning.

Reach a Consensus/Decision:

The goal for the team is to reach a consensus during the decision-making process. Consensus means that everyone agrees to support the plan. The child welfare agency maintains legal responsibility to make a decision if agreement by the full team cannot be achieved or if safety concerns persist. In pursuing consensus by the team, the facilitator will assist the group in moving toward consensus using this framework:

- Safety and protection in the least intrusive/restrictive manner.
- Develop an action plan, *which addresses each of the needs/concerns listed during the FPM.*
- *Ensure the plan pulls from discovered and developed functional strengths and protective capacity.*
- *Reality test action plan (i.e. Is this possible to achieve?; Could this plan be stronger?; What is missing? etc.)*

- Timely link to services. Priority services need immediate connection.

- *Ensure the FPM team understands and supports the developed plan as The Plan—instead of the DSS plan or the Family Plan. This allows for equal ownership.*

Recap/closing:

- *Summarize the decisions made and the timetable established.*

- *Answer any questions or concerns.*

- *Review any scheduled meeting dates (Court, FAPT, IEP).*

- *Set a follow-up FPM conference or Child and Family Team Meeting (CFTM) for the group to come back to review progress and challenges to the FPM Action Plan.*

- *Thank everyone for participating.*

- *At the end of the meeting, provide a copy of the FPM results to all participants.*

1.7.8.2 Development of an action plan

The action plan is a collaborative effort between the child, family, service workers, and community network. All have agreed that the plan will address the issues and they will collaborate to implement it. The action plan should address the individual strengths and needs of the child and family, informal resources and natural supports. It should address who is going to do what, where and when. Action plans can look different depending on the purpose and goal of the meeting.

In foster care cases, the service worker is responsible for involving the parents or prior custodians in developing the foster care plan. The FPM should take place prior to writing the foster care plan or court plan. For additional information regarding developing a foster care plan please refer to Foster Care guidance Section 15.3.

The core principle of the plan is that it is a collaborative effort between the family, the service workers and community partners. A written copy of the plan should be provided to each FPM participant. A copy of the action plan should be mailed to any individuals who participated over the phone.

1.7.8.3 When to stop the meeting

Safety of all participants should be maintained during the FPM. The facilitator should continually assess the dynamics of the participants and determine the need to break or terminate the meeting. If it is possible to continue the meeting without the person who is contributing to the disruption or safety concerns, that individual should be asked to leave the meeting. If the meeting needs to end or be re-scheduled, a short-term plan for child safety should be developed.

1.7.8.4 Confidentiality

Information shared during the FPM is considered privileged and should not be discussed outside of the FPM. Confidentiality is a legal term and as such confidentiality of information shared during the FPM cannot be guaranteed. While the right to privacy is emphasized with all participants, information from the meeting should be used in the development of foster care plans and may be reported during hearings if court involvement is necessary. Additionally, if a new allegation of abuse or neglect should arise, the LDSS is obligated to act on that information.

It is critical that the limitation of confidentiality be clearly explained to all participants at the beginning of the meeting. However, the benefits of meaningful participation and transparency should also be emphasized.

1.7.8.5 Family-alone time

Family-alone time is a tool the facilitator may use if deemed appropriate during the FPM. There may be times during the FPM when, regardless of the skill of the facilitator, the family and support network will not discuss certain topics or decisions in front of agency staff and other professionals. The family may request family-alone time or the facilitator may suggest the time be taken if it appears the team will benefit. Parameters should be set due to the time constraints of the meeting. The family should be given 10-15 minutes with a clear understanding of the topic or decision to be discussed. All other non-family members will leave the room. The facilitator should check-in on the group after about 10 minutes and ask if the group needs any further information from agency staff or other professionals to productively discuss the topic/decision. Provide the group with additional time as needed. Once the group reconvenes, ask the family and support network to provide the team with an update on the decision.

Family-alone time should only include family and family network. The facilitator will assist with ushering out all non-family members. If a professional insists on remaining, the facilitator should explain the need to honor this process. If the family and family network insist on a particular professional remaining, that

individual may participate in the family-alone time so long as the family does not appear to have been coerced into asking for their inclusion.

Family-alone time is not a separate stage in the FPM. It was designed to provide a tool for overcoming barriers to group decision-making. This process does not undermine the transparent aspect of the FPM but recognizes each family circumstance as unique. It is an empowering tool designed to assist the team in making the safest and most successful decision.

1.7.9 After the meeting

1.7.9.1 Debriefing with the LDSS staff

The facilitator, participating staff, or supervisor may request a follow-up discussion to process meeting outcomes, e.g., discussing noted concerns, clarifying plan responsibilities, etc.

1.7.9.2 Follow-up with the family

The service worker is responsible for ensuring the family understands the FPM plan and their responsibilities in meeting the plan's objectives.

1.7.9.3 Follow up with action plan activities

The service worker will monitor compliance of the plan to include scheduling a CFTM to assess completion of the plan's objectives, including future case planning to achieve timely permanency.

1.7.9.4 Administrative follow-up

At the conclusion of the FPM, the facilitator or agency designee distributes the FPM survey to each participant in order to capture feedback regarding the FPM process. The facilitator is responsible for reviewing these surveys and making modifications as deemed appropriate.

1.7.9.5 Documentation

Within 24 hours the facilitator or agency designee will distribute, via hard copy or email, the FPM plan to participants and any pertinent identified professionals e.g., GAL, the LDSS supervisor, etc.

Information about the FPM plan, purpose, initiator, location, facilitator, participants, and meeting outcomes should be documented in OASIS by the facilitator or agency designee **within 5 days** of the meeting. It must be entered within 30 days. *To avoid duplication, if there is an active CPS referral AND case, the FPM entry should be added to the case.*

1.7.9.6 The FPM follow-up conference

Action plans should be viewed and treated as living documents. Family, service workers, and other participants should view the plan as continuing. With all participants present, it is best to organize and schedule the follow-up conference.

FPM follow-up conferences were designed to provide a mechanism to build on the work started prior to and continued during the FPM. The FPM process recognizes even the most successful FPMs can produce action steps which need to be altered, updated, or eliminated. Circumstances change, needs change, new functional strengths may emerge, particularly when the FPM took place during an acute time in the family and child's life.

The FPM follow-up conference allows all of the participants to reconvene, keeping the same facilitator, if possible. Participants briefly review the needs and strengths developed in the previous FPM. The facilitator will add to the list of needs or strengths previously developed, if changes have occurred, or new information is obtained. The team will then review each of the new action steps to discuss any challenges to the steps. Additions may be needed to make the step stronger or other steps may be eliminated. By reviewing each step, the conference allows for the previous FPM action plan to be made stronger and more relevant.

The conference should be scheduled within 1-2 weeks if the team met during a particularly acute time, such as possible removal or placement disruption. This facilitates quick action if the placement still appears unstable by updated accounts. It allows the team to focus on either updating the plan or creating a transition plan. If the team convened during more stable circumstances, the conference should take place within 30 days.

Conferences can range from 30 minutes to 1 hour. This is because the full FPM is not being conducted and the team is building on the previous FPM and focusing on strengthening and changing action steps.

1.7.9.7 The FPM contingency plans

There are times workers may ask, "Can we make back-up plans at a FPM in case the decision we made cannot, for one reason or another, be implemented?" There is often tension between our desire to avoid repetitive meetings and our commitment to ensuring full team participation in all decision-making. To reflect both those concerns, contingency plans should be used only if:

- *The contingency is foreseeable and fully discussed at the FPM;*

- *The window within which the contingency plan will be needed is very short, i.e., no more than 3-5 days (beyond that timeframe, a new meeting should be called); and*

- *The contingency plan (or "plan B") is documented on the original FPM Action Plan, as the action that will be taken if plan A cannot be implemented*

1.8 Use of the FPM process for additional case decision points

1.8.1 Adult protective services (APS) cases

The FPM is a valuable practice that some agencies have adapted when decisions need to made for older or incapacitated adults who may be in need of services.

1.8.2 Benefits

The FPM has been used to develop a successful support plan prior to TANF ending for long-term family self-sufficiency.

1.9 Child and family team meetings

The FPMs are only one tool to engage the family in decision-making. They generally occur infrequently over the course of a case and, therefore, are not sufficient in and of themselves to ensure partnership with family.

Another practice tool is the Child and Family Team Meeting (CFTM). The CFTM includes the child, parents, extended family and all service providers. The CFTM provides a mechanism by which regular review of services and progress is shared among all the individuals involved in the case, and where the family's needs and preferences routinely inform decision-making. The use of a regular CFTM is encouraged as a continuation of the work of FPMs.

In the matrix below, the FPM and CFTM are compared and contrasted. The opportunities for family engagement, incorporation of voice and choice and teaming are addressed in both, but differences are also highlighted.

1.9.1 Description and purpose

Comparison of the FPM and the CFTM	
Family Partnership Meetings (FPM)	***Child and Family Team Meetings (CFTM)***

Purpose: *To involve birth families, caregivers, extended family members, service providers, and agency staff, in all critical case decisions to ensure a network of support for the child and the adults who care for him/her.*	***Purpose:*** *To involve birth families, extended family members, and service providers in on-going case planning, monitoring and adjusting; to ensure that all team members have access to all information about the case; to ensure that all team members understand the goal(s) of service provision and the current plan to protect the child and to achieve permanency; and to ensure a network of support for the child and the adults who care for him/her.*
When: *At the point that a critical case decision must be made: potential child removal; potential child placement change (placement disruption or change in foster care goal); or reunification.*	***When****: As often as needed. Ideally, meetings will be held at least monthly and the next one will be scheduled at the end of the current one.*
Who: *family and extended family; youth; service worker; supervisor; family supports as identified by the family; community representative; FPM facilitator; providers (maybe); attorneys (maybe); CASA (maybe); eligibility worker (maybe); probation officer (if applicable), etc.*	***Who:*** *family and extended family; youth; service worker; family supports as identified by the family; foster and adoptive family or placement representative; school representative; all treatment providers; attorneys; CASA; supervisor (maybe); eligibility worker (maybe) probation officer (if applicable), etc.*
Logistics: *schedule to maximize parent and family participation; ideally held in neutral location; consider use of conference calling; transportation and child care should be provided by LDSS if needed.*	***Logistics:*** *schedule to maximize full team participation, including parents, foster and adoptive parents and critical extended family members; usually held at LDSS or service provider's office; consider use of alternative meeting space and/or conference calling; transportation and child care should be addressed (meetings are scheduled in advance so community based or natural resources can be engaged.)*

Values based upon: • *All families have strengths.* • *Families are the experts on themselves. Families can make well-informed decisions about keeping their children safe when supported.* • *Outcomes improve when families are involved in decision-making.* • *A team is more capable of creative and high-quality decision-making than an individual.*	***Values based upon:*** • *All families have strengths.* • *Families are the experts on themselves Families can make well-informed decisions about keeping their children safe when supported.* • *Outcomes improve when families are involved in decision-making.* • *A team is more capable of creative and high-quality decision-making than an individual.*
***Stages of the Meeting/ Agenda**:* • *Introduction: purpose and goal; introduction of participants; and meeting guidelines.* • *Identify the situation: Define the concern/ decision to be made.* • *Assess the situation: safety needs; risk concerns; strengths and supports; history of services; participants' perception of the situation; and worker recommendation(s).* • *Develop ideas: brainstorm in three categories - placement/custody, actions to provide safety, and services to reduce risk.* • *Reach a decision: consensus based decision (if possible) and address agency safety concerns, action plan, and linkage to services.* • *Recap/closing: review of decision and who will do what; any questions.*	***Stages of the Meeting/ Agenda**:* • *Introduction: names and roles.* • *Review of progress: each team member (starting with parents) provides an update of progress made in the last month and which services have been completed and/or which treatment goals have been met.* • *Identification of concerns/services needing adjustment: each member (starting with parents) addresses areas of concern and/or what is not working well or may need to be adjusted.* • *Review of goal(s): team explores fit between progress, services and goals; team members (including family) make recommendations as to improving fit or clarifying goal(s); next steps*

Summary of Differences: • *Led by a facilitator.* • *Supervisor as well as service worker attends. Family participation is the most critical aspect Extensive pre-work ensures family is engaged in the meeting process.* • *Formal and informal supports are invited and are part of the team* • *Agenda and meeting process are standardized and more formal (reflect importance of decision being made).* • *Outcome is a particular case decision.*	***Summary of Differences:*** • *Led by service worker.* • *Supervisor does not always attend. Parent and youth participation is critical.* • *Extended family participates as the family wishes or as makes sense.* • *Agenda is informal.* • *Outcome is action plan for the next several months leading to permanency or safe case closure.*
Benefits of the FPM: • *Families who are treated with respect can contribute more concretely to the identification of their family and children's needs.* • *When families and extended families are part of the decision-making process, they are more likely to participate in services to keep their family together, or to complete tasks in order to have their children safely returned* • *Children are protected through the development of a child-specific plan and committed to by a team of people who care about them.*	***Benefits of the CFTM:*** • *Provides a mechanism for ensuring ongoing family engagement and ongoing teaming.* • *Ensures timely monitoring and adjustment of services.* • *Increases parent, child and extended family buy-in.* • *Speeds progress towards permanency or case closure.* • *Team decision-making results in high-quality decisions regarding safety and permanency.*

3

GUIDANCE DEVELOPMENT

TABLE OF CONTENTS

3

Guidance Development

3.1 Process of developing guidance

3.1.1 How laws, regulations, and guidance fit together

Guidance addresses the manner in which the LDSS will meet federal and state laws and regulations:

- *Federal law lays the foundation for all state programs.*
- *The Code of Virginia as enacted by the General Assembly builds on federal law and/or addresses issues unique to Virginia. § 63.2-100 et seq.*
- *The State Board of Social Services promulgates regulations within 22VAC40 for the following programs:*
  - *Permanency, Prevention, Foster Care, Adoption and Independent Living*
  - *Foster and Adoptive Family Home Approval*
  - *Additional Daily Supervision Rate Structure*
  - *Background Checks for Child Welfare Agencies*
  - *Child Protective Services*
  - *Investigation of Child Abuse Negelect in Out of Family Complaints*
- *Best practice may dictate guidance changes.*

3.1.2 How guidance is developed

While most guidance comes from law and regulation, the VDSS continually receives suggestions, solutions, and input from LDSS. *There are three Child Welfare Advisory Committees: Child Protective Services (CPS) Advisory, Permanency Advisory Committee (PAC), and Child Welfare Advisory Committee (CWAC). Each*

committeee is composed of local staff and stakeholders who provide input and recommendations to the VDSS guidance. The VDSS also obtains information from three Citizens Review panels, which include the Child Fatality Review Team, the Governor's Advisory Board on Child Abuse and Neglect, and the Court Appointed Special Advocate/Criminal Justice Act (CASA/CJA) Advisory Board.

All regulations are periodically reviewed and amended based on changes to the Code of Virginia as well as public comment.

3.2 Overview of guidance

3.2.1 Organization

The preferred *format and* structure has been implemented to provide consistency across all DFS manual sections and allows for easy navigation within each major section and from one section to another. *The structure of the guidance manual offers a user-friendly format that:*

- Provides uniformity and clarity for all programs.
- Reflects organizational mission, values, and objectives.
- Provides guidance on Virginia's State Practice Model, federal and state laws, required procedures, best practices, tools, and forms.

3.2.1.1 Design of guidance

- *Focuses on strong principled practice and policy, based on and aligned with the practice model.*
- *Provides a guidance continuum across child and family services to improve coordination and integration across programs.*
- *Uses consistent organization that provides overall framework of guiding principles, legal requirements and outcomes for required procedures, best practices, tools and resources for serving children and families.*
- *Utilizes user-friendly format that maximizes on-line capabilities.*
- *Provides timely guidance that is easy to revise and regularly update.*

3.2.1.2 Objectives of guidance document

- *Reflect organizational mission and objectives.*
- *Incorporate state practice model, practice principles and values.*

- *Communicate guidance on law, required procedures, best practices, and tools.*
- *Communicate consistently and in timely manner to all staff.*
- *Orient new staff.*
- *Increase consistent interpretation of policies.*
- *Increase consistent and fair treatment of constituents.*
- *Create standards for decision making.*
- *Support quality management and ongoing improvements.*

3.2.2 Use of manual

Most sections begin with a brief introduction, followed by *information organized in a consistent* framework. The framework provides three fundamental cornerstones to help guide all decision-making and actions: 1) practice principles; 2) key legal requirements; and 3) desired outcomes. The framework is followed by subsections delineating required procedures and effective practices. The last subsection provides resources and tools.

3.2.3 Use of language

The following verbs are used to denote the type of action required:

- *"Shall" includes actions that are required or necessary to demonstrate compliance with legal mandates, such as documentation in OASIS.*
- *"Should" means a practice is required. These practices are consistent with and help achieve the practice principles, legal requirements and desired outcomes. Failure to complete required practices may expose the LDSS to fiscal penalty or loss upon appeal.*
- *"May" means a practice is authorized by law and implementation may depend on circumstances.*

3.2.4 OASIS

The DFS guidance manual incorporates directions as to how information is to be documented. The OASIS (Online Automated Services Information System) provides an online case record, available statewide to authorized LDSS and Home Office users, of information related to family services cases. Currently, OASIS contains

information relating to Child Protective Services, Foster Care, Adoption, Prevention, and Foster and Adoptive Families.

OASIS is a primary tool in the day-to-day business of local agency service workers. It is also a primary source of data for federal, state and the LDSS agencies for reporting and planning. OASIS includes components that can be used for conducting Central Registry searches, tracking Interstate Placement Compact cases, and registering children and families for the Adoption Resource Exchange of Virginia.