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MEMORANDUM

To: All Staff
From: Joette Katz, Commissioner
Date: Tuesday, November 05, 2013
Subject: Permanency Message

As DCF prepares to implement child and family teaming, a case management process designed to create a youth centered team that both is family focused and represents a collaborative approach to permanency planning and well-being, it is important that we clearly define the rationale and goals associated with this system change.

The Department of Children and Families (DCF) has demonstrated a strong commitment to improving the lives of children, youth 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 the responsibility to do more. Regardless of age, race, cultural background, special need or complexity of circumstances, all children and youth need a family to count on for a lifetime, and all youth need to be adequately prepared to face adulthood. These are not mutually exclusive constructs but rather an important charge for the agency to create a model system committed to ensuring that any youth 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.

For DCF’s purposes, achieving permanency means having 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
- Assures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language

Based on the early data tracking the many systemic changes and strategies adopted through the implementation of differential response, the use of considered removals and the increased outreach and engagement of kin and fictive kin, we expect that permanency will be achieved largely through preservation, reunification and guardianship.

Authentic youth 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/youth’s array of relationships. Outcomes will be customized, thus legal permanence may not be the outcome for all youth. 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 youth report that they have found satisfying emotional permanency through relationships without a legal status, other youth report that they have only truly felt secure when a committed emotional relationship was legalized through adoption or guardianship. Over the next few months, child and family teaming will be rolled out as well as the requisite accompanying training to support the use of this exciting and important methodology. This practice shift will impact all stakeholders. Targeted communications will be developed for youth, families and our providers to ensure that our philosophies and priorities around positive permanency outcomes are aligned.
MEMORANDUM

To: All Staff
From: Joette Katz, Commissioner
Date: Friday, September 05, 2014
Subject: Child and Family Permanency Teaming

With the infusion of child and family permanency teaming, the Department is building on the implementation of key practice approaches including: announced visits, family assessment response, considered removals, outreach and engagement of relatives and kin. To date, these activities have resulted in increased rates of children and youth achieving positive outcomes. The data is clear that children and youth have far better outcomes when key relationships are maintained and supported and they have secure and stable primary parenting relationships.

Since the fall of 2013, the implementation of Child and Family Permanency Teaming has been underway. On September 4, 2014, the training resumed and will continue through early 2015. Because the commitment to achieving positive permanent outcomes for children and youth is not only the responsibility of the Department, in collaboration with the regions, providers will be trained alongside their regional partners. The training schedule has been developed and participation is required for all staff.

In addition, multiple efforts have been introduced to provide additional supports to the workforce and include:
• ongoing coaching, an essential support to implementation
• the introduction of monthly consultation calls for shared learning opportunities
• the regional involvement of the Permanency Exchange Specialists
• increased staffing for Wendy’s Wonderful Kids
• revisions to the Permanency Placement Services Program (PPSP) contract, and
• in the late fall, additional training for Therapeutic Foster Care and Congregate Care providers

The Statewide Steering Committee has been developing draft policy and practice guides, exploring LINK revisions and developing communication strategies that will also be introduced this fall.

I’d like to thank the Statewide Steering Committee for driving and informing this work along with the regional teams who have begun to advance this practice.
Parking Lot

Child and Family Permanency Practice
Parking Lot issues

Documentation/Technology

• **Documentation is difficult with limitations of LINK.**
  Work is underway with IT to develop modifications to LINK that support activities related to permanency practice. Guidance will be prepared to outline utilization that supports the changes. Among the changes, will be narrative types that delineate individual, joint and large team meetings consistent with the model.

• **Access to Facebook**
  DCF staff can access social media sites if we clearly identify ourselves by name and agency (DoIT rules).

• **Genealogy programs that connect family**
  As the Department moves to develop a new SACWIS system this is among the functions' that has been suggested for development. In the interim, on 7.24.14 an all staff email was issued with the following information: To enhance our efforts to keep our youth with families whenever possible and appropriate, we are beginning to install GenoPro software onto all agency computers. The software package will be installed automatically in the next few days.

  GenoPro assists in creating family trees and visualizing relationships. It should be a useful tool in family search and engagement efforts.
  GenoPro Support is available at [www.genopro.com/help](http://www.genopro.com/help)
  GenoPro Tutorials are available at [www.genopro.com/tutorials](http://www.genopro.com/tutorials)

• **Offices with require additional conference phone lines**
  Video conferencing systems have been installed in all area offices to support enhanced and more efficient communication options.

• **Access to ancestry.com**
  As noted above the Department has invested in genealogy software for all staff. In addition Lexis Nexis capacity is available in each area office.

• **Need to add permanency resource as identified role in LINK or create specific icon**
  This will be explored with IT

• **Why no paid internet service**
  The Department pays for licenses to assure that each office has Lexis Nexis capacity. Such capacity is also available through the Permanency Exchange Specialists and GenoPro software was installed in July 2014.
DCF Roles

- **Will we get clarity of what is expected of us?**
  The model will be implemented in all cases both in home and out of home. Those cases where children are just entering care will likely be transferred with an initial team in place comprised of those participants at the considered removal. The team will continue to build for the life of the case.

- **Will we have to do this process for kids who are already 18?**
  Yes

- **How can we support non-caseload carrying staff (i.e. SWCA) to be empowered to take more risks?**
  Much of this depends on assignment and area office resources and structure. If in fact there is consistency in their involvement, they may play a role on the team.

Partner Roles

- **What is the contractual expectation of providers to support the model**
  Review of contracts are underway, revisions are being made to TFC contracts and PPSP. Discussion are underway regarding congregate care providers as well to maintain or build connections at the point of admission rather than waiting.

- **Contracting out for assistance (similar to Lifelong Family Ties)**
  The Department has key partners both internal and external that are available to support this work and include:
  - Those children/youth in TFC foster care - staff are being trained alongside DCF staff and have already been trained on extreme recruitment to support intensive family search and engagement
  - Permanency Exchange Specialist (1 assigned per region) have been training in the permanency practice approach, family search and engagement and Extreme Recruitment - and can work alongside the DCF worker for 12-20 weeks in helping to begin identified team members and engaging in outreach to support team formation.
  - Wendy's Wonderful Kids - expanded in July providing additional support to each of the area offices.
  - PPSP, TFC and Congregate Providers will be trained by Darla Henry, model developer of the 3-5-7 model in December to provide permanency preparation work complimenting the agency's commitment to achieving positive permanency outcomes

- **We need help with family search and making connections.**
  See above regarding partner agencies that can and should play an active role

- **PPSP contract hours for case mining**
  The PPSP contract has been revised and includes expectations in the Recruitment and Screening domain for intensive family search and engagement, which is inclusive to case mining. In addition two new providers have been added to the list of PPSP providers; JRI and IPP. See full list on the DCF website.

- **Can we use Wendy's Wonderful Kids?**
  Absolutely. See above
• **How do we use IPP/PPSP for case mining?**
  Please see above for PPSP, IPP and JRI are now PPSP providers as are a range of other providers.

• **Concern for space in the office for meetings**
  There are various options for where to hold meetings including the birth or foster families home, a community setting or at one of our partners' offices. Most of our cases include various partners who work along side us - they may have space that is both more convenient and more desirable.

**Communication**

• **Community Forums - parent buy-in**
  Each region is developing their own implementation plan. As such consideration of the use of the RAC, staff meetings, foster family support groups, etc are potential forums to engage in these practice discussions.

• **Need systems in place for consistent communication across all levels. Staff from different offices have different understandings based on the communication in their own office.**
  Each region is developing their own implementation plan. Statewide messaging is ongoing but will supplement regional specific communication that showcases the work and results underway utilizing this practice approach.

• **Develop focus groups to address the challenges and concerns regarding the process - perhaps keep training cohorts together.**
  Training is being delivered regionally, to allow regions to train together and alongside their partners.

• **Is there a way to bring success stories forward?**
  Yes. Regional case examples offer great opportunities to share successes and challenges. Also, “PIC” like calls have been established specific to Child and Family Permanency Practice.

**Rationale**

Nationally, the number of children entering care is on the decline, however the number of youth at risk of aging out with permanent connections has been steadily rising. Youth who age out without these critical connections are at higher risk for a range of negative outcomes including; higher rates of homelessness, incarceration, early pregnancy and low academic achievement to name a few. Among our responsibilities are to assure that youth’s time in care is not prolonged and that they are sufficiently connected to key supports that will sustain them long after their time in care.
Courts

- **Education/buy in of courts**
  Each Area Office is engaging in brown bag lunch discussions with their judicial partners consistent with Considered Removal roll out. The Commissioner meets quarterly with the Chief Judicial Administrator with this as a standing agenda item. Also, DCF is one of few states engaged in the Three Branch Institute initiative bringing together members of the Judicial, Executive and Legislative branches and a key focus of this work is permanency. In addition ongoing meetings are being held with the AAG’s. A legal permanency forum has been scheduled for April 24th specifically focusing on Judges and attorney’s.

Policy

- **What are the repercussions with respect to HR issues/discipline towards Social Workers when taking educated risks of involving relatives that have been previously disengaged by the agency**
  As is true with practice across the board, the agency establishes practice guides and policy to guide our work.

- **Draft policy indicates that within 3-5 days of a child being placed, a joint meeting will occur between the foster parent and bio family - How will this get operationalized for children placed in group care settings?**
  Fewer children at the time of removal are placed in congregate settings. Regardless of when a child is placed in congregate the “team” wrapped around a child should be quickly engaged. The team is the vehicle that helps maintain a sense of urgency and moves the planning forward. It also helps the child know they are not alone.

Training

- **FASU and ARG should be in the training from the beginning**
  Although the original training cohort were staff that had predominantly APPLA cases, moving forward each region determines subsequent training cohorts inclusive of private providers. It is expected that all staff will be trained.

- **How will foster parents be made aware of this new process. This should be in PRIDE and licensing process?**
  The Department is going to be implementing a new training curriculum and FASU teams are going to include this practice approach in the training.

- **Coaching opportunities around facilitation and conflict resolution are needed.**
  Statewide and regional coaching have been and will continue to be scheduled through the early part of 2015. Technical assistance is being provided by The Annie E. Casey Foundation. In addition, PIC calls focused on child and family permanency teaming began in September 2014 and will continue monthly.
Practice

- **Discussed the need for increasing supports of the process from the top down.**
  Implementation of Child and Family Permanency Practice is regularly discussed with Sr. Administrators and at Change Management. Evidence of the Department’s commitment can be seen through the establishment of its permanency definition, integrating the practice into policy and assurance that all staff are trained so this practice is applied to all cases.

- **Case weighting should be increased for those cases where there is no identified relative or kin involved (in order to focus on FSE strategies)**
  Those are ideal cases to take advantage of additional resources that when used strategically expand capacity. Those additional resources include: Permanency Exchange Specialist from the Permanency Exchange at CO (1 assigned per region), PPSP Contracts, TFC Providers if the child/youth is in a TFC program, Wendy’s Wonderful Kids, Regional Recruitment efforts - inclusive of Community Collaboratives.

- **Social Workers expressed the desire to maintain connections with you post discharge**
  This recommendation was also heard during the Permanency Roundtable and HR policy is being revised to reflect the process for approval.

- **What do we carve out to make the work happen? i.e. lower percentage for those Social Workers with high intensity permanency needs.**
  The policy subcommittee of the Statewide Permanency Steering committee is reviewing multiple other forums currently in place to develop recommendations of other pieces of the operation that may no longer be required as they will be replaced with Child and Family Permanency Practice.

- **What is the legality of reaching out to relatives**
  On 4.30.14 an all staff memo providing guidance on confidentiality was issued.

- **Time does not allow. What will implementation look like in terms of the time commitment, and its impact on practice?**
  The focus of the work becomes embedded into the existing activities with a greater intentionality. Overtime with the establishment of a team, activities previously conducted by the worker will be assumed by team members, particularly those who play a more normative role in the youth’s life. The balance of the team in time will shift from a predominantly professionally driven team to one that is more heavily weighted with natural supports.

- **Timelines for implementation**
  The entire workforce is being trained which requires a long training schedule. As such this is a rolling implementation. Once trained, staff should begin applying the skills and strategies relative to family search and engagement and individual and joint meetings to form ongoing large permanency teams to advance positive outcomes for children and youth.
• **ACR inclusion in this process**
  ACR is an essential part of the case planning process. The ACR presents an opportunity for a large team meeting particularly given the interest in having all parties at the table to inform the plan and process. It is important to note the ACR is held every 6 months and this model expects higher frequency in team meetings, thus regular meetings will be occurring in between the 6 month cycle.

• **Attorneys should be trained in the Permanency Teaming model**
  As was done with Considered Removals - ongoing discussions are underway with Juvenile Courts including Judges and Attorneys. Additionally, DCF Principal Attorney's have received an overview of permanency teaming. A legal permanency forum has been scheduled for April 2015.

• **Timeframes/Expectations for convening Large Team Meetings**
  Child and Family Permanency Practice is customized to the needs of the child and the team. It is generally expected that large teams will come together every 6-8 weeks to maintain a sense of urgency, it is expected that based on the circumstances and participants that timeline may at times be more fluid. Critical thinking and ongoing assessment together with the Supervisor are essential to help drive the practice.

• **Fidelity to the model and honoring the team process**
  The development of policy recommendations are underway to examine the current professionally driven processes in place that may be replaced by a child's team that honors the work done by that group rather than seeking an additional forum to review decisions and next steps.

• **What if the work is done and APPLA remains the permanency goal?**
  The goal is to assure that children leave care with primary parenting relationships and key figures they can rely on throughout their life. The work of the team is to assure those connections are as solid as they can be, so youth know they have a team to lean on and into as the move into adulthood.

• **ICPS barriers and including ICPC staff in training**
  ICPC practice is guided by a compact with little ability to alter. However, in partnership with the regions, ICPC will continue to pursue as expeditious a plan as possible with the partnering state. Additionally, ICPC staff will also be receiving training.

• **Will ACR staff be receiving training?**
  Yes

• **Clarify/define process of returning children/youth to parents who have been TPR'd.**
  Parents can be treated as a new party to the case and the Department can license, vest an OTC in them, transfer guardianship or approve as a special study. The team should consult with the Principal Attorney.
• When does this become a mandate? What is the timeframe for applying this to all cases ie: 100% day one, or % each month?
   For those staff trained they should begin to apply the practice approach to all their cases. This recognizes that cases are in various stages of development, ie: some new and having benefitted from a previous teaming, others that have been involved for sometime where key connections have been established and others that currently have little involvement with any natural network supports.

• How long do we have to go from safety parameter conversation to the first large team meeting?
   Practice has shown that it typically takes between 6-8 weeks following the safety parameters meeting. The model expects team development happens over time, recognizing that new participants will be identified and or located over time. The team starts with who has been identified and evolves with time.

• Clarify how considered removal fits into this process. Will the teaming be discussed in CR-CFTM?
   Considered removals offer a great opportunity to discuss the ongoing teaming practice that will support achieving the optimal permanency goal for the child. Considered removals also offer a jump start to your teaming in that the CRT has provided you with a foundation from which to start. Having said that as the process proceeds, the team will likely continue to evolve.

• Do we go forward if the clinical recommendation is not to?
   Yes. This is a customized process and it is essential to be mindful of what and why the clinical recommendation is being made and what that represents. Teams can meet in the absence of the child/youth and there are several ways to include their voice including: having a picture, asking them to help with the agenda in advance, asking the clinician to speak on their behalf, have the child write a letter or videotape a message to name a few. This is not a static process and what we've experienced is that with time and strong clinical support the child/youth wants to play a more active role in their own planning.

• Why can't this be part of the ACR process?
   There are several requirements associated with why states conduct ACR’s. They are compliance driven processes and occur every 6 months. Certainly if the group is already coming together for an ACR, holding a team meeting before or after might be most convenient for participants.

• What would be the acceptable reasons not to:
   - Have someone participate in the teaming? The child/youth may have asked that the member not participate, there has not been sufficient preparatory time in light of tension in familial relationships, etc.
   - Not have youth participate in the teaming? It may not be clinically appropriate, the child’s age or developmental status, etc
   - Not hold a teaming? There is always an opportunity to pull a team together even if small initially.

This is a customized process, the reasons listed above are potential reasons but even under these circumstances these perceived barriers may be overcome in short order and should be revisited with regularity. This is a relational model and relies heavily
on ongoing assessment and engagement. Barriers are identified and resolution plans developed.

- **How creative will we be allowed to be?**
  This approach seeks to rule people in for what they can do, rather than rule them out for what they can’t. With this comes the opportunity to work with your Supervisor, Program Manager and the team to consider creative solutions to challenges.

- **What will FASU's role be?**
  As has been the case in increasing relative/kin placements and considering licensing opportunities, FASU will continue to partner with CPS to advance positive permanency outcomes for children.

**History**

- **What happened to Lifelong Family Ties**
  Life Long Family Ties (LLFT) was developed concurrent to a Federal Grant application awarded to DCF called ACTR - Adoptions Created Through Relationships. This stemmed from a review and analysis of the Department’s adoptions practice and policies at the time (early 2000). It revealed there were a large number of youth who were on identified as "deferred" - which equated to long term foster care with no plan towards achieving a legally permanent outcome.

  LLFT and ACTR were two efforts designed to help reduce the number of "deferred" youth. The LLFT contract was very small (40 slots statewide) as was the ACTR contract which was only designed to work with the Waterbury and Bridgeport offices.

  The ACTR grant was a five year grant that came to its natural end and the LLFT contract was terminated due to funding issues. The concepts tried and practiced in LLFT are fully embedded in the agency’s evolving permanency practice framework, eliminating the need for a separate and distinct contract.

**Evaluation**

- **How to measure the progress**
  - ACR
  - LINK 2.0
  - Court Monitor

**Redundancy**

- **This is an overlap with the 90 day meeting process?**
  As noted above, many of the current agency meetings/functions are being reviewed to determine if they are duplicative and can be replaced by the permanency practice. Recommendations are being developed by the Statewide Steering Committee.
Sustainability

• **Can peer support be developed so that staff who train together stay together?**
  Staff will be trained in their regions with their peers and private providers jointly.

• **We need post implementation support?**
  Because the role of Supervisor is so important to implementation, ongoing coaching will be available and PIC calls have resumed to allow staff to join the call and hear about emerging trends, practice successes and challenges.

**Permanency Teaming Process in Supervision**

To support the provision of quality supervision, the following strategic questions can be used/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/or plans to address case challenges. The sample questions below may be options based on the stage of the case.
**Family Search and Engagement**

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

- Has the youth identified persons in his or her natural network that might safely parent them? What efforts have been made to find and engage these individuals?
- Has a comprehensive review of the youth’s case record been completed, making note of all names and contact information for relatives or non-relatives that were in the youth’s life (case mining)?
- Have an internet search (including but not limited to LEXIS NEXIS) for relatives been completed? If so, when? What was the result? How did you reach out to relatives identified? What was the response? What is the plan for continued follow up?
- Have you spoken with the youth’s family members and/or current and past caregivers in order to identify other adults in the youth’s life that may be potential permanency team members, potential permanent parents or lifelong connections? How have you attempted to find and engage these individuals?
- What tools have been used with either youth, family members and/or past or current caregivers to assist in identifying other adults (including but not limited to genogram, ecomap, timeline, Youth Interview Questions or Adult Interview Questions from the Permanency Teaming training, etc.)?

**Contact and engage family members and other significant adults**

- What efforts have been made thus far in reaching out to all individuals identified? Even to those individuals who might never be able to parent the youth full-time, or are incarcerated, homeless, actively abusing substances, etc.? What new steps, strategies, supports or resources must be identified or implemented in order for this to happen?
- How have you explained the process of permanency teaming and the various roles these individuals might play in the child/family’s life? What strengths can this individual bring to the table?
- What types of barriers have you been experiencing in your efforts to contact and engage the individual? What types of techniques have you attempted to move past these barriers? Have you been successful in the past working with such barriers? If so, how were you able to succeed?
- What efforts have you taken so far to help this individual bridge their past or to help them understand the current circumstances of the child/family?

**Assist the youth, 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 youth re-establishes or establishes relationships with a parent, family members or significant adult?
- How is the youth involved in those decisions?
• Have the potential trauma related triggers and reactions of the youth been discussed and planned for?
• How is safety being structured in those connections or re-connections?
• How are you advocating for these connections or re-connections on the youth’s behalf when necessary?

Assess each family member’s or significant adult’s initial interest, willingness and capacity to become the youth’s permanent parent
• Have you helped the youth identify person(s) (in addition to a potential parent) with whom he or she wants a lifelong connection?
• What is/are the current relationship(s) and/or level(s) of contact between the youth and this/these adult(s)?
• What plan is in place to assure the youth's safety in this/these relationship(s)?
• If safety risks prevent contact with the youth, how will the youth’s need for connection with this adult be honored?

Permanency Teaming
Review the case record for placement history, reasons for separation and moves, family and medical history, caregiver relationships, and trauma history
• How much of the youth’s case record have you been able to fully read? Consider focusing on transfer narratives, closing summaries, visitation plans, Placement Resource Icon, Social Studies, case participants and placement history
• When reading the record did you take notes or get copies of the documents that provide information regarding:
  o Dates and locations of each of the youth’s moves/placements, informal as well as formal including the reasons for and situations surrounding each move/placement as well as the separations and losses for the youth
  o Family history and medical history
  o Names, characteristics and qualities of each caregiver relationship
  o Trauma history, traumatic experiences and events as well as protective factors and individuals who provided safety and intervention

Hold safety parameters discussions
• Was there a safety conversation? Did this safety parameters conversation include DCF's perspective on the safety of involving family members and significant adults: in a meeting with the social worker? In a joint meeting with another team member? In a large team meeting? In direct contact with the youth?
• What strategies can be implemented to allow contact with individuals safely? Have we considered the age, needs, and developmental status of the child, the current circumstances of the family member/adult, and the role these individuals will play in the child's life should they be reconnected?
• If the case record was not read previously, what is the plan to do this?
• How are you continuing to build the partnership with the TFC agency if one is involved or other providers in achieving permanency for this youth? How do you
strategically use your professional relationship with the provider staff to advance the permanency process for this youth?

Identify and engage potential team members
- Does youth have a permanency team? Who are the members and how were they identified?
- Did the youth identify important team members? Were the youth’s parents, family members and current caregivers all involved in recommending names of potential permanency team members?
- Have the parents/caregivers identified individuals who are (or could be) supportive of the child or of their parenting of the child?
- Did you have a safety parameters discussion about these individuals? If so, have you met these individuals? Engaged them in the permanency team process? In the youth’s life? If not, what is your plan to engage and include them? If the youth has contact with them, what is the plan to maintain the youth’s safety?
- If youth or family does not have a permanency team, why not? What is the plan to develop it? What are the barriers? What are the next steps?
- Does the team include birth parents, relatives or extended family members? Siblings? Other significant adults identified by the youth such as mentors, teachers, godparents, former foster parents, etc.? Team members that do not have a paid role in the youth's life?

Involve youth 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 youth involved in creating the agenda? How were parents, relatives and family members involved? How were other team members involved?

Have individual conversations with youth, parents, caregivers, legal custodian, core team members and individuals with decision-making authority
- How are you using both individual and joint conversations to prepare team members before or debrief with team members after large team meetings?
- Has there been a delay in scheduling the large team meeting despite having multiple individual/joint conversations? What is the reason for the delay? Is there a concern regarding the child's safety if the child/youth reconnects with an adult from their past? Does the child appear reticent and/or resistant to engage in this process?
- Have the parents been resistant to building a team? Have you been able to help them identify how additional or coordinated supports could help to strengthen their family? Have you been able to link these supports to their ability to ensure the child's safety, permanence, and well-being as well as their case plan goals?
- What individual conversations were held to prepare for large team meetings or advance progress toward permanency? What were the goals, purposes and outcomes of these conversations? What individual conversations need to be held?
What are the goals and purposes for these conversations? How have you engaged the foster parent (current caregiver) in this process?

- How did you decide who to meet with first, or what sequence to follow, in order to respect the lines of parental authority in the youth’s life?
- How are all professionals that hold key decision-making roles in the youth’s life included on the team? (e.g. attorneys, group home staff, etc.) Are there additional professionals that need to be involved (because they could either contribute positively to the planning or undermine the planning if not included? How will you engage them?
- Have internal “content experts” such as case aide, foster care worker, permanency exchange specialist, etc. been included on the team at strategic points in the planning? Have other external content experts who are not a regular part of the team been included at strategic points (such as WWK, PPSP, teacher, psychiatrist, etc.)

*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 youth’s network of relationships?
- What joint conversations were held to prepare for large team meetings or advance progress toward permanency? What was the goal, purpose and outcome of these conversations? What joint conversations need to be held? What are the goals and purposes of these conversations?
- How are you assisting with facilitating relationships between the youth’s permanent family and others in the youth’s network of relationships?
Hold large team meetings and track progress using 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 and/or joint conversations need to be facilitated in preparation for the large team meeting?
- If so, who attended? What were the primary agenda items? What decisions or progress resulted?
- What was the length of time until the first large team meeting? How many large team meetings have occurred to date? Since our last supervision? When is the next large team meeting scheduled?
- What individual or joint conversations need to be facilitated prior to the next large team meeting?
- How will the agenda for the next meeting be set? How will you involve the youth, parents and other team members in creating the agenda? How will you debrief with key team member before and after each large team meeting?
- Does the youth attend large team meetings? How is the youth prepared prior to each large team meeting? How do you debrief with the youth after each large team meeting?
- If the youth is under age 12 and does not attend large team meetings, how is the youth's voice included in team meetings? Which team members represent the youth's voice at the table? What does the youth under age 12 understand about his or her team and what happens at team meetings? How is the youth helped to contribute to the meetings even when not attending? How do you debrief with the youth after large team meeting even when he or she doesn’t attend?
- Is the permanency team the primary vehicle for planning for the youth's needs related to safety? Permanency? Well-being?
- How is the case plan being used to advance progress toward the youth’s primary and concurrent permanency goals?
- How is the case plan being used to address the youth’s needs related to safety and well-being (including physical and behavioral/mental health, education and life skills/preparation for adulthood)?
- What clinical issues emerged with parents, youth and/or family members? What is the team’s plan to address these issues? By whom?
- What additional information, resources, training, support or supervision do you need in developing or facilitating the youth's permanency team?
Transfer of Learning Opportunities
Permanency Teaming

Suggested TOL Activities:

1. SWS and SW to identify a case, and identify known / identified adults that may or may already be engaged with the department to explore the value they could bring to the teaming process.

2. SWS has SW review link icons – case maintenance, CMS, placement history, and placement resource to help in identifying individuals for further exploration.

3. At unit meetings or staff meetings, the Placement Exchange Specialists discuss their roles and responsibilities

4. Using group supervision, SWS will have a worker present a case that is presenting barriers for identifying or engaging individuals to identify in the teaming process.

5. SW and SWS will rehearse how to initiate permanency conversations with parents, youth, and substitute caregivers.

6. SW and SWS will rehearse how to engage a family member or other significant adult who has been located through search and engagement techniques. This could include the development of a letter requesting contact, initial phone call and / or meeting, and identifying the possible ways in which this individual may play a supportive role with the youth or the family.

7. SWS to have SW describe Permanency Teaming Model; SWS and SW to identify a case recently transferred to the worker and discuss ways to initiate permanency teaming.

8. SWS will process SW’s feelings around the potential trauma felt by children, parents, caregivers, and possibly SW regarding the reintroduction of individuals previously disconnected from youth.

9. In a unit meeting, SWS will have CR-CFTM facilitator or TDM facilitator provide information and guidance regarding preparation for and process of team meeting.

10. SWS and SW will identify a case with a recent removal from the home and placement in DCF care and review most preferred to least preferred concurrent placement options.

11. SWS and SW will identify a case with a recent removal CR-CFTM and develop plan for using the participants as the foundation of the family/youth permanency team.
12. At a unit meeting, the SWS will discuss the various uses for Permanency Placement Services Program contracts and / or have their region’s PES worker present the continuum of permanency support available to include PPSP.

13. The SWS will have SW identify a case in which the child is placed in a home that is of a different race or ethnicity and discuss ways to utilize the permanency team to support the placement and ensure that the child’s cultural needs are being met. If necessary, identify missing team members to assist with this goal.

14. SWS will have SW identify a case in which a child is placed with a licensed relative foster parent and discuss which concurrent permanency plan is most appropriate for the case - transfer of guardianship or adoption. SWS and SW will identify strategy for starting the permanency conversation with the youth, parents, and kinship caregivers.

15. SWS and SW will discuss the legal and provisional differences between subsidized guardianship, subsidized adoption, permanent legal guardianship, and APPLA.

16. At a unit meeting, the supervisor will lead a discussion regarding the barriers to and resources needed to develop Life Books for children on their cases. Focus should be placed on how to utilize search and engagement process as a way of collecting material for the Life Book and the role Permanency Team members can play in developing and maintaining the book.

17. SWS and SW will identify the safety factors that should be considered in determining what role an individual can play in the permanency teaming process.
DCF Legal Memo
Confidentiality Memo (Published 4/30/14)

As the agency moves forward with implementing the Practice Model, and particularly the principles of family teaming and identification of family and fictive kin resources for children, it is useful to consider these concepts in the context of state confidentiality statutes.

As always, this memo is general in nature. Questions about specific cases should be addressed to your local legal staff. Care should be taken to disclose only information that is necessary to the purpose of the disclosure, especially concerning biological parents whose parental rights have been terminated.

DISCLOSURES IN GENERAL

Only one parent’s permission to disclose information about a child is needed.\(^1\) Therefore, with the permission of either parent, DCF staff or a contracted provider may seek out relatives and fictive kin as potential resources for children in placement.

When a child is committed to DCF or DCF is the statutory parent of a child, DCF has the legal authority to disclose information about the child.

NOTE: You cannot disclose information about a non-consenting parent unless that information is also about the child. For example, you may not disclose that a parent has a heroin addiction; you may disclose that a child has been exposed to or otherwise impacted by substance abuse.

NON-CUSTODIAL PARENTS

A non-custodial parent may be included in case planning even if the child is living with the other parent and even if the other parent does not agree with it.\(^2\) A non-custodial parent may be encouraged to participate in his or her child’s life during an intake, during the investigation or a FAR case and throughout the life of the case.

NOTE: Be sure to honor protective, restraining and other court orders regarding contact with a non-custodial parent or a third party.

A non-custodial parent’s relatives and the child’s fictive kin through the non-custodial parent may be contacted to determine their suitability for placement, visitation or as some other type of resource. Grandparents must be contacted within 15 days of the child’s removal and no consent is required.\(^3\) Other relatives and fictive kin may be

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2 Any parent is entitled to records about his or her child. Conn. Gen. Stat. sec. 17a-28(a)(1).22 The non-custodial parent must be contacted at the start of an investigation and upon substantiation of abuse or neglect of his or her child. Conn. Gen. Stat. sec. 17a-103b.
considered for placement at the request of either parent or of the court. You may ask the parents for the names of persons who may be resources for the child.

PSYCHOLOGICAL PARENTS AND OTHER FICTIVE KIN
Psychological parents and grandparents are included in the term “fictive kin,” as are other individuals who are not related by blood or marriage but have a significant connection to the child. All fictive kin may be included in the family teaming process and the search for a permanent placement. The consent of only one parent or guardian (which will be DCF if the child is committed) is needed.

SEARCH FOR RELATIVES AND FICTIVE KIN

Children on OTCs
Relatives and fictive kin may be contacted as part of the initial investigation or FAR, including the Considered Removal Child and Family Team Meeting. Information that can be disclosed without a parent’s consent includes the name of the child, the general nature of the allegations and information necessary to effectively conduct the investigation. This means you may contact relatives and fictive kin during the investigation or FAR to gather information and to explore their suitability as a resource for the child.

Relatives and fictive kin may be contacted after the investigation or FAR is closed and during the OTC phase with at least one parent’s consent.

Children who are committed as abused/neglected/uncared for
Concurrent planning includes the search for permanent placements, including potential legal guardians and adoptive parents. Concurrent planning is required by state law and can begin early in the commitment.

If the court approves a permanency plan of adoption for a committed child, DCF may conduct a thorough adoption assessment, which may include conducting and documenting face-to-face interviews with significant parties. DCF may also engage in child-specific recruitment of a placement that meets the individual needs of the child.

Children for whom DCF is statutory parent
As with committed children, the agency may interview significant parties and engage in child-specific recruitment to identify a permanent placement for a child.

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7 Conn. Gen. Stat. sec. 46b-129(k)(4)
NOTE: When a termination of parent rights has been granted, identifying information about the biological parent cannot be disclosed\(^8\) to anyone who does not already know about the former parent-child relationship. Even without disclosing identifying information, it is best practice to secure the consent of the biological parent and the legal guardian of the child.

**Access to Case Records by Third Parties**

DCF contracted providers may review case records in order to assist in the search for relatives and fictive kin.\(^9\) Currently, we permit such contractors to review the record in an Area Office without making copies of any documents.

Records about a child may be disclosed to a current or potential foster or adoptive home as long as no identifying or uniquely personal information is disclosed about a parent without his or her consent.\(^{10}\)

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\(^8\) Conn. Gen. Stat. sec. 45a-751b.
\(^{10}\) Conn. Gen. Stat. sec. 17a-28(g)(9).
Frequently Asked Questions

**FAMILY SEARCH AND ENGAGEMENT | Q&A WITH FOSTER PARENTS**

Are you preparing to work with foster parents on Family Search and Engagement (FSE) activities? They are likely to have a lot of questions. Here are some answers. *(Note: There are no perfect, “right” answers! Answers may depend on your agency’s practices and resources, the birth and foster families’ strengths and needs, and the child’s strengths and needs). That’s why several of these questions have multiple answers. Choose one or a combination and adapt it to suit the situation.*

Remember, in talking with foster parents about FSE, your job is to:
- Be encouraging and enthusiastic—foster families will take your lead
- Be real and truthful—this is not an easy task
- Help them understand what to anticipate
- Provide best practice information and national statistics

**Q: What is FSE? Why now?**

**A:** Family Search and Engagement is a practice that identifies and locates family members, community members and others who are significant to children in foster care. FSE includes establishing or re-establishing relationships between the child and significant adults in their lives. These adults can play a variety of roles for a child, such as providing information on the child’s past, planning for the future, building a network of support for the child and serving as potential placements.

Today, many public child welfare agencies and jurisdictions are focused on improving how they work with children and families. They want to learn from best practices in the field. Family Search and Engagement is one of those practices. Often used for children and youth who have been in care for long periods of time, FSE is equally important throughout the life of a case—from child welfare entry to exit.

**Q: We’ve worked so hard to manage this child’s behavior and he (or she) is finally stable. Won’t FSE stir things up and cause an increase in poor behavior?**

**Some potential answers:**

**A:** There may be some increase in poor behavior in the beginning, but typically, children’s behavior improves over time with FSE. As children begin to make sense of their past, they experience greater stability. This is because they have answers to their questions and a greater understanding of who the important adults are in their lives and what they might expect from these adults. In our experience, FSE work increases children’s stability over the long term.

**A:** If we keep children from pursuing relationships that they deem important, we are likely to see more negative behavior, defiance and acting out over time. Likewise, by failing to help children work on their relationships, we may unintentionally encourage them to connect with people in a secretive manner, without our knowledge.
A: It is normal to worry. But you should know that our experience and research both show that family involvement can help a child adjust to foster care and significantly mitigate loss and distress the child feels.

Q: Won’t family members just continue to disappoint the child?

A: That’s hard to say—and it is also where you and I come in. We can work with children to manage his or her expectations. FSE provides an opportunity for children to understand both the strengths and the limitations of adults who are important to them. It helps them gain a more realistic picture of what they can expect from these adults in the future—and do this while they have formal supports in place. Young people will make these connections with or without us! Let’s help them do it safely and planfully.

Q: Aren’t I putting myself and my family at risk by having contact with birth parents and extended family?

Some potential answers:
A: Safety is always the priority. The agency will not give out any identifying information without your permission.

A: Contact with family members may feel awkward or uncomfortable or even scary at first. But you will not be doing this on your own. I and other agency professionals will be there to make initial connections, help solidify relationships, and support you, the foster parents, and the child every step of the way.

A: Meeting the family gives the agency, you and the child a much more realistic look at how individual family members are doing and their individual strengths and limitations. The first step is for professionals to reach out and assess the situation. Then, together with you, the agency will determine which family members are OK for a child to meet and what level of connection will be safe and meaningful for the child.

A: The unknown we imagine is usually much worse than the reality. Once adults who care about a child come together, they recognize that what they have in common is a concern for the best interests of the child.

A: Reconnection work does not always involve birth parents. It may involve extended family members, siblings or former caregivers—people who have not been abusive or neglectful at all.

Q: What does this FSE work mean for my role with the child?

Some potential answers:
A: We are not talking about the child leaving your home. We are not planning for the child to go back to live with birth family. Rather, FSE helps children make sense of their past, so they can understand the present and plan for the future. FSE often expands the
child’s network of supportive adults, which helps them feel confident they have people in their lives they can rely on today and in the future.

**A:** While the child may need to live outside his or her birth family to ensure physical safety, maintaining continuity in important family relationships helps to lessen the divided loyalties that can undermine children’s sense of stability; it can help ensure children’s emotional security and well-being.

**A:** I want to reassure you—you will not be displaced. Children do not need to lose current family connections in order to re-connect with people whom they have loved and lost.

**A:** Just as you and your own children have multiple loving, supportive family relationships and adult connections, this child needs multiple, long-term relationships with people who care, beyond those who are paid to be in their lives.

**Q: What specifically are you asking me to do?**

*Some potential answers:*

**A:** I am asking you to consider what you can do to meet this child’s specific needs. This may include one or more of the following:

- Support contact with this child’s birth family and relatives in a safe and meaningful way. This might include contact by phone, letter, or social networking or it might include visits.
- Give permission for the youth to talk about their past, by being open to conversation about family history and important relationships.
- Provide transportation to or host a visit with a sibling or relative.
- Help a child construct a life book.
- Be patient with the child’s range of feelings and behaviors related to the family reconnection process.
- Include the child in conversations about his or her future in your home and your intentions related to permanency. Make it clear what they can expect from you.

**A:** You are an essential member of the child’s planning team and your voice is important. You as a caregiver know this young person best and can provide valuable information and insight. We can’t do this without you!

**A:** Whether he or she shows it or not, this child will be looking to see if you are comfortable or threatened by this process. Your permission and support will go a long way to lessen the child’s anxieties. This process has a much greater chance of success with your support!
Q: Why is FSE so important?

Some potential answers:
A: FSE can reduce trauma. When children are removed from parents or family because of abuse or neglect, they lose not only the negative aspects of those relationships but also the good, positive, comforting and familiar aspects. They also lose other sibling and family connections, which may have not been harmful. Just as abuse or neglect experiences are traumatic; these relational losses may be traumatic.

A: Family is important to everybody. Just as your family is important to you, children’s families are important to them. Regardless of the circumstances under which they left their families, there is a universal need to be connected and to know what happened to their family members.

A: Many of the children I know are making these connections on their own, through Facebook and other social networking, without any guidance or support.

Would you be surprised to know that, whether the agency or foster parents support it or not, children are seeking out family members upon leaving foster care? In fact:

- A large majority of young adults report being in regular contact with their birth family after leaving foster care.
- 81 percent reported having contact with a birth family member at least once a week. A third are in touch with their siblings. Twenty-three percent are in contact with their mothers, 15 percent their grandparents and 12 percent their fathers.
- In one study, 21 percent had returned to live with a birth parent at some point since leaving foster care, compared to only 4 percent who returned to live with a former foster parent at any point in time.

A: Outcomes for children who exit foster care without permanent family relationships and supportive adult connections are extremely poor. That’s why they need our help finding and rebuilding those relationships.

What happens when children formerly in foster care do not have those relationships to support them in adulthood?

Did you know that, of kids who age out of foster care without family connections:

- Just 58 percent will graduate high school by age 19, compared to 87 percent nationally
- Fewer than 3 percent will earn a college degree by age 25, compared to 28 percent nationally
- More than 1 in 5 will be homeless after age 18
- Nearly 80 percent will not earn enough to be self-supporting
- One in four will be incarcerated within two years of leaving foster care
- By age 21, nearly 71 percent of the young women will report having been pregnant at least once; 62 percent will have been pregnant more than once
- Half of 21-year-old men aging will have gotten someone pregnant, compared to 19 percent of peers who were not in foster care

**What will it take to make you a Family Search and Engagement partner?**

**What do you need from me or others to be comfortable with this reconnection process?**

**Would it be helpful to talk with foster parents who are comfortable with this process and who have experience working with birth or extended family?**
1. **Does there have to be a full time facilitator?**
   Generally the Permanency Team is facilitated by the youth’s assigned social worker/caseworker. It is a case management process which provides for the coordination and accountability of all activities related to the youth’s need for safety, well-being and permanence. In rare circumstances, where they may be actual or perceived conflicts of interest, specific team meetings may be facilitated by the supervisor or other social worker who does not have primary case management responsibilities.

2. **What qualifications should the social worker have?**
   The agency must select the social workers based on skills, values and experience. The staff member should have experience in front-line child welfare as well as experience in permanency planning. He/she should demonstrate knowledge and skills in collaborative, strength-based and solution-focused case work:
   - sees the value of each team member’s participation;
   - accepts ideas that may be different from their own;
   - leads a process that explores all potential permanency options without being tied to a particular outcome

   Ideally, this should be a person who holds a strong belief and commitment to legal family permanence.

3. **What kind of training does a Permanency Teaming social worker need to do the job?**
   The Annie E. Casey Foundation’s practice consultant team provides 2-day training. It is a skills-based approach with an emphasis on the core values and concepts of best permanency practices in child welfare, including family engagement and relationship-building. The training highlights the critical role of the youth and significant adults in case planning and decision making. Participants are provided opportunities for increased knowledge and skill-building in facilitating a blend of individual, joint and large team meetings which comprise the Permanency Teaming process.

4. **How does Permanency Teaming differ from other teaming models?**
   Permanency Teaming shares nearly identical underlying values with similar approaches-values such as family empowerment, inclusivity of participants, and a strengths/needs focus. It differs from other approaches in several ways: Permanency Teaming includes a blend of individual, small and large group meetings. The team is built around the youth’s needs for safety, permanency and well-being and youth voice is central, regardless of age. A defining characteristic is that this is a continuous process designed to ensure that youth exit the child welfare system to timely and legal family permanence.

5. **How much time should we plan on for each meeting?**
   1-2 hours for large team meetings, generally held every 6-8 weeks. Social worker uses individual and joint meetings, lasting 1-2 hrs. to prepare the youth, family members, other significant adults and professionals for coming together in the large team planning meeting centered on the needs of the youth.
6. **Can we promise confidentiality of the meetings to participants?**
Not completely. It is recommended that the meetings be framed in terms of respect, privacy, and sensitivity rather than confidentiality. Participants are informed of state-specific provisions around abuse and neglect reporting and any other exceptions to confidentiality.

7. **What are the pros & cons of having attorneys attend?**
Legal and social work professionals may both gain in their knowledge of each other’s roles and can support a collaborative approach to permanency planning. At times, lawyers may be able to clear up confusing legal issues or provide a realistic legal assessment and social workers may be able to enlighten attorneys about matters of risk, safety and permanency. It is critical to be clear about the roles of social work and legal staff, ensuring that each profession is expressing opinions on its area of responsibility and expertise. Participants may not be comfortable speaking freely in the presence of lawyers, and some lawyers may use the meeting as an opportunity for pre-trial discovery. Care must be taken to make sure that meetings do not take on a quasi-legal tone which may put participants on guard about legal ramifications. Permanency Team Meetings are designed to be a youth/family-empowerment experience. Each jurisdiction will need to weigh these pros and cons in order to make a decision that is most compatible with their system.

8. **What happens if the team cannot reach consensus?**
Ultimately the custodial agency has decision-making power. However, the team continues to advocate at all levels for the best interest of the youth. Because Permanency Teaming is not a single-event, there is time to work with all team members to build consensus regarding the direction of permanency planning for each youth.

9. **What if one of the parents (or their support people) is believed to be mentally ill or violent?**
Automatic exclusions from meetings for families with particular problems should be avoided as much as possible. When safety concerns are present, individual and joint preparatory meetings are used to assess concerns and collaboratively determine a level of participation to ensure safety while respecting family voice. If these concerns arise only after the meeting is underway, the social worker must utilize his/her best skills and judgment to determine if a meeting should be terminated, a participant excused, or security personnel contacted.

10. **How does Permanency Teaming help with identifying family and kin for placement & support?**
A core component of the process is family search and engagement. Family search is a set of strategies and tools for identifying and locating family members, community members and other adults who are significant to youth in foster care. Engagement is a set of skills to establish or re-establish relationships between the youth and significant adults who can play a variety of roles in the youth’s life—from helping the youth understand their past and history; to planning for their future; providing emotional or tangible supports as well as placement.

11. **How can safety and risk assessment information be incorporated into the Permanency Teaming meeting? Doesn’t it intimidate families to talk about safety and risk issues in this setting?**
A thorough discussion of risk and safety concerns, as well as the youth and adults’ strengths and needs, is a part of every meeting. If a safety/risk assessment tool is part of the social worker’s assessment process, then s/he is expected to highlight the findings as part of the discussion.
Social workers assist in ensuring that safety and risk concerns are described in lay language, not jargon, and that clear connections are made between behaviors and risks to youth. Risk and safety discussions must consider the youth’s specific vulnerability and his/her capacity for resilience and self-protection. Similar safety and risk concerns do not necessarily affect every youth in the same way. Every youth deserves individual consideration and a personalized decision. No one formula works for every situation; the key is to remain flexible and view every youth as an individual.

12. Should children be included in the meetings? What age?
This should always be a case by case decision based on chronological age, developmental readiness, and evaluation of a youth’s unique needs. There is often a benefit to having the youth’s voice at the meeting and their participation can be supported in numerous and creative ways. For youth in their teens, it should be presumed that participating in Permanency Teaming meetings provides an important vehicle for “voice” and “choice”. It is important to remember that in many states and jurisdictions, youth 12 and older must consent to adoption and guardianship.

13. What if youth are ambivalent or refuse to participate?
Youth may be at very different places in terms of their readiness and ability to engage in this work. Remember, there are many ways in which youth can be involved in the Permanency Teaming process. The issue is not whether or not we involve youth in planning; the issue is how the youth will be involved. Some youth are involved every step of the way. Ideally, they are not only attending meetings, but helping to co-facilitate their team meetings. Others may wish to be informed of the process, have an opportunity to respond, but may not wish to participate in team meetings. The social worker should actively encourage the youth to participate as much as possible. It is the responsibility of the worker to inform, prepare and offer options for the youth’s level of participation. Even if the youth does not attend team meetings, it is still a good idea to revisit the issue. As the youth becomes more engaged in planning and builds a relationship with the worker, his/her willingness to participate is likely to grow.

14. Do I still do Permanency Teaming when there is a case crisis?
Permanency Teaming is continuous and proceeds whether there is something perceived as significant occurring or not. Safety planning occurs whenever there is a concern about a youth’s safety as a result of high-risk behaviors. Permanency planning proceeds concurrently with safety planning even during time of crisis and instability. Crisis does not interrupt the teaming process or draw it off course; although it could serve to provide momentum for the planning and can be an opportunity to go deeper in conversations about who family will be for this youth.

15. How do you do this on top of case management?
The two should not be seen as separate; rather, it is a reframing, repackaging of time within the casework process. The individual, joint and large team meetings are not new meetings, but can be integrated into what social workers already do with their time. By being planful and prepared for each casework contact, the worker uses every opportunity to ensure the focus on permanence becomes as critical as the focus on safety.
## Tip Sheets

### FAMILY SEARCH AND ENGAGEMENT | FSE IN CHILD WELFARE FROM ENTRY TO EXIT

<table>
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<th>Best Practices</th>
<th>Effective Questions</th>
<th>Tools and Resources</th>
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| **Careline**                       | • Identify father/non-custodial parent  
   • Promote consistency and equity in decision-making around safety and risk | Ask reporter:  
   • What do you know about the non-custodial parent?  
   • Are there others who share your concerns?  
   • Who is on the child’s contact list at the school? (if the caller is school personnel)  
   • Are there others who support this family?  
   • Do these children live with anyone else some or part of the time?  
   • Do you know other extended family members? | • SDM tools  

| **Intake (Investigation and FAR)** | • Identify father/non-custodial parent  
   • Identify list of supportive family members  
   • Include parent, youth and family in safety planning  
   • Use family strengths as protective factors to address concerns  
   • Promote consistency and equity in decision-making around safety and risk  
   • Include parent, youth and family in placement-related decisions through TDM  
   • Reduce negative impact of worker turnover by using a formal case transfer process from Investigation to Ongoing | Ask parent and others “exception” questions:  
   • Was there a time when this wasn’t a problem or it wasn’t having the effect it is today?  
   • If so, what was different?  
   • When things were going well, what did it look like and who was there?  
   Ask other questions:  
   • Who is the father or non-custodial parent?  
   • Do you know any of the paternal/non-custodial relatives?  
   • What other formal or informal services and supports does the family utilize? | • Safety Mapping from Safety Organized Practice (SOP)  
   http://safetyorganizedpractice.blogspot.com/p/resource-library.html  
   • Safety Network Bulls Eye from SOP  
   http://208.86.2.45/sop/mods/m8/safety-circles_parker.pdf  
   • Three Houses  
   • FAQ’s about TDM  
   http://www.3pllc.net/documents/FAQs-aboutTDM.pdf  
   • SDM tools  
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| **Ongoing (Child living at home)** | • Include youth, parents, and family in service planning  
• Identify child and family safety network members  
• Delineate tasks of safety network members  
• Use formal and informal services and supports in service plans  
• Promote consistency and equity in decision-making around safety and risk  
• Include parent, youth and family in placement-related decisions through TDM  
• Reduce negative impact of worker turnover by using a formal case transfer process from In home to out of home | Ask parents solution-focused questions:  
• What have you done in the past when you experienced a similar situation/problem?  
• Who do you call to share good or bad news? In case of emergency?  
• Aside from you, who knows your child best?  
• Who would your child identify as someone he or she trusts and feels safe with?  
• Who is on the school contact list?  
• Who is in the child’s social network? | • Safety Network Bulls Eye from SOP  
http://208.86.2.45/sop/mods/m8/safety-circles_parker.pdf  
• Safety Mapping  
http://safetyorganizedpractice.blogspot.com/p/resource-library.html  
• Three Houses  
• SDM tools  
• FAQ’s about TDM  
http://www.3pllc.net/documents/FAQsaboutTDM.pdf |
| **Ongoing (Child placed out of home)** | • Focus on keeping child connected to his or her family and community of origin  
• Include child, parents and family in the decision-making process for finding placements through TDM since initial placement is a key factor in securing ongoing placement stability  
• Explore all potential relatives prior to requesting non-relative placement  
• Send relative notification letters to any and all known relatives  
• Hold Icebreaker meeting with birth and foster parent  
• Facilitate frequent | Ask foster parents or caregivers questions reflecting their role:  
• How will you keep the youth connected to his/her family and community of origin?  
• How can you partner with the agency and child’s family around reunification?  
• Have you considered becoming the child’s permanent family if reunification cannot occur safely and timely?  
• Can you take an active role in recruiting another permanent family for the youth? | • FAQ’s about TDM  
http://www.3pllc.net/documents/FAQsaboutTDM.pdf  
• Safety Mapping  
http://safetyorganizedpractice.blogspot.com/p/resource-library.html  
• Genogram  
http://site.americanhumane.org/fatherhood/docs/genograms_qicwint10.pdf  
• Eco Map  
http://socialwork.msu.edu/coehler/docs/AboutEcomaps.pdf  
• Safety Network Bulls Eye from SOP  
http://208.86.2.45/sop/mods/m8/safety-circles_parker.pdf  
• AHA “I’ve Got Something to Say” Tool (American Humane Association)  
• Confidentiality and FSE: Do’s and Don’ts  
• FSE: Q and A with Foster Parents  
http://3pllc.net/docs/FSE%20Q&A%20with%20Foster%20Parents%20v4.pdf  
• Redefining the Role of Foster Parenting: The 4R’s |
<table>
<thead>
<tr>
<th>What lens are you looking through?</th>
<th>Best Practices</th>
<th>Effective Questions</th>
<th>Tools and Resources</th>
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| and meaningful parent-child visitation | - Define primary safety concerns that necessitate a removal and specify needed changes for reunification to occur  
- Practice concurrent planning for permanency  
- Work to redefine the role of foster parent  
- Facilitate ongoing, collaborative planning and decision-making with youth, family, significant adults and professionals  
- Reduce negative impact of worker turnover by using a formal case transfer process from Ongoing to Permanency | - Ask adoptive parent/guardian:  
  - How will you keep the youth connected to family and community of origin?  
  - Have you considered maintaining ongoing contact with significant people that can be safe and meaningful? | - http://3pllc.net/docs/Redefining%20the%20Role%20of%20Foster%20Parenting%204%20Rs%20v1.pdf  
- FAQ's about Youth-Driven, Family-Centered Teaming  
http://3pllc.net/documents/YouthDrivenFamilyCenteredTeamingFAQs.pdf |
| Permanency | - Define “family” broadly to include birth and legal family  
- Assist children in clarifying and understanding their past, integrating multiple family memberships and viewing themselves as a full members of the adoptive family  
- Provide opportunities for exploring chronology and context of important times, places, people and events  
- Support child’s needs for legal permanency and continuity in important family relationships  
- Consider open adoption arrangements  
- Reduce negative impact of worker turnover by using a | - Initiating Permanency Conversations (youth and adults)  
- 3-5-7 Permanency Preparation  
- Recipes for Success  
https://docs.google.com/file/d/0B5uEPnNdfkzHbnRXMVlgRnFVlU/edit?pli=1  
- Time Line  
- Thirty Things Adolescent Adoptees Wish They Knew About Their Birthparents  
http://www.comeunity.com/adoption/realmoms/2teensasx.html  
- FAQ’s about Youth-Driven, Family-Centered Teaming  
http://3pllc.net/documents/YouthDrivenFamilyCenteredTeamingFAQs.pdf |
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</thead>
</table>
| formal case transfer process from Permanency to APPLA | • Define “family” broadly to include birth family members, current and former care givers  
• Actively involve youth in planning for their future  
• Engage youth through strategic permanency conversations and use of a variety of tools  
• Assist the youth in clarifying and understanding his/her foster care experience by providing chronology and context for important times, places, people and events  
• Make use of intensive family finding and search strategies to locate absent family and significant adults, such as mining case records, public records and databases and internet search  
• Assess safety and risk factors in the context of current circumstances and needs  
• Facilitate ongoing, collaborative planning and decision-making with youth, family, significant adults and professionals | Ask youth-centered questions:  
• Who is important to you?  
• Who is listed in your cell phone contacts?  
• Who is in your social networking?  
• Who do you see as family?  
• Who do you envision as part of your future?  
• Where do you see yourself living after you leave foster care?  

Ask agency professionals:  
What would it take for significant adults to safely:  
• Provide and share information?  
• Participate in planning?  
• Have contact with the youth?  
• Be considered for placement?  

Ask other questions:  
• What are the foster parent’s long-term intentions and hopes for this child?  
• What are the mutual parent-youth expectations? | • FAQ’s about Youth-Driven, Family-Centered Teaming  
http://3pllc.net/documents/YouthDrivenFamilyCenteredTeamingFAQs.pdf  
• Initiating Permanency Conversations (youth and adults)  
• My Social World  
http://www.nrcys.ou.edu/handouts/pdfs/perma.pdf  
• Timeline  
Older Youth at the Table

- When working with older youth (12-18) the team process is primarily defined as youth driven. It is a collaborative planning process done with the youth not to the youth or for the youth. This inclusion of the youth is developmentally appropriate. The youth has a central voice while the family and caregiver’s role is to provide guidance and support. This reflects the philosophical belief that the developmental task for older youth is inter-dependence not independence.

- The process starts with the youth’s perspective and moves forward from there to design a plan for their future, which includes discussions of safety, permanence and well-being.

- The youth is fully incorporated in the planning process. The youth is typically present at the planning table.

- Integrated planning for teens is essential, simultaneously planning for the most physically, emotionally and legally secure family relationships possible as well as the opportunities, tasks, resources, relationships and skills that will insure comprehensive preparation for adulthood.

Voice of the Child

- When working with younger children (under age of 12) all team discussion is on child-centered needs, and decision making is based on the child’s best interests.

- The voice of the child – his/her story, wishes, feelings, fears, the people whom s/he loves and feels safe with – must be reflected in all of the discussions, either directly through the child or through the caregivers and adults that have a relationship or connection with him/her and know him/her best.

- Considerations for including younger children in a large team meeting include: an individual child’s level of emotional, cognitive and social development; the perspective shared by the adults that know the child best regarding that child’s ability/readiness to participate in the meeting; level of conflict between important adult team members and their ability to regulate/modulate in the child’s best interest; ability of adults to send a consistent and uniform message to the child.

- In some cases, involving younger children at distinct stages of the team meeting (introductory and/or closing stages) may be most appropriate. When a child is not present at the meeting, there are many
creative approaches used to represent a child’s presence in the meeting (photos, drawings, favourite possession, etc.).

Whether in attendance at the meeting or not, age-appropriate discussion with the child about the team meeting process and content is essential, both prior to and after the meeting.

If the facilitator has no other role in the child’s life other than facilitating the team planning process, the facilitator will obtain information about the child’s perspective from the adults who know the child best. However, the facilitator will obtain this perspective from the child directly if they have the dual role of facilitation and case management.

People who can give voice to the child’s needs include: the child’s parents (birth, foster, adoptive); attorney or GAL; case manager or social worker; staff person transporting to/from or monitoring birth family visits; therapist; Early Intervention staff; teachers; respite care providers, etc.
Professional Strategies

- Listen to young people talk about their hopes and their fears for family life.
- Ask youth to identify the important people in their lives.
- Find out whom the youth was close to in the past.
- Provide youth opportunities to maintain contact with their siblings and other family members.
- Facilitate communication between the youth and adults who might become permanent connections for the youth.
- Teach the interpersonal relationship skills required to develop and maintain a support system.
- Provide opportunities for youth to “make peace with the past.”
- Periodically, revisit all of the permanency goals.
- Empower young people to find their own permanent connections.
- Understand that youth may change their minds about return home or adoption.
- Provide youth with opportunities to talk with other youth and young adults who have been adopted.
- Provide youth with opportunities to develop relationships with mentors, either through formal mentoring programs or informal interactions.
- Encourage the youth’s involvement in positive community activities.
- Provide opportunities for the youth to remain connected and/or become connected with his home community, tribe and cultural group.
- Make sure that youth understand all of their permanency options.
- Make sure that youth are actively involved in planning for their futures.

- **Do not let your youth leave foster care without having a positive, caring adults of their choice in their lives!**
CHILD INCLUSION ASSESSMENT FOR FAMILY-CENTERED MEETINGS*

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?

☐ 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?

* Adapted from North Carolina Family-Centered Meetings Project, 3/2003
IDEA LIST

INCLUDING CHILDREN IN FAMILY-CENTERED MEETINGS

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 child and family
- Videotape of the child
- Read child’s favorite story
- Bring a piece of child’s clothing
- Note cards from “baby” with “I love you” message
- Bring one of child’s toys
- Tell a story about the child
- Use empty chair technique
- Name card technique
- Use a baby’s voice worksheet
- Child can write a letter
- Child can draw a picture of their feelings or their message
- Audio recording of child’s message to the family
- Conference call
- Attend only a part of the meeting
- Make a message card
- Use one-step removed approach (puppet, toy, etc.—sends the message)
- Child can appoint a designated spokesperson
- Complete worksheet “I want to say something!”
- Light a candle to symbolize child’s light
- Play child’s favorite song

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* Adapted from North Carolina Family-Centered Meetings Project, 3/2003
Nothing About Them Without Them: Children’s Participation in FGM/DM
December 5, 2007 Teleconference

AMERICAN HUMANE
Family Group Decision Making

41
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:

* Adapted from North Carolina Family-Centered Meetings Project, 3/2003
  Nothing About Them Without Them: Children's Participation in FGDM
  December 3, 2007 Teleconference
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 FAMILY-CENTERED MEETINGS

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

✔ Explain the purpose, what is going to happen, what it will look like to them, what to expect.

✔ Anticipate the questions and provide answers.

✔ Allow ample time for child to ask what he wants to know.

✔ Help find an understanding that his opinions will be extremely important but that it may not always turn out exactly how the child 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 safety.

✔ If possible, give the child enough time to think about and prepare what she would like to say.

✔ Allow opportunities to rehearse, role play, and practice.

✔ Reassure child that you will do everything possible to make sure she feels comfortable and safe.

✔ Present many options and alternatives for attending, especially if child changes his mind about being physically present.

* Adapted from North Carolina Family-Centered Meetings Project, 3/2003
Nothing About Them Without Them: Children’s Participation in FGDM
December 3, 2007 Teleconference

AMERICAN HUMANE
Family Group Decision Making
TIPS FOR CHILD INCLUSION DURING AND AFTER THE FAMILY-CENTERED 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 she is feeling.

✓ Establish and review ground rules with the special needs of the child emphasized.

✓ Keep conversation oriented to his level of understanding.

✓ Be conscientious about the adult/child ratio and how that feels to a child – acknowledge that.

✓ 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 her thoughts, opinions, feelings.

✓ Commend her for the good job she did in such an unfamiliar situation.

✓ Offer encouragement for the child, the family, and the plan created.

✓ Thank child for participating, letting him know that the plan could not have been so nicely developed if it were not for his voice.

* Adapted from North Carolina Family-Centered Meetings Project, 3/2003
Nothing About Them Without Them: Children's Participation in FGDM
December 3, 2007 Teleconference

AMERICAN HUMANE
Family Group Decision Making
PREPARING THE SUPPORT PERSON FOR A CHILD WITHIN THE FGC PROCESS

✓ Explain the meeting purpose, process, and role of support person.

✓ Help them understand the honor and responsibility attached to the role of support person.

✓ Explain the importance of their role to enhance the experience of safety by a child before, during, and following the FGC.

✓ Understand their relationship to the child.

✓ Identify their specific support role (support, voice, message bearer, safety guide, etc.)

✓ Support people often have a dual role. Discuss the difference between supporting a child's presence or being a child's voice vs. expressing their own opinion. Assist them in differentiating these and help determine how they will reasonably achieve both.

✓ Provide tips for the inclusion of a child in an FGC or a child's voice in the FGC process.

✓ Prior to the FGC a support person should meet with a child to prepare for the meeting. Things they may discuss include:

  • What is the role of the support person (before, during, and after the FGC)?
  • What would you like to tell your family? Do you want help with that?
  • What will help you feel comfortable?
  • Do you want to come?
  • Where do you want to sit?
  • Do you want to have a cue to let me know if you feel uncomfortable?
  • What do you want to do if you feel uncomfortable?
  • Do you want to write down what is important for your family to hear? (Draw pictures, etc.)
  • Inform them that you will help them understand the decisions the family makes during the meeting.
  • Identify level and quality of contact you will have immediately after the FGC.
helpful hints for facilitating a team meeting

1. Food – Don’t underestimate the power of food
   • Provides a relaxed environment
   • Gives participants something else to focus on initially
   • Once you break bread with someone, you can’t be viewed in the same way

2. Youth as center of process
   • Begin each meeting by offering youth to address the group and provide his/her perspective
   • Refer to youth’s name frequently throughout
   • Elicit feedback from the youth throughout the meeting
   • For younger children who are not present, they can be symbolized through pictures, posters, drawings, empty chair

3. Ask participants to begin with youth’s strengths
   • Sets the tone for a positive, strengths-based discussion
   • Diffuses negativity, dwelling on past
   • Provides a jumping off point for solutions and outcomes
   • Gives participants an opportunity to reframe survival behaviors and attitudes of youth in a way that is less threatening

4. Setting ground rules
   • If you anticipate an adversarial meeting with high level of emotion
   • No interrupting – write questions down and make sure address them
   • “Your feelings are valid, however, I am going to ask that for next hour, we all work hard to stay in charge of those emotions”
   • If someone feels we need to stop and break to gain control
   • Respect one another, though you may not agree with something someone has said, all participants have a right to their perspective
5. Prepare agenda—written outline of what you want to accomplish at the meeting and write agenda on flip chart for all team participants to see
   • Keep participants on track
   • Ensure pertinent areas are covered

6. Use flip chart to elicit additional agenda items or keep track of important issues

7. Ensure issues are addressed
   • Listen to ensure issues are brought out
   • If someone is reluctant “I know in our individual sessions concern was expressed in this area...do people feel comfortable talking about that?”
   • Can’t be a person’s mouthpiece, but can encourage them to talk (This is especially true for the adolescent)

8. Facilitate team problem-solving
   • Encourage creative thinking and problem solving; help the professionals to “think outside the box”

9. Serve as translator – Translate professional jargon

10. Level the playing field
    • Give an equal voice to all participants
    • Don’t let any one person monopolize the conversation
    • “I will be keeping track of the time so we all have an opportunity to speak

11. Focus discussion on 3 areas: Safety, Permanence, Well-Being
    • If content doesn’t relate to the 3 areas, doesn’t belong in the meeting
    • O.K. to say that it is a conversation for another place and time – “today we are here to focus on (name of youth) and how his/her needs can be met in these areas”

12. Facilitator as role model
    • Model respect
    • Be on time
13. Be flexible

- Meetings don't follow the stages sequentially, but will move around a lot – especially in initial meeting where there is no blueprint
- Don't get hung up on the order – make sure everyone has a voice and keep tracking in your own mind how the content fits into the 3 areas.

14. Close meeting

- Provide brief summary of primary points and review everyone's tasks and responsibilities
- Do not leave the room without scheduling your next meeting!
- Leave with all participants together – don’t linger with someone – compromise perception of neutrality.
Permanency Preparation Tools

**ALL ABOUT ME ________________**

<table>
<thead>
<tr>
<th>FAMILY</th>
<th>SCHOOL</th>
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<tbody>
<tr>
<td>Does your child have any siblings?</td>
<td>What school does your child attend?</td>
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<tr>
<td>What are their names and ages?</td>
<td>What grade is your child in? Who is his/her teacher?</td>
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<tr>
<td>Will they visit?</td>
<td>Does your child receive special services?</td>
</tr>
<tr>
<td>Has your child previously been in out of home care? If so, with whom?</td>
<td>Does your child participate in any extracurricular activities?</td>
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<thead>
<tr>
<th>MEDICAL</th>
<th>PEOPLE/ACTIVITIES</th>
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<tbody>
<tr>
<td>Who is your child's Pediatrician?</td>
<td>Are there any other special people in your child's life?</td>
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<tr>
<td>Who is your child's Dentist?</td>
<td>Can you share any photos for your child to keep with him or her?</td>
</tr>
<tr>
<td>Does your child have any special medical conditions?</td>
<td>Who is your child's best friend? How can he/she contact them?</td>
</tr>
<tr>
<td>Are there any significant medical events in your child's history?</td>
<td>Are there any friends that your child does not have permission to see?</td>
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<tr>
<td>Is your child currently prescribed any medications?</td>
<td>Does your child have any special routines around homework?</td>
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<tr>
<td>Are there any mental health or emotional health concerns?</td>
<td>Does your child participate in any ethnic or cultural activities?</td>
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<tr>
<td>Does your child have any allergies?</td>
<td>Is your child used to doing chores? If yes, what type?</td>
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<tr>
<td>Does your child have any medical appointments?</td>
<td>What does your child enjoy playing with?</td>
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<tr>
<td>BEHAVIORS</td>
<td>PERSONAL HYGIENE</td>
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<td>-----------------------------------------------</td>
<td>------------------------------------------------------</td>
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<tr>
<td>What parenting strategies work with your child?</td>
<td>Does your child have a barber of hair stylist?</td>
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<tr>
<td>Does your child have any special fears?</td>
<td>Are there any special instructions regarding hair care?</td>
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<tr>
<td>What is soothing to your child when he/she is upset?</td>
<td>Are there any special skin care products currently being used?</td>
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<tr>
<th>FOODS and ROUTINES</th>
<th>TEENS</th>
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<tr>
<td>What is your child’s favorite food?</td>
<td>Does your child smoke cigarettes or cigars?</td>
</tr>
<tr>
<td>What foods does your child dislike?</td>
<td>Has your child experimented with drugs or alcohol?</td>
</tr>
<tr>
<td>What is your child’s bedtime and routine?</td>
<td>Is your child sexually active?</td>
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<tr>
<td>What is your child’s bath time routine?</td>
<td>If so, what type of birth control is being used?</td>
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<tr>
<td>Is your child potty trained?</td>
<td>Does your child have a boyfriend or girlfriend?</td>
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<table>
<thead>
<tr>
<th>FAVORITE THINGS</th>
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<tr>
<td>Favorite Toy?</td>
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<td>Favorite Game?</td>
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<tr>
<td>Favorite TV Show?</td>
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<td>Favorite Clothes?</td>
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<td>Favorite Hobbies?</td>
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<td>Favorite Movie?</td>
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<td>Favorite Book?</td>
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<tr>
<td>Favorite Color?</td>
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<tr>
<td>Favorite Song/Music?</td>
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<tr>
<td>Pets Child likes?</td>
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<tr>
<td>Pets Child dislikes or is fearful of?</td>
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<tr>
<td><strong>FOSTER FAMILY</strong></td>
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<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Who lives in your house?</td>
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<tr>
<td>How long have you been a foster family?</td>
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<tr>
<td>Do you have any animals? If yes, what kind?</td>
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<tr>
<td>Do you go to Church? If so, when?</td>
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<tr>
<td>Do you work outside of the home?</td>
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<tr>
<td>If you work outside of the home, what are the child care arrangements?</td>
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<tr>
<td>Is there a computer with internet access in your home? If so what are the rules for computer usage?</td>
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<tr>
<td>What are the rules for cell phone use?</td>
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<tr>
<td>House Rules?</td>
</tr>
<tr>
<td>Daily Routines?</td>
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My Social World
Family Safety Circles: Identifying people for the safety network

Family Safety Circles is a visual tool to help identify people for the child’s safety network and to help professionals and family members have conversations about safety networks, the role of the safety network and assessing who can be part of the safety network.

I usually use the family safety circles tool on the very first visit with a family, when I am talking about the need for us to work together to build a safety plan to address the concerns and the importance of having a safety network, of family and friends and involved professionals, who will work together to ensure that the children will always be safe in the family’s care in the future.

![Family Safety Circle Diagram]

**Process**

Initial question (inner circle): “Who are the people in your life and your child’s life who already know what has happened (that led to your child being in care/to child protection services being involved with your family)?”

Middle circle: “Who are the people in your life and the kids’ lives who know a little bit about what has happened, who maybe know that something has happened but don’t know the details?”

Outer circle: “Who are the people who don’t know anything about what has happened?”

Further information available in Family Safety Circles booklet (www.aspirationsconsultancy.com)
Prompt sheet for using the Safety Circles

1. **Talking about the need for a safety network**
   The first step in the process of using the Family Safety Circles tool flows directly out of the conversation with parents/caregivers about what we mean by a safety network and the fact that a safety network needs to be in place for safety planning to progress.

2. **The Inner Circle**
   "Who are the people in your life and your child’s life who already know about what has happened that led to your child/children being in care (or to child protection services being involved with your family)?"

**Giving compliments**
Pay attention to what parents/caregivers have already done that will help to build future safety and acknowledge this with compliments, wherever and whenever possible.

3. **The Middle Circle**
   "Who are the people in your life and the kids’ lives who know a little bit about what has happened; who don’t know the whole story but maybe know some of what has happened? Or maybe they know that something has happened but don’t know any of the details?"

4. **The Outer Circle**
   "Who are the people in your life and your children’s lives who don’t know anything about what has happened?"

5. **Moving people from the outer circles to the inner circle**
   - "Who else from these outer circles do you think needs to be part of this inner circle?"
   - "Is there anyone in these two outer circles who you have thought about telling or come close to telling, but you haven’t quite gotten there yet?"
   - "Who would Grandma (for example – pick a person already in the inner circle) say needs to be in this inner circle with her?"
   - "Who would the kids want to have in this inner circle?"
   - "You know all of these people, I don’t know them yet, but who do you think I would want to have in this inner circle?"
   - "Who of all of these people do you feel most comfortable with/most understood by and think would be important to have as part of the safety network?"

6. **Discussing the following:**
   - What is the role of the safety network?
   - How many people do we need in the safety network?
   - What we mean by ‘safety’ people and how is this decided?
   - What do people need to know to be part of the safety network?
   - How do we ensure that everyone is informed about the concerns?
The ‘Three Houses’ Tool
Created by Nicki Weld & Maggie Greening, New Zealand


Three Houses Case Examples

Emma’s Three Houses (8 yr old girl)

- I don’t like getting home by Mum.
- I don’t like seeing my brother and sister getting hurt by my mum.
- Mum slapped Kate once as she ran.
- Mum kicked Jacob on the bottom.
- I don’t like my mum.
- We have a yard on one side.
- 3 wishes on the other side.

I wish I could have a car that would take me to church.

- I wish I could drive with both mum and dad together.
- I wish I wasn’t yelled at by Mum.
- I wish that I lived in a better house (that my mum’s house was a better house).
- I wish I could eat whenever.
- I wish that I could have a brother.
- I wish that I could see my mum every second weekend so that I wouldn’t get yelled at so much.

Kaden’s Three Houses (5 yr old boy)

work of the Goodfellow Benefaction program, Perth

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Contact: phil.decker@earthlink.net or nicci@juno.com.au

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Three Houses Process

1. **Preparation**: In preparing to do the 'Three Houses' with a child or young person, it can be helpful to find out as much background information as you can. The other important part of preparation is working out what materials you will need to take. At a minimum, you will need sheets of paper (preferably one for each house, as well as some spares) and some coloured pencils and textas. The other important decision is where to meet with the child. If possible, choose a venue where the child is likely to feel most comfortable is important, particularly for your first meeting.

2. **Inform parents and obtain permission to interview child/ren**. Sometimes, child protection workers have to interview children without advising or seeking the permission of the parents or primary caregivers. Wherever possible, the parents should be advised/asked in advance and showing the 'Three Houses' Tool to the parents can help them to understand what the worker will be doing.

3. **Make decision whether to work with child with/without parents present**. Again sometimes child protection workers need to insist that they speak with the children without a parent or caregiver present. Wherever possible it is good to make this a matter of choice for the parents and the child, but when this isn't possible, all efforts should be made to provide an explanation to the parents as to why the worker feels it is necessary to speak to the child on their own.

4. **Explain and work through 3 houses with child** using one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage child in the process. They can re-name houses, use toys, lego houses, picture cuts outs etc. etc. Give child choice about where to start. Often start with 'house of good things' particularly where child is anxious or uncertain.

5. **Explain to and involve the child or young person in what will happen next**. Once the 'Three Houses' interview is finished it is important to explain to the child or young person what will happen next, and to obtain their permission to show the 'Three Houses' to others, whether they be parents, extended family, or professionals. Usually children and young people are happy for others to be shown their 'Three Houses' assessment of their situation, but for some children there will be concerns and safety issues that must be addressed before proceeding with presenting what they have described to others.

6. **Present to parents/caregivers** usually beginning with 'House of Good Things'. Before showing the child’s 'Three Houses', it can be useful to ask the parents: ‘What do you think the child would say is good/worried about/dreams of?’
The Safety House Tool
Created by Sonja Parker, Australia

A tool for involving children and young people in the safety planning process.

Further information available in the Safety House booklet available at www.aspirationsconsultancy.com
Zoe's Safety House

Rules
1. No fighting or hitting because I get really hurt and mum gets hurt.
2. Shane can't come around and if he bashes on the door mum will tell him to go away or call the police.
3. If mum gets really sad then someone has to help her because she cries and stays in bed.
4. I get to stay at my school because I like my school to stay at my school and I don't want to go to a new school and I don't want mum to play a game.

mum missing you

mum and Dicky

Mum and Dicky come home to play

My best friends with one another and now I'm still friends sometimes.

My brother and I would help each other and I would help mum.

Mum and Dicky and I help one another.

Mum and Dicky

Nana and Grounded

Not Shane come over
Prompt sheet for using the Safety House

1. Inside the Safety House: The inner circle and inside the four walls

   Inner circle:
   • Child draws her or himself in the inner circle (leaving space to draw others).
   • Who else would live in your Safety House with you?

   Inside the house:
   • Imagine that your home/house back with _______ (e.g., mummy and daddy) was as safe as safe and you felt as safe and happy as possible, what sorts of things would _______ (e.g., Mummy, Daddy, big sister) be doing?
   • What are the important things that _______ (e.g., Mummy and Daddy) would do in your Safety House to make sure that you are safe?
   • Are there any important objects or things that need to be in your Safety House to make sure that you are always safe?

2. Visiting the Safety House: The outer circle

   • Who would/will come to visit you in your Safety House to help make sure that you are safe?
   • When _______ (each of the safety people identified above) come to visit you in your Safety House, what are the important things that they need to do to help you be safe?

3. The red circle: Unsafe people

   • When you go home to live with _______ (e.g., Mum and Dad), is there anyone who might live with you or come to visit who you would not feel completely safe with?

4. The roof

   • "Remember we talked about how all those adults are talking together to make a safety plan for when you go home? One of the things they are trying to decide is what the rules of the safety plan should be. What do you think? What would the rules of the house be so that you and everyone else would know that nothing like _______ (use specific worries) would ever happen again?"
   • "What else and what else?"
   • "If your _______ (sister/brother/Nana etc) was here, what would they say?"

5. The Safety Path

   • If the beginning of the path is where everyone was very worried and you weren't able to live with Mum and Dad and you had to go and live with _______ and the end of the path at the front door is where all of those worries have been sorted out and you will be completely safe living with Mum and Dad, where do you think things are right now?
   • If the beginning of the path is that you feel very worried that if you go home to live with Mum (or have an overnight stay) that Mum will start using drugs again and then not be able to look after you properly and the end of the path at the door is that everything in your Safety House is happening and you're not worried at all that Mum will use drugs again, where are you right now?

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Contact: phil@therightpath.org or www.rightpath.org
Family Finding Tools

Family finding and Permanency Teaming work hand in glove. Indeed, the teaming process relies on family and other adults to support, plan and make decisions for and with the child.

Family finding involves reconstructing a child’s relationships over time and locating family members and others who will participate in Permanency Teaming – an information gathering and relationship building process that will help a child leave foster care with enduring family relationships. Once family members have been located, they are engaged in Permanency Teaming. Family finding is not about child placement – it’s about gathering information, addressing the emotional aspects of family relationships, and honing in on a child’s need for enduring family connections.

This publication describes four steps involved in family finding in a Permanency Teaming context:

- **STEP 1**: Locating significant adults
- **STEP 2**: Engaging each individual
- **STEP 3**: Building relationships
- **STEP 4**: Using the Permanency Teaming Process to make plans and decisions

Also included:
- Sample letters for contacting adults on behalf of a child.


**A BRIEF OVERVIEW**

Family finding includes talking to the child, his or her family, and past and present caretakers; reviewing the child’s case records; and finding and engaging adults in planning and problem solving on the child’s behalf. Internet technologies, such as US Search, can be invaluable in family finding. But perhaps more important is an assertive mentality toward outreach and the ability to talk with children and adults about planning with and for a child. Perseverance and open mindedness can’t hurt, either!

Why is family finding necessary? Family is a child’s birthright. For legal, emotional and ethical reasons, families need to be involved in planning as a child grows up. Whether birth parents are able to be full-time parents or not, their involvement in planning for their children can be crucial to finding a permanency strategy that will work for the child. One recent study documented concrete results of connecting children to family, whether through reunification or, in most
cases, through letters, visits and phone calls: Some children were able to discontinue behavioral medications; most showed marked improvement in school.

STEP ONE: LOCATING SIGNIFICANT ADULTS
Goal
- Identify as many adults with whom the child has family or other significant connections.

Practice strategies
- Review case records for information about family members or others who sought contact with or information about the child.
- Talk with the child, family members, other significant adults (such as past or current foster families or caregivers, teachers and coaches, church community members, etc.).
- Follow up on any leads to locate people identified as having a connection with the child, using online search methods as needed.

Tips
- Seek out the family historian or elder – someone who is retired or who has been a source of stability for the family network.
- Focus on gathering family information, not on reunification or on locating placement resources.

What does success look like?
- The family is extensively known.

STEP TWO: ENGAGING EACH INDIVIDUAL
Goal
- Motivate adults who have a connection to the child to share information and desire to know more about the child’s situation.

Practice strategies
- Use letters, phone calls, and email to introduce yourself and describe the child’s situation.
- Use individual meetings to build trust and relationships; educate family members and others about the child and his or her strengths, needs and situation; and continue gathering information about adults who could be important to the child.
- Use technology as an assist. Use Internet search strategies to locate individuals, conference calls to connect with distant family members and phone calls and email to build relationships among you and family members.

Tips
- In any communication, emphasize any family connections that led to your initial contact.
- Use handwritten, personalized letters whenever possible; they tend to get a better response.
- Allow time for adults you are working with to become child centered.

What does success look like?
- More adults in the child’s network are aware of the child’s circumstances and whereabouts.
• More adults provide information about the child’s history and his or her family members.
• More adults are aware of the child’s need for permanence and planning.
• More adults agree to participate in the child’s planning team.

STEP THREE: BUILDING RELATIONSHIPS IN A PERMANENCY TEAMING CONTEXT

Goal
• Bring together family and other adults to work together on a child’s behalf.

Practice
• Use small group meetings between youth, current caregivers, and others to exchange information and build relationships.
• Determine which adults the child and other family members look to for parenting decisions and permission, and involve them early to avoid derailing the process.
• Share relevant information with others in your agency.

Tips
• Continue to follow new leads – the outreach and engagement process doesn’t stop until a child has left foster care connected to a family.
• Be proactive about identifying and mediating old rifts and disagreements by getting adults focused on the child’s need for permanence.

What does success look like?
• Adults begin to develop relationships among themselves in support of the child.
• Adults and the young person work together to develop future plans.
• Adults emerge as resources for the child in various ways (by serving as providers of information, bridges to others in the family network, respite providers, and lifelong connections).

STEP FOUR: USING THE PERMANENCY TEAMING PROCESS TO MAKE PLANS AND DECISIONS

Goals
• Establish a team that includes the youth to:
  a) develop a plan to meet the child’s need for safety, well-being, and permanence:
  b) assist the child and families in negotiating whether and how relationships will be maintained over time; and,
  c) assist the child in exiting foster care with legal permanence and any needed post-permanency supports.

Practice
• Facilitate a variety of different meetings – individual, small group, and large group meetings – that address goals outlined above.
• Use permanency preparation practices to explore the strengths and motivations of all team members – especially the child – as permanency options are developed, explored, and tested.
• Use child assessments and relationship building emanating from the Permanency Teaming Process to reach agreement on what post-permanency family contacts will include.
• Use child assessments and information gleaned from the process to identify any post-permanency needs.
• Involve all team participants in process evaluation.

Tips
• Ensure that non-professional team members have meaningful roles on the team and in decision making.
• Continue family finding activities throughout, adding team members as appropriate.

What does success look like?
• The child leaves the child welfare system connected to enduring family.

SAMPLE LETTERS
The most effective way to reach family members is through letters that are simple, handwritten and personalized. Four samples follow. As you work, remember that no letter takes the place of persistent outreach. If you send letters to an old address, or don’t follow up when a letter is returned, you are not truly engaged in family finding.

Sample letter to a birth parent
Dear Mr. Hicks,
I am a social worker at [name of agency] in [name of city or town]. I work with your daughter Tammy. You and I met briefly at a court date in Providence many years ago.

At [name of agency] we are using a new approach to help prepare youth for adulthood. I am contacting you to see if you can help us fill in some missing pieces in Tammy’s understanding of her life.

As you know, Tammy is now 14 years old. She is living in a group home and working on making good decisions for her life. She has many questions about her life and her birth family. She also has questions about her cultural heritage.

I am hoping you can help provide answers to some of those questions. DCYF has agreed that you are a valuable source of information for Tammy.

Please contact me at [phone number] or [email address] so we can talk further.

I look forward to hearing from you.

Sincerely,
Grace Dickerson, LSCW
**Sample letter to a former foster parent**

Dear Ms. Smith,

I am a social worker at [name of agency] in [name of city or town]. At [agency name] we work with young people to help them prepare for the future. To do so, we use a team approach to support each youth in his or her planning. The youth usually identifies adults from past and present relationships to be part of his or her planning team.

We are presently working with a young woman named Tammy Hicks. Tammy is now 14 years old. She has been involved with [agency name] for several years and is working to make good decisions in her life.

As we reviewed Tammy’s foster care history, we noticed you once provided care for her. We would like to meet with you and share information about Tammy and our work. If you have any pictures of Tammy or special memories you would be willing to share, we would appreciate it.

We look forward to hearing from you. Please feel free to contact me at [phone number] or [email address] so we can schedule a convenient time to meet.

Sincerely,
Grace Dickerson, LCSW

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**Sample letter to possible extended family members**

Dear Mr. Cabon,

We are contacting you as we believe you might be related to a child we are currently working with in our foster care program. Your grandmother, [name], asked if I’d send you a note about Tammy Hicks.

Tammy is 14 years old and originally resided in New Haven, Connecticut. We are trying to connect Tammy with members of her extended family to help her understand the missing pieces of her life.

As I am sure you are aware, all children need to have connections to their families, and for children in foster care this is especially true. If Tammy is a member of your family and you would be open to helping her – by learning more about her situation, helping us contact other family members, or sharing some information about her family background and cultural heritage – please contact me at [phone number] or [email address].

I look forward to hearing from you.

Sincerely,
Grace Dickerson, LISW
Sample letter to an adult who is important to a child

Dear Ms. Johnson,
I am a social worker at [name of agency]. I am contacting you about Tammy Hicks, a child in our foster care program.

As you know, Tammy is 14 years old and is working to make good decisions in her life. At [agency name], I work with young people to form their own personal teams to support them as they begin to plan for their future. Each youth identifies adults from past and present relationships to be part of his or her planning team. As I’ve worked with Tammy, she identified you as someone who has been important to her.

I would like to meet with you and share information about Tammy and our work. If you have ideas about other adults who have been important to Tammy – family members, or friends from her neighborhood, school or church – that would be very helpful. If you have pictures of Tammy or special memories you would be willing to share, I would appreciate it.

I look forward to hearing from you. Please feel free to contact me at [phone number] or [email address] so we can schedule a convenient time to meet.

Sincerely,
Grace Dickerson, LCSW
SCRIPT FOR PHONE CALL WITH FAMILY MEMBER

SOCIAL WORKER:
Hello my name is _________________ and I am a social worker who has been working with a 15 year-old boy whose name is Jose. I believe he may be a member of your family. I know this call may catch you by surprise but my agency is committed to helping children who have been in foster care re-connect with their family.

SOCIAL WORKER:
Jose is now a teenager and has been thinking about his family. He has some questions that I am hoping you might be able to answer about his childhood years, specifically; he is unclear about his ethnicity and whether or not he was named after anyone special.

SOCIAL WORKER:
Another reason we are trying to find relatives for Jose is because he does not have any pictures of his childhood and was hoping that we might be able to find a few. Is that something that you might be able to help him with?

SOCIAL WORKER:
I’m sure you have some questions as well? I’ll start by telling you that Jose is doing well and working with me to fill in the pieces of his life. Maybe we could meet or I would really like the opportunity to meet and talk further. I am willing to meet with you for coffee at a time and place that is convenient for you.

Helpful Hints
• Share enough information to make family identification
• Don’t ask too many questions—this is a beginning conversation
• Reassure that this call is not about placement
• Be strength-based
• Schedule meeting as part of call
• Be willing to meet at a neutral location
SCRIPT FOR PHONE CALL WITH FOSTER FAMILY

SOCIAL WORKER:
Hello my name is ________________ and I am a social worker for ___________ name of agency__________________. Our agency is committed to preparing kids for permanency and as part of our work we reach out to family, foster parents and other significant adults who have been important to the child. Today, I am calling you regarding a 15 year old boy whose name is José. Do you remember José?

SOCIAL WORKER:
José was placed with you when he was about 10 years old and our records indicate that he lived with you for about ___ months. During a recent visit we were completing a time line of his foster home placements and he shared many fond memories of the time he spent in your home.

SOCIAL WORKER:
José would like you to know that he is doing well in school and is running track. He is piecing together his childhood and was wondering if you might have any pictures of him.

SOCIAL WORKER:
If you could find any pictures that would be great and if possible I’d love to stop by and take a few pictures of your home for José’s life book. Would that be okay? Thanks for helping us with this and for all you do for kids. Let’s set up a time that works for you.

Helpful Hints
- Reassure that this call is not about placement
- Be positive when sharing information about the child
- Schedule meeting as part of call
- If the relationship is significant to the child have a deeper conversation regarding what role the foster parent can play when face to face with foster parent
INTRODUCTION

Purpose: This tool is designed to assist the social worker when reviewing the child’s and family’s case record for potential resources for support and connection. The tool collects information helpful in family search and engagement efforts as well as permanency preparation with the youth (ex: life book, life narrative, time line) A single thorough review of the child’s and family's case records can serve a variety of functions. It allows the social worker to have a historical perspective on life events and important relationships which can help the youth understand their past, its impact on the present and plan for the future.

Directions:

1. Obtain the child's and family's case record.

2. In an organized fashion, review placement history and case notes- keeping an eye out for relationships as well as placements.
   - Note the timeline of all the youth’s moves, separations, both formal and informal placements including the circumstances surrounding each move as well as the significant people and relationships associated with that time and place in the youth’s life.
   - Significant people might be found in a case note or entry indicating that someone from the youth’s past had interest or affection for the youth; letter of support/recommendation provided by teacher or coach or a name that appears multiple times.

3. Review educational and medical history and note any emergency contacts.

4. As critical information is uncovered, record it on the appropriate page in this tool. Be sure to have extra paper – you may likely need more space than is on this template!

5. Once the case record review is completed, analyze the tool and identify potential resources for information, concrete and emotional support, reconnection and placement.

6. Treat this as a living document, to be revisited, updated, and used throughout the life of the case for both permanency options and meaningful connections to last a lifetime.
**Child’s Placement History**

*For people, places or placements that the child recognizes as significant complete the "Placement Ecomap" with the child.*

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<th>Dates Resided</th>
<th>Family/Placement</th>
<th>Address&amp; Phone(s)</th>
<th>Circumstances Surrounding Move</th>
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**Birth Mother’s Background Information**

Name ___________________________ aka ______________________ DOB ___________

Addresses known to reside __________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Birth Mother’s Relatives:

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Other Individuals Connected to the Birth Mother:

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Birth Father’s Background Information

Name ___________________________ aka ______________________ DOB ______

Addresses known to reside ____________________________

________________________________________________________

Birth Father’s Relatives:

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Other Individuals Connected to the Birth Father:

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### School Information

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<th>Important People to Child</th>
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*Important people to consider: teachers, coaches, program aides, lunchroom staff, bus drivers, clerical, principal, tutors, maintenance staff, guidance counselors, music/art teachers, etc.*
### HEALTH INFORMATION

#### CURRENT PRIMARY DOCTOR
<table>
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<tr>
<th>Name</th>
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<th>Phone number</th>
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#### DENTIST
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#### PAST DOCTORS

#### EYE DOCTOR
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<tr>
<th>Name</th>
<th>Address</th>
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<th>Dates of service</th>
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#### SPECIALIST

#### PT/OT/SPEECH THERAPIST
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<th>Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone number</th>
<th>Dates of service</th>
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### MENTAL HEALTH INFORMATION

#### CURRENT THERAPIST
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State Zip</th>
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#### RESIDENTIAL TREATMENT
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#### PAST THERAPIST

#### GROUP HOME
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<tr>
<th>Name</th>
<th>Address</th>
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#### PAST THERAPIST

#### HOSPITALIZATION
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<th>Name</th>
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</table>
### SOCIAL & COMMUNITY CONTACTS

<table>
<thead>
<tr>
<th>RELIGIOUS AFFILIATIONS</th>
<th>BIG BROTHER/BIG SISTER/MENTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
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<tr>
<td><strong>Address</strong></td>
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<td><strong>Dates of service</strong></td>
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<thead>
<tr>
<th>VISITING FAMILY/RESPITE CARE</th>
<th>GODPARENTS</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
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<tr>
<td><strong>Address</strong></td>
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<td><strong>Dates of service</strong></td>
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<thead>
<tr>
<th>SPORTS/RECREATION/CAMPS/SCOUTS</th>
<th>FRIENDS</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
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<tr>
<td><strong>Address</strong></td>
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<td><strong>Dates of service</strong></td>
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</table>

### SOCIAL SERVICES CONTACTS

<table>
<thead>
<tr>
<th>CURRENT SOCIAL WORKER</th>
<th>PAST WORKER (CPS, eligibility, stabilization, FC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
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<td><strong>Phone number</strong></td>
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<tr>
<td><strong>Dates with case</strong></td>
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<tr>
<th>GUARDIAN AD LITEM</th>
<th>CASA</th>
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<tbody>
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<td><strong>Name</strong></td>
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<td><strong>Phone number</strong></td>
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<td><strong>Dates with case</strong></td>
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<tr>
<th>RECRUITER</th>
<th>CONTRACT AGENCY SOCIAL WKR</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
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<td><strong>Phone number</strong></td>
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<tr>
<td><strong>Dates with case</strong></td>
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<thead>
<tr>
<th>INDEPENDENT LIVING SPECIALIST</th>
<th>OTHER STAFF*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
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</table>
*Other staff may include clerical, transportation, training, etc. who may have had contact with the child, or staff from other public service agencies (health department, Community Services Board, etc).

**ADDITIONAL INFORMATION, CONTACTS or POTENTIAL LEADS for the child**

| Phone number | | |
|--------------|------------------|
|              |                  |

| Dates with case | | |
|-----------------|------------------|
|                 |                  |

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CONNECTION TRACKING FORM

Child’s Name: ___________________________ Date: ___________________________

Connection Name: ___________________________

Relationship ___________________________

Address/Phone/Email ___________________________

How are they connected? ___________________________

What connection do they have? ___________________________

Involvement potential ___________________________

Legal: Clearances, consents, etc needed ___________________________

Safety issues ___________________________

Other ___________________________
Timeline
Permanency Services Referral Form

Date of Referral: _____________________  DOB: ____/____/_____  
Child's Name: _______________________

Race:  ☐ African American/Black  ☐ Asian  ☐ Other: ________  
☐ Caucasian  ☐ Native American  ☐ Other: ________

DCF Area Office:_____________________
DCF Social Worker: __________________
Email: _____________________________
DCF Supervisor: _____________________
Email: _____________________________

Current Legal Status: ☐ TPR  ☐ Committed  ☐ OTC  ☐ 96 HH  ☐ Voluntary  ☐ Dual  

Permanency Plan:  ☐ Adoption  ☐ APPLA  ☐ Reunification  ☐ TOG
Concurrent Plan:  ☐ Adoption  ☐ APPLA  ☐ Reunification  ☐ TOG

Is this child part of a sibling group? ☐ Yes  ☐ No  
If yes, are permanency services for siblings being requested at this time? ☐ Yes  ☐ No

Current placement:  Name _________________________________
Address ________________________________
Phone __________________________________

What is placement’s plan for permanency?  ☐ Adoption  ☐ Guardianship
☐ Long-term respite  ☐ Short-term respite
☐ Long-term foster care  ☐ N/A(congregate care setting)

Permanency services requested:
☐ Permanency/Adoption resource recruitment  ☐ Connection building
☐ Permanency/Adoption preparation: Child  ☐ Permanency/Adoption preparation: Family
☐ Reunification work
☐ Other (please describe): ________________________________

Are there current permanency services involved? ☐ Yes  ☐ No  
If yes, please specify:  ☐ PPSP  ☐ TFC special recruitment  ☐ Other: __________________

Signatures
DCF Social Worker: _______________________________  Date: ____________
DCF Social Work Supervisor: _________________________  Date: ____________

Completed referrals can be sent to:
Anne Marie Stonoha, DCF  Tania Pierret, WWK
annemarie.stonoha@ct.gov  tania.pierret@klingberg.org
Fax: 860-560-7779  Fax: 860-826-1238
Phone: 860-550-6482  Phone: 860-832-5535

Completed Referral By Phone: _________________________
Office Use Only:
Date Referral Received:  Reviewed on:  Assigned on:
Assigned to:  ____PES  ____PPSP  ____WWK

Permanency Services Referral Form  Rev. 6/14
## COMPARISON CHART OF CHILD SPECIFIC RECRUITMENT/PERMANENCY SERVICES

<table>
<thead>
<tr>
<th></th>
<th>DCF PERMANENCY EXCHANGE SPECIALIST (PES)</th>
<th>WENDY'S WONDERFUL KIDS (WWK)</th>
<th>PERMANENCY PLACEMENT SERVICES PROGRAM (PPSP)</th>
<th>THERAPEUTIC FOSTER CARE TFC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population</strong></td>
<td>Any child currently active with DCF in need of specialized services to assist in the realization of a permanency plan</td>
<td>Youth is age 12 or older or part of a sibling group&lt;br&gt;Youth has goal of Adoption, APPLA or reunification with concurrent goal of APPLA/Adoption&lt;br&gt;Has no identified permanent resource&lt;br&gt;Is in need of permanency readiness work (may be in current placement setting)</td>
<td>Any child currently active with DCF in need of specialized services to assist in the realization of a permanency plan</td>
<td>Children, ages 6-17, with SED and complex behavioral health care needs who require placement outside of their home and who are at risk of placement in a more restrictive placement setting are eligible for TFC services.</td>
</tr>
<tr>
<td><strong>Referral process</strong></td>
<td>E-mail PES staff assigned to your region and cc Supervisor Anne Marie Stonoha to initiate permanency discussion and referral process (or) complete the Universal Referral Form and send via e-mail to the above.</td>
<td>E-mail PES staff assigned to your region and cc Supervisor Anne Marie Stonoha to initiate permanency discussion and referral process (or) complete the Universal Referral Form and send via e-mail to the above.</td>
<td>Develop individual contracts with a specific PPSP agency</td>
<td>The Contractor will engage in child specific recruitment and family search and engagement to further support the development of a child’s permanency team. As the Department will be referring children with specialized clinical and other care needs, the Contractor shall discuss the need for and receive approval from the child’s CPS staff, the TFCL, any other designated DCF area office staff to begin a child specific recruitment. In such instances, the Contractor will be expected to identify a child specific match within 60 calendar days of the request by the Department for child specific recruitment.</td>
</tr>
<tr>
<td><strong>Permanency Exchange Specialist (PES) Assignments:</strong></td>
<td>Region I: Jane Pertillar&lt;br&gt;Region II: Katie Churchill&lt;br&gt;Region III: Denise Lopez&lt;br&gt;Region IV: Sarah Colella&lt;br&gt;Region V: Adam Liebowitz&lt;br&gt;Region IV: Kathy DePasquale</td>
<td>Region I: Pat O’Brien: 860-832-5539; <a href="mailto:pat.obrien@klingberg.org">pat.obrien@klingberg.org</a>&lt;br&gt;Amy Anderson: 860-832-5593; <a href="mailto:amya@klingberg.org">amya@klingberg.org</a> &lt;br&gt;Region II: Aminah Ali: 860-832-5537; <a href="mailto:aminaha@klingberg.org">aminaha@klingberg.org</a>&lt;br&gt;Polly Marston: 860-550-6344; <a href="mailto:polly.marston@ct.gov">polly.marston@ct.gov</a>&lt;br&gt;Region III: Polly Marston: 860-550-6344; <a href="mailto:polly.marston@ct.gov">polly.marston@ct.gov</a>&lt;br&gt;Aminah Ali: 860-832-5537; <a href="mailto:aminaha@klingberg.org">aminaha@klingberg.org</a>&lt;br&gt;Region IV: Aminah Ali: 860-832-5537; <a href="mailto:aminaha@klingberg.org">aminaha@klingberg.org</a>&lt;br&gt;Polly Marston: 860-550-6344; <a href="mailto:polly.marston@ct.gov">polly.marston@ct.gov</a>&lt;br&gt;Region V: Amy Anderson: 860-832-5593; <a href="mailto:amya@klingberg.org">amya@klingberg.org</a>&lt;br&gt;Pat O’Brien: 860-832-5539; <a href="mailto:pat.obrien@klingberg.org">pat.obrien@klingberg.org</a>&lt;br&gt;Region VI: Amy Anderson: 860-832-5593; <a href="mailto:amya@klingberg.org">amya@klingberg.org</a>&lt;br&gt;Pat O’Brien: 860-832-5539; <a href="mailto:pat.obrien@klingberg.org">pat.obrien@klingberg.org</a></td>
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<td></td>
<td><strong>E-mail PES staff are in the Regions 2 to 3 days PER week.</strong></td>
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<tr>
<td>Services Provided</td>
<td>PES</td>
<td>WWK</td>
<td>PPSP</td>
<td>TFC</td>
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<tr>
<td>Child Specific: explore individuals identified as important in the child's life via case consultation with the child's worker and at their discretion, through engagement with the child/youth</td>
<td>Recruiters employ aggressive practices and proven tactics focused on finding the best home for a child through the starting points of familiar circles of family, friends and neighbors, and then reaching out to the communities in which they live. Components include: Diligent search, case record review, recruitment plan, assessment of adoption readiness, relationship with child, adoption preparation, and network building. WWK Recruiters remain involved until adoption/permanency finalization.</td>
<td>Recruitment and screening of prospective permanent families when no permanent family resource is available for individual children or sibling groups. Key practice strategies would include intensive family search and engagement to identify critical past connections who should be assessed in terms of the type of resource they can be for a child/youth.</td>
<td>Child specific Permanency Placement Services Program (PPSP) contracts may, at the discretion of the Department, be entered into with the Contractor to compensate them for extraordinary children specific recruitment campaigns. This would include the application of intensive search and engagement and extreme recruitment tools to identify resources within the child's natural network who have never been introduced to the child or whose relationship has been previously severed. The PPSP service agreements would be utilized in cases when a child has recently entered a higher level of care or in cases where the child is in a higher level of care yet a discharge date has not yet been established.</td>
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</table>

- **Diligent**: conduct intensive case mining and internet searches to explore potential connections, outreach and engage family and kin and create a genogram reflecting the child's natural network of support.
- **Targeted**: in partnership with regional teams, consider key stakeholders including faith organizations, and other community based partners who may be potential resources/connections; access to various web sites and Heart Gallery.
- Standing team member on various regional teams such as Permanency Planning, APPLA, Roundtables, etc.

### Caseload
- One PES per region; 10-12 cases at any time with anticipation of rolling assignments.
- 10 slots per region.
- Statewide service/variable ability.
- Undetermined.

### Duration of Assignment
- Short term/rolling assignments.
- Case "open" in some type of capacity (active, monitoring, inactive) until legal permanency is achieved.
- Specific to Service Agreement; up to 132 hours over the life of a child.
- 60 days or as negotiated.

### Funding
- Free/Current DCF Employees.
- "Free" to DCF--Klingberg holds WWK grant through Dave Thomas Foundation.
- $70.63 per hour; 132 hours over the life of a child funded through Board and Care.
- Included in the established TFC rate//PPSP contracts when deemed appropriate.

### Reporting Expectations
- All active cases will assigned to Permanency Exchange Specialists in LINK.
- PES worker to create genograms on each assigned.
- DCF: Monthly written updates to CPS worker.
- Klingberg:
  - Each case will be reviewed monthly.
- Upon receiving an approved contract (or contract extension) from an area office, the contractor will submit a copy to the Child Specific Service Agreements for these identified children will follow established protocol for review and approval by the regional Clinical Program Director and...
<table>
<thead>
<tr>
<th><strong>PES</strong></th>
<th><strong>WWK</strong></th>
<th><strong>PPSP</strong></th>
<th><strong>TFC</strong></th>
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<tbody>
<tr>
<td>case and meet on regular basis with CPS staff to keep apprised of current recruitment / relative resource search status</td>
<td>through supervision</td>
<td>Central Office PPSP contract lead.</td>
<td>tracked by the designated grants/contracts lead in the assigned CPS regional office. A review should occur every 30 days.</td>
</tr>
<tr>
<td>PES documents all narratives in Placement Recourse Search window in each case</td>
<td>Cases in active recruitment status for over six months will be presented to the entire WWK team</td>
<td>On a quarterly basis, the contractor will submit to the DCF Social Worker, a written summary of all services provided in order to meet the terms of any original and/or amended Service Agreement. The final quarterly report, in addition to providing a synopsis of all services provided, will identify the final date that services were provided. Copies of the final quarterly report will be submitted to the DCF Social Worker and to the DCF PPSP Program Manager within thirty (30) calendar days of the final date of service.</td>
<td>PPSP contracts will follow reporting process as outlined in the contract. Approval from the DCF Program Manager and FASU Manager, or his/her designee(s) must be obtained in order to enter into a PPSP agreement. The request to enter into a PPSP contract must be submitted to the ChYP, or his/her designee from the FASU PM.</td>
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<tr>
<td>Permanency Exchange Supervisor maintains monthly individual supervision to discuss work activities.</td>
<td>A yearly case presentation will be made for all active recruitment cases</td>
<td>In addition to the child specific reporting outlined above, the contractor will submit to the Central Office PPSP contract lead a quarterly report detailing the identifying information of the area office, staff, child and type of service provided with a summary of hours utilized per case.</td>
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<tr>
<td>Permanency Exchange workers to engage in monthly group supervision</td>
<td>Semi-annual reports are submitted to the Dave Thomas Foundation for Adoption</td>
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<td></td>
<td>Monthly data is entered and submitted to the Dave Thomas Foundation for Adoption database</td>
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* see regionally matrix that reflects additional community based supports
## Transfer of Guardianship and Adoption Comparison

### Comparison of DCF Subsidized and Non Subsidized Transfer of Guardianship and Adoption Programs

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>Transfer Of Guardianship (TOG) w/ relative</th>
<th>Adoption</th>
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</thead>
<tbody>
<tr>
<td>Regular TOG</td>
<td>Birth Parents no longer have the right to make decisions for the child, but maintain certain parental rights, i.e. the right to be informed about the welfare of their child. Birth parents can petition the court to regain custody and guardianship of their child. In this case the court request for DCF to conduct an assessment and make a recommendation.</td>
<td>Adoption is a permanent legal relationship involving the complete severance of all parental rights of the birth parents and extended birth family. Birth parents do not have rights to future decisions making regarding the care, custody, supervision of the child. Birth parents cannot petition the court to regain custody.</td>
</tr>
<tr>
<td>Permanent TOG</td>
<td>The Birth parent cannot petition the court to regain custody/guardianship.</td>
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### Process to obtain TOG or TPR and Adoption

<table>
<thead>
<tr>
<th>Process to obtain TOG or TPR and Adoption</th>
<th>TOG w/ relative</th>
<th>Adoption</th>
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<tbody>
<tr>
<td>Relative must be counseled about the difference between TOG, Permanent TOG and TPR/Adoption. They also must be counseled about the difference between a Subsidized TOG and Non Subsidized TOG. The relatives input must be factored into the legal direction that is pursued on the case. Once a decision is made, DCF initiates a court action. The length of the court process can vary based on the unique circumstances of each case. Complex cases may experience prolonged court delays.</td>
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<tr>
<td>Regular TOG - Youth age 14 and older must agree to their permanency plan of relative guardianship.</td>
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<tr>
<td>Permanent TOG - A youth age 12 and over must consent to the plan of permanent guardianship. <strong>Child must be placed in the home for a minimum of One year prior to pursuing a Perm TOG in court.</strong></td>
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</tr>
<tr>
<td>Subsidized TOG - The subsidy is negotiated, subsidy paperwork is completed and approved by AO and CO Subsidy Unit...<strong>PRIOR TO ANY COURT ACTION TO TRANSFER GUARDIANSHIP. (Child must be placed in the relative home and the relative must be licensed for 6 months in order to be eligible for a subsidy)</strong></td>
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<tr>
<td>For Non Subsidized TOG: The SCJM may transfer guardianship at anytime with or without DCF agreement. There is no age requirement or timeframe for placement.</td>
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### Caregiver Rights

<table>
<thead>
<tr>
<th>Caregiver Rights</th>
<th>TOG w/ relative</th>
<th>Adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Guardians have legal and physical responsibility for the child and assume the rights of care, custody and</td>
<td>Adoptive parents have all the rights and responsibilities of a birth parent.</td>
<td></td>
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</tbody>
</table>
supervision of the child/youth. If birth parent petitions to regain custody, the guardian has right to object.

**Permanent TOG:** caregivers maintain their parental rights; birth parents cannot petition court to regain custody.

<table>
<thead>
<tr>
<th>Visitation/Contact with birth parents and/or extended bio family</th>
<th>Birth parents have the right to request visitation, which the court may grant based on best interests of child. If no court order, visitation decisions are made by legal guardian. Permanent related or non related guardianship: visitation is at the discretion of the permanent guardian.</th>
</tr>
</thead>
</table>

**Informal Open Adoption Agreements** - There is no court order. This is an informal agreement between the birth parents and/or extended family with the adoptive parents. The frequency and type contact can vary based on the unique circumstances of each situation and comfort level of all parties. This agreement is not binding and can be dissolved at anytime.

**Formal Open Adoption:** These agreements are typically a part of the Superior Court for Juvenile Matters TPR process. Foster/Pre Adoptive Parents are provided with an attorney through CAFAP to assist with the agreement negotiation process. The negotiated agreement will outline the frequency and type of contact post adoption.

**No Agreement Informal Or Formal - No Contact**

| Financial Subsidy | **Refer to CGS 17a-126**
The Subsidy Requirements are the Same for Regular and Permanent TOG. Families are eligible to apply for the Subsidized Guardianship Program if:
- They are Licensed or Approved by DCF or an in state or out of state licensed child placing agency as a relative provider for a period of 6 months.
- Child has been placed in the relative's home for a period of 6 months.
A Financial Subsidy shall be negotiated not to exceed 100% of the foster care rate. Payment for additional services beyond the negotiated per diem rate **Can Not** be included in guardianship subsidy.

**Length of Subsidy**
The financial subsidy continues as long as the youth is enrolled as a full time student until age 21 and is in the care/custody of the relative guardian.

In the case of the death, severe disability or serious illness of the relative caregiver who meets the DCF safety requirement and is appointed legal guardian by a court of competent jurisdiction.

| Financial Subsidy Contd. | **Refer to CGS 17a-117 through 121**
Adoption Assistance Eligibility
- Families must be Licensed or Approved by DCF or an in state or out of state licensed child placing agency as an adoptive provider.
- Child must be certified as "Special Needs" via the completion and approval of a DCF - 416 Prior to Adoption Finalization
A Financial Subsidy shall be negotiated not to exceed 100% of the foster care rate based on the "special needs" of the child. The financial subsidy shall not exceed the current foster care rate to the pre-adoptive family.

A financial monthly subsidy may continue until the child's 18th birthday for all children adopted prior to October 1, 2013. The financial subsidy ends at age 18. Subsidies are subject to an Annual or Biennial Review by the DCF Central office Subsidy Unit and adoptive families are required to submit a sworn statement that the condition that certified child as special needs continues to exist and the adoptive parent is still legally responsible for the child.

For children who were age 16 or older at the time the adoption subsidy agreement was signed and were adopted on or after October 1, 2013, the financial subsidy will end at age 18. Subsidies are subject to an Annual or Biennial Review by the DCF Central office Subsidy Unit and adoptive families are required to submit a sworn statement that the condition that certified child as special needs continues to exist and the adoptive parent is still legally responsible for the child.
| Medical Subsidy | The medical subsidy continues until age 21 for youth who are full time students. Out of state relative caregivers must apply for Title XIX in their state of residence. TOG by an unrelated person does not include a medical subsidy through DCF. However the guardian can apply for medical coverage through DSS. | A child must meet criteria as having "special needs" prior to adoption. Medical subsidies are Not Transferrable. Youth who reside in CT may receive CT Medicaid medical insurance up to their 21st birthday if they reside with their adoptive family. For minor children who reside outside of CT with their adoptive family must request assistance in securing medical insurance from the DCF subsidy unit prior to moving out of state. They will be eligible for Medicaid medical insurance in states that participate in the Interstate Compact on Adoption and Medical Assistance. |
| College Assistance | There is No Post Secondary Educational Financial Assistance provided by DCF. However the financial subsidy will continue until age 21 for children as long as child remains enrolled full time in secondary or post educational and guardian continues to provide primary financial support to the child. Youth in legal guardianship can be considered as "independent" for purposes of financial aid for college. The subsidy to the guardian is not taken into consideration. A One Time - Educational Training Voucher ($5000.00) is available to children where guardianship was transferred at age 16 years or older. | Children/youth adopted from DCF foster care After 12/31/04 may seek financial post secondary education assistance per DCF. This assistance is Not Tied to the financial or medical subsidy and is available even if the adoption is not subsidized or the subsidy is terminated. The youth must apply for available federal and state grants and scholarships to qualify for the above assistance. Please refer to DCF Policy 48-20-2 for details. Beginning with the scholastic year of 2009, FFAFSA allows youth adopted at age 13 or older, to be considered independent students. A One Time – Educational Training Voucher ($5000.00) is available to children who were adopted at age 16 years or older. |
| Taxes | Subsidy income is not taxable if the child is considered a dependent. It may be considered as an asset or other available monies to the child/family when applying for other federal/state assistance programs. | Federal Adoption Tax Credits may be available to adoptive parents upon filing federal tax returns. Subsidy Income is not taxable if the child is considered a dependent. It may be considered as an asset or other available monies to the child/family when applying for other federal/state assistance programs. |
| Post TOG and Post Adoption Services | Once guardianship is transferred, DCF licensed or approved relative guardians may access the Adoption Assistance Program for Post TOG referral to community services and support. The AAP is located at the University of CT Health Center, Farmington, CT. Telephone number: 1-877-679-1961

Families may also apply to The DCF Voluntary Services Program by calling 1-800-842-2288

Families can be referred to the Caregiver Support Team Program by the Area Office via an open case or via AAP if there are slots available.

The same services above are available under permanent relative guardianship.

Unrelated permanent guardians may access services via the DCF Voluntary Services program. | Once an adoption is finalized, families who've adopted children from DCF foster care may access the Adoption Assistance Program for referral to community services and support. The AAP is located at the University of CT Health Center, Farmington, CT. Telephone number: 1-877-679-1961

Families may also apply to The DCF Voluntary Services Program by calling 1-800-842-2288

Day care assistance may be available for one year post finalization through Care4kids. Adoptive families must apply for Care 4 Kids through the Dept of Social Services after finalization.

Families can request additional financial and/or medical subsidy for a child post adoption finalization via the DCF Central Office Subsidy Unit and/or AAP. The Subsidy Unit will request the family and/or AAP provide documentation from Medical/Clinical providers that the “special needs” of the child justify the financial and/or medical adjustment. Please Note...DCF can only adjust the subsidy if there is documentation that the special needs condition for which the additional subsidy is requested existed prior to adoption finalization. |

| Is the case with DCF open or closed? | Subsidized Regular or Permanent TOG
The child’s case is closed in the DCF area office upon transfer of guardianship. A subsidy case remains open for financial and medical review purposes only in DCF Central Office. Families can call the subsidy unit at 1-800-842-6348 for assistance with direct deposit, address changes and related questions.

Non Subsidized TOG
Case is closed by the Area Office once TOG is granted. | Subsidized Adoptions
The child’s case is closed in the DCF area office. A subsidy case remains open for financial and medical review purposes only in DCF Central Office. Families can call the subsidy unit at 1-800-842-6348 for assistance with direct deposit, address changes and related questions.

Non Subsidized Adoptions
The child’s case is closed after the adoptions finalized. |
Permanency Articles

Thirty Things Adolescent Adoptees Wish They Knew About Their Birthparents But Often Are Afraid To Ask

By Laurie Elliott

Through working as a court-appointed agent with adoptees in search, I have learned that many older adoptees have nagging questions about their adoptions. They lacked some very basic information about themselves during their growing years, and this lack affected their sense of identity.

To help other adoptees avoid the same adoption-related identity issues, I made a list of the things that the adoptees I worked with most wanted to know about themselves, their birth parents, and their adoption circumstances. I recommend that adoptive parents try to gather as many answers to these questions as they can when their children are young and the information is easier to find.

I have been busy gathering information to share with my own nine children, and it has offered them a piece of who they are.

1. What are my birth parents' first and middle names?
2. Where was I born (hospital and city)?
3. What time was I born?
4. Were there any complications at the time of my birth?
5. Did my birth mother see me or hold me?
6. Who else was present at my birth?
7. What were the circumstances surrounding my placement?
8. Did my birth mother pick my adoptive family?
9. Did my birth mother know anything about my adoptive family? (Did she meet my adoptive parents?)
10. What did my birth mother name me?
11. Does anyone else in my birth mother's family know about me?
12. Who knows what?
13. How old were my birth parents when I was born?
14. Were my birth parents married when I was born?
15. Where did my birth parents go to high school? College?
16. What kind of students were they?
17. What religious backgrounds do my birth parents have?
18. What is my ethnic/racial background?
19. Did my birth parents marry each other or anyone else after I was born? Do I have any biological siblings? Do they know about me?
20. Did I go to a foster home after leaving the hospital?
21. What was my foster family's name? How long was I there?
22. What do my birth mother and birth father look like? May I have a picture of them? Are my birth parents still alive?
23. Do my birth parents love me?
24. Do my birth parents think about me? Did they ever regret their decisions?
25. Do my birth parents have any special talents, hobbies, or interests?
27. Did my birth parents write to me over the years (journal/letters in a file)?
28. Are there any medical concerns I should know about?
29. If I called my birth parents or wanted to meet them some day, what would they do?
30. What should I call my birth parents?

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First published in Adoptive Families Magazine,
Sample Agendas for Large Team Meetings for In-Home and Out-of-Home Cases developed by and with children/youth.

**ANDREA’S TEAM MEETING**
**SEPTEMBER 17, 2009**

- **WELCOME TO ANDREA’S TEAM**
  - ANDREA WELCOMES HER TEAM

- **SAFETY NEEDS**
  - PHYSICAL SAFETY:
  - PSYCHOLOGICAL SAFETY: ANDREA’S EMOTIONAL READINESS AND IMPACT OF BIRTH FAMILY VISITS

- **WELL-BEING**
  - HIGHLIGHTS OF SUMMER BY THE SMITHS
  - EDUCATION: SCHOOL UPDATE
  - THERAPY: SESSIONS WITH ANDI
  - OCCUPATIONAL THERAPY: THE SMITHS AND ANDI
  - RECREATION: GYMNASTICS, AND PLAY TIME WITH FRIENDS
  - SUPPORT SERVICES: NATURAL NETWORK RESPITE

- **PERMANENCE**
  - UPDATE ON BIRTH FAMILY RE-CONNECTION AND VISITS WITH BIRTH MOTHER AND SIBLINGS
  - SHARE LETTERS FROM BIRTH MOTHER
  - DISCUSS ANDREA’S WISH TO RE-CONNECT WITH SIBLINGS SHE HAS NOT MET AND ATTENDING BIRTHDAY PARTY FOR SARA
  - MAINTAINING SIGNIFICANT RELATIONSHIPS-BETHANY
  - REVIEW ADOPTION CHECKLISTS TO PREPARE FOR ANDREA’S LEGALIZATION ON NATIONAL ADOPTION DAY
  - CHECK IN ON ADOPTION DATES FOR JOE AND MIKE
  - ADOPTION HOMESTUDY PROGRESS- UPDATE BY BILL
  - ADOPTION EVENTS/SUPPORTS- PROVIDED BY LUCY
  - TEAM RECOMMENDATIONS/SCHEDULE NEXT MEETING
CRYSTAL’S MEETING
MARCH 14, 2012

WELCOME AND INTRODUCTIONS

- CRYSTAL’S MESSAGE TO HER TEAM

SAFETY

WELL-BEING

- SHARE INFORMATION REGARDING CRYSTAL’S FOSTER HOME - LYNN
  - BRIDGING OF RELATIONSHIP BETWEEN BIRTH MOM AND FOSTER MOM
    - CHECKING IN REGARDING JOURNAL, PICTURES, LETTERS
  - EDUCATION-ANNE
  - MEDICATION-UPDATE ON DR. GREER APPOINTMENT
  - DCYF UPDATE
  - CASA UPDATE
  - RECREATION/KARATE

PERMANENCY

- VISITS WITH MOM-
  - VISIT WITH CRYSTAL’S SISTER JANE/INCREASING VISITATION/COMBINING VISITS WITH MOM AND COUSINS
  - FAMILY FINDING JANE’S EXTENDING FAMILY AS A SUPPORT
  - PREMANENCY PREPARATION WORK WITH CRYSTAL-BEAD EXERCISE
  - CONCURRENT PLANNING FOR CRYSTAL-JIM

ADDITIONAL AGENDA ITEMS
SCHEDULE DATE FOR NEXT LARGE TEAM PERMANENCY MEETING
## JACOB’S PERMANENCY TEAM MEETING (In-Home case)
### APRIL 12, 2012

<table>
<thead>
<tr>
<th>WELCOME AND INTRODUCTIONS</th>
<th>PERMANENCY</th>
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<tbody>
<tr>
<td>SAFETY</td>
<td>PLANNING FOR OVERNIGHT VISITS AS ADDITIONAL SUPPORT FOR MOM</td>
</tr>
<tr>
<td>• PHYSICAL SAFETY (Mom’s Home)</td>
<td>• BIRTH MOM MEETING WITH PATERNAL GRANDMOTHER</td>
</tr>
<tr>
<td>• PSYCHOLOGICAL SAFETY</td>
<td>• INCREASE CONTACT BETWEEN MOM, DAD, AND JACOB TOGETHER</td>
</tr>
<tr>
<td>o UPDATE ON VISITS WITH</td>
<td>o CLARIFICATION AND INTEGRATION WORK WITH JACOB</td>
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<tr>
<td>PATERNAL RELATIVES (Used as a</td>
<td>• SUPPORTS/SERVICES NEEDED AS WE PLAN FOR JACOB’S INCREASED CONTACT WITH</td>
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<tr>
<td>respite resource for Mom)</td>
<td>DAD</td>
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<tr>
<td>o PLAN TO PREPARE AND ASSIST</td>
<td>o SPECIALIZED SERVICES IN DAD’S AREA FOR pt/ot</td>
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<tr>
<td>JACOB WITH VISITS WITH DAD AND</td>
<td>• ASSIST DAD AND MOM IN IDENTIFYING NATURAL NETWORK SUPPORTS</td>
</tr>
<tr>
<td>STEP-MOM</td>
<td>o FAMILY/FRIENDS/CHURCH/COMMUNITY</td>
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<tr>
<td>WELL-BEING</td>
<td>TEAM RECOMMENDATIONS/SCHEDULE NEXT TEAM MEETING</td>
</tr>
<tr>
<td>• UPDATE FROM MOM</td>
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<tr>
<td>• UPDATE FROM DAD AND STEP-MOM</td>
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<tr>
<td>• MEDICAL/DENTAL UPDATE -</td>
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<td>o INSURANCE</td>
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<td>o NEW CLINIC</td>
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<tr>
<td>• EDUCATIONAL UPDATE</td>
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<tr>
<td>o INVOLVING DAD IN EDUCATIONAL</td>
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<tr>
<td>PLACEMENT AND FUTURE PLANNING</td>
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<tr>
<td>FOR JACOB</td>
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<td>o INPUT CONCERNING IEP MEETING</td>
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<td>ON FRIDAY</td>
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<tr>
<td>o UPDATE ON DAYCARE</td>
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<td>o SCHEDULING A VISIT TO DAYCARE</td>
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<tr>
<td>BY DAD</td>
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<tr>
<td>• REFFERAL FOR SENSORY INTEGRATION</td>
<td></td>
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<tr>
<td>o EVALUATION/TREATMENT/CONSULTATION</td>
<td></td>
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<tr>
<td>• RECREATION</td>
<td></td>
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<tr>
<td>o JACOB’S SOCCER PROGRAM</td>
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</tbody>
</table>
Kayley Permanency Team Meeting  
March 22, 2012

- Welcome and Introduction
- Safety
  - Level of supervision
- Well-being
  - Foster home update-Jeannine
  - DCYF-Discuss birth family visits and sibling visits
  - Education-Marie
  - Therapy-Kara
  - CASA-Morgan
  - Sensory integration referral
  - Recreation-Horseback riding
- Permanency
  - Steps in preparing Kayley
  - Share update on Recruitment-ARI
  - Family Search -Accurint
  - Preparation for permanency tool-Share 3 Houses activity
  - Potential families
  - Birth family visits
- Team recommendations/Next steps
- Schedule next meeting –Kayley’s presence and voice
LASHAY'S PERMANENCY TEAM MEETING
(Sample Adolescent Large Team Meeting)

❖ WELCOME AND INTRODUCTIONS-SAMANTHA
  o SHARE PURPOSE OF MEETING

❖ LASHAY- WISHES-SERVICES -SUPPORTS-
  o LASHAY-READ LETTER WRITTEN FOR BIRTH MOM
  o LASHAY UPDATE ON LASHAY
    ▪ GED
    ▪ EMPLOYMENT
    ▪ UPDATE ON GRACE
    ▪ THERAPY
    ▪ RELATIONSHIP WITH JAYDEN AND MOM
    ▪ MOM’S HOPES-THOUGHTS
    ▪ STEP DAD’S HOPES-THOUGHTS

❖ TEAM UPDATES-SERVICES AND SUPPORTS
  o DSS- SERVICES AND SUPPORTS
  o CASA
  o DR. SCANLAN
  o FOSTER PARENT
  o CASEY

❖ FUTURE PLANS
  o REUNIFICATION
  o HOUSING UPDATE
  o COMMITMENT TO THERAPY
  o COMMITMENT TO GED
  o SUPPORTS
AGENDA FOR MAX’S (Sample for out of home case)
PERMANENCY TEAM MEETING
SEPTEMBER 30, 2010

Welcome and Introductions
- Update on Max by Max

Well-Being
- Transition and Program Update
- School Update
- Family Sessions with Tifani/Transportation for Danielle
- Visits from Hope Staff

Permanence
- Discuss Max’s Request to Meet with His Birth Mother
  - Preparation for Visit
  - Schedule Visit with Birth Mom and Danielle
  - Discuss How/When/Where/Who Will Be Present to Provide Support
  - Share Family Visitation and Plan to Maintain Family Relationships
    - Present Change of Address Cards
    - Reaching Out to Mike, Carol, Aunts
- Provide Update on LexisNexis Search for Paternal Side of Family
- Discuss Next Steps

- Team Recommendations/Schedule Next Meeting
Can occur during:
- Supervision
- Case Transfers
- Internal Meetings
- Referrals to Community-based services
- Congregate Care Settings

Large Team Meetings
Can be folded into:
- Permanency Planning
- Educational Meetings
- Multidisciplinary Meetings
- Wrap Around Team Meetings
- Legal Meetings
- Intake/Discharge Planning
- Placement Disruption Meetings
- 90 Day Meetings
- Residential Reviews
- ACR's

Individual Conversations
Can occur during:
- Monthly Home Visits
- Case-related meetings
- Consults
- Therapy Sessions
- Court Hearings/conferences
- Transporting child or family
- Parent education

Joint Conversations
Can occur during:
- Monthly Home Visits
- Case-related meetings
- Consults
- Therapy Sessions
- Icebreaker Meetings
- Court Hearings/conferences
- Parent/child visits
Permanency Teaming Opportunities

<table>
<thead>
<tr>
<th>INDIVIDUAL MEETINGS</th>
<th></th>
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<tbody>
<tr>
<td><strong>Established DCF Meetings</strong></td>
<td><strong>Identified Purpose</strong></td>
</tr>
<tr>
<td>Case Transfer Conference</td>
<td>Discuss reason for ongoing involvement and initial plan</td>
</tr>
<tr>
<td>Family Case Plan Meeting / Family Conference</td>
<td>Identify a family’s strengths and needs and develop an effective plan for services for the family.</td>
</tr>
<tr>
<td>Child in Placement case plan meeting</td>
<td>Focus on safety, permanency, and well-being of the child; address visitation and permanency goals and effective case planning</td>
</tr>
<tr>
<td>Foster Care “Removal Meeting”</td>
<td>Determine reasons for requested removal, impact on child, foster parents’ willingness to continue placement, services available to maintain placement</td>
</tr>
<tr>
<td>Placement Disruption Conference</td>
<td>Determine whether it is in the child’s best interest to place him in another foster home or a different type of placement setting may be more appropriate</td>
</tr>
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</table>

<table>
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<td>Determine Temporary Custody / caretaker of child while neglect petitions are pending</td>
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<td>Determine whether it is in the child’s best interest to place him in another foster home or a different type of placement setting may be more appropriate</td>
</tr>
<tr>
<td>Case Review Team</td>
<td>Court based, delinquency involved youth, to discuss planning</td>
</tr>
<tr>
<td>TDM (Team Decision Making)</td>
<td>Discuss plan to facilitate and support child’s exit from congregate care</td>
</tr>
<tr>
<td>Juvenile Justice Intermediate Evaluation (JJIE) Conferences</td>
<td>Discussion of the results of the evaluation and planning for provision of services</td>
</tr>
<tr>
<td>Ice Breakers</td>
<td>To allow parents and foster parents to meet and develop a working relationship to further permanency goals</td>
</tr>
</tbody>
</table>

*REMEMBER – PERMANENCY TEAMING MEETINGS INCLUDE PURPOSEFUL DISCUSSION OF THE CHILD’S PERMANENCY NEEDS! DOCUMENTATION OF THESE MEETINGS SHOULD REFLECT THAT DISCUSSION.*
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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Considered Removal – Child Family Team Meeting</td>
<td>Required for all cases in which a child is being considered for immediate removal from his or her home based on the identification of a safety factor. Brings parents and their natural network of supports together for safety planning and/or placement.</td>
</tr>
<tr>
<td>Case Transfer Conference</td>
<td>Discuss reason for ongoing involvement and initial plan</td>
</tr>
<tr>
<td>OTC 10 Day Hearing / CSC</td>
<td>Determine Temporary Custody / caretaker of child while neglect petitions are pending</td>
</tr>
<tr>
<td>Aftercare Planning Conference</td>
<td>Identification of services to be provided for children, and their parents, relatives or guardians following the child’s return from placement</td>
</tr>
<tr>
<td>Permanency Planning Team</td>
<td>Selection of adoptive family for a non-related child; approval of relative adoptions/guardianships, approval of APPLA</td>
</tr>
<tr>
<td>Transitional discharge Plan - Adolescents</td>
<td>To develop a plan for a youth to transition out of the Department’s care with a focus on safety, well-being and permanency</td>
</tr>
<tr>
<td>TDM (Team Decision Making)</td>
<td>Discuss plan to facilitate and support child’s exit from congregate care</td>
</tr>
<tr>
<td>Treatment Planning/Review Conferences at residential facilities</td>
<td>Review clinical, behavioral, medical, and/or educational assessment, treatment progress, and recommendations/planning for services</td>
</tr>
<tr>
<td>Ice Breakers</td>
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**REMEMBER – PERMANENCY TEAMING MEETINGS INCLUDE PURPOSEFUL DISCUSSION OF THE CHILD'S PERMANENCY NEEDS! DOCUMENTATION OF THESE MEETINGS SHOULD REFLECT THAT DISCUSSION.**
Child and Family Permanency Teaming
Summary Report

Date of Meeting:

Meeting Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship/Role</th>
</tr>
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</table>

Meeting Results

Progress towards identifying adults to participate in or support ongoing planning and decision-making:

Progress towards identifying a support network for the family and child:

Progress towards identifying individuals who could become a permanent, legal parent for the child if the current parent or caregiver cannot continue in that role:

Other Discussion:

Next Steps

<table>
<thead>
<tr>
<th>Task/Responsibility</th>
<th>Who</th>
<th>By When</th>
</tr>
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</table>
This introductory page is for social workers to orient themselves to using this tool. This introductory page should not be read to the youth or parents responding to the questions.

Research suggests that emotional security is a critical component of successful family permanence for youth in foster care. Casey Family Services is committed to permanence for each youth, including discovering or developing permanent family relationships that provide safety, emotional security and legal family membership. For youth unable to reunify with their families of origin, their closest family or family-like relationships may be with the foster parents with whom they have lived for an extended time. These relationships hold potential for legal permanence through adoption or guardianship.

Casey Family Services developed the Belonging and Emotional Security Tool (BEST) to assist social workers in exploring youth's sense of emotional security with their foster parents and foster parents' sense of claiming and attachment with youth in their care. There are two versions of the BEST—a parent version and a youth version. A youth's and parent's responses to these statements can be used to guide meaningful permanency conversations toward a deepened, more secure and long-lasting parent-child relationship.

Simple yes/no responses to the questions could be used. (In the case of a two-parent family, the youth answers each set of questions twice, first related to one parent and then related to the other parent.)

Or, a rating scale could be used.

The following instructions apply if using a rating scale:

This questionnaire asks you about feelings you have toward this youth/this parent.

For each question, please choose a number (1 through 5) that best describes this youth/this parent.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>completely agree</td>
<td>mostly agree</td>
<td>neither agree nor disagree</td>
<td>mostly disagree</td>
<td>completely disagree</td>
</tr>
</tbody>
</table>

If you “completely agree” with a statement, you would choose 1; if you “mostly agree,” you would choose 2; if you “neither agree nor disagree,” you would choose 3; if you “mostly disagree,” you would choose 4; if you “completely disagree,” you would choose 5. There are no right or wrong answers. Just choose the number that describes how much you agree with the statement about _____________.

CASEY FAMILY SERVICES
The direct service agency of the Annie E. Casey Foundation

100
<table>
<thead>
<tr>
<th>BEST YOUTH VERSION</th>
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<tbody>
<tr>
<td>1. My foster parent(s) would not kick me out of the family, no matter what I do.</td>
</tr>
<tr>
<td>2. My foster parent(s) makes me feel like I belong to the family.</td>
</tr>
<tr>
<td>3. My foster parent(s) expects to give and receive holiday cards or gifts with me just like everyone else in this family.</td>
</tr>
<tr>
<td>4. My foster parent(s) would loan or give me money if I really needed it.</td>
</tr>
<tr>
<td>5. My foster parent(s) wants to talk when something really important or exciting happens to me.</td>
</tr>
<tr>
<td>6. My foster parent(s) cares deeply about what happens to me.</td>
</tr>
<tr>
<td>7. It makes me feel happy when we spend time together.</td>
</tr>
<tr>
<td>8. My foster parent(s) makes me feel I am wanted.</td>
</tr>
<tr>
<td>9. My foster parent(s) wants me to be home for the holidays.</td>
</tr>
<tr>
<td>10. My foster parent(s) is someone I feel close to.</td>
</tr>
<tr>
<td>11. My foster parent(s) loves me.</td>
</tr>
<tr>
<td>12. My foster parent(s) is someone I trust.</td>
</tr>
<tr>
<td>13. My foster parent(s) includes me in family photos and portraits.</td>
</tr>
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<td>14. My foster parent(s) pays attention to me when I ask for help.</td>
</tr>
<tr>
<td>15. I care deeply about what happens to my foster parent(s).</td>
</tr>
</tbody>
</table>
16. My foster parent(s) includes me in family vacations. 

17. I love this/these parent(s). 

18. My foster parent(s) makes me feel like this is my family for life. 

19. My foster parent(s) will always be someone I can count on for help if I need it. 

20. My foster parent(s) will do everything to keep the relationship going even when I am no longer living at home. 

21. My foster parent(s) finds a way to support, stand behind me and believe in me even when I'm wrong. 

22. My foster parent(s) has done everything I need to make me feel like I belong. 

Consider the following items only if there are other youth in the family:

23. My foster parent(s) treats me as well as the other youth in the family. 

24. My foster parent(s) likes me as much as other youth in the family. 

25. My foster parent(s) gives me gifts that are just as good as the other youth in the family get.
1. I would not kick this youth out of the family, no matter what. 

2. This youth belongs to this family. 

3. I expect to give and receive holiday cards or gifts with this youth just like everyone else in this family. 

4. I would loan or give this youth money if he/she really needed it. 

5. When something really important or exciting happens to this youth, I want to talk with him/her about it. 

6. I care deeply about what happens to this youth. 

7. It makes me feel happy when we spend time together. 

8. I let this youth know he/she is wanted. 

9. I want this youth to be home for the holidays. 

10. I feel close to this youth. 

11. I love this youth. 

12. I trust this youth. 

13. I include this youth in family photos and portraits. 

14. I pay attention to this youth when she/he asks for help. 

15. This youth cares deeply about what happens to me. 

16. I include this youth in family vacations.
17. This youth loves me.

18. I let this youth know he/she will be in this family for life.

19. I let this youth know he/she will always be able to count on my help.

20. I will do everything to keep this relationship going even when the youth is not living at home.

21. I find a way to support, stand behind or believe in this youth even when he/she is wrong.

22. I have done everything I can to make this youth feel he/she belongs to this family.

Consider the following items only if there are other youth in the family:

23. I treat this youth the same as I treat other youth in the family.

24. I like this youth the same as other youth in the family.

25. I give this youth gifts that are just as good as the gifts that the other youth in the family get.
Achieving permanency for youth in foster care: assessing and strengthening emotional security

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ABSTRACT

For some youth in foster care, the closest family or family-like relationships are with the foster parents with whom they have lived for extended periods of time. Nonetheless, child welfare agencies often do not explore these relationships and the potential they may hold for youth for legal permanence through adoption or guardianship. Recognizing that social workers often lack resources to help them initiate permanency conversations, Casey Family Services, a direct service child welfare agency in the USA, developed a tool that social workers can use to explore youth’s sense of emotional security with their foster parents and foster parents’ sense of claiming and attachment with youth in their care. The research literature that suggests that emotional security is a critical component of successful permanence provided the foundation for the development of the Belonging and Emotional Security Tool (BEST). When used with youth and foster parents, the BEST was found to advance meaningful permanency conversations. The authors provide case examples of its use and discuss future directions for using the BEST and broadening its application.

INTRODUCTION

Since the enactment in the United States of the federal Adoption and Safe Families Act in 1997, permanency has been the subject of greater attention as a critical outcome for children in foster care (Gendell 2001). Significant strides have been made in achieving permanence for younger children in foster care, but success in ensuring that older children and youth leave care to families has been more elusive (Barth et al. 2005b). Since the early 2000s, however, child welfare agencies across the USA have begun to focus their efforts on attaining legal permanence for older children and youth in foster care who cannot be safely reunified with their birth families (Bussiere 2006). Although greater attention is being brought to some of the issues that are unique to achieving and sustaining family permanence for older children and youth, challenges remain in resolving some of the practice and policy barriers to family permanence for youth (McGowan 2005). One such issue is the concept of ‘emotional security’ and its relevance to permanency planning with youth in long-term foster care.

For some youth in foster care, the closest family or family-like relationships are with the foster parents with whom they have lived for extended periods of time. Unfortunately, child welfare agencies often do not explore these relationships and the potential they may hold for youth for legal permanence through adoption or guardianship. Resistance to considering permanence possibilities with these families is common for a variety of reasons. Practitioners may believe that youth and their foster families are reluctant to make a binding commitment to one another, and they may not give further consideration to legal permanence within the context of these relationships. Because practice has not offered tools that social...
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workers can use to initiate or deepen conversations about legal permanence with youth and foster families, social workers may be uncomfortable initiating such discussions. They may fear that such discussions will create pressures on the youth and family and undermine the stability of a family living arrangement that is meeting the youth’s current needs. They also may believe that it is ‘too late’ to raise legal permanence when it has not been explored previously.

This paper describes the work of Casey Family Services in developing a tool that social workers can use to explore older youth’s sense of emotional security with their foster parents and foster parents’ sense of chil- ding and attachment with youth in their care. Casey Family Services, which is the direct services agency of the Annie E. Casey Foundation, provides foster care and other child welfare services in six New England states and Maryland in the United States.

Research suggests that foster youth may have par- ticular challenges in establishing emotionally secure relationships because they have faced a variety of threats to normative development that often include troubled attachment histories and problems with emotional regulation. Studies further indicate that emotional security is a critical component of successful permanence and that the thoughts, feelings and behaviours of youth and caregivers are important avenues for exploration in assessing the viability of a legally permanent relationship. This paper discusses the research literature that provides the foundation for the development of the Belonging and Emotional Security Tool (BEST) and describes the tool domains and how the tool is used with youth and foster families served by Casey Family Services. Case examples are provided to illustrate the use of the BEST to advance permanency conversations. The paper concludes with a discussion of future research and practice directions for using the BEST and broadening the application of the tool.

LITERATURE REVIEW

For many youth in foster care who will not achieve permanency through return to their birth families, permanency opportunities exist in their relationships with foster parents, but only when those relationships are characterized by a sense of security and belonging. Research indicates that youth who have been maltreated are likely to face substantial obstacles in forming and maintaining these relationships. Evidence from attachment theory indicates that maltreated youth are likely to have experienced problems in early parenting relationships that may carry forward into relationships with new caregivers, undermining their ability to achieve a sense of security and trust. Research in emotional regulation theory indicates that maltreated youth are more likely to present challenging relational behaviours as a result of maladaptive regulatory strategies. In spite of these challenges, several recent investigations indicate that youth in foster care can and do develop relationships that provide a sense of belonging and emotional security with new primary caregivers.

Attachment theory

The vast body of theoretical and empirical work on attachment theory argues that relationships with primary caregivers are of critical importance throughout the lifespan. Close observation of mother–infant interaction (Ainsworth & Wittig 1969; Ainsworth et al. 1978) has established that infants develop different behaviours in response to variations in the care that they receive. Parenting that is sensitive, responsive and attuned to an infant is associated with a pattern of observable behaviours that are indicative of a ‘secure attachment’. Youth who are securely attached tend to perceive themselves as worthy of care and to perceive others as responsive and trustworthy. In contrast, parenting that is neglectful or rejecting of infants is associated with several patterns of behaviour indicative of ‘insecure attachment’. Insecurely attached youth tend to internalize expectations of themselves as not worthy of care and expect that others will not be trustworthy or responsive. Secure attachments in infancy have been associated with a greater likelihood of positive adjustment and peer relations throughout childhood, adolescence and early adulthood.

Youth who have been maltreated are much more likely than their non-maltreated counterparts to have insecure attachments in early childhood (Grittenden 1988; Carlson et al. 1989). Insecure attachment has been associated with increased risk for psychopathology and relational difficulties across the lifespan (Sroufe et al. 1990; Urban et al. 1991; Simpson et al. 2007). In addition, children who experience maltreatment, separation and loss of their primary caregivers seem to have difficulty establishing secure attachments to subsequent caregivers (Chisholm et al. 1995; Marcovitch et al. 1997). Longitudinal studies have highlighted both continuity and change in attachment security related to meaningful changes in the family environment (Waters et al. 2000; Weinfield et al. 2000). Positive changes in family circumstances are
associated with change from insecurity to security, whereas negative events and maltreatment are linked with continuity of insecurity and change from security to insecurity. Of note, recent critiques have cautioned against an overemphasis on attachment theory to the exclusion of a broader set of influences on children’s social development, particularly with regard to therapeutic intervention (Barth et al. 2005a).

**Emotion regulation**

Research in emotion regulation theory indicates that youth who have been maltreated have difficulty regulating emotions adaptively (Larose et al. 2002). Youth who have experienced abuse or neglect tend to use more physically and verbally aggressive strategies to regulate emotion than children who have not been maltreated (Shields et al. 1994). Dodge et al. (1995) found that the tendency of youth who have been physically abused to display aggressive regulatory strategies is mediated by unique ways of processing emotional and social cues. These processing strategies involve a heightened awareness of hostile cues in the environment, access to aggressive responses from memory and a belief that aggressive strategies will lead to positive outcomes (Dodge et al. 1995). The use of these strategies in the context of foster family relationships can introduce considerable obstacles in developing connections that are characterized by felt security and a sense of belonging.

**Emotional security, belonging and foster care youth**

Recent studies in Great Britain and Australia examining emotional security and belonging in relation to youth’s experiences in long-term foster care indicate that youth can and do experience security and belonging in foster homes and that these aspects of the relationship enhance youth’s well being over time (Schofield et al. 2000; Schofield 2002, 2003; Cashmore & Paxman 2006).

In her study of young adults who had left British foster care, Schofield (2002) reported that not unlike the process of attachment formation in infancy, older children in foster care rely on their foster parents to make the first overtures and set the pace at which they may build their relationship (Schofield 2002). Applying attachment theory, Schofield (2002) further explored how long-term foster carers could provide a ‘secure base’ to children and youth who had experienced significant maltreatment. Her study revealed that foster families’ sensitive care offered youth love and a secure base while, at the same time, contributing to their self-esteem. When youth found a secure base within their foster families, they often described their foster families as their ‘real family’ to which they belonged even after they left foster care.

The accounts provided by foster youth in Schofield’s study (2002) indicated that ‘belonging’ had at least five separate but connected and mutually reinforcing features of family relationships: family solidarity, family rituals, family relationships, family identity and family culture. ‘Belonging’ took the form of family photographs on the wall that included the foster child, Christmas and birthdays celebrated in family-specific ways, foster fathers giving their foster daughters away at their weddings and foster parents attending their foster children’s graduations. When a youth belongs to a family, he or she is assumed to be part of family events in the same way any other family member would be included.

These findings are consistent with Thoburn’s classic model (1994). Thoburn stressed ‘belonging’ and security in loving relationships as key to the emotional well-being of youth in foster care. A sense of belonging develops within the context of loving relationships and experiences of predictable, sensitive care, which, in turn, lead to felt security (Bowby 1969; George 1996; Howe et al. 1999).

In a study conducted by Cashmore and Paxman (2006) in New South Wales, researchers examined the relationships among stability, perceived or ‘felt’ security, and later outcomes for young people 4 to 5 years after leaving foster care. The researchers found that the main predictors of positive outcomes for young adults after they left foster care were felt security while in foster care, continuity of relationships and social support after leaving care. Although placement stability while in care was important, it appeared that stability was the means to achieve the more meaningful goals of a sense of security, belonging and the development of trusting relationships.

Given both the importance of youth’s sense of emotional security and belonging to a family, Casey Family Services developed the BEST to assist professionals in assessing and enhancing these domains in the relationships between foster youth and their caregivers.

**DEVELOPMENT OF THE BEST**

In 2004, Casey Family Services began a series of organizational changes to achieve legal permanence for youth in its foster care programme. Permanence is
defined by Casey Family Services (2005) as 'an enduring family relationship that provides safety and well-being and offers the legal rights and social status of full family membership'. Casey Family Services embraces the right of all children and youth in foster care to a permanent family where they can be physically, emotionally and legally secure. Many youth in the care of Casey Family Services had state determined permanency goals of long-term foster care, and, as a result, work had not been undertaken to establish legally permanent family relationships for these youth.

Through its work, Casey Family Services identified many of the reasons that youth and foster parents may feel reluctant to pursue legal permanency with one another. Youth may feel committed to their birth parents and believe that being with another family would be disloyal; they may believe that they will not need family once they reach adulthood; they may see themselves as too old for adoption; or they may fear that permanency with a new family will cause them to lose touch with people in the past. Analogously, foster families may hesitate to make a legal commitment through adoption or guardianship because of conflicted loyalties between foster and birth children or other relatives, perceptions about themselves as foster parents and not 'adopters', fears about the youth's future actions, behaviours, educational or mental health needs, or a lack of understanding about the heightened sense of belonging, claiming and entitlement that come with legal family membership. Through the process of identifying these issues, Casey Family Services recognized the importance of addressing the concept of emotional security for youth and the concepts of claiming and entitlement for foster parents.

In its quest to achieve family permanency in its fullest and most secure form for every child and youth it serves, Casey Family Services developed and implemented the BEST. The tool is designed to help youth and foster parents to solidify their commitments to one another. For youth who cannot be safely reunified, the permanency goal is to achieve a legal commitment through adoption or guardianship, but in some cases, the outcome may be a non-legal commitment to be family for a lifetime. In some instances, Casey Family Services provides family support services and limited financial assistance following achieving the permanent commitment. Casey's financial assistance is designed to supplement state government financial support, which varies depending on the state in which legal permanence is achieved.

The BEST is used to elicit responses from caregivers and youth that social workers can use to begin discussions about the current and future relationships. Through a thorough discussion with youth and each of their foster parents, the social worker identifies areas of concern as well as expectations that may pose challenges to the development of permanent commitments. The social worker also assists youth and foster parents in developing a plan to address challenges and strengthen the relationship in order to move forward to higher levels of commitment.

THE BEST

The BEST has two versions: one for youth in foster care and one for foster parents. Both versions consist of 25 items that mirror one another. Because these items focus on the feelings and behaviours shown by the research literature to be relevant to emotional security and to adults' experiences of claiming, they are highly relevant to exploring legal permanence. The following discussion describes the BEST domains and the use of the tool, drawing on actual case examples. For each case, the youth's name, gender, and age and other identifying facts were changed to protect the youth's privacy. Further, each youth reviewed the description of his or her case and gave permission for its use in this paper.

Tool domains

The items that form the BEST relate to two domains: emotional security, that is, the emotional quality of the relationship between the youth and foster parents, and claiming, that is, the foster parent's sense of the youth belonging to him or her and within the family. Table 1 provides the 13 items that relate to the emotional quality of the relationship for youth and for foster parents ('emotional security').

The second domain relates to the extent that foster parents have 'claimed' the youth as a member of their family and that youth perceive themselves as 'belonging' to the family. Table 2 provides the items for both youth and foster parents that support an exploration of 'belonging'.

The use of the BEST

Social workers have primarily used the tool during the permanency planning process when three sets of factors are present.
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Table 1 BEST items: emotional security domain

<table>
<thead>
<tr>
<th>Items in youth form</th>
<th>Items in foster parent form</th>
</tr>
</thead>
<tbody>
<tr>
<td>My foster parent(s) wants to talk when something really important or exciting happens to me.</td>
<td>When something really important or exciting happens to this youth, I want to talk with him/her about it.</td>
</tr>
<tr>
<td>My foster parent(s) cares deeply about what happens to me.</td>
<td>I care deeply about what happens to this youth.</td>
</tr>
<tr>
<td>It makes me feel happy when we spend time together.</td>
<td>It makes me feel happy when we spend time together.</td>
</tr>
<tr>
<td>My foster parent(s) is someone I feel close to.</td>
<td>I feel close to this youth.</td>
</tr>
<tr>
<td>My foster parent(s) loves me.</td>
<td>I love this youth.</td>
</tr>
<tr>
<td>I care deeply about what happens to my foster parent(s).</td>
<td>This youth cares deeply about what happens to me.</td>
</tr>
<tr>
<td>I love these/family.</td>
<td>This youth loves me.</td>
</tr>
<tr>
<td>My foster parent(s) will always be someone I can count on for help if I need it.</td>
<td>I let this youth know he/she will always be able to count on my help.</td>
</tr>
<tr>
<td>My foster parent(s) makes me feel I am wanted.</td>
<td>I let this youth know he/she is wanted.</td>
</tr>
<tr>
<td>My foster parent(s) is someone I trust.</td>
<td>I trust this youth.</td>
</tr>
<tr>
<td>My foster parent(s) pays attention to me when I ask for help.</td>
<td>I pay attention to this youth when he/she asks for help.</td>
</tr>
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<td>My foster parent(s) finds a way to support, stand behind me and believe in me even when I'm wrong.</td>
<td>I find a way to support, stand behind, or believe in this youth even when he/she is wrong.</td>
</tr>
<tr>
<td>My foster parent(s) will do everything to keep the relationship going even when I am no longer living at home.</td>
<td>I will do everything to keep this relationship going even when the youth is not living at home.</td>
</tr>
</tbody>
</table>

BEST, Belonging and Emotional Security Tool.

(1) The youth will not be returning to his or her biological family and the current foster family has the potential to be the youth's permanent family.

The BBST is not appropriate without sufficient time for the youth to develop a relationship with the caregiver that may serve as a basis for legal permanence. When the current foster family has the potential to become the permanent family, the tool can help begin to move the conversation towards a deeper emotional commitment and/or, preferably, a legal commitment.

Table 2 BEST items: claiming domain

<table>
<thead>
<tr>
<th>Items in youth form</th>
<th>Items in foster parent form</th>
</tr>
</thead>
<tbody>
<tr>
<td>My foster parent(s) would not kick me out of the family, no matter what I do.</td>
<td>I would not kick this youth out of the family, no matter what.</td>
</tr>
<tr>
<td>My foster parent(s) makes me feel like I belong to the family.</td>
<td>This youth belongs to this family.</td>
</tr>
<tr>
<td>My foster parent(s) expects to give and receive holiday cards and gifts with me just like everyone else in this family.</td>
<td>I expect to give and receive holiday cards and gifts with this youth just like everyone else in this family.</td>
</tr>
<tr>
<td>My foster parent(s) would loan or give me money if I really needed it.</td>
<td>I would loan this youth money if he/she really needed it.</td>
</tr>
<tr>
<td>My foster parent(s) wants me to be home for the holidays.</td>
<td>I want this youth to be home for the holidays.</td>
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<tr>
<td>My foster parent(s) includes me in family photos and portraits.</td>
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<td>My foster parent(s) includes me in family vacations.</td>
<td>I include this youth in family vacations.</td>
</tr>
<tr>
<td>My foster parent(s) makes me feel like this is my family for life.</td>
<td>I let this youth know he/she will be in this family for life.</td>
</tr>
<tr>
<td>My foster parent(s) has done everything I need to make me feel like I belong.</td>
<td>I have done everything I can to make this youth feel he/she belongs to this family.</td>
</tr>
<tr>
<td>Additional items if other youth are in the home:</td>
<td></td>
</tr>
<tr>
<td>My foster parent(s) treated me as well as the other youth in the family.</td>
<td>I treat this youth the same as I treat other youth in the family.</td>
</tr>
<tr>
<td>My foster parent(s) likes me as much as the other youth in the family.</td>
<td>I like this youth the same as other youth in the family.</td>
</tr>
<tr>
<td>My foster parent(s) gives me gifts that are as good as the other youth get.</td>
<td>I give this youth gifts that are as good as the other youth get.</td>
</tr>
</tbody>
</table>

BEST, Belonging and Emotional Security Tool.

Example: Doreen, age 14, and Mae, age 16, have lived with Mr. and Mrs. Jones, their foster parents, for the past two years. The Joneses state that they are not willing to adopt the girls. They indicate that they would be willing to consider guardianship but not without a subsidy to assist them with the girls' ongoing needs. Guardianship subsidies are not available in the state where they live. The parental rights of the girls' birth parents have been terminated. The ongoing relationship between the girls and their foster parents indicates potential that can be explored and developed further.
(2) There is a need to explore the youth's or foster parents' ambivalence to make a legal or lifetime personal commitment.

When youth or foster parents express ambivalence about making a legal or lifetime personal commitment to the youth, the BEST can open conversations about what is behind their hesitation and the perceived benefits of making a commitment. The BEST can initiate or deepen the conversation between the youth and foster parents regarding the possibility of a permanent commitment to one another.

Example: Enrique, age 13, has lived with his foster family for three years. He recently commented to his social worker, 'I felt secure but not safe with my birth family, and I feel safe but not secure with my foster family'. His social worker realized that in order for Enrique and his foster parents to make a legal commitment to one another, Enrique would need to feel more secure in that relationship. His social worker also realized that it may not be possible for Enrique to feel secure unless the family was expressly working toward a legal commitment. The social worker will use the BEST with Enrique and his foster parents to more systematically explore what they could do to help Enrique feel more secure in their family.

(3) A deeper understanding is needed of the emotional commitment in order to enhance the legal or lifetime personal commitment.

Gaining a deeper understanding of the emotional commitment that already exists between youth and their caregivers can enhance their legal or lifetime personal commitment. Taking time to reflect on the relationship and how youth and foster parents feel about one another can be an important step in solidifying a commitment, even when there is already an existing plan regarding adoption or legal guardianship. This deepened understanding of commitment to one another can help families weather the expected 'ups and downs' and normative crises in their relationship.

Example: The goal for Shamika and DeShawn is adoption by their foster family. Although DeShawn, age 11, is open to adoption, Shamika, age 12, is uncertain. When the children's social worker first used the BEST with Shamika, many of her answers were very negative. The social workers re-visited the questions and her answers with her three weeks later. Shamika looked over her responses and began changing some of her answers to more positive ones, saying, 'Boy was I mad that day!' The social worker used this opportunity to compare the differences in her responses and to help Shamika recognize and talk about her ambivalence about being adopted by this family.

The BEST should not be used during an imminent crisis, such as the youth needing hospitalization or emergency mental health services. In these cases, the immediate needs for safety should supersede exploration of emotional security through the BEST. During the resolution of a crisis and during times of ongoing stress and strain, however, the BEST may be used to explore the relationship between the youth and foster parents and to promote a higher level of commitment between them.

Example: Shamika, from the previous case example, became aggressive with DeShawn. When her foster father, Mr. Smith, intervened, she yelled, 'I won't ever call you dad' and ran out of the house. Coincidentally, the girls' social worker was on the way to the house for a regularly scheduled visit when the incident occurred, and Shamika met her in the driveway. Shamika announced, 'I will not go back into that house'. Mr. Smith joined them and suggested that Shamika and the social worker speak alone together. When Shamika had calmed herself, her social worker used questions from the BEST to look more closely at Shamika's ambivalence about becoming a full, legal member of this family. Shamika acknowledged that she worried that feelings of closeness or connectedness with her foster family were signs of disloyalty to her birth parents. This insight facilitated continuing conversations between Shamika and her foster parents as the permanency planning process continued.

Administration of the BEST

In most cases, each foster parent is asked to complete the BEST independently and the youth is asked to complete the BEST for both foster parents as a unit or each foster parent separately. Typically, family members have different perspectives on their relationships with other individuals within the family, and as a result, obtaining individual responses for each relationship will provide the most complete information. In most cases, the social worker discusses each participant's responses individually, and then brings the family together to discuss what they learned.

The social worker introduces the BEST by briefly describing its purpose, how the tool is to be completed and how the results will be discussed and used. The following illustrates how a social worker might describe the tool and how it will be used:

You have been caring for Johnny for some time now, and I'd like to get a better sense of how you think the relationship is going, any areas of concern that you have, and to what extent you think he belongs in your family. If you are willing, I'd like you to complete a tool that will help us talk about this in a comprehensive way. I will also ask Johnny to complete a similar tool and after you have both finished them and discussed them with me, we will sit down together and talk about what we learned. You will decide what you choose to share and what you do not.
On this form, there are some statements. For each one, please write a few sentences about your relationship with Johnny. Write whatever comes to mind; there aren’t any right or wrong answers. Put down anything you think or feel about him. Take as much time as you would like. Do you have any questions?

Upon completing the tool, the social worker usually schedules individual sessions to discuss responses. The foster parents are then brought together to discuss and compare their responses, and then, in most cases, a similar conversation is facilitated between the youth and foster parents. These meetings provide opportunities for deeper conversations about commitment, emotional security and claiming.

USE OF THE BEST: CASE EXAMPLES

The following three case examples illustrate specific ways that the BEST can advance conversations with foster parents and youth about their commitment to one another.

Samantha

Samantha, currently aged 18 years, entered foster care at age 8 years. Her mother, who was 14 years old at the time Samantha was born, was in an abusive relationship and did not protect Samantha. After being in a series of foster homes, Samantha came into the care of Casey Family Services and was placed with the Anderson family where she has lived for the past 6 years. Samantha’s mother’s parental rights were terminated 5 years ago, and adoption was discussed with the Andersons. They did not see themselves as ready to move forward with adoption given their age and their concerns about Samantha’s ongoing needs into adulthood. They said, however, that Samantha ‘always has a bed at our home’.

Samantha’s social worker, Dan, utilized the BEST with Mr and Mrs Anderson and with Samantha to support an in-depth discussion of their commitment to one another and their different perceptions in a number of areas. Mrs Anderson initially expressed concern that she had ‘failed the test’ and stated, ‘I’d be worried if I were you that we are not the right family for Sam’. Dan made clear how supportive a family the Andersons had been for Samantha, and in the process of talking with them, helped them to see that they underestimated their commitment to Samantha. The Andersons’s commitment to Samantha moved from a somewhat vague, general commitment to her to a more unqualified commitment in which they ‘claimed’ her as a family member.

Pearly

Pearly, aged 16 years, currently lives in a group home. She said ‘goodbye’ to her foster parents 2 years ago. The relationship was tense, and they felt ill-equipped to meet Pearly’s needs. Six months ago, the state agency referred Pearly’s case to the agency for permanency planning and recruitment of a permanent family for her. When discussing who should be a part of her permanency team, Pearly identified her former foster parents. She was wary, but she wanted them back in her life. The social worker used the BEST with both Pearly and her former foster parents to help them re-consider their relationship to each other. The foster parents described their emotional connection to Pearly very positively. Pearly provided strong positive descriptions about her former foster parents, including strongly agreeing to ‘this parent loves me’ and ‘this parent makes me feel like I belong’. She disagreed with the statements, ‘I love this parent’ and ‘This parent is someone I trust’. Her responses provided an opportunity to discuss her ambivalence. In response to Pearly’s mixed feelings, her former foster parents said, ‘We understand that you can’t feel love and trust right now. That’s something we’ll work on over time’. Using the BEST helped Pearly’s former foster parents better understand how their daily interactions and decisions affect her sense of security with them. Pearly will be returning to live with them next month. Adoption is the plan.

Carlos

Carlos, aged 17 years and about to graduate from high school, had been distancing himself from his foster parents, the Browns. He had lived with them for more than 2 years, and they had a good relationship. They were an anchor and a compass in his life. They often told Carlos that they loved him, but otherwise, they did not talk much with him about their feelings. Recently, they discussed together some post-high school options: Carlos could go to college and have a home-base with them or could stay at home and work for a year before attending college. Carlos felt overwhelmed after this discussion. His social worker hoped that in using the BEST, they could strengthen their commitment to one another and enhance the security of the family relationships as Carlos approaches graduation.

The social worker first obtained Mr and Mrs Brown’s responses. On the first question, ‘I would not kick this youth out of the family no matter
what', Mr and Mrs Brown responded differently. Discussing their differing responses, Mrs Brown stated that physical aggression would be one reason that she might want Carlos to leave 'home', but both agreed that no circumstances would prompt them to consider him out of the 'family'. The social worker discussed the BEST questions with Carlos and shared the Browns' responses. They then had a more in-depth conversation about why Carlos might be 'distancing' himself from this family. When Carlos and his foster parents met to discuss their responses, they spontaneously talked more about their feelings and their future together. As Carlos prepares for a high school graduation celebration that will include his foster and birth families, his social worker will use these foundational discussions to further explore his need for greater emotional security as well as legal family membership.

**BENEFITS OF THE BEST**

As these case examples illustrate and as the observations of Casey Family Services' staff who have utilized the BEST suggest, the tool provides important benefits for youth and foster parents. The BEST facilitates joint conversations between youth and foster parents so that neither has to initiate or carry the full burden of raising issues that may be sensitive or difficult to discuss. It provides a framework for deepening conversations regarding youth's needs for a sense of emotional security and belonging.

The BEST provides a structure for exploring foster parents' and youth's ambivalence to make a legal or lifetime personal commitment. The BEST provides foster parents with opportunities to explore their feelings about the youth, their current level of commitment to the youth, and their expectations regarding the future. It can also help foster parents recognize differences in the emotional quality of their relationships with the youth, their level of attachment, and the extent to which they have 'claimed' the youth as their own. Likewise, the BEST provides youth with opportunities to acknowledge and discuss their own uncertainties about making a permanent commitment to their foster families. The BEST provides an opportunity to clarify the meaning of legal permanence, particularly adoption, in a developmentally appropriate context.

**FUTURE DIRECTIONS FOR THE BEST**

Casey Family Services has identified several steps to enrich the understanding of BEST results and to broaden its applicability. First, Casey Family Services will develop guidelines for scoring responses to the items and will study the tool’s psychometric properties. Through this process, it will be possible to expand beyond the impressionistic evidence of the tool’s benefits and begin to empirically measure the extent to which youth and foster parents experience emotional security in their relationships and the degree to which this affects the likelihood of achieving legal permanence.

Second, Casey Family Services will expand the use of the BEST. Social workers who have used the tool have expressed interest in using the BEST with foster families who care for younger youth. Casey Family Services is considering a second version of the BEST that will provide a developmentally appropriate assessment for younger children and their families.

Third, as Casey Family Services has focused on greater emotional security within families, social workers have identified other aspects of emotional security that their work should address. A key area is emotional security within the context of sibling relationships. Families often include foster, adoptive, birth and step-siblings, each of whom may have different feelings of security and belonging with each other as well as their caregivers. Another key area is emotional security within the context of other types of family relationships. Adoptive families may face challenges in developing and maintaining emotionally secure relationships with their adopted children that are very similar to challenges faced by foster parents. Similarly, the emotional qualities of youth’s relationships with their birth families often must be explored to support healthy ongoing relationships irrespective of the legal permanence outcome.

Finally, Casey Family Services sees the BEST as a teaching tool for social workers. As some social workers use the tool, it has become evident that they would benefit from additional training and supervision in deepening conversations between youth and foster parents about permanency.

**REFERENCES**


Achieving permanency for youth in foster care. L. Frey et al.


Measuring Relational Permanence of Youth: Youth Connections Scale
Relational Permanence and the Youth Connections Scale

Research and practice wisdom confirms the belief that all youth need the support of caring adults. Youth who are placed in foster care often come into placement with connections to adults who are important in their lives; yet, many of these connections are lost while children are in foster care. Legal permanence, such as the reunification, adoption, or transfer of legal guardianship of the youth, remains a critical goal to achieve for youth in child welfare systems. However, in recent years emotional and relational permanence have been introduced as concepts that are equally important. Relational permanence is defined as youth having lifelong connections to caring adults, including at least one adult who will provide a permanent, parent-like connection for that youth (Louisell, 2008). Many experts and scholars now advocate for child welfare agencies to increase their focus on building permanent, supportive connections for youth while in foster care (Charles & Nelson, 2003; Samuels, 2009).

Research findings indicate that the benefits of youth being connected to supportive adults include positive long-term effects on youths' social, psychological, and financial outcomes, including improved self-esteem, educational achievement, and social skill development (Geenen & Powers, 2007; Perry, 2006). Youth who age out of foster care, or exit care without a permanent parent-like connection, experience increased risk of homelessness, early pregnancy, incarceration, job instability, and unemployment, and poverty (Courtenay et al., 2001; Hook & Courtney, 2011). Foster youth without supportive connections also experience risks related to their socioemotional well-being with increased incidence of mental health and behavioral problems, including depression (Barth, 1990).

Alternatively, other studies indicate that youth who reported higher levels of social support from friends and family had improved resilience and developmental outcomes (Cairns, 2008).

Young people, in general, need the safety net of financial, social, and emotional support from their parents or parent-like figures well into young adulthood. This safety net is not always available to young people leaving foster care. The Youth Connections Scale is a promising tool for child welfare agencies and organizations to work with youth in strengthening and building a supportive safety net and achieving relational permanence for all youth in foster care.

Based upon a review of current research on the importance of youth connections to caring adults, the Youth Connections Scale was developed by the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota in partnership with Anu Family Services. This tool was developed in order to fill a need in child welfare: the need to evaluate and measure the increased efforts of agencies to improve the relational permanence of youth in foster care.

Implementation of the Youth Connections Scale (YCS)

The YCS can be used as a tool by practitioners, supervisors, and evaluators of child welfare practice in a variety of ways. Several suggested uses of the YCS are highlighted below.

- The YCS can be used at the time of intake to guide the case planning process around strengthening youth connections to caring adults. The tool guides initial discussions concerning the youth's perception of the number, strength, and quality of their relationships to supportive adults. Social workers can use the YCS to identify potential strengths for each youth, including identifying specific adults who may support the youth in reaching legal permanence.

- The YCS can be used at the time of discharge to monitor progress and set goals for reconnection with former ties. Social workers can use the tool to set goals for reconnection and monitor progress towards achieving those goals.

- The tool can be used to evaluate practices and strategies to increase the relational permanence of youth. For example, the YCS can be used to measure the level of connection for youth at time of entry and at time of discharge, thereby determining if progress was made in improving the overall level of connectedness of youth. The individual subcales of the tool may also be examined for changes in the overall number and strength of adult connections as well as looking at specific types of support youth perceive and how this changes over time.

- Workers can use the YCS to track the efforts of workers as they aim to identify, maintain, and strengthen the connections to supportive adults while youth are in care. Use of the YCS in supervision helps ensure the relational permanence of youth remains a priority in case planning.

Research also indicates that many youth seek out relationships with their biological family after leaving foster care (Geenen & Powers, 2007). Organizations and professionals are beginning to recognize the opportunity to work with youth while in foster care to help them address issues of grief and loss and to help them build positive connections with their families and other supportive adults.

Young people, in general, need the safety net of financial, social, and emotional support from their parents or parent-like figures well into young adulthood. This safety net is not always available to young people leaving foster care. The Youth Connections Scale is a promising tool for child welfare agencies and organizations to work with youth in strengthening and building a supportive safety net and achieving relational permanence for all youth in foster care.
Pilot Validation Study of Youth Connections Scale

Following the development of the Youth Connections Scale, the Center for Advanced Studies in Child Welfare conducted a pilot study to test the validity and reliability of the scale. The study sample included 53 adolescents, aged 15 to 21, who had been in out-of-home care for at least three months (See Figure 1). Participating youth were also cognitively and developmentally able, as assessed by their workers and supervisors, to complete the scale. Subjects were recruited from three public and five private child welfare agencies. The Youth Connections Scale is scored from 0 to 100 and consists of four sections which measure:

[1] the number of meaningful connections or relationships the youth has with supportive adults;

[2] the strength of those connections, including the frequency of contact and the consistency of the support the adult provides for the youth;

[3] the specific types of supports that have been identified as most important in the literature and from feedback from former foster youth; and

[4] the overall level of connectedness of foster youth to caring and supportive adults.

Figure 1. Age of Youth in Pilot Validation Study.

![Age of Youth in Pilot Validation Study](image)

Data was collected by the youths' social workers. The social workers assisted the youth in completing the Youth Connections Scale at two points in time. Time One (T1) occurred at the convenience of the social worker and the youth. Time Two (T2) occurred between one and two weeks following Time One, to assess the test-retest reliability of the Youth Connections Scale. The average total score for the Youth Connections Scale at T1 was 52.87 and T2 was 52.75 (See Figure 2). When the youth completed the Youth Connections Scale at T1, they also completed a portion of an existing validated scale, the Social Support Behaviors Scale (SSB) Scale that measures a similar construct of supportive relationships (Vaux, Riedel & Stewart, 1997). This allowed for the testing of the concurrent validity of the Youth Connections Scale.

Figure 2. Scale Scores in Pilot Validation Study.

<table>
<thead>
<tr>
<th></th>
<th>Minimum Score</th>
<th>Maximum Score</th>
<th>Average Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Connections</td>
<td>15</td>
<td>83</td>
<td>52.87</td>
<td>16.34</td>
</tr>
<tr>
<td>Scale T1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Connections</td>
<td>12</td>
<td>81</td>
<td>52.75</td>
<td>15.94</td>
</tr>
<tr>
<td>Scale T2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results of this pilot study suggest that the Youth Connections Scale appears to be a valid and reliable scale to measure the relational permanence of youth in foster care. Results of the test-retest reliability analysis indicated a statistically significant and strong correlation (r = .88, p < .001). As illustrated in Figure 3, each of the subscale scores demonstrated a strong correlation between the first and second testing as well.

Figure 3. Findings of test-retest reliability of Youth Connections Scale.

<table>
<thead>
<tr>
<th>Subscales and Total</th>
<th>Correlation: Between T1 and T2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A: Tools for Youth Connections</td>
<td>.86*</td>
</tr>
<tr>
<td>Section B: Number of Supportive Adult Connections</td>
<td>.82*</td>
</tr>
<tr>
<td>Section C: Strength of Youth Connections</td>
<td>.72*</td>
</tr>
<tr>
<td>Section D: Support Indicators</td>
<td>.82*</td>
</tr>
<tr>
<td>Section E: Level of Youth Connection</td>
<td>.77*</td>
</tr>
<tr>
<td>Total Score</td>
<td>.88*</td>
</tr>
</tbody>
</table>

*Significantly significant correlations, p < .05.

For the test of concurrent validity, results of this test also indicated a statistically significant and moderately strong correlation (r = .74, p < .001) when comparing the Youth Connections Scale to the Social Support Behaviors Scale (Vaux, Riedel & Stewart, 1997).

Although further testing of the Youth Connections Scale with a larger sample of foster youth is needed, the results of the pilot study suggest that this is a useful instrument for child welfare agencies to strengthen and evaluate their practice of creating a safety net for youth of caring and supportive adults.
# Youth Connections Scale

## [A] Tools for Youth Connections

<table>
<thead>
<tr>
<th>Has a genogram or connectedness map been completed with youth?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a Lifebook been created with or for the youth?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## [B] Number of Supportive Adult Connections:

For each category, please write the total number of meaningful relationships that apply for youth at this time.

**Meaningful relationships** are defined by the youth. These would include adults who have some ongoing contact with the youth and who can be counted on for some type of support.

<table>
<thead>
<tr>
<th>Total # of Adult Relationships for Each Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother (birth, adoptive, stepmother)</td>
</tr>
<tr>
<td>Father (birth, adoptive, stepfather)</td>
</tr>
<tr>
<td>Adult siblings</td>
</tr>
<tr>
<td>Other adult relatives</td>
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<tr>
<td>Current foster parent</td>
</tr>
<tr>
<td>Former foster parent</td>
</tr>
<tr>
<td>Current or former social worker</td>
</tr>
<tr>
<td>Current or former teacher</td>
</tr>
<tr>
<td>Current or former therapist, counselor or psychologist</td>
</tr>
<tr>
<td>Pastor, rabbi or other spiritual leader</td>
</tr>
<tr>
<td>An adult friend, mentor or sponsor</td>
</tr>
<tr>
<td>Other adults [Please list relationships]:</td>
</tr>
</tbody>
</table>

## [C] Strength of Youth Connections:

Indicate the strength of the relationship between the youth and adult right now:

- **Very Weak**: No contact
- **Weak**: Infrequent contact; youth can’t count on this adult for support
- **Moderate**: Some contact with this adult but may not be consistent; youth feels a connection but can’t count on this adult all the time
- **Strong**: Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit; with this person, youth can count on this person to be there for them when needed

<table>
<thead>
<tr>
<th>Very Weak</th>
<th>Weak</th>
<th>Moderate</th>
<th>Strong</th>
<th>Very Strong</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 1 (birth, adoptive or step mother or father)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Parent 2 (birth, adoptive or step mother or father)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Siblings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other adult relatives</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other caring adult identified by youth:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
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<td>0</td>
<td>1</td>
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<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### (D) Support Indicators:
Answer yes or no for each indicator. These do not have to be from the same adult.

You have an adult in your life whom you will be able to count on for the following support after you leave foster care:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Providing a home to go to for the holidays</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providing an emergency place to stay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providing cash in times of emergency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Help with job search assistance or career counseling, or providing a reference for youth</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td>Assisting with daily living skills, such as cooking, budgeting, paying bills and housecleaning</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td>Emotional support - a caring adult to talk to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sharing in or supporting experiences of youth’s cultural and spiritual background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Checking in on youth regularly – to see how they are doing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assisting with medical appointments so youth does not have to experience that alone</td>
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<tr>
<td></td>
<td></td>
<td>Assisting with finding and accessing community resources,</td>
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<tr>
<td></td>
<td></td>
<td>A home to go for occasional family meals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Help providing transportation (help with purchasing a car) or figuring out public transportation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Someone to send care packages at college</td>
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<tr>
<td></td>
<td></td>
<td>Assisting with purchasing cell phone and service (for example, youth is added to a family plan)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A place to do laundry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supporting youth in civic engagement such as voting and volunteering</td>
</tr>
</tbody>
</table>

(Information has been modified and adapted from the Illinois Children’s Home Society, 2010.

### (E) Level of Youth Connections:
Indicate your level of agreement with the following statements.

Circle the best response:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

While in foster care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections

| 0 | 1 | 2 | 3 | 4 |

An adult has made a commitment to provide a permanent, parent-like relationship to you

| 0 | 1 | 2 | 3 | 4 |

You are living with an adult who has or plans to adopt you or become your legal guardian

| 0 | 1 | 2 | 3 | 4 |

You feel very disconnected from any caring adults

| 0 | 1 | 2 | 3 | 4 |
Youth Connections Scale Utilization and Scoring

The full report on the Youth Connections Scale (YCS) pilot study along with an implementation guide and scoring instructions for agencies interested in using the YCS are available on the Center for Advanced Studies in Child Welfare website at https://cascw.umn.edu/YCS. For further questions about the development and research of the YCS or for information about utilization and scoring of the YCS, please contact the CASCW.

CASCW facilitates and conducts research and evaluation to provide empirical information about issues confronting the child welfare system, including local and statewide evaluation studies as well as research and evaluation with national relevance to the child welfare system. As home to the Mine-Link Project, CASCW also offers the opportunity for researchers to access unique administrative data from multiple agencies to answer questions about the impacts of policies, programs, and practice on the well-being of children in Minnesota.

Implementation Consultation and Training

Anu Family Services was a collaborative partner in the development of the Youth Connections Scale (YCS), and, therefore, uniquely equipped with expertise to provide consultation, training, and technical assistance on the implementation of the YCS. Consultation and training can be tailored to the needs of each individual organization or agency.

Measuring youth connections: A component of relational permanence for foster youth.

References


### Youth Connections Scale

#### (A) Tools for Youth Connections

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<td>☐</td>
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</table>

#### (C) Strength of Youth Connections:

Indicate the strength of the relationship between the youth and adult right now.

Very Strong: Contact at least once per week. Youth feels a long-term connection of the heart, mind, or spirit with this person. Youth can count on this person to be there for them when needed.

Strong: Contact at least once per month. Youth feels a connection of the heart, mind, or spirit with this person. Youth can usually count on this person.

Moderate: Contact at least once a month. Youth feels a connection of the heart, mind, or spirit with this person. Youth may not count on this person all the time.

Weak: In frequent contact. Youth can’t count on this adult for support.

Very Weak: No contact.

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<td>background</td>
</tr>
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<td></td>
<td></td>
<td>Checking in on youth regularly – to see how they are doing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assisting with medical appointments so youth does not have to experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>that alone</td>
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<tr>
<td></td>
<td></td>
<td>Assisting with finding and accessing community resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A home to go for occasional family meals</td>
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<tr>
<td></td>
<td></td>
<td>Help providing transportation (help with purchasing a car) or figuring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>out public transportation</td>
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<td></td>
<td></td>
<td>Someone to send care packages at college</td>
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<td></td>
<td></td>
<td>Assisting with purchasing cell phone and service (for example, youth is</td>
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<td></td>
<td></td>
<td>added to a family plan)</td>
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<tr>
<td></td>
<td></td>
<td>A place to do laundry</td>
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<tr>
<td></td>
<td></td>
<td>Supporting youth in civic engagement such as voting and volunteering</td>
</tr>
</tbody>
</table>

### (E) Level of Youth Connections:

Indicate your level of agreement with the following statements.

Circle the best response:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>While in foster care, you have connected or re-connected with relatives</td>
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<tr>
<td>or caring adults who will be lifelong supportive connections</td>
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<tr>
<td>An adult has made a commitment to provide a permanent, parent-like</td>
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<td>relationship to you</td>
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<tr>
<td>You are living with an adult who has or plans to adopt you or become</td>
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<td>your legal guardian</td>
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<tr>
<td>You feel very disconnected from any caring adults</td>
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<td></td>
</tr>
</tbody>
</table>

Office Use Only:  Youth Name __________________________  Youth Date of Birth ____________

Worker Completing Form __________________________

Date of Completion of Form ____________

Form Completed: Within 30 Days of Placement  □  Within 30 Days of Discharge  □  Other  □

Form Completed Without Youth at Discharge: Yes  □  No  □  If Yes, Explain: ____________