

Child and Family Permanency Teaming (CF-PT) Practice Guide

April 1, 2014

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Introduction

Permanency practice is rooted in the firm conviction that every child—whatever his or her age or circumstance—deserves a family and can be prepared to live successfully in a family environment. It is a process of supporting, strengthening and restoring relationships, rebuilding existing families and/or creating new ones. It provides a bridge of healing that helps children and young people from foster care maintain or re-establish relationships that may have been lost or fractured, build new relationships to fill in the gaps and, with intact families, help to expand their support network.

The concept of permanency is based on certain values, including the primacy of family, significance of biological families, and the importance of parent-child attachment. Research has shown that children grow up best in nurturing, stable families. These families:

- offer commitment and continuity—they survive life's challenges intact;
- have legal status—parents have the legal right and responsibility to protect their children's interests and welfare; and
- have members that share a common future—their fates are intertwined.

However, permanency is not guaranteed—in biological families or otherwise. Permanency requires a commitment and intent. Families that express their intent to remain together, legally and in other ways, foster children's well-being and their ability to grow up healthy and happy.

Today, foster care is recognized as a temporary service. Children are only removed and placed out of home if reasonable efforts to keep them safe at home are unsuccessful. From the first day in foster care, efforts begin to return children home or help them find another permanent family (preferably within their kinship network).

DCF's Commitment to Permanency

The Department of Children and Families (DCF) has demonstrated a strong commitment to improving the lives of children and families with an array of services, supports and policies based on best practice. As the field evolves and more research is conducted, we have learned more and thus have both an opportunity and a responsibility to do more. Regardless of age, race, cultural background, special need or complexity of circumstances, all children need a family to count on for a lifetime, and all child need to be adequately prepared to face adulthood. These are not mutually exclusive constructs but rather an important charge for DCF to create a model system committed to ensuring that all efforts are made to safely keep a child at home with family and that any child who must enter care exits the system as part of a safe and permanent family having benefited from strategic preparation for adulthood as well as a customized network of community connections and support for a successful future.

Authentic child involvement in permanency planning and decision making is absolutely essential. Equally important is the involvement of caring adults to support and inform the process. In achieving any of the permanency outcomes, the objective is the optimal balance of physical, emotional, relational, legal and cultural dimensions of permanency within every child's array of relationships. Outcomes will be customized; thus, legal permanence may not be the outcome for all children. In cases in which legal permanence cannot be achieved, a plan for relational permanence can be made more secure by assuring the permanency commitment of a person and reinforcing that relationship through a range of activities

that solidify that connection. Research shows that while some older children report that they have found satisfying emotional permanency through relationships without a legal status, other children report that they have only truly felt secure when a committed emotional relationship was legalized through adoption or guardianship.

Through the application of essential practice approaches including announced visits, family assessment response, considered removals, outreach and engagement of relatives and fictive kin, children continue to achieve positive outcomes at increased rates. The data is clear that children have far better outcomes when key relationships are maintained and supported and they have secure and stable primary parenting relationships. In addition to reducing the need for children to enter care, DCF has made a strong commitment to ensure that children exit care in a timely manner with permanent relationships that will support and sustain them into adulthood.

DCF's permanency commitment is aligned with federal legislation, including Public Law 113-183 that limits the use of APPLA for children age 16 and older accompanied by the need for regular reviews and active participation of child in their own planning.

Child and Family Teaming

The implementation of Child and Family Team Meetings has been a core part of DCF's move to a more family-centered, strength-based practice, exemplified most clearly in the DCF Strengthening Families Practice Model. Teaming is DCF's family engagement strategy to ensure case plans are strength-based and responsive to each family's unique needs and values. DCF believes this collaborative approach, which fully engages families in developing and identifying solutions, will lead to better outcomes for children and families.

Our teaming work has been divided into three distinct phases as follows:

Phase 1

The implementation of **Team Decision Making (TDM)** - Step Down meetings for children in congregate care settings were the vehicle used in DCF's effort to move from an over-reliance on congregate care and ensure that children were placed in the most appropriate setting and receiving the right service interventions to meet their needs. The process illustrated that too many children experienced lengths of stay long beyond what their treatment needs required and missed opportunities for children to return home, be placed with natural supports not previously considered and step down to lower levels of care. This teaming approach helped to ensure early discharge planning and appropriate lengths of stay for children placed in congregate care settings. The implementation of permanency teaming will expand the focus to include the identification of a legal permanent parent for the child and building a network of caring adults to provide support to the child and family.

Phase 2

DCF worked closely with the Annie E. Casey Foundation Child Welfare Strategy Group to develop and implement a **Considered Removal Child and Family Teaming (CR-CFTM) model**. This approach is designed to engage parents and family in safety planning and placement-related decision-making. Its goals are to

safely preserve the family unit and, when children must be placed, minimize the disruption and trauma associated with the removal, placement and separation of the child from his or her family.

The consistent and effective use of the CR-CFTM process promotes family engagement and can restore safety, social and emotional well-being and secure family permanence for the child.

Phase 3

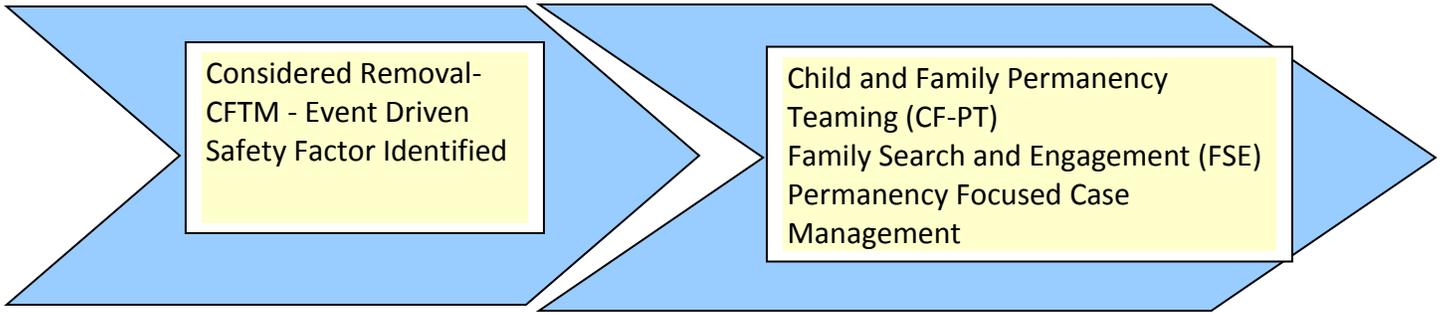
Child and Family Permanency Teaming is a collaborative approach to permanency planning for all children with whom DCF becomes involved on a short term or ongoing basis. The desired outcomes of permanency teaming are as follows:

- children are safely maintained in home, supported by a natural network of supportive relationships;
- a legal parent is identified for children in care who are unable to reunify with family;
- legal permanence is achieved for the child in care; and
- a natural network of supportive relationships is established.

This teaming approach will be used for every child served in-home as well as those children in foster care or congregate care settings, including children involved in either child protection or juvenile services, regardless of their permanency goals.

Permanency Teaming is consistent with family-centered practice: it engages families and community members in case planning and decision-making, thereby increasing the family's investment in the process and plan. It includes an active family search and engagement practice component. This teaming process includes a blend of individual and joint conversations as well as large team meetings throughout the life of a case. Teaming becomes the way all important planning and decision-making gets done across the life of a case.

DCF's Teaming Continuum



Safety	FSE: Early and Ongoing	Safety	Permanence	Well Being
<ul style="list-style-type: none"> • Process uses families' natural networks, when possible to support safety planning and placement if necessary • Focus is on both child safety and continuity of family relationships • Makes a "live" decision regarding safety and removal 	<ul style="list-style-type: none"> • Support for family preservation or reunification • Respite providers for parents or other caregivers • Decision-making partners about what is in the best interest of the child • Access to family history and genealogy • Personal contact and emotional support • Family connections to help child maintain critical ethnic, cultural and community ties 	<ul style="list-style-type: none"> • Supervision • Environment • Physical health • Behavioral health • Safe housing • Risk-taking behaviors • Risk to attachments • Continuity of relationships 	<ul style="list-style-type: none"> • Safe and enduring family relationships • Social, emotional and legal security • Offers legal rights and social status of full family membership 	<ul style="list-style-type: none"> • Supports physical and mental health, educational, social, cultural, vocational, employment • Life skills • Self-advocacy skills

Definition of Permanency

Connecticut's definition of permanency is as follows:

An enduring family relationship that:

- is safe and lifelong;
- offers the legal rights and social status of full family membership;
- provides for physical, emotional, social, cognitive and spiritual well-being; and
- ensures lifelong connections to extended family, siblings and other significant adults, as well as family history and traditions, race and ethnic heritage, culture, religion and language.

These tenets are applicable to both in-home and out-of-home cases, focusing on maintaining children safely in the home, enhancing parents' protective factors, increasing supports, and building or rebuilding relationships. Permanency Teaming is the primary means by which staff engage a child's natural network (birth parents, extended family, other important adults) and conduct ongoing case management activities.

We know there is a greater likelihood of success when child and families are actively involved in planning. Outcomes for children improve when they participate in activities that ensure they are meaningfully and actively engaged in decisions that affect them.

Purpose of Teaming

The purpose of teaming is to ensure decisions are made on behalf of the child with his or her active participation (or voice) as well as the active participation of birth parents, family members and the child's network of supports. This approach supports the continuity of safe family relationships and life-long connections with other caring adults. This process maintains a sense of urgency to promote safe and timely outcomes for those children who exit DCF care so that they reach the highest level of legal permanency possible.

Permanency Practice:

Permanency Teaming is an intentional casework process that maintains important relationships and ensures ongoing progress towards permanence. By proactively engaging a child and family team on a regular basis, crisis situations are more likely to be avoided and timely permanency is more likely to be achieved.

Permanency planning begins with the goal of safely maintaining a child at home. Encouraging and assisting the family in identifying and using supportive resources within their natural networks, neighborhoods and communities, as well as specific services to address risk factors that will ensure child safety and preserve families. Building on a family's strengths and resiliencies, Permanency Teaming focuses not only on the immediate family but also on the active involvement of extended family members (maternal and paternal), community resources and the family's natural support system.

While highly valuing the parent-child bond and being fully committed to placement prevention, DCF is also required by statute to determine when placement is necessary to meet the child's needs for safety, well-being and permanence.

When a child must be placed out of home, permanency planning urgently works to safely return the child home or, when that is not possible, identify another family to provide safe permanency. For these cases, Permanency Teaming infuses the principles and practices of meaningful family engagement and family involvement in working with parents, extended family and community resources.

Regular meetings designed to support the child's team promote relationship building and helps ensure that a strong support network is in place following DCF case closure. Permanency Teaming involves a set of ongoing meetings. It takes much of what we already do and conversations we are already having and reframes and redirects the casework to gather information and build relationships in collaboration with a team that includes the family, child and other key stakeholders. These meetings replace many of our previously-held professional-driven meetings (see Chart in Appendix).

The teaming process:

- plans for safety, permanence and well-being;
- identifies team members;
- prepares children and families for permanence;
- ensures continuity of relationships;
- deepens permanency conversations;
- develops concurrent plans;
- identifies primary parent and lifelong connections; and
- achieves permanence.

Permanency Teaming encompasses a mix of individual and joint conversations and large team meetings. Individual and joint discussions are used to explore issues and concerns, assess strengths and needs, clarify assumptions, establish or re-establish relationships, and strengthen mutual trust. Large team meetings strategically and with frequency bring all members of the permanency team together to plan collaboratively, engage in problem solving, coordinate supports and services, and share decision making.

Trauma-Informed Practice

Children experience trauma when they are separated from their families. When children must be removed to be protected, their trauma is lessened when they can remain in their own neighborhoods and maintain existing connections with families, schools, friends and other informal supports.

This approach is consistent with the essential elements of a trauma-informed child welfare system, which realizes the impact of trauma, recognizes signs of trauma, and responds with an integrated approach that does not re-traumatize the child. Permanency Teaming supports children exposed to maltreatment through attempts to minimize disruptions to safe and healthy relationships as well as separations from attachment figures, thereby reducing potential secondary trauma. Caregiver involvement is key to effective trauma-informed care.

Permanency Teaming focuses on the direct impact of maltreatment on the child. The Permanency Teaming process helps to identify individual and family strengths that can be used as protective factors in addressing the specific harm and danger to the child. Additionally, by allowing the child's voice in the

process, and a seat at the table, it increases the child's ability to gain control of his or her life, develop and reinforce trust with adults, and support child resilience through empowerment.

Permanency Teaming enhances our understanding of the impact of traumatic events and experiences on the development, behavior and relationships of the child and his or her parents and family members. This process focuses on preparing and supporting parents and family members as primary partners in healing the child's trauma and sustaining an unconditional and lifelong commitment.

Elements of Permanency Teaming Approach

The Permanency Teaming model is utilized within the broader context of child-centered, family-focused permanency practice. Listed below are the basic elements of the Permanency Teaming approach:

- involves a team and a Social Worker facilitator;
- is customized to fit the child and family's unique needs*;
- uses Family Search and Engagement (FSE) to reconstruct a child's relationships over time and to locate family members and others who will participate in the process;
- uses outreach to maximize participation of child and family members;
- shares responsibility for planning and decision making among team members;
- addresses the child's need for safety, permanency and well-being;
- identifies a permanent legal parent for each child in care to provide day-to-day parenting that is safe and emotionally secure;
- reflects a sense of "urgency" (child's sense of time) in accordance with the Adoption and Safe Families Act (ASFA) timelines and DCF case practice standards;
- utilizes a concurrent planning framework;
- includes a blend of individual and joint conversations and large team meetings;
- prioritizes relationship-building between and among team members, especially for the child, as well as immediate and extended family members, caregivers and other adults who are important to the child; and
- continues as long as a child and family is receiving DCF services and has not achieved legal permanence.

* The child's and family member's ages, developmental capacities, psychosocial histories, and cognitive and mental health capacities are taken into consideration. For in-home cases, the approach is customized to fit both the child and family's individual needs. Safety planning efforts will be enhanced by supporting the family holistically including making the supports available to parents in their roles as caregivers and to address their needs as a family. The process provides the family with a team of support individuals who have committed themselves to help sustain the child and family over time beyond DCF intervention.

Family Search and Engagement

Family Search and Engagement (FSE) is important from the initial point of contact between DCF and the family and throughout the casework process. FSE involves maintaining meaningful contact with or identifying and locating birth parents, relatives, extended family members and other significant adults from the child's past and engaging support individuals who may be identified by the child and family. The identification, development, and the strengthening of these relationships can support a child remaining at

home, foster timely reunification or develop new permanency resources. Through these connections or reconnections, resolution of grief, loss, attachment and identity issues can be enhanced for children.

When a child needs foster care services, family search and engagement shall be used to keep them connected not only to their families but to their communities of origin. FSE and the Permanency Teaming process for in-home cases allows for the development of this supportive resource network prior to a child entering care, thereby reducing trauma and instability for the child should a removal occur.

Social Workers shall explore the interest, willingness and ability of each family member and other significant adults, both related and unrelated, to become members of the child's permanency team.

Importance of Family Continuity When Children Enter Care

Research shows that there are benefits to living with relatives vs. being placed in traditional foster care settings:

- placements are more stable;
- subsequent reports of abuse or neglect are less likely;
- guardianship is more likely
- juvenile justice involvement is less likely; and
- the subjective experience of care is more positive.

Family Search is a set of strategies and tools for identifying and locating family members, community members and other adults who are significant to system-involved children.

Family Engagement is a set of skills to establish or re-establish relationships between the child and significant adults who can play a variety of roles, including clarification of life events, sharing of family historical information, participating in planning, acting as support resources and being available as a potential placement.

Five Steps in Family Search and Engagement

1. Develop a search and engagement mindset

This requires a shift in thinking and practice:

- a) balance physical and psychological safety
- b) focus on gathering information - not finding placement
- c) understand the importance of clarifying history and life events with a trauma lens
- d) rule-in vs. rule-out - involve adults for what they can contribute
- e) consider paternal relatives - often overlooked*

* **Cross reference:** Concerted Efforts in Engaging Fathers, Fatherhood Firewall and Guide to Finding Fathers.

2. Identify significant adults:

- Interviews and Contacts with Parents

Parents can help identify their natural network of supports allowing staff to further assess these relationships as protective factors to assist in planning.

Consider the following solution-focused questions when working with parents:

- Who have you reached out to in the past when you experienced this situation? Were there people you could count on?
- You said it hasn't always been this way - when things were going well, what was different? Who was there?
- Next to you, who knows your child the best?
- Who might your child identify as someone he or she feels safe with or trusts?

- Interviews and Contacts with Children

Engage child in thinking about who has been important in his or her life, past and present. During monthly home visits an intentional focus on identifying important family relationships in the life of a child and building and supporting healthy connections to these relationships is paramount to ensure child's safety, permanency and well-being.

Consider these strategies:

- Ask questions related to the child's past and prior connections (prior foster parents, teachers, coaches, neighbors, different places the child lived, siblings in and out of care, prior involvement in sports and other activities).
- Ask questions about the present (social networking, favorites in the child's cell phone contacts list, who the child calls with good or bad news, who visits the child's home, who makes the child feel special).
- Give the child permission to talk about individuals from his or her past and present who are important to the child. (The child may feel he or she needs to hide these individuals from us if they believe we would not support or approve contact.)
- Offer suggestions and prompts to help the child uncover lost connections.
- Use tools (eco-map, genogram, timeline, etc.) as a means to gather information from the child.

- Mine the Case Record*

Complete a thorough review of the child's case record to identify individuals from his or her past (their role with and relationship to the child) as well as to obtain the child's placement history.

Pay attention to:

- the child's trauma and attachment history;
- the timeline of formal and informal placements (including family arrangements);
- the circumstances surrounding each move;
- significant people and relationships (extended family, parenting figures, community and neighborhood connections);
- case narratives.

- letters of recommendation or support; and
- specific names that continue to appear.

- Become a Detective

Search public records and databases.

Examples:

- review school records for emergency contacts;
- track down obituaries that list next of kin (online newspapers, public libraries);
- locate birth certificates to identify birth and legal fathers;
- identify and review other public records and databases (child support enforcement, Federal Parent Locator Service, public assistance, Social Security Administration)

- Conduct a formal Internet Search

Be aware that there are associated costs using this approach. Interpreting results can also be challenging. Start with free sites, *e.g.*, yellow or white pages, Google search, Yahoo search.

Consider using DCF's Lexis/Nexis service as a last resort when:

- the child has no connection with his or her birth family and DCF has limited information about the family;
- your efforts to find people or a particular person have not been successful;
- there are only paid professionals in the child's life; or
- the child has an increased sense of hopelessness.

Each Region has access to a continuum of supports to aid in FSE, targeted recruitment and permanency readiness work:

Permanency Exchange Specialist: Each Region has been assigned a Permanency Exchange Specialist (PES). These individuals have been trained on the model, including the family search and engagement component and Extreme Recruitment. They can provide enhanced support relative to child-specific recruitment. They are able to conduct intensive case mining and internet searches to explore potential connections, outreach and engage family and fictive kin, and create a genogram reflecting the child's natural network of support.

In addition to the Permanency Exchange Specialists, our contracted providers can also provide support to this work as outlined below:

Wendy's Wonderful Kids

- child aged 12 or older, or part of a sibling group
- targeted and child-specific recruitment, including case mining
- permanency preparation work

Permanency Placement Services Program (PPSP)

- contracts individualized per child
- recruitment and screening
- case mining
- permanency preparation

Therapeutic Foster Care

- child-specific recruitment
- case mining
- re-establish connections
- permanency preparation

Congregate Care

- permanency preparation

See Appendix for additional information.

3. Use outreach strategies and engage adults

Once significant adults have been identified, it is critical how we reach out and begin to engage them. Search and reconnection is less about the technology, and far more about the engagement. Technology doesn't take the place of good case practice. It provides us with an opportunity to use our skills to engage, build relationships and facilitate the planning process.

When initiating contact with individuals, particularly those individuals from the child's past, use introductory letters and telephone calls (see examples in the Appendix) utilizing the following guidelines:

- mention relationships whenever possible (child is interested in learning more about his or her family; child identified you as someone important in his or her life)
- keep information sharing general (interests, favorite subject in school, etc.)
- collect information; minimize expectations about placement (there is a range of ways individuals can provide support and play a role in the child's life)
- limit your questions - this is not an assessment of this adult for placement
- document information* (avoids duplication, provides proof of diligent efforts, and makes the information is available for future use)

DON'T

- identify location of child
- discuss reasons child entered care
- share information others have shared with you
- make promises
- treat this as an assessment for placement

(Please refer to Confidentiality Memo in the Appendix for additional information)

*Documentation: The **Placement Resource icon** will be used to document the names and contact

information of relatives and significant adults in the child's life. Staff will include the relationship to the child, frequency of contact, how the person may be able to support the child and family now and in the future, and the person's interest in being a member of the child's permanency team. This provides a central location for documentation of our search and engagement efforts.

4. Build Relationships

It is important to meet face-to-face with key individuals to gather information that is helpful to the child and to continue to explore as many potential connections as possible and begin to build relationships. In these preparatory conversations with adults, remember to:

- focus on the importance of outreach and efforts to establish and build rapport
- empower parents to reach out and utilize their supports
- explore the resource person's willingness and ability to provide support and how the person may be involved in the child's life
- allow time for adults to become child-centered (child perspective - needs and interests drive this process)
- provide opportunities for adults to vent about their experiences in or exclusion from the child's life (it is important for us to take collective responsibility to help them move on and determine how they may be included in the process moving forward)
- bridge past and present relationships

Relatives should not be seen as only potential placement resources, but for the wide range of roles they can play in the child's life:

- support for family preservation or reunification
- decision-making partners with families about what is in the best interest of children
- access to family history and genealogy
- family connections to help children maintain racial, ethnic, cultural and community ties that are critical to their healthy development
- respite providers for parents or other caregivers
- personal contact and emotional support through visits, letters, phone calls, etc.
- connections with siblings and other relatives

5. Facilitate Team Planning and Decision Making

The Permanency Teaming process (outlined below) provides the opportunity to bring people together for ongoing planning and shared decision-making while building a network of supports that will continue beyond DCF involvement. It facilitates:

- promoting the sharing of information around family and child's current needs
- providing opportunities to learn about changes in caregiver's circumstances and capacity
- providing opportunities to explore a variety of roles in the life of a child
- supporting informed decisions

Composition of the Team

Children are actively engaged and involved in the planning process. They identify members of their team and who they may wish to reconnect with from their pasts. With in-home cases, this is done in full partnership with the parents. We must be sensitive to the child's psychological safety and ability to tolerate the dynamics and relationships between and among individuals in the meeting.

Typically the composition of the family and child's team is as follows:

- child or children;
- birth parents and other family members;
- current foster family or other caregiver;
- case-related professionals (*e.g.*, therapeutic foster care providers, attorneys, community service providers, residential treatment facility staff); and
- other significant adults who are important to the child (*e.g.*, former foster parents, neighbors, teachers, coaches, mentors) or supportive to the family.

For in-home cases: both the child and parents will identify members of the team.

Note: A significant adult is someone other than a family member or a person acting in a paid or professional role.

It is likely the child's team may evolve over time as individuals explore their relationships and the roles they may play in the child's life.

Family Search and Engagement Efforts at Intake

Intake staff can help support family search and engagement efforts by identifying, engaging and documenting the following:

- extended family members (maternal and paternal; non-custodial or custodial);
- significant adults and other resources who support the family and assist in safety planning or case planning;
- other significant adults in the child's life (neighbors, teachers, coaches, etc.); and
- all Family Search and Engagement resources identified for the family.

Permanency Teaming for In-Home Cases

Through individual and joint conversations with the parents, children, extended family members, other significant adults, and case-related professionals, the Social Worker has a better understanding of the supports and resources that are available to the child and family to address potential risk and safety concerns. Research has demonstrated the benefits of promoting a family's protective factors, which includes social connections. In partnership with the family it is essential to identify those individuals who may serve as a support to the child or family. Individual and joint conversations provide opportunities to gather critical information about the child and family to inform our assessment and ensure active family engagement and involvement in case planning activities and decision making.

Large Team Meetings are a mechanism to articulate and solidify how these individuals (identified by the family) can be a resource and support to them in times of crisis or need. When families are overwhelmed by current life circumstances, permanency teaming provides a process to enable families to engage their informal supports and professionals to address emerging challenges as well as to establish a team that can sustain them over time.

In case situations when there are escalating safety and risk concerns, bringing the family and their supports together through a collaborative process will ultimately enhance safety planning efforts for purposes of maintaining children safely in the home or to identify potential resources for placement and support within the team should out-of-home placement be necessary.

Permanency Teaming: Voluntary Services Program Cases

Permanency Teaming will be used in all Voluntary Services Program cases throughout the life of a case. This teaming approach can assist in determining eligibility for services as well as help identify the supports and community resources the family needs in order to maintain the child in the home or assist the family in transitioning the child back home or to a relative placement.

During the intake process, through individual and joint conversations, staff will begin to identify important connections and supports that may be available to the child and family. Follow-up conversations with these individuals will be important to gauge their willingness and ability to support the family and to develop, in collaboration with the family, a specific plan to address their needs and provide support. Immediately following a child's removal from home and placement into a congregate care setting, the primary focus of our intervention is to actively engage the family and their team in discharge planning. Given the child's complex behavioral or mental health needs that are prevalent in these cases, staff from the child's placement setting are critical team members as they can provide education, tools to help manage the child's behavior more effectively, collaborate with parents and their team to plan for the child's return home, and recommend community services needed to support the child's reintegration back to his or her family and community.

Restorative work with parents, siblings and relatives may be necessary to ensure a successful and safe reunification or to preserve the family unit. Through individual and joint conversations with the family, staff can identify and explore the various ways in which relatives and significant adults can support the family, including but not limited to: child care, transportation, respite and financial support. Establishing a concrete plan of support through large team meetings, will clarify and solidify the roles these individuals will play, ultimately promoting the safety, permanence and well-being of the child.

Permanency Teaming - Juvenile Justice Population

Permanency planning is based on the philosophy that every child has the right to a permanent and stable home, preferably with his or her family. For children involved in the juvenile justice system, whether committed delinquent or dually committed, placed at the Connecticut Juvenile Training School (CJTS) or in a residential treatment facility, the need for permanence is of critical importance. The teaming process will help assure the family is engaged and involved in planning and a network of supports is readily available to offer support and assistance when needed, including the identification of a permanent legal

parent or connection. Building upon the parents' or guardians' strengths and identifying important connections will help the child's transition back to the community be more successful.

As was outlined for in-home cases, at the outset of the case, the family will be engaged in the planning process by identifying critical supports to the child and the family. For those children in placement, the family is actively involved in planning for the child's discharge and return to the community. Through individual and joint conversations, important connections and supports for the child and family will be identified to provide assistance through the duration of the child's commitment and beyond DCF intervention. Clinicians and staff from the residential facility are key members of the child's team and are instrumental in identifying community services that will be needed upon discharge. Large team meetings will bring members of the team together for collaborative discharge planning that will ensure the family is supported and the individual needs of the child and family are addressed to help reduce the risk of recidivism. Agenda items for the large team meetings may include the following topic areas for discussion:

- the child's adjustment to placement and progress in treatment;
- the strengths and needs of the child and family;
- the establishment of goals;
- unmet needs of the child and family;
- the child's risk in or to the community (reduction in recidivism risk);
- development or clarification of expectations for the child in the community and at home;
- establishment of plans for visitation (parents or guardians, significant adults, caretakers etc);
- identification of service needs for the child and family currently and at time of discharge;
- child's eligibility for off-grounds passes and the support needed to make these safe and successful;
- identification of a permanent legal parent for the child upon discharge;
- identification of additional supports and resources that can be included to further support the family;
- development of a concrete plan of support;
- a review of Conditions of Parole following discharge;
- an assessment of independent living skills, vocational programming, housing needs or work training for older children unable to live with a family; or
- in collaboration with the Department of Mental Health and Addition Services (DMHAS), development of a transition plan from DCF to DMHAS Young Adult Services (YAS) services.

The teaming process will continue throughout the duration of the child's involvement with DCF.

Permanency Teaming for Child Placed in Congregate Care Settings and Experiencing Hospitalization

Children in congregate care settings who experience a psychiatric hospitalization are particularly vulnerable to losing a sense of connectedness, disruptions to primary attachment relationships and interruptions to their permanency planning. A child not living in a family setting may experience the following:

- children in foster care prior to their need for a higher level of care often lose touch with their parents, family members, peers, supportive adults including foster parents and foster care case managers;
- parents, family members, foster parents and case managers are sometimes not allowed access to visitation or to updates regarding the child after the child is no longer in care and the child is discharged from a foster care program;
- visitation with parents, family members and caregivers is often considered a privilege to be earned rather than a fundamental right and critical to the child's emotional and psychological well-being;
- foster parents may be more encouraged to accept placement of another child rather than maintain connection to the child who has left their home for a higher level of care;
- mentors, favored teachers and other support resources for the child usually terminate their involvement after a child enters a congregate care setting;
- relatives and family members may distance themselves from a child with significant mental illness;
- distance, program rules and time constraints may prevent relatives and others from visiting the child regularly;
- parents may distance themselves from the child if they don't feel capable of parenting the child at home and are not actively engaged in the child's treatment program;
- permanency planning may be less of a focus while the child is receiving treatment in a congregate care setting; and
- hospital and congregate care staff may be less versed in achieving permanency goals than clinicians in community-based service programs.

Most serious mental health problems can be treated effectively with community-based interventions. Congregate care should be considered based on the specific intervention needs, dose and intensity to ensure that length of stay is guided by specific treatment needs. Under these circumstances, best practice measures should include treatment that prioritizes an early and prominent focus on the permanency needs of the child to retain an ongoing, highly-involved relationship with adults who serve as attachment figures and help to drive the child's treatment and the team planning. These measures should include at a minimum:

- recognizing hospitalization or acute treatment needs as a "change in status" triggering the initiation of a large team meeting;
- hosting large team meetings and conducting individual and joint conversations to sustain attachment relationships and determine what role parents, relatives and other caregivers can play while the child is receiving treatment including offering practical assistance (*e.g.*, transportation) to reduce barriers (inviting parents and family members as well as preferred facility staff members

in addition to the clinical team is recommended as they often have a unique perspective on the child's needs, triggers, strengths and skills);

- educating hospital and congregate care clinicians to recognize the permanency needs of children in their care and including these clinicians as active participants in the permanency teaming process upon admission to the program through discharge;
- helping a child maintain connections by keeping him or her involved with the family and significant adults and with activities in the child's community of origin as his or her level of acuity allows (for example, can the child participate in a community activity, have home passes to attend family gatherings, remain connected to a foster parent or mentor, maintain phone or email contact with others at a former school: creativity and flexibility is needed to help a child maintain relationships while not able to reside in a family setting within the community);
- identifying the needs of parenting adults and others who want to play a role in the child's life. Specialized training, education and support may be required for the adult to feel confident to take the child on passes or visits depending on the child's mental health and behavioral needs (it is important to equip all team members with the knowledge and skills to increase the likelihood that interactions will be successful and positive);
- focusing on discharge planning when a child is hospitalized or requires an out-of-home treatment program (it is important to consider training and support needs for the both the child and family as the child transitions back to family-based care; for example, in-home services may need to begin before the child is ready for discharge to prepare the family members and home environment for the child's re-entry and to anticipate challenges and support needs).

For Child in Care: Foster Parents' Role in Permanency Teaming

Foster parents play a critical role in the Permanency Teaming process by providing safe and stable care for children while assisting in reunification efforts or placement with kin, as well as being a possible adoptive resource for a child in their care who may be unable to be reunified with parents or family members. Foster parents are encouraged to and often do maintain lifelong connections with children who have been reunified, placed with kin or adopted by another family. As foster parents play a major role in helping children achieve permanence, they serve as pivotal members of the child's permanency team.

Social Workers can help foster parents understand their role in permanency planning by explaining how they can:

- participate actively and meaningfully as part of the child's Permanency Team;
- build working relationships with the child's parents, family members and other adults who are significant in the life of the child;
- identify individuals within their own personal network who have established a relationship with or interest in their foster child;
- support contact with birth family and relatives at whatever level is appropriate (safe and meaningful phone, letters, social networking or visits);

- share information, pictures and stories about the child's past;
- provide transportation or host visits with birth parents, siblings and extended family;
- help a child construct a Life Book;
- be patient with the child or child's reactive behaviors related to the family reconnection process;
- include children in conversations about their future in their home and their intentions around providing permanency for that child;
- help a child make peace with his or her past;
- understand the child's traumatic stress and the impact of trauma on the child's functioning, including coping mechanisms, using information from trauma screening and assessments; and
- access other resources to help them understand children who have experienced trauma .

One way to think about the new roles of foster parents is to remember the “4 R’s”:
Reconnection, Reunification, Resource and Recruitment. They are defined as follows:

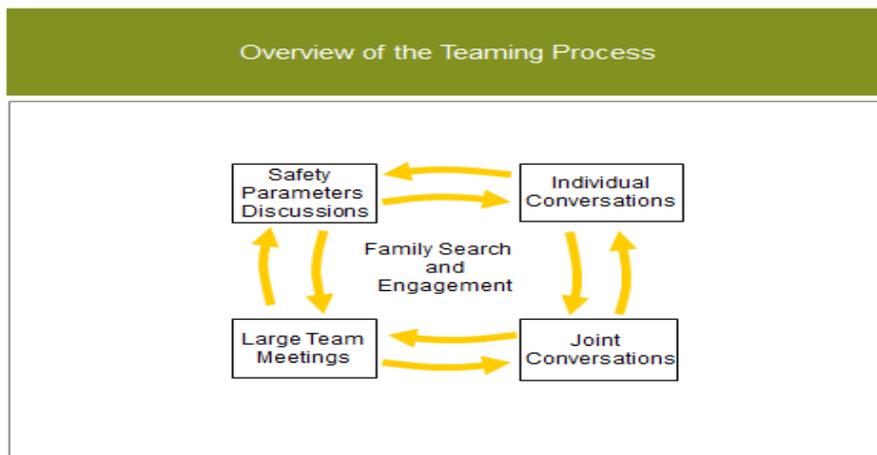
- **Reconnection.** More than ever, foster parents are helping to reconnect children with members of their family and communities of origin. Foster parents can make periodic visits to familiar playgrounds or churches, collect family photos of birth and foster family members to help a child construct a Life Book, as well as support or host visits with siblings, cousins or other relatives, and just be patient with the child's range of feelings and behaviors related to the family reconnection process. Steps like these keep a child connected to his or her past, secure in knowing about the people and places he or she is attached to, and minimizing questions and worries about their life circumstances.
- **Reunification.** What will it take for a child to return home, safely, in a timely fashion and with his or her needs met? Foster parents are essential partners who support frequent visits between children and their parents; promote contact with parents and relatives that is safe and meaningful through phone, letters and social networking; and attend school events, medical appointments, birthdays and special activities together with parents. Foster parents are key in helping children and parents figure out new ways of being a family that increase the success of the child living at home.
- **Resource.** Many children adopted from foster care are adopted by their foster parents. Foster parents can be encouraged to learn about the benefits of permanent connections to and for children in foster care, educate themselves about the permanency options of adoption and guardianship and have open and honest conversations about the role they will play in the child's life in the future, even if the child returns home or moves to another permanent family. Children truly benefit when foster parents are able to balance reunification efforts with concurrent consideration of becoming the child's permanent parent if reunification is not possible.

- Recruitment.** What’s the best way to find a family for a child who needs permanence? Let extended family and interested community members who know the child and understand his or her need to find a permanent family and create a variety of opportunities for the child to build safe and healthy relationships and encourage him or her to participate in adoption readiness activities. Foster parents can help identify a permanent family for a child in their care and give them permission to move on and care about that permanent family. How can DCF build capable, supportive, flexible cadres of foster parents? Ask your best foster parents to take an active role in recruitment - they are walking advertisements for what foster parenting can be.

Permanency Teaming Process:

Permanency Teaming is the primary vehicle for all case planning and decision making. It is not about simply holding meetings – it is about using teaming to engage families together with professionals to achieve safety, permanence and well-being for children. The Social Worker has a clear and intentional focus on safety and permanence when interacting with children and families. The goal is not just to visit; the Social Worker engages and involves the child, parents, extended family and important adults in case planning activities to ensure the child has safe permanent parenting and family relationships and that families have the supports, both informal and formal, to provide safe parenting.

Permanency Teaming is more than a large team meeting. It is important to remember that the large team meeting is only one component of the overall teaming process. The steps in the process are progressive and not linear; that is, we know that in our work we may have to revisit issues many times in the process as Social Workers change, family involvement or life situations change, and issues must be revisited. The diagram below demonstrates that the process is circular and continuous, rather than being event- or crisis-driven.



Safety Parameters Discussion

Having discussions to explore safety concerns is important as we begin this work. During this process, children may want to reconnect with their birth families or other significant adults from their past and

need to be supported while they are still in care in order to make the connection meaningful and safe. The parents may wish to include individuals who may present some level of risk to the family. In these circumstances, intentional and honest discussions will need to occur with parents, children and these individuals directly to ensure the contact is safe and provides a supportive environment for all parties. Prior to initiating contact with these individuals, the Social Worker shall consult with his or her Supervisor and Program Manager around safety considerations and discuss what strategies can be implemented to address or mitigate these safety concerns in consideration of the child's age and development, as well as the role they may play in the child's life. The physical and psychological safety of children must be assured at all times.

Permanency Teaming is an inclusive process. Individuals are brought in to the team for what they can contribute, and not excluded for what they can't contribute. This process goes beyond assessing for a placement resource but, rather, looks at how significant adults in the child's life can help support the child for the long term (*e.g.*, providing family history, sending birthday cards, providing transportation or respite, attending school and sports events, helping the child obtain his or her driver's license or get a job). Even if an individual may not have a direct role with the child, he or she may be able to provide support, guidance or information to the child's caregiver for placement stability and to enhance case planning. As a result, the Social Worker may find him- or herself working with an individual who will not be directly involved with the child but who possesses information that is critical to the child's development. Once the individual's role has been determined, the Social Worker, in consultation with his or her Supervisor will assess the safety and risk issues that the individual may present and develop strategies to address or mitigate these concerns.

What would need to be in place for this person to:

- meet with the Social Worker?
- participate in permanency planning?
- attend a large team meeting?
- have contact or be reconnected with the child?
- be considered for placement?

These safety discussions are ongoing as team members are added or circumstances change for the child or the family.

Individual and Joint Conversations:

Permanency Teaming encompasses both individual and joint conversations. Social Workers use in-person, individual and joint discussions to build the team and develop relationships between and among team members. These individual and joint conversations are used to explore issues and concerns, to clarify assumptions, strengthen mutual trust and prepare members for large team meetings.

In preparation for the joint conversations and large team meetings, individual conversations that begin orienting people to the process should occur as soon as possible with:

- the child;

- the birth parents;
- out-of-home caregivers;
- case-related professionals (*e.g.*, therapeutic foster care providers, attorneys, community providers, appropriate DCF staff such as PES and RRG); and
- the child's and family's natural network of supports.

Child - Individual Conversations:

The goals of the individual conversations with the child are to:

- understand who the child thinks can play a role in supporting his or her caregivers;
- support the child in thinking about and planning for his or her future;
- identify significant adults he or she would like to have on the planning team;
- engage the child in discussion about permanent family relationships;
- empower the child to be full participants in planning for his or her future;
- engage the child in exploring past relationships, both positive and negative, and identifying specifically what he or she needs for a nurturing environment; and
- prepare him or her for the large team meeting.

To help a child think about who is important, consider asking the child:

- Who would you call to share good news?
- Who do you want to stay connected to?
- Who do you want to be reconnected with?
- Who do you care about?
- Who cares about you?

During these initial conversations, children may be unable or reticent to identify individuals who are important to them, who they would like to reconnect with, or who they would like to invite as participants to the large team meetings. It is important that the child fully understand the purpose and intent of these conversations and meetings that are taking place with them and on their behalf. There are many tools located in the Appendix to assist staff in having these difficult conversations. These discussions are ongoing and will continually be revisited until permanency is achieved.

Adults - Individual Conversations:

Goals:

Outreach to adults, on the scene and recently found:

- provides education about the child's current needs;
- establish or re-establishes and strengthens relationships;
- assesses the adult's current life circumstances;
- explores the role the adult may play in the child's life (including the adult's interest, ability and willingness to be involved in the child's life and how he or she can support the child);
- explores the role the adult may play in supporting the child's caregiver or, if the adult is the caregiver, who might offer the adult support; and
- prepares them for joint and large team meetings

Individual conversations begin immediately and are ongoing following the safety parameters discussion in recognition of the importance of maintaining children safely in the home, and the urgency of achieving legal permanence for the child in care. Individual conversations take place as needed throughout the life of the case as team membership grows or changes. Individual conversations continue until a legal permanency outcome is achieved and DCF's involvement with the family ends.

Joint Conversations

Joint conversations bring individuals together to explore specific issues, solve problems, clarify roles, share and clarify information, resolve conflict, and build and foster relationships. Joint discussions should take place as needed after the Social Worker has had individual conversations. Not all individuals on the child's team will need to participate in joint conversations. For example, joint discussions may continue in order to strengthen and support a newly developed, tenuous or essential relationship with the child or to work through historical conflicts existing in a family system. They may also be used to problem solve or build alliances between two team members. Joint discussions are held periodically throughout the life of the case as case circumstances require.

When a child has experienced an out-of-home placement, individual conversations should occur as soon as possible to prepare all parties to come together for joint conversations as needed and in preparation for large team meetings.

An initial joint conversation between the biological parents, foster parents or relative caregivers and child (if appropriate) will be held within three to five days of placement.

The purpose of the initial joint conversation is to:

- begin relationship building between birth parents and caregivers; and
- allow each parenting adult the opportunity to share information about the child and ask questions:
 - birth parents share their understanding of their child's specific needs and habits;
 - foster parents share their family values, experience and parenting philosophy.

Additionally, it provides the child with the opportunity to:

- ask questions;
- contribute to his or her case planning; and
- observe his or her parents and caregivers working together to meet his or her needs, focusing on his or her comfort and best interest.

See "All About Me" in the Appendix for suggestions regarding areas for discussion.

Large Team Meetings

Large team meetings provide a forum for ongoing planning and decision-making with the family's and child's team to establish a plan of support during and beyond DCF involvement.

Permanency Team meetings are the primary vehicle through which Social Workers engage children and their family network in ongoing case management activities.

Large team meetings are not event-driven; however, they are an important forum for key decision making or at transition points. DCF believes this process is usually the best approach to making decisions and developing plans to ensure child safety, permanency and well-being.

Large team meetings are scheduled at a time and place that is convenient, accessible to the family and the child's team and prioritizes the participation of the child and family members.

Time Frames for Large Team Meetings

Typically, a large team meeting should be held at least every six to eight weeks; more frequently as decision or transition points dictate. Large team meetings strategically bring all members of the permanency team together to plan collaboratively, coordinate supports and services, and share decision making. Although they are not designed to be event driven, there will be significant points within the life of the case where team involvement and support is critical to case planning.

The following critical decision points shall require a large team meeting:

- development of initial and subsequent Family Case Plan;
- development of initial and subsequent Child In Placement Case Plan;
- prior to change in placement*;
- prior to a change in the child's permanency goal;
- prior to a return home to parents' or kinship care;
- prior to case closing; and
- at the request of the child, family member or caregiver.

* Large Team Meetings are not required for respite or prior to emergency placements. Should a CR-CFTM be required, the participants may be drawn from the existing permanency team.

The frequency of the large team meetings is based on the individual needs of the case as determined in supervision. The Supervisor will document decisions and rationale in the LINK Narrative (Supervisory Conference Note).

Children Aging-Out with Connections Identified

Large team meetings are necessary for children aging out of the system with identified connections. These meetings will help to formalize relationships, help adults clarify the specific supportive roles they will play in the life of the child, provide clarity as to what the child can expect from the adults in his or her life, and provide the opportunity to bring the various adults together to meet one another and collaboratively build the "network of supports" that will continue beyond DCF intervention. Without having a formal process in place to bring the adults together, these connections may get lost or change over time, leaving the child without an adequate support system in the future.

This practice approach is supported in the new federal legislation, the "Preventing Sex Trafficking and Strengthening Families Act" (Public Law 113-183); IMPROVING OPPORTUNITIES & SUPPORTING

PERMANENCY sections 112 1nd 114.

Large Team Meeting: Placement Disruptions and Change in Placements

Prior to any non-emergency move of a child in foster care, a large permanency team meeting shall be held.

The following participants shall be invited:

- child;
- birth parents;
- out-of-home caregivers;
- extended family;
- other significant adults who support the child;
- DCF Social Worker;
- DCF Social Work Supervisor;
- RRG (if appropriate);
- case-related professionals (*e.g.*, therapeutic foster care providers, attorneys, community providers)
- child's and family's natural network of supports;
- other participants as appropriate (including future foster parents); and
- any other member of the team, not otherwise identified.

The meeting shall discuss:

- the reason(s) for the request for the child's removal (DCF- or foster parent-initiated);
- the impact on the child of continuing the current placement;
- the impact on the child, viewed through a trauma-informed lens, if the current placement disrupts;
- services that were offered to maintain placement in the past;
- the foster parents' willingness to continue the placement, or their continued role in the child's life;
- what reasonable services or supports (*e.g.*, day care, parenting) can be offered to enable the foster parent to continue to care for the child;
- what role team members might have in providing support to and building resiliency for both the child and caregiver;
- how the team might support or provide for a new placement; and
- a clear transition plan based on the child's needs including clearly defined and consistent messages to the child, who will inform the child (if not present at the meeting), who will prepare the child for the move if one is to occur and whether and how pre-placement visits will be conducted.

Preparation for Large Team Meeting:

Carefully planned preparation must be completed prior to each large Permanency Team meeting, including:

- preparing the child and family for permanency;
- setting the stage for the Permanency Team meetings through individual and small group conversations in which an understanding is developed of what the child may need in order to feel safe, stable and connected to important family relationships.

Goal and Objectives of the Large Team Meeting

The primary goal of the large team meeting is to create and sustain an active team to purposefully advance and fully support progress toward family permanence.

Objectives of the large team meeting are as follows:

- establish group identity as child's Permanency Team;
- facilitate a strengths-based discussion;
- promote joint problem-solving and shared decision making; and
- encourage integrated planning – safety, permanency, well-being.

Role of the DCF Social Worker

The role of DCF Social Worker in these large team meetings is as follows:

- engage the child in planning and help the child identify members of the team;
- engage the parents and other caregivers to identify members of the team;
- collaborates with parents in planning for large team meetings on in-home cases;
- schedule the large team meeting in a timely manner;
- add members to the child's team over time;
- prepare all team members in advance of the meeting;
- creates a clear agenda shaped by input from all team members;
- lead the discussion and adhere to the agenda;
- include all team members in decision making and ensure child participation;
- keep the team discussion focused on the child's needs for safety, permanence and well-being;
- review progress on case plan goals, tasks, timeframes and responsible parties at each meeting; and
- set the next team meeting date before the meeting is adjourned.

Child Participation in Large Team Meetings

It is important to encourage as much child involvement as possible in the permanency teaming process. Social Workers shall evaluate the child's unique needs for support to facilitate his or her active participation in the Permanency Teaming process.

The following are some important considerations in deciding how best to include younger children in the permanency teaming process:

- child's chronological age and cognitive and emotional development;
- opinions of others on the team about the child's ability and readiness to participate;
- degree of conflict that may be present at the meeting;

- therapeutic value to child in addressing issues related to feeling powerless, hopeless and anxious; and
- level of customized involvement for each child - there are many ways in which a child can be involved in the permanency teaming process.

Tips for Including Children

- Describe what will happen at the meeting so there are no surprises;
- include the child in developing the agenda and review it before the meeting;
- make the room child-friendly;
- establish and review ground rules;
- designate a support person for the child;
- keep conversation at the child's level; and
- monitor the child's non-verbal behaviors.

When a child is not able to attend, the DCF Social Worker ensures the child's voice is present either through the use of tools or through significant adults in the child's life who can represent the child's concerns and interests.

If the child is not able to participate for the entire meeting, the child may be able to participate at specific points during the meeting. Other team members who know the child best may assist the Social Worker in preparing and supporting him or her during team meetings.

For younger children who do not attend the large team meetings, preparation time is used to understand what the child wants to communicate to his or her team, and to help the child understand, in a developmentally appropriate way, what the team will be discussing and deciding.

Creative Ways of Representing the Child

- Photo of the child displayed;
- video- or audiotape a message from the child;
- share a letter written or picture drawn by the child;
- display a favorite toy or representative artifact; or
- use the “empty chair” technique.

See “Tools for Eliciting Child's Voice” in the Appendix.

Teaming Process – Parent and Team Member Participation

Inherently there will be times of heightened tension regarding the direction of permanency planning that results in birth parents and family members pulling back from the teaming process. Validating the parents’ discomfort or disagreement and honoring the level of involvement they can manage is consistent with trust-based relationships. Like all human relationships, there will be times of ebb and flow in parents’ and family members’ involvement. DCF staff should consistently communicate our desire to work in

partnership with parents and family members even when they disagree with the Team's planning and decision making. The use of individual, joint and large group discussions provides options for the customization of parent and family engagement that point-in-time meetings do not afford. Strategic use of these smaller meetings can help garner parent and family involvement in periods of high stress.

Agenda for Large Team Meetings

The agenda for the Large Team Meeting includes a discussion around safety, permanence and well-being. Dependent on the individual needs of the child and family, the focus of the agenda may emphasize one area more than another. For example, if the primary obstacle to permanency is a child's educational needs, a meeting may spend a significant amount of time focusing on well-being in order to ensure that appropriate educational supports are in place. In contrast, if a child is constantly running away, a large team meeting may focus on creating a safety plan where the child can engage his or her support system in times of crisis.

The family team is formed at the earliest period of DCF involvement and continues to be active until case closure. Teams meet regularly to assess, plan and adapt interventions based on changing circumstances. In-home agendas will include a focus on the supports necessary to maintain the child safely in the home and progress made regarding a parent's ability to meet the safety, permanence and well-being needs of the child. Enlisting informal supports and natural allies for the current caregiver in meeting the parenting needs of the child should also be considered as a topic area for discussion.

The following represents some areas of discussion relative to safety, permanence and well-being.

Safety: Physical:

- supervision and environment that the child requires in order to be free of harm and injury over time
- concrete needs of physical health, mental health, safe housing, educational plan, job skills
- problem-solving skills around risk-taking behavior including birth control, substance use, criminal or juvenile justice system involvement, parenting skills, interpersonal and relationship skills

Safety: Psychological:

- lack of psychological safety includes risk to attachment, identity and emotional adjustment
- includes allowance for developmentally-appropriate behavioral responses and reactions
- recognizes that child's exhibited behaviors are often symptoms or reactions to traumatic stress
- is built around developing trusting relationships through consistency, predictability and reliability

Well-Being:

- supports that the child needs in order to grow and develop over time including medical, mental health, educational, social, cultural, physical, vocational and employment supports
- life skills competency development for the child
- opportunities, resources and supports needed by the child in order to be comprehensively prepared for adulthood
- development of child's self-advocacy skills as a consumer of services
- supports and services the parenting adults need in order to meet child's needs

Permanence:

- long-term relationships and connections the child needs to feel the optimal degree of social, emotional and legal security and stability
- development and maintenance of enduring family relationships that are safe and meant to last a lifetime
- efforts towards both legal rights and social status of full family membership
- provides for physical, emotional, social, cognitive, spiritual well-being
- opportunities for extended family, siblings and other significant adults to foster family history and traditions, race and ethnic heritage, culture, religion and language
- maintenance and reinforcement of supportive connections for the primary parenting caregiver
- broad definition of family, not limited to blood and legal relatives

See “Sample Agendas” in Appendix.

Stages of the Large Team Meeting:Introduction

- individual introductions including relationship to child
- describe permanency teaming process
- review agenda
- establish and review ground rules

Group Process

- identify the child’s and family’s strengths
- identify child-specific issues and concerns
- move from concerns to solutions

Closing

- develop a concrete action plan for next steps, including tasks and timeframes
- schedule next team meeting
- all participants leave at same time

Documenting the Large Team Meeting

The discussion and decisions that occur during the large team meeting will be documented in the DCF-901, “Child and Family Permanency Teaming Summary Report.”

Suggestions for documentation of the large team meetings:

- utilize the agenda to take notes about each topic discussed
- hand fill the DCF-901 while at the meeting, then deliver for entry by support staff
- utilize the DCF-901 to supporting development of the agenda

Paperwork necessary for large team meeting;

- DCF-3040, “Child and Family Permanency Teaming Sign-In Sheet for Meeting Participants”

- DCF-901, “Child and Family Permanency Teaming Summary Report”

Large team meeting locations may include:

- family home
- foster home
- home of extended support
- Area Office
- office of community provider
- library
- town community center
- church, synagogue, temple

Facilitating the Meeting

The large team meetings are facilitated by the assigned Social Worker on the case. The facilitator shall:

- Develop ground rules for the meetings with all participants:
 - Ground rules help the meeting run more smoothly and establish expectations for how everyone will be respected in the meeting. Team members will need to be advised of privacy rights and confidentiality limitations and the need to express views and concerns in a respectful, safe manner.
 - Ground rules need to be limited in number and importance to the team. It is important to get agreement on the ground rules before proceeding. Once established, ground rules should be reviewed at the beginning of each meeting and modified as the team determines. These ground rules can be referenced throughout the meeting with team members as necessary.
- Facilitate the discussion through the three stages of the meeting, ensuring sufficient time is allocated for each agenda item and being mindful of the identified start and end time for the meeting;
- Empower the team to move beyond the expectation that DCF will be responsible for all actions and decisions. Encourage team members to actively participate in the development of options to resolve concerns and identify roles they can play in meeting the needs of the child and their caregivers.
- Secure agreements from each member for action items.
- Take breaks if tensions and emotions escalate in order to allow participants an opportunity to calm down and continue in a more controlled manner.
- Allow participants to request a break.

There may be occasions during which an independent or neutral facilitator is needed to facilitate a meeting. The TDM and CR-CFTM Facilitators in the Area Offices can offer guidance and provide support to Social Work staff about the facilitation of meetings. Social Work Supervisors can also support staff by co-facilitating meetings to help mentor staff, taking the lead in some of the more challenging or difficult discussions, and in the preparation work. The RRG can also play a supportive role in the individual and

joint conversations based on the needs of the child and family and in the preparation for the large team meetings.

See “Tips for Facilitating Meetings” in the Appendix for additional guidance.

Concurrent Planning

Concurrent planning is an approach that seeks to eliminate delays in attaining permanent family placements for children in foster care. Concurrent planning is a process of diligently working towards reunification with parents while simultaneously engaging with parents to identify a secondary goal for the child's permanent plan if safe reunification is not possible. Effective implementation requires comprehensive and early assessment. Concurrent, rather than sequential, planning offers a model of child welfare practice that is family-centered, child-focused and community-based. Its purpose is to overcome barriers and delays in securing permanent families for children who are placed in out-of-home care. It is not a fast track to adoption, but to permanency.

Concurrent planning assures that every child’s permanent plan includes a primary parent (Plan A) as well as a back-up parent able and willing to provide safe parenting and a legal family relationship (Plan B). Staff can explore with the child's parents and the team any other individuals who may be available for the child should reunification or placement with the identified legal parent not occur as planned and ensure those individuals’ active participation in the teaming process.

Concurrent planning holds promise for expediting family reunification or another permanency goal because it is structured, focused and respectful of the engagement and involvement of parents, family and team members early on in the planning process. This process helps to ensure that all relatives (including paternal relatives) have been searched for and evaluated for placement and ongoing contact and support until legal permanency is achieved. It also enables us to more thoroughly assess different options instead of assuming that one direction is going to be the best for the child.

Concurrent planning helps to:

- achieve timely permanency for children;
- decrease children’s length of stay in foster care;
- reduce the number of moves and relationship disruptions children experience in placement;
- engage families in early case planning and have candid discussions with the family about their progress and permanency options for their child, emphasizing the child’s need for stability and continuity of relationships;
- increase birth and foster parent partnerships in case planning; and
- reduce the amount of time between termination of parental rights and adoption or alternative permanency plan.

Supervision

To support the provision of quality supervision, the following strategic questions can be used and customized by Supervisors to enhance the application of Family Search and Engagement and Child and Family Permanency Teaming principles and practice activities during supervisory sessions. In addition to

individual meetings, group supervision may also be helpful to develop specific strategies and plans to address case challenges. The sample questions below may be options based on the stage of the case.

The Appendix to this Practice Guide contains additional questions that can be used in supervision.

Family Search and Engagement

Identify and locate family members and other significant adults through conversations with child and adults and through case record mining, public record review, and internet search

- Has the child identified persons in his or her natural network who might safely parent him or her? What efforts have been made to find and engage these individuals?
- Have you spoken with the child's family members and current and past caregivers in order to identify other adults in the child's life who may be potential permanency team members, potential permanent parents or lifelong connections?

Contact and engage family members and other significant adults

- What efforts have been made thus far in reaching out to all individuals identified?
- How have you explained the process of permanency teaming and the various roles these individuals might play in the child's and family's lives? What strengths can these individuals bring to the table?
- What types of barriers have you been experiencing in your efforts to contact and engage the individuals?

Assist the child, family members, and significant adults to establish or re-establish safe and healthy relationships

- How are you guiding the team in determining if, how or when the child re-establishes or establishes relationships with a parent, family member or significant adult?
- How is the child involved in these decisions?
- Have the potential trauma-related triggers and reactions of the child been discussed and planned for?
- How is safety being structured in these connections or re-connections?

Assess each family member's or significant adult's initial interest, willingness and capacity to become the child's permanent parent

- Have you helped the child identify person(s) (in addition to a potential parent) with whom he or she wants a lifelong connection?
- What is the current relationship(s) and level of contact between the child and the identified adult?
- What plan is in place to assure the child's safety in this relationship?

Permanency Teaming

Review the case record for placement history, reasons for separation and moves, family and medical history, caregiver relationships, and trauma history

- When reading the record, did you take notes or get copies of the documents that provide information regarding:

- dates and locations of each of the child's moves and placements, informal as well as formal, including the reasons for and situations surrounding each move or placement and the separations and losses for the child?
- family history and medical history?
- trauma history, traumatic experiences and events?
- protective factors and individuals who provide safety and intervention?

Hold safety parameters discussions

- What strategies can be implemented to safely allow contact with individuals? Have we considered the age, needs and developmental status of the child and the current circumstances of the family member, and the role these individuals will play in the child's life should they be reconnected?

Identify and engage potential team members

- Does child have a permanency team? Who are the members and how were they identified?
- If child or family does not have a permanency team, why not? What is the plan to develop one? What are the barriers? What are the next steps?
- Does the team include birth parents, relatives and extended family members? Siblings? Other significant adults identified by the child such as mentors, teachers, godparents, former foster parents, coaches? Are there team members who do not have a paid role in the child's life?

Involve child and parents in preparing, planning and participating in team meetings

- How did you reach out to and engage potential team members? What types of communication did you use (letter, phone call, email, personal visit)? How many and how often? What is the continued plan for outreach?
- How was the child involved in creating the agenda? How were parents, relatives and family members involved? How were other team members involved?

Have individual conversations with child, parents, caregivers, legal custodian, core team members and individuals with decision-making authority

- Has there been a delay in scheduling the large team meeting despite having multiple individual and joint conversations? What is the reason for the delay? Is there a concern regarding the child's safety if the child reconnects with an adult from his or her past? Does the child appear reticent or resistant to engage in this process?
- What individual conversations were held to prepare for large team meetings or to advance progress toward permanency?
- How are all professionals that hold key decision-making roles in the child's life included on the team?

Have joint conversations between two or more team members

- How are you strategically using individual and joint conversations to strengthen permanent family relationships? Integrate the child's network of relationships?
- What joint conversations were held to prepare for large team meetings or advance progress toward permanency?

- How are you assisting with facilitating relationships between the child’s permanent family and others in the child’s network of relationships?

Hold large team meetings and track progress using the case plan and team meeting summaries

- Has the first large team meeting occurred yet?
- If not, when will it occur? What, if any, are the barriers to holding the first large team meeting? What are the next steps in removing these barriers? What individual or joint conversations need to be facilitated in preparation for the large team meeting?
- How will the agenda for the next meeting be set?
- Will the child attend large team meetings? How is the child prepared prior to each large team meeting? How do you debrief with the child after each large team meeting?
- If the child does not attend large team meetings, how is the child's voice included in team meetings? Which team members represent the child's voice at the table? What tools are you considering using to organize and represent the child’s voice in the meeting?
- How is the case plan being used to advance progress toward the child’s primary and concurrent permanency goals?
- How is the case plan being used to address the child’s needs related to safety and well-being (including physical and behavioral or mental health, education, and life skills and preparation for adulthood)?
- What additional information, resources, training, support or supervision do you need in developing or facilitating the child's permanency team?

Considerations and Tips in Applying the Permanency Teaming Process:

Multiple Siblings:

- In-home cases will have one main team, focused on supporting all the children in the home and the parents’ ability to address the children’s safety, permanency and well-being needs. While there may be some team members who are associated to one specific child, that unique relationship should not preclude them from full team membership.
- Child in placement cases with multiple children in care are not required to have one team per child. There may be one large team comprised of individuals who support all of the children, one large team with several smaller groups for each child, or separate teams for each child. How the teams are formed will be based on consideration of each child’s developmental, emotional, relational and permanency needs.
- CIP and in-home cases with dual assignments will require collaboration between both Social Workers and the separate teams. As the teams will likely include many cross-over individuals, care will need to be taken not to overwhelm the individuals or to create “camps” focused on the child or the family. Instead, a blended process of the teams will need to be considered, including discussion in supervision, to best determine how they will function together.
- The Permanency Teaming process can be used to support sibling connections when the children are not residing together. This can be done by team members facilitating visits, sharing information and identifying opportunities for the siblings to come together.

Permanency Teaming during Contested Legal Actions:

An unfortunate consequence of child protection work can be the need for DCF to make decisions and pursue legal interventions with which a family may not be in agreement. As has always been the case, it is incumbent on us to continue to partner with the family, being transparent utilizing engagement and conflict resolution techniques. The teaming process can serve as a support in this partnering process. When indicated, a legal consult should be held to determine if there are considerations for the teaming process in light of legal actions going forward or assertions by a parent's or child's attorney.

Permanency Teaming, Case Plans and ACRs:

- The Permanency Teaming process should support the development, implementation, progress assessment and refinement of the case plans written for both in-home and CIP cases. Inclusion of the work being done by each of the team members in supporting the child's safety, permanency and well-being should be found in the assessment and action plan sections of the case plan.
- Elements of the case plan goals and action plans should inform the development of the large team meeting agendas. Caution should be taken, however, to keep the focus of the large team meetings on the child's needs and the parenting needs of the caregiver; though not a case plan-driven process, the two are complementary components.
- It is likely that the timing of large team meetings will coincide with the six-month case reviews, and that many of the individuals involved in the Permanency Team will be the same individuals invited to the ACR. If that is the case, the ACR can be counted as a large team meeting.

The Relationship between Permanency Teaming, Team Decision Making Meetings, and Considered Removal-Child and Family Team Meetings:

There is a natural and beneficial relationship between these different meetings, with all focused on harnessing the energy of the full network of individuals available to support a child and his or her family in assessment, planning and decision making. While each has its own function, the teams that are developed for each child can be utilized throughout the continuum. For example, during the intake phase when a safety factor is identified, the individuals invited to a CR-CFTM represent the family's initial team. The individuals who participated in the CR-CFTM can be included in future permanency team meetings. For active in-home cases, when a safety factor is identified, the family's existing team may participate in the CR-CFTM. The Permanency Teaming process will absorb the need for a TDM as the purpose and goals of permanency teaming meet the needs of the TDM and moves beyond it to deepen the permanency conversations to secure safe permanent parenting.