



DEPARTMENT OF CHILDREN & FAMILIES



CONSIDERED REMOVAL

CHILD AND FAMILY TEAM MEETINGS (CR-CFTM)

The CR-CFTM Practice Guide
March 2014

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1. Introduction

Considered Removal Child and Family Team Meetings (CR-CFTM) are embedded in DCF's evolving Strengthening Families Practice Model. This Practice Model is built upon a foundation of family engagement, which defines and supports a purposeful, intentional, respectful and supportive engagement with families who become involved with DCF.

The implementation of CR-CFTM is 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. The Practice Model is focused on building relationships with families and children and promotes the philosophy that strengthening families is critical to improving children's long-term well being so that they may grow healthy, safe, smart and strong. It also provides a framework that reflects the elements of a trauma-informed child welfare system. Applying a "trauma lens" throughout the CR-CFTM is of critical importance to avoid or minimize system-induced trauma for children, child and their caregivers. The trauma-informed principles of safety, trust, collaboration, choice and empowerment must be fostered at the meeting.

Development of the CR-CFTM reflects participation of many partners, including the Annie E. Casey Foundation Child Welfare Strategy Group. Other states that have implemented Considered Removal Teaming have demonstrated better outcomes for children including greater family satisfaction, a reduction in child removals, an increase in relative placements, a reduction in length of stay, and higher rates of timely reunification and exits to legal permanency.

The purposes of CR-CFTM are to:

- mitigate safety factors in order to prevent removal from the home by identifying and utilizing the family's natural or formal supports;
- address risk factors that impact child safety;
- identify roles and responsibilities of participants to help the family keep the child safe;
- engage the family and its supports to develop strategies and reduce barriers;
- identify the family's strengths, resources and protective capacities and how they can be used to establish safety;
- explore and identify extended family and kin as potential placement resources for the child should removal be necessary;
- assess whether safety factors still exist following removal and whether appropriate safety interventions can be implemented immediately to facilitate a safe return home; and
- enhance existing safety interventions when a Safety Plan is not providing adequate protection.

When families are involved in decision making, outcomes can improve. The national data reflects:

- children having a Considered Removal meeting (58%) were more likely to reunify within one year than children who entered placement without a meeting (16%);
- children were reunited with birth family more often and had shorter stays in foster care when their fathers were involved in the meeting;
- children who had a meeting were more likely to be placed in a setting known to the family (family, "kin" and family foster family);
- when a relative attended the Considered Removal meeting, the likelihood of kin placement increased by 23%;
- children of all races were more likely to exit to reunification or to live with a relative within one year;
- exits to legal permanence have increased by 40% over 5 years;
- exits to legal permanence in 18 months or less increased from 15% to 65%;
- child over 12 years of age have attended 91% of their meetings;

- birth families have been involved in 77% of team meetings;
- 79% of all participants agreed that the plan addressed all of their concerns; and
- most team participants felt plans addressed safety 94% of the time; legal permanence 95% of the time; and lifelong family relationships 98% of the time.¹

Research has revealed the adverse effects of maltreatment on children’s behavior and relationships. The CR-CFTM focuses on the direct impact of maltreatment on a child. The process identifies individual and family strengths that can be used as protective factors in addressing the specific harm and danger to the child.

Maintaining safe family relationships is crucial to minimizing traumatic stress and reducing the negative impact of maltreatment and trauma on the child. The consistent and effective use of the Considered Removal process promotes family engagement, can restore safety, social and emotional well-being and secure family permanence for the child.

2. Practice Guidance

A. Practice Elements

The key practice elements of the CR-CFTM are:

- Meetings are held prior to removal of a child from the home unless the family situation requires an emergency removal to ensure child safety.
- If a child has been removed as a result of an emergency placement, a meeting will occur within two business days and prior to the filing of a Motion for Order of Temporary Custody.
- A trained Facilitator leads the team meeting.
- The focus of the meeting is on child safety and making a “live” decision regarding a child's removal from the home. Given the limited time and often emergent circumstances of the meeting, in-depth case planning is not the focus or goal of the meeting.
- The voice of the child is represented at the table. (See Table 11.)
- Parents, family members, professionals and interested community members are involved in Safety Planning and removal-related decision making.

Note: A CR-CFTM may occur if the Safety Plan established with the family appears tenuous and requires frequent monitoring to determine whether the plan is sufficient to safely maintain child in the home.

Arrangements must be made to ensure that meetings are facilitated in the preferred language of the family.

B. PARTICIPANTS

- mothers, fathers, legal guardians and others the family identifies as supports, including but not limited to: extended family members, community providers, and non-traditional or traditional supports;
- children (or a representation of their voices) when deemed appropriate following assessment of their developmental status, emotional condition, and trauma-related needs and responses;
- the assigned Social Worker and Social Work Supervisor (mandatory for both);
- an interpreter when warranted;
- other DCF staff based on needs of the family as determine in the pre-meeting process; and

¹ *Evaluation of the Anchor Site Phase of Family to Family, 2010, available at: www.unc.edu/~Lynnu/f2feval.htm.*

- the Program Manager (available by phone to make the decision if consensus among participants cannot be reached).

DCF shall be mindful about the balance of staff or professionals to family members and their natural supports.

DCF staff shall be mindful of the pressures placed on or felt by the child, and take necessary steps, prior to the meeting, to ask the child about his or her preferences, to solicit the child's understanding of what has happened within the family, and to assess the child's ability to handle the emotional impact of the meeting.

The Social Worker should alert the Facilitator to any known concerns regarding family violence or other potentially dangerous issues. The Facilitator can make provisions to ensure physical and psychological safety during the meeting (*e.g.*, having security personnel on call, identifying the need for separate meetings, or excluding a particularly dangerous person from participating in the meeting). If a parent is incarcerated, the Social Worker will follow the CR-CFTM Incarcerated Parent Protocol (see Tables 6 and 7).

The Social Worker should alert the Facilitator to the child's trauma history exposure and any known child traumatic stress symptoms currently exhibited by the child, including whether or not the child is receiving any trauma-specific assessment or treatment services. If the latter is occurring, DCF should determine what role, if any, the treating therapist might play. For example, if the therapist is unable to attend the meeting, a consultation call could occur with DCF and the parents to learn about the emotional status of the child, the impact of potential placement on trauma symptoms, etc.

Strategies for Conducting CR-CFTM for Parents who Abuse Substances:

The following strategies can be employed for parents whom DCF believes may attend the meeting under the influence of drugs/alcohol:

- take steps to ensure the parent who is not impaired will be attending the meeting;
- determine a time of day when the parent is unlikely to be under the influence and schedule the meeting accordingly; and
- develop a plan with the parent in advance to help support the parent not to use before the meeting

Note: If it is believed that a parent is under the influence of drugs or alcohol or demonstrating symptoms that suggest use, the Facilitator may suspend or reschedule the meeting if time permits and the safety of the child is not compromised because the parties, including the Facilitator, cannot determine the extent to which substances impact the impaired parent's ability to give consent or make sound choices and decisions related to Safety Planning and placement.

If no parent is available to participate in the meeting, then the Considered Removal Meeting should not take place and DCF will need to proceed with a plan that provides for the child's protection and safety. If relatives are in attendance or involved in the CR-CFTM, DCF may explore the level of support they can provide for the child and/or family but this should not be documented as a CR-CFTM.

See "Physical and Psychological Effects of Substance Abuse" (Table 13) and "Effects of Substance of Abuse on Behavior and Parenting" (Table 14) located in the Tools Section of this Practice Guide for more information.

The CR-CFTM

BEFORE CR-CFTM

If a removal is being considered based on the identification of a safety factor (as indicated by the SDM Safety Assessment) or if an emergency removal has already occurred, the following will take place:

Pre-Meeting Activities

Activity	Social Worker/Social Work Supervisor	Facilitator
Making a Referral	<ul style="list-style-type: none"> • Notifies the Facilitator of the need for a meeting. • Provides relevant case information regarding the reason for the meeting. 	<ul style="list-style-type: none"> • Creates Meeting window in LINK through Create Casework.
Pre-Meeting Check-in	<ul style="list-style-type: none"> • Determines need for special accommodations (translation services, wheelchair access, etc) and discusses meeting logistics with Facilitator. • Discusses safety concerns for meeting and whether there are any restrictions in attendance among participants (restraining orders, protective orders etc.). • Determines need for additional DCF staff to participate (RRG, ChYP) in meeting • Begins discussion around the child's participation in the meeting, and the potential impact of his or her participation. If the child is not able to attend the meeting, discusses how the child's voice will be represented. • Consults with Program Manager regarding the non-negotiables and Safety Planning requirements. 	<ul style="list-style-type: none"> • Describes the CR-CFTM process that includes the six stages of the meeting with SW/SWS. • Obtains enough information to facilitate the meeting. No detailed case specific information will be shared prior to the meeting. • Clarifies roles and responsibilities of Facilitator and DCF staff during the meeting.
Scheduling the Meeting and Inviting Participants	<ul style="list-style-type: none"> • Explains the CR-CFTM purpose, goal and process to the family and encourages their participation. • Provides parents with a CR-CFTM brochure and contact information • Engages the family to identify their natural supports. • Encourages and assists the family in inviting their supports to participate in the meeting. • Assesses family's need for transportation and child care. • Invites child to participate in the 	<ul style="list-style-type: none"> • Finalizes meeting logistics (location, date, time, special accommodations, and need for separate meeting). • Confirms meeting participants with DCF SW/SWS. • May assist Social Worker in documenting concerted efforts and/or updating case contacts and/or case participants in LINK.

	<p>meeting as appropriate.</p> <ul style="list-style-type: none"> • Explains the reasons for the meeting and helps prepare child to participate or develop strategies for how the child's perspective will be shared. • Asks the child what would make him or her feel psychologically safe at the meeting, and inquires if the child would like to invite a support person. • Assesses the potential for a trauma reaction by child or caregiver and develops plan to address. • For those children receiving trauma-specific treatments or other mental health services, considers whether the therapist should be invited to attend or to provide their input in another manner if they are unable to attend (i.e. call for a portion of the meeting; submit a report, etc.). • Updates case contacts/case participants in LINK. <p>Note: Case Participants are household members and noncustodial parents who may reside in a different household. All other participants are case contacts.</p> <ul style="list-style-type: none"> • Documents concerted efforts to engage parents and their natural supports in attending the CR-CFTM. • When a parent or legal guardian is represented by an attorney, DCF shall provide the attorney with notice of the CR-CFTM. Notice can be in the form of e-mail or fax. • Notifies the Assistant Attorney General, if the case is already in court. <p>Note: This meeting should not be delayed if an attorney is not available.</p>	
Pre-Meeting Check in with Participants		Meets briefly with parents and child individually to determine safety concerns or worries and what can be done to keep them physically and psychologically safe.

DURING THE CR-CFTM

Activity	Social Worker/Social Work Supervisor	Facilitator
The Meeting	<ul style="list-style-type: none"> • Summarizes current situation, explains how the safety concerns impact the child, and articulates why DCF is considering removal of the child today. • Describes risk factors that may be impacting child safety and presents relevant case history as it relates to current situation and Safety Planning (identifying trends or patterns of behavior). • Discusses family strengths and protective factors that may address safety factors. • Is open and receptive to the ideas and opinions of others. • Is prepared to discuss the non-negotiables and parameters around Safety Planning. • Provides an overview of the assessment tools used to identify safety and risk and bring completed assessment tools to meeting. • Brings existing Safety Plan to the meeting and is prepared to discuss why the plan is not working well to ensure child safety. • Articulates whether proposed safety interventions identified through this meeting can sufficiently protect child or explains why the proposed placement resource may not be an appropriate placement resource for child. • Documents the Safety Plan. • Discusses contingency plan if interventions are not possible. • Helps develop plan for monitoring Safety Plan. <p>Note: During the meeting, one Safety Plan can be created for multiple children if the safety interventions are the same for all the children.</p> <ul style="list-style-type: none"> • Consults with Program Manager if consensus is not reached. 	<ul style="list-style-type: none"> • Facilitates and conducts the meeting by guiding the group through the six stages, including the establishment of ground rules. • Engages family in discussion of the problem and possible solutions. • Ensures the family voice is heard. • Ensures the child's voice is heard or represented. • Ensures that the child participates in the portion of the meeting that the child is comfortable with and can tolerate. • Continuously assesses the level of distress for the child throughout the meeting. • Assures that there are age-appropriate language and explanations as well as a calm atmosphere during the child's presence in the meeting. • Engages family and their supports in Safety Planning and identification of risk factors that impact child safety. • Creates a safe environment for participants to express ideas • Assists the group in balancing the physical and psychological safety needs and the need for continuity in family relationships. • Guides team toward consensus. • Keeps the meeting focused and moving. • Manages conflict and emotions through check-ins and breaks. • Ensures that the assigned Social Worker provides a thorough discussion of the safety concerns and risk factors that impact child safety. • Assists both DCF staff and external partner attendees in assessing and addressing safety concerns. • If removal is the outcome of the meeting, facilitates discussion around how and when the child will be informed who will inform the child, and who can provide

	<ul style="list-style-type: none"> • If placement is recommended or the decision is made that child will remain in placement, explores relative and fictive kin resources for child. • If placement is recommended, identifies items of comfort that the child will be able to take with him or her to placement. • If placement is recommended, discusses when first and subsequent visits should occur. • Establishes a visitation schedule and plan that promotes bonding and maintaining of relationships. 	<ul style="list-style-type: none"> • support to the child. • Explores placement resources within the family, should removal be recommended. • Ensures visitation and other forms of contact will be maintained between the child and siblings, caregivers, and others close to him or her.
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AFTER THE CR-CFTM

Activity	Social Worker/Social Work Supervisor	Facilitator
After The Meeting	<ul style="list-style-type: none"> • Follows up with family and others to ensure interventions are implemented immediately or meets with family to discuss placement. • Monitors plan and assesses whether plan is effective in mitigating safety factors. • Pursues action steps developed during the meeting. • Follows up on any concerns or risks that arise during the meeting. 	<ul style="list-style-type: none"> • Documents discussion and results of meeting in the CR-CFTM Summary Report. <p>Note: Safety Plans established for each child must be documented separately in the Summary Report.</p> <ul style="list-style-type: none"> • Conducts debriefing meeting with SW and SWS after participants have left the meeting. • Ensures documentation of CR-CFTM process and decision is complete (prior to lockdown of the window in LINK by selecting "Meeting Held").

SIX STAGES OF THE CONSIDERED REMOVAL MEETING

All Considered Removal Meetings, led by the Facilitator, will contain the following components:

1. Introduction

The Facilitator will:

- create a safe and welcoming environment for participants;
- explain the purpose and goal of the Considered Removal meeting;
- have each participant introduce him- or herself stating his or her role and relationship to child, family and case;
- provide “ground rules” for the Considered Removal meeting;

- e. explain that information shared during the Considered Removal meeting is confidential, but there are certain limitations to this confidentiality: the information may be used for case planning purposes, in court proceedings, shared with Law Enforcement if applicable, and included in DCF's investigation of the current (or subsequent) report of child abuse or neglect;
- f. explain the primary goal of the meeting is to obtain consensus regarding the safety decision, Safety Planning, and placement, if needed and the Facilitator will inform participants that DCF is ultimately responsible for child safety decisions regardless of whether consensus is achieved or not; and
- g. inquire and respond to any questions regarding the purpose and format of the Considered Removal meeting.

2. **Identify the Situation**

The DCF Social Worker and the parents, guardians or custodians and other participants (including the child) will be asked to give their accounts of the precipitating event that brought the child and family to the attention of DCF and a description of the safety factors and concerns that cause the child to be unsafe. This ensures participants have a shared understanding of the problem or situation the team will be addressing during the meeting.

3. **Assess the Situation**

All participants will be asked to share their perception of the situation in order to develop a better understanding of the magnitude and nature of the family's problem, including:

- a. safety factors or concerns;
- b. protective capacity of the caregivers;
- c. any identified risk factors;
- d. family strengths that mitigate safety factors;
- e. discussion of caretaker's behaviors and impact on child;
- f. formal and informal supports available to assist the family to ensure child safety;
- g. explore individual needs of child;
- h. current and past services, if applicable, for both parents and child;
- i. past history or stressors (including trauma, substance abuse, mental health histories of both child and caregivers); and
- j. any recommendations regarding physical and psychological safety and placement.

4. **Develop Ideas**

The team will brainstorm ideas that lessen and manage the identified safety factors. Ideas will usually be in following areas:

- actions that provide physical and psychological safety;
- services that reduce risk and support child remaining in the home; and
- placement and custody.

The Family's protective factors and strengths can be used to help mitigate safety concerns. Once ideas are discussed, the team will evaluate the options and suggestions presented to determine whether interventions can sufficiently protect child.

5. Reach a Decision

The Facilitator will identify the areas of agreement among participants that will protect and keep the child safe and will strive to reach consensus regarding the safety decision and interventions.

If consensus cannot be reached, the Program Manager will ultimately be responsible for the safety decision. The Safety Plan should be developed in the least intrusive, least restrictive and most trauma-informed manner required to reasonably ensure child safety, and be consistent with policy requirements. If a family arrangement is identified, the DCF Social Worker must assess the caregiver's suitability, reliability and ability to ensure child safety and willingness to engage the child in services, as needed, prior to assuming caretaking responsibilities.

Note: If custody or placement court orders are already in place, and the decision reached is contrary to those orders, the parties must return to court before finalizing the new plan.

Contingency Planning

At times it may be necessary to develop a contingency plan. This is an alternative plan (or a "back-up" plan) to ensure child safety. It describes what will occur if the agreed upon Safety Plan cannot be implemented. If the Contingency Plan is utilized, it becomes the family's Safety Plan and remains in effect for as long as it is needed to control and manage the safety needs.

A contingency plan may be appropriate:

- when a substitute caregiver has concerns about his or her ability to fulfill the terms of the Safety Plan on a long-term basis;
- to resolve pending legal issues such as change of custody; or
- if an Interstate Compact on the Placement of Children (ICPC) request for home study, placement and supervision.

6. Recap, Evaluation and Closing

The Facilitator summarizes verbally and in writing the team's decision and recommendations, including the contents of the Safety Plan and Action Steps that were developed during the meeting to address risk factors and to help support the family. The Facilitator will clarify the participants' individual roles and responsibilities in Safety Planning.

Copies of the Summary Report will be provided to participants. This document summarizes the decisions made including the Safety Plan (and Contingency Plan if applicable) to ensure child safety and plans for services to be provided to the child and family.

If English is not the primary language of the family, a plan will need to be developed to translate the document.

PRACTICE GUIDANCE - CR-CFTM and Bench Orders of Temporary Custody (OTCs) -

Following the removal of the child from home and prior to the ten-day hearing in Superior Court for Juvenile Matters, the Social Worker will offer a CR-CFTM to the family and their supports explaining the purpose and focus of the meeting. These meetings will be facilitated by a CR-CFTM Facilitator. These meetings are unique in that the decision to remove has already been initiated by a judge. The focus of these meetings will be to:

- develop a plan with family and their supports to mitigate the need for placement;
- explore alternative placement resources for the child with relatives or fictive kin;
- identify services and resources in the community to help the family; and
- develop an agreement that may be presented to the court at the next hearing.

Note: Staff should immediately notify their Area Office Attorney and Assistant Attorney General when a bench OTC is received and involve the legal staff in developing the plan for presentation to the court. If DCF is aware that the court may be issuing a bench OTC, every effort should be made to conduct the CR-CFTM prior to the bench OTC being issued.

SIX STAGES OF THE CONSIDERED REMOVAL MEETING FOR BENCH OTCs

1. Introduction

The Facilitator will:

- a. create a safe and welcoming environment for participants;
- b. explain the focus and goal of the Considered Removal meeting;
- c. Have each participant introduce him- or herself stating his or her role and relationship to child, family and case;
- d. provide ground rules for the Considered Removal meeting;
- e. explain that information shared during the Considered Removal meeting is confidential, but there are limitations to this confidentiality: the information may be used for case planning purposes, in court proceedings, shared with law enforcement if applicable; and
- f. inquire and respond to any questions regarding the purpose and format of the Considered Removal meeting.

2. Identify the Situation

The DCF Social Worker and the parents, guardians or custodians and other participants (if applicable) will be asked to give their accounts of the circumstances that necessitated the bench OTC. This ensures that participants have a shared understanding of the problem or situation the team will be addressing during the meeting.

3. Assess the Situation

All participants will be asked to share their perceptions of the situation in order to develop a better understanding of the magnitude and nature of the family's current challenges and circumstances, including:

- a. presenting concerns;
- b. protective capacity of the caregivers;
- c. any identified risk factors;
- d. child and family strengths that mitigate concerns;
- e. discussion of child and caretaker's behaviors and their impact on the family and placement plan;
- f. formal and informal supports available to assist the family;
- g. individual needs of child and family;
- h. current and past services, if applicable; and
- i. past history or stressors (including trauma, substance abuse, mental health histories of both child and caregivers).

4. Develop Ideas

The team will brainstorm ideas that can adequately address the presenting concerns and will help provide support to the family. Ideas will usually be in following areas:

- actions that address presenting concerns;
- community services and resources that address presenting concerns and family needs, and offer support to the family; and
- alternate placement resources for child with relatives or fictive kin.

Once ideas are discussed, the team will evaluate the options and suggestions presented to determine whether they will effectively mitigate the child's need for placement, and identify alternative placement resources for the child if continued placement seems likely as well as any community services and resources that will help support the family and address their needs.

5. **Reach a Decision (Recommendations)**

The Facilitator will identify the areas of agreement among participants specific to the child's need for continued placement, possible placement options should continued placement be warranted and community services that could be implemented to address needs and presenting concerns. This plan should specify what needs to happen in order for the child to return home. Those recommendations will be presented to the court at the ten-day hearing.

Note: Although a plan may be developed during the CR-CFTM process, the decision to adopt the plan or to vacate the OTC is ultimately the court's decision, and no action should be taken to implement the plan until the court has approved it.

6. **Recap, Evaluation and Closing**

The Facilitator summarizes verbally and in writing the team's recommendations. The Facilitator will clarify the participant's individual roles and responsibilities. Copies of the Summary Report will be provided to participants. This document summarizes the team's recommendations. If English is not the primary language of the family, a plan will need to be developed to translate the document for the family.

CONDUCTING A CONSIDERED REMOVAL MEETING WHEN FAMILY VIOLENCE IS A FACTOR^{2, 3}

The Facilitator, in consultation with the DCF SW and SWS, shall determine whether the non-offending parent feels comfortable having the batterer present for the meeting. If the outcome of the meeting is dependent on the non-offending parent's Safety Plan, a separate meeting is recommended. Ensuring safety for all participants is of paramount importance. If separate meetings are necessary, the first meeting should be held with the non-offending parent to gain a better understanding of the level of violence. The plan developed with the non-offending parent as a result of this meeting should ultimately guide the decision.

- Meetings must not violate court orders, or any condition of probation or parole that restricts contact or communication of a perpetrator of abuse with the victim.
- When family violence is suspected or indicated during the Considered Removal screening, the Pre-Meeting Check-In is held just prior to the Considered Removal meeting and includes the assigned Social Worker, Facilitator and the non-offending parent.

Note: If the discussion does not indicate concerns about family violence or immediate participant safety, all DCF staff should be prepared for “in the moment” strategies and move to separate meetings if necessary.⁴

² Adapted from “Guidelines for Conducting Family Team Conferences When There is a History of Family violence” – Family Violence Prevention Fund and Child Welfare Policy and Practice Group, 2001.

³ For more information, see Table 10, "Family Violence Practice within the Considered Removal Meeting Process."

⁴ For additional information, please see “In the Moment Strategies for Facilitators of Team Decision Making Meetings when Family violence is Present or Suspected” (May 2004) Available at www.aecf.org/KnowledgeCenter

CONDUCTING A CR-CFTM WHEN CHILD IS UNDER AN ORDER OF PROTECTIVE SUPERVISION:

The following practice guidelines have been established for protective supervision cases:

- DCF staff shall invite the parents, their attorneys, the child's attorney and the AAG to the CR-CFTM.
- The primary purpose of the CR-CFTM will be to explore whether a Safety Plan can be created to allow the child to remain in the home.
- DCF shall not make any changes in the child's physical location as a result of a CR-CFTM, as any changes would violate a custody order.
- A Safety Plan can be pursued if it allows the child to remain safely in the home of the parent as ordered by the court without any changes in the child's physical custody. The AAG will need to be notified of the situation in order to inform the court of the changes in family circumstances and the need to modify disposition if warranted.
- If the Safety Plan involves a change in the child's physical location to ensure his or her safety, a 96-hour hold will be invoked, followed by an *ex parte* Order for Temporary Custody the following day.
- During the CR-CFTM process, DCF can explore potential placement resources for the child.

CONSIDERED REMOVAL FACILITATOR DOCUMENTATION

What documents do I need?

1. Upon referral: DCF-3038, "Participants and Concerted Efforts."
2. Beginning: DCF-3037, "Sign in Sheet for Meeting Participants."
3. During: DCF-3035, "Child and Family Team Meeting Outline" and DCF-2180, "Safety Plan."
4. After: DCF 3036, "Child and Family Team Meeting Summary Report."

Who completes documents?

Participants and Concerted Efforts (DCF-3038)	CR Facilitator and Social Worker
Sign in Sheet for Meeting Participants (DCF-3037)	CR Facilitator
Child and Family Team Meeting Outline (DCF-3035)	CR Facilitator
Safety Plan (DCF-2180)	Social Worker
Child and Family Team Meeting Summary Report (DCF-3036)	CR Facilitator

Social Workers are to ensure that participants who attend the meeting are entered in LINK maintenance as a case participant or a case contact (depending on their role):

- all household members are case participants;
- non-custodial parents are case participants regardless of household membership; and
- all other participants are case contacts.

The Social Worker will send the completed DCF-3038, "Participants and Concerted Efforts," to the Facilitator by email within two business days of the meeting.

An interpreter may be asked translate the DCF 3036, "Child and Family Team Meeting Summary Report," if English is not the primary language of the family.

FORMS

DCF-3038
03/2014 (New)

**Department of Children and Families
Participants and Concerted Efforts**

Please document all concerted efforts to engage and include mothers, fathers, guardians, children, extended family, natural supports, and providers in CR-CFTMs. This documentation should be limited to those individuals who either refused to have a CR-CFTM or those who did not attend the CR-CFTM.

Child's name: _____ **Child ID number:** _____

Case name: _____ **LINK case number:** _____

PARTICIPANTS INVITED:

Name	Relationship/Role	Interpreter
	Parent	
	Parent	

EFFORTS

Parent 1:

Parent 2:

Child:

Additional supports:

Email this completed form to the Considered Removal Facilitator of your meeting

DCF- 3037
03/2014 (New)

State of Connecticut
Department of Children and Families

**CONSIDERED REMOVAL
SIGN IN SHEET FOR MEETING PARTICIPANTS**

PARENT/GUARDIAN PERMISSION

I/we give DCF of Children and Families permission for the following individuals to be present at this Considered Removal Child and Family Team Meeting (including community providers involved with my/our family, friends, relatives and other individuals that I/we have requested to be present).	
_____ Signature of Parent/Guardian	_____ Signature of Parent/Guardian
_____ Date	_____ Date

PRIVACY STATEMENT for ADDITIONAL FAMILY SUPPORTS

As a participant in this Considered Removal Child and Family Team meeting, I understand that I may share and exchange pertinent information with the agencies, professionals, and others explicitly listed below. I further understand that I must be respectful of the information shared in this meeting which will be used to Safety Plan and to coordinate service delivery and that may be used in any court proceeding involving the child(ren) who is(are) the subject of this meeting .				
NAMES AND SIGNATURES				
Print Name	Signature	Address	Phone	Relationship to Family



CONSIDERED REMOVAL CHILD AND FAMILY TEAM MEETING OUTLINE

MEETING DATE: ___ / ___ / ___

FACILITATOR:

FAMILY NAME:

SOCIAL WOKER:

LINK CASE NUMBER:

SUPERVISOR:

SITUATION THAT PROMPTED REMOVAL DISCUSSION

CHILD DISCUSSED	DOB	Mother	Father	Guardian

MEETING RESULTS

ACTION STEPS

Who	What	By	When

PARTICIPANT SIGNATURES *(Signature does not imply agreement)*

Name

Date

**DEPARTMENT OF CHILDREN AND FAMILIES
SAFETY PLAN**

TO THE FAMILY: The purpose of this Safety Plan is to outline responsibilities that each person has in creating and maintaining conditions that will ensure your child(ren) are safe in your home. Your participation and input in the development of this Safety Plan, while voluntary, is important. This Safety Plan will be in effect until the review date noted at the top of the plan. The plan may be changed if your family's situation or circumstances change. If an unsafe situation develops for your children, it may result in DCF taking stronger action to ensure their safety.

TO THE SOCIAL WORKER: If any safety factors have been identified, please describe the Safety Plan, which will be implemented to specifically address each identified safety factor.

Select one review date for the most acute activity, then update as needed. **Review Date:** ____/____/____

Safety factor:

Parent/Guardian will do the following:

DCF will do the following:

Safety factor:

Parent/Guardian will do the following:

DCF will do the following:

Safety factor:

Parent/Guardian will do the following:

DCF will do the following:

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Worker: _____

Date: _____

Supervisor: _____

Date: _____

WHITE - DCF CANARY - PARENT / LEGAL GUARDIAN

DCF- 3036
03/2014 (New)

State of Connecticut
Department of Children and Families



**CONSIDERED REMOVAL
CHILD AND FAMILY TEAM MEETING SUMMARY REPORT**

[Family First Name Last Name]
[Address]
[City, State, Zip Code]

Re: [identified child]
Facilitator:

Dear [First Name Last Name],

DCF of Children and Families values your opinion concerning the assessment and planning for your child(ren) as a result of concerns that were identified in a report made to DCF.

Please review and ensure your understanding of the following summary of our recent meeting held on _____ to determine whether a removal was required to ensure the safety, permanency health and learning of your child(ren).

REMOVAL RECOMMENDATION: no yes Recommended Placement:

PARTICIPANTS

MEETING RESULTS

SAFETY PLAN

ACTION STEPS

Who	What	By When
-----	------	---------

Please feel free to contact me if you have any questions about this summary as reported.

Sincerely,

Social Worker	Phone	Date signed
---------------	-------	-------------

Department of Children and Families
CR-CFTM
Incarcerated Parent Protocol

When a parent (or legal guardian) is detained by DCF of Corrections, please follow the below protocol to make efforts for his or her participation in the CR-CFTM.

- Be prepared with the name and date of birth of the inmate.

- Send an email to the DCF-DOC liaison Karen Keatley with a copy to Debra L. Collins (DCF) with the following information:
 - name, date of birth, inmate number (if known), and facility (if known)
 - state that a Considered Removal meeting is being arranged for [name of child]
 - when the meeting is being held
 - identify a conference call telephone number, if available
 - identify your best contact number and fax number

- The DOC liaison will locate the inmate and respond via email.

- If the inmate is unable to participate via teleconference, the DOC liaison will attempt to obtain basic information from the inmate parent and forward that information to the Social Worker. The DCF-3039, "CR-CFTM Incarcerated Parent Participation," may be used for this.

DCF-3039
03/2014 (New)

Date of meeting: _____

Name of Parent: _____

Department of Children and Families
CR-CFTM
Incarcerated Parent Participation

- A CR-CFTM is a chance for family members to talk about possible solutions for children who are at risk of being removed from the home.

WHO DO YOU WANT TO INVITE TO THE MEETING WHO CAN SUPPORT YOU AND YOUR CHILD?

HOW CAN WE REACH THEM?

- The purpose of the meeting is to make a decision about safety that focuses on whether the child should be removed from the home and, if so, where the child will go.

WHAT SHOULD WE KNOW ABOUT YOUR CHILD?

WHAT DO YOU WANT THOSE AT THE MEETING TO KNOW ABOUT SAFETY FOR YOUR CHILD?

IF YOUR CHILD COULD NOT STAY AT HOME, WHERE AND WITH WHOM WOULD YOU WANT HIM OR HER TO GO?

HOW CAN WE REACH YOUR SUGGESTED PLACEMENT?

Liaison completing form: _____ DOC role: _____

DCF SW: _____ DCF local fax: _____

TOOLS

BELIEF SHIFT PARADIGM

Rescue the Child	----->	Empower the Family
Parents as Clients	----->	Parents as Partners
Deficits/Weaknesses	----->	Capabilities/Strengths
Standardized	----->	Individualized
“Bunker Mentality”	----->	Open and Including
Reacting	----->	Responding
Autocratic Approach	----->	Team-Based Approach
Community Blight	----->	Community Based
Quantity of Services	----->	Effectiveness of Services
Thinking You Know	----->	Hard Data to Show

Power of Language Activity

What you say and how you say it significantly impacts relationships.

As we strive for meaningful engagement, we need to think about traditional language and strength-based words and interactions. Many of the traditional language feelings listed here could be exhibited by someone who is scared, frightened, not trusting of the agency, not engaged in the process of change, unclear of role and purpose of the agency, or confused about expectations or where things are going.

Traditional Language	Strength-Based Language
Dysfunctional	challenging, colorful, unconventional, unique, struggling, a lot of family dynamics, extraordinary, non-traditional, typical, normal
Non-Compliant	Challenging, strong-willed, cautious, determined to go on their own path, reluctant, misinformed, determined, independent
Resistant	Cautious, strong-willed, apprehensive, hesitant, advocating for self, unsure of commitment, unsure, strong in beliefs, spirited, independent
Uncooperative	Independent, unsure, different pace, wary, leader, "What would work for you?" "What's not working?"
Lazy	Low energy, needs encouragement, conserving energy, overwhelmed, down, laid back, well-rested, slow moving, apprehensive, calm, relaxed, energy efficient
Apathetic	Cautious, uncomfortable, change in priority, pensive, calm, ignoring negative behaviors, neutral, not brought into, self-aware, indifferent
Stubborn	Strong willed, passionate, committed, strong beliefs, determined, firm, unwavering, needs more support/encouragement, strong character, spirited, persistent, thoughtful, careful, strong convictions,
Inappropriate	Not censored, unorthodox values/beliefs/ perceptions, different way, not filtered, nonconformist, extravagant, different, creative, unique
Bull headed	Strong willed, unwavering, determined, strong feelings and opinions, self determined, strong personality, know what he or she wants, selective
"Those families"	"Our families," families we work for, people, individuals, families served
Cases	Families, conferences, users, consumers, customers, our families, families served, people, children, child, families we work for
Client	Children, family, parent, child, individual, family member, consumer, person, identify by name, user, customer, our families, participant, kids

Traditional Language	Strength-Based Language
Caseload	Families, work load, works in progress, number of families, work, our families, families we work for/with, families served,
Crazy	Fun, spontaneous, entertaining, eccentric, thinks outside the box, mental health issues, creative, colorful, mental health concerns
Frustrating	Challenging, requiring patience, needs more support, willful
Bothersome	Inquisitive, persistent, willing to learn, asks lots of questions, outgoing
Needy	Loves attention, utilizes resources, multi-faceted, needs empowerment, looking for..., in need of support, developing competencies
Manipulative	Strong leader, not a follower, resourceful, creative, collaborative, wants more understanding, works with others, resourceful, creative
Controlling	Assertive, strong, empowered, detailed, has high expectations
Liars	Reinventive historian, storytellers, alternate perceptions, creative, imaginative, different perception
Unreliable	Sets own schedule, free spirited, spontaneous, on their own agenda
Ungrateful	Thankful for other things in their life, quietly accepting
Unstable	Spontaneous, in transition, developing
Unwilling	Is not doing task yet, strong willed, not in agreement
Limited	Needing additional resources, strong in other areas, developing competencies
Not capable	Overwhelmed, knowing limitations,
Uncaring	Reserved, laid back, cautious
Moody	Misunderstood, expressive, self-expressive, emotional, changeable

Adapted from *Pennsylvania Family Group Decision Making Toolkit: A Resource to Guide and Support Best Support Practice Implementation*

Family Violence Practice within the Considered Removal Meeting Process

Child Protection FV Practice	Scheduling the Meeting	Pre-meeting Check-in
<p>Role of Social Worker:</p> <ul style="list-style-type: none"> ● Screen for family violence ● Assess the family violence impact on the children ● Explore options with the adult survivor ● Utilize community resources and services ● Safety Plan ● Meet with the violent parent and structure conversation based on what the adult survivor has said will be safe 	<p>Role of Social Worker:</p> <ul style="list-style-type: none"> ● Request separate meetings when the decision depends on the survivor's Safety Plan ● Identify family violence during the referral process ● Carefully explore supports to invite for each parent ● Consult or Invite the family violence consultant or knowledgeable family violence community partners 	<p>Role of Social Worker:</p> <ul style="list-style-type: none"> ● Communicate new concerns to the Facilitator and Supervisor (recent disclosure of family violence, coercive behaviors, abusive partner shows up unexpectedly, etc.) ● Participate in the safety check-in and make alternate plans if needed
<p>Role of Social Work Supervisor:</p> <ul style="list-style-type: none"> ● family violence professional development of staff ● Supervision: <ul style="list-style-type: none"> ▶ know the family's situation ▶ ask about the impact of family violence on the children ▶ ask about contact and efforts with the perpetrator ▶ ask about Safety Planning with the survivor ● Model a non-judgmental Safe and Together approach and effective engagement ● Be aware of family violence resources in the community and build relationships with family violence service providers ● Participate in safety check-in and make alternate plans if necessary 	<p>Role of Scheduler:</p> <ul style="list-style-type: none"> ● Check for existence of court orders prohibiting contact ● Ask the assigned worker: <ul style="list-style-type: none"> ▶ Are you aware of any violence in the family? ▶ Have you asked family members about violence in the home? ▶ Has anyone in the family expressed fear of other members? ● Invite the family violence consultant or knowledgeable community partners ● Assess whether to schedule separate Considered Removals for families with family violence as a factor ● Arrange for security if the level of danger is high 	<p>Role of Facilitator:</p> <ul style="list-style-type: none"> ● Conduct pre-meeting safety check in and make alternate plans if needed ● If family violence is indicated or a concern but not stated, make a plan with each parent for a signal about when to take a break

Based upon the Family Violence Prevention Fund 2009 Team Decision Making and Family violence: An Advanced Training for TDM Facilitators and Child Protection Supervisors

CHILD INCLUSION ASSESSMENT FOR CONSIDERED REMOVAL CFTM

Remember that it is not a question of *whether* a child will participate in the process, but *how*. The following questions will help you determine how the child should be involved.

- How old is the child?
-

- How does the child *want* to participate?
-

- What special needs are there? Developmental and cognitive abilities? Special mental health diagnoses that are difficult to manage in group settings (including child's history of trauma and potential for traumatic stress that may result by participating in the meeting)?
-

- What does the family think?
-

- Is there potential for the process to be therapeutic for the child? What does the child's therapist think?
-

- What family members are present?
-

- What kind of support network will the child have?
-

- Who will be the designated support person?

Idea List

Bringing a child's voice and presence into the room is one of the key aspects of ensuring the success of your meetings. With older children, it will be more possible to bring a specific message from the child about what is happening and their feelings about it. With infants and toddlers, it is enough to remind the participants of their presence so that they can maintain focus on the purpose of the meeting. Here are some ideas to get you started:

• Bring a picture of the child or a child and family	• Have child draw a picture of his or her feelings or their message
• Bring a videotape of the child	• Audiorecord the child's message to the family
• Read child's favorite story	• Have the child participate by conference call
• Bring a piece of child's clothing	• Have the child attend only a part of the meeting
• Bring note cards from "baby" with "I love you" message	• Have the child make a message card
• Bring one of child's toys	• Use one-step-removed approach (puppet, toy, etc. that sends the message)
• Tell a story about the child	• Have the child appoint a spokesperson
• Use empty chair technique	• Have the child complete the worksheet "I want to say something!"
• Use name card technique	• Light a candle to symbolize child's light
• Use a baby's voice worksheet	• Play child's favorite song
• Have child write a letter	

I Want to Say Something

Hello Everyone,

I heard about the family meeting today and, because I will not be there, I have some things I want you to know.

- When I think about what's going on in my family, I like that:
-

- What I don't like about what's happening is that:
-

- My feelings right now about it are:
-

- So this is who I think should be there:

Because:

- And these are the people I think should *not* come:

Because:

- I want you to know that the good things about my family are:
-

- Things that worry me about my family are:
-

-
- So this is what I especially want my _____ to know:

-
- And this is what I really want my _____ to know:

-
- And for all of you who are there, I would like to tell you that:

-
- When you all work on figuring this out, this is what I hope for me:

-
- And this is what I would like to see happen for all of us:

-
- Thank you for:
-

Signed: _____

Tips for Preparing Children for a Child and Family Team Meeting

Below, you will find several tips and guidelines for preparing a child to attend a Child and Family Team Meeting. These are specific ideas that will help you before arriving at the meeting itself.

- Determine what the child knows about the reason for involvement with DCF, in order to prepare him or her for hearing the family's "story" in the meeting.
- Explain the purpose, what is going to happen, what it will look like to the child, what to expect.
- Anticipate the questions and provide answers.
- Allow ample time for the child to ask what he or she wants to know.
- Help find an understanding that his or her opinions will be extremely important but that it may not always turn out exactly how he or she would like.
- Once you feel the child understands the process, you may ask:
 - How do you think it should go?
 - What would you like to tell your family?
 - What will help everyone feel comfortable?
 - Do you want to come?
 - Who do you want to come with you?
 - Who do you not want to come with you?
 - What would you like everyone to know?
- Acknowledge that it may not be easy to hear some things and provide reassurance for his or her safety.
- If possible, give the child enough time to think about and prepare what he or she would like to say.
- Allow opportunities to rehearse, role play and practice.
- Reassure child that you will do everything possible to make sure he or she feels comfortable and safe.
- Present many options and alternatives for attending, especially if child changes his or her mind about being physically present.

Tips for Child Inclusion During and After the Child and Family Team Meeting

Below you will find additional tips to guide you during the process of the meeting itself, as well as follow-up ideas.

- Designate a support person for the child; have them sit together.
- Privately review signals and cues with the child before the meeting.
- Monitor the child's nonverbal behaviors as they provide important cues into what he or she is feeling.
- Establish and review ground rules with the special needs of the child emphasized.
- Keep conversation oriented to his or level of understanding.
- Be conscientious about the adult/child ratio and how that feels to a child -- acknowledge it.
- Pay special attention to the room itself. Include fidget toys, crayons, markers, paper, coloring sheets, stuffed animals, books to read, Legos, etc.
- After the meeting, do a final, brief check in with the child.
- Spend some time with the child to check in about the experience.
- Ask for his or her thoughts, opinions, feelings.
- Commend him or her for the good job he or she did in such an unfamiliar situation.
- Offer encouragement for the child, the family and the plan created.
- Thank child for participating, letting him or her know that the plan could not have been so nicely developed if it were not for his or her voice.

Handout
Physical and Psychological Effects of Substance Use

SUBSTANCE	PHYSICAL/PSYCHOLOGICAL EFFECTS
<p>Alcohol</p> <p><i>Alcohol abuse</i> is a pattern of problem drinking that results in health consequences, social problems, or both. However, <i>alcohol dependence</i>, or <i>alcoholism</i>, refers to a disease that is characterized by abnormal alcohol-seeking behavior that leads to impaired control over drinking</p>	<p>Short-term effects of alcohol use include:</p> <ul style="list-style-type: none"> • distorted vision, hearing, and coordination • impaired judgment • altered perceptions and emotions • bad breath; hangovers <p>Long-term effects of heavy alcohol use include:</p> <ul style="list-style-type: none"> • loss of appetite, vitamin deficiencies; stomach ailments • skin problems • sexual impotence • liver damage • heart and central nervous system damage; memory loss
<p>Methamphetamine</p> <p>Methamphetamine is a stimulant drug chemically related to amphetamine but with stronger effects on the central nervous system. Street names for the drug include "speed," "meth," and "crank."</p> <p>Methamphetamine is used in pill form, or in powdered form by snorting or injecting. Crystallized methamphetamine known as "ice," "crystal," or "glass," is a smokable and more powerful form of the drug.</p>	<p>The effects of methamphetamine use include:</p> <ul style="list-style-type: none"> • euphoria • increased heart rate and blood pressure • increased wakefulness; insomnia • increased physical activity • decreased appetite; extreme anorexia • respiratory problems • hypothermia, convulsions, and cardiovascular problems, which can lead to death • irritability, confusion, tremors • anxiety, paranoia, or violent behavior • can cause irreversible damage to blood vessels in the brain, producing strokes <p>Methamphetamine users who inject the drug and share needles are at risk for acquiring HIV/AIDS</p>
<p>Cocaine</p> <p>Cocaine is a white powder that comes from the leaves of the South American coca plant. Cocaine is either "snorted" through the nasal passages or injected intravenously. Cocaine belongs to a class of drugs known as stimulants, which tend to give a temporary illusion of limitless power and energy that leave the user feeling depressed, edgy, and craving more. Crack is a smokable form of cocaine that has been chemically altered. Cocaine and crack are highly addictive. This addiction can erode physical and mental health and can become so strong that these drugs dominate all aspects of an addict's life.</p>	<p>Physical risks associated with using any amount of cocaine and crack:</p> <ul style="list-style-type: none"> • increases in blood pressure, heart rate, breathing rate, and body temperature • heart attacks, strokes, and respiratory failure • hepatitis or AIDS through shared needles • brain seizures • reduction of the body's ability to resist and combat infection <p>Psychological risks:</p> <ul style="list-style-type: none"> • violent, erratic, or paranoid behavior • hallucinations and "coke bugs"—a sensation of imaginary insects crawling over the skin • confusion, anxiety and depression, loss of interest in food or sex • "cocaine psychosis"—losing touch with reality, loss of interest in friends, family, sports, hobbies, and other activities <p>Some users spend hundred or thousands of dollars on cocaine and crack each week and will do anything to support their habit. Many</p>

Handout:
The Effects of Substance of Abuse on Behavior and Parenting

The Effects of Substances of Abuse on Behavior and Parenting		
Substance	General Effects	Parenting Effects
Alcohol	<ul style="list-style-type: none"> • Lowers inhibitions, often leading to inappropriate or risky behaviors • Impairs judgment • Diminishes motor coordination 	<ul style="list-style-type: none"> • A parent may forget or neglect to attend to parenting responsibilities. • A parent may stay out all night and leave children alone due to intoxication. • A parent may have rages and depressive episodes, creating an unstable environment for children.
ILLEGAL DRUGS		
Cocaine	<ul style="list-style-type: none"> • In addition to an influx of energy, cocaine also heightens the senses. Colors appear brighter, smells seem stronger, and noises sound louder. • After prolonged use, cocaine also increases irritability and aggression in the user. • Cocaine can result in psychotic distortions of thought such that the user imagines and acts on projections to others of his or her own aggression. 	<ul style="list-style-type: none"> • A child's crying, which may be only a mild annoyance to a non-using parent, is magnified in its intensity to the parent on cocaine. • A parent may become angry or impatient with a child for any reason because of thought distortion and misperception of the child's intent.
Crack/Crack Cocaine	<ul style="list-style-type: none"> • In the smokeable form known as crack, cocaine cycles rapidly through the body so that a physical and psychological "high" vanishes quickly, within 5 to 15 minutes, leaving in its wake anxiety, depression, and paranoia, as well as an intense craving for a return to the euphoric state. • Crack heightens feelings of power and control over one's life, feelings that may be sorely lacking in those belonging to oppressed social groups 	<ul style="list-style-type: none"> • A parent addicted to crack can leave an infant or toddler alone for hours or sometimes days at a time to pursue the drug. • CPS workers frequently investigate maltreatment reports in homes barren of furniture and appliances that have been sold to purchase crack and other drugs. • The absence of food in the refrigerator or cupboards is evidence of parental inability to attend to a child's most basic needs. • Some parents will do whatever it takes to pursue their habit, even if it means sacrificing the health and well-being of loved ones. • Crack can contribute to a significant increase in sexual abuse of young children in two ways: <ul style="list-style-type: none"> ○ The heightened physical sensations induced by crack can lead users to seek out sexual encounters. A child who is available and unprotected by a functioning adult, as when children accompany parents to so-called crack houses, is an



Considered Removal

***CHILD and FAMILY
TEAM MEETING***



The CR-CFTM draws upon the family's strengths, experiences, knowledge, and resources to create a plan for the safety and well-being of children in the family.

The meeting is based on these six principles:

- Everyone wants respect.
- Everyone needs to be heard.
- Everyone has strengths.
- Judgments can wait.
- Partners share power.
- Partnership is a process.

What is A Considered Removal?

- A CR-CFTM is a chance for family members to talk about possible solutions for children who are at risk of being removed from the home.
- The purpose of the meeting is to make a decision about safety that focuses on whether the child should be removed from the home and, if so, where the child will go.
- We recognize the importance of keeping children safe while keeping family connections and relationships.



What happens at the Meeting?

A DCF Facilitator who is not your Social Worker will:

Introduce team members; review the purpose of the Meeting; and agree to let everyone be heard.

Identify the safety concerns, the direct impact on the child, and what is needed to make things better.

Talk about your strengths and how they help.

Help the team brainstorm what to do.

Help everyone make a decision together about whether the child can or cannot stay at home.

How long will the Meeting take?

How long the Meeting lasts depends on what needs to be done; however, the Meetings usually take between 1 ½ and 2 hours.

Will the children be at the Meeting?

Children are usually invited to the Child and Family Team Meeting because they have important things to say about what they would like to see happen. You and your Social Worker will decide how your children will be part of your family team meeting. Sometimes children do not attend or they come for only part of the Meeting, especially if they are younger, do not want to participate or may be negatively impacted by participating in the meeting.

Who attends the meeting?

Your Social Worker will talk to you about the purpose of the Team Meeting. Then, together, you will identify the people who can help you and your children.

You are encouraged to invite anyone you feel will help you and your family.

Date: _____

Meeting Time: _____

Location: _____

Please contact us right away if you need:

- **Transportation**
- **Child Care**
- **Translation**

If I have questions, who do I ask?

Contact your Social Worker if you have questions.

Social Worker: _____

Telephone: _____

E-mail: _____