

# HENNEPIN COUNTY

## CHILDREN AND FAMILY SERVICES

### *PRACTICE MODEL*

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#### INTRODUCTION

Hennepin County's Children and Family Services (CFS) Practice Model outlines the values, principles, strategies, skills and outcomes needed to ensure the safety and well-being of children and families. Children and families access CFS for resources, supportive services and voluntary and involuntary interventions that assure child well-being, safety, and protection.

We built the Model on the Human Services & Public Health Department's mission "To ensure safety, stability, healthy development, and well-being of children through the strengthening of families and communities" and adhere to the Vision, Values and Strategic Directions noted in the appendix of this document.

The range of children and family services is unified by this belief: that safe, stable, nurturing relationships and environments are essential for the well-being of children and families. Our practice focus is supporting the well-being of children, and supporting parenting capacity; child safety and permanency are both urgent issues within the foundation for child well-being. Wellbeing also includes awareness of children's individual developmental needs that promote resilience. CFS has adopted a well-being framework to guide our practice which incorporates attention to Physical Health, Emotional/Social Health, Growth & Development and Relational Continuity. A diagram of the CFS Well-Being Framework can be found at the end of the Model.

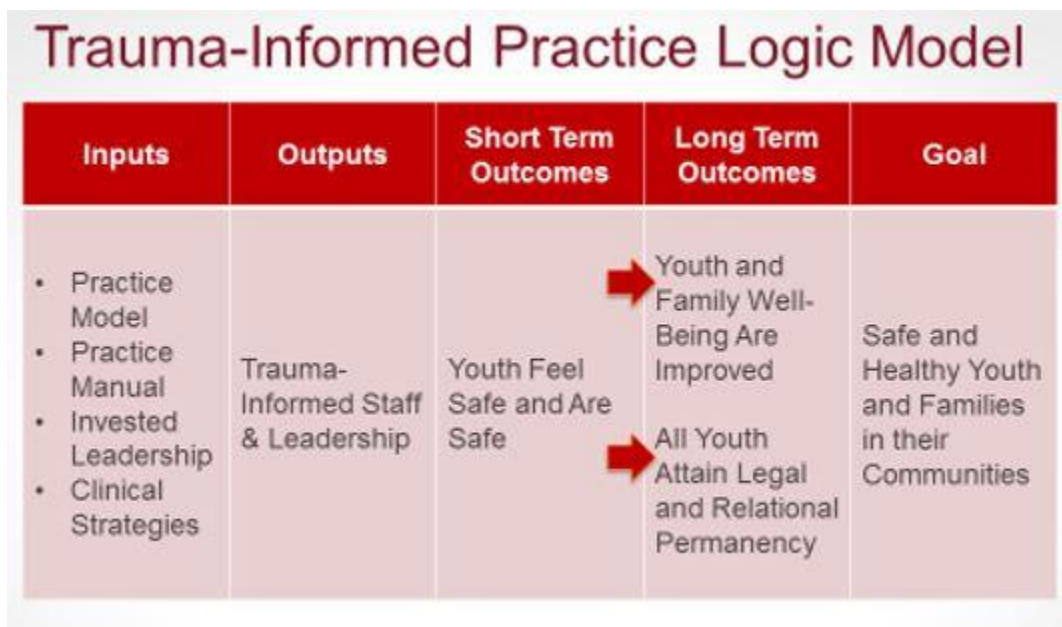
Parents are primarily responsible for the well-being of their children. CFS is committed to working with parents to provide resources and services that promote safety and well-being. CFS understands the impact of separating children from their families, schools and communities and strives to keep children with family unless child safety concerns cannot be remedied. When children and youth are removed from their caregiver's home and family life is disrupted, we diligently and urgently secure a safe and permanent family experience through reunification, adoption or guardianship; foster care is a temporary solution while safety concerns are being addressed.

#### Importance of addressing trauma and stress

We acknowledge the toxicity of chronic stress, as well as the effects of personal and historical traumas, influences the circumstances that bring children and families to the child welfare system, especially the child protection system. We recognize the impact of stress and trauma and engage with families using trauma-informed practice that must include:

- Routine screening for significant stress/ trauma exposure and related symptoms.

- Use of culturally responsive, evidence-based assessment protocols that appreciate impact of trauma and stress.
- Readily available resources for children, families, and providers about trauma impact and mediation.
- CFS interventions that recognize and address compounding effects of stress, trauma on parenting capacity, adult functioning and family stability.
- CFS interventions that strengthen resilience and protective experiences for children and families impacted by, and vulnerable to, excessive stress and trauma.
- Commitment to continuity of care and collaboration across child service systems within Hennepin County and with CFS community partners to provide access to most appropriate resources and services.
- An actively maintained environment of support for staff that addresses and mediates secondary traumatic stress, and increases staff resilience.
- An ongoing willingness to develop policies and practices that mitigate effects of trauma and promote healing and well-being.



## PRACTICE PRINCIPLES

CFS staff identified and developed a set of practice principles that are critical in every case plan. These principles include Engaging, Teaming, Assessing, Planning, Intervening and Data Driven Decision Making using Continuous Quality Improvement. We implement these principles, which contain both CFS values and skills, through continual training, effective supervision and on-going professional development. These principles are concurrent and interwoven.

### ENGAGING

**Engaging describes efforts to facilitate active participation by client families, including children, in any assessment and service delivery through CFS.**

CFS staff ensure children are cared for in a safe, stable and nurturing environment; therefore we build trusting relationships with parents, children, providers and other stakeholders. We engage with families to increase family involvement and concern for their children and decrease alienation from their children and from CFS. Effective engagement builds the foundation for shared decision making.

We accept that, for some families in crisis, engagement is challenging. Even in crisis, our approach is respectful, inclusive, participatory, relationship-informed and child centered. We include children's needs and voices.

CFS staff recognize that each family is unique. Many families seeking CFS support have been impacted by societal pressures including racism, oppression and poverty. CFS staff value the telling of individual family stories as a critical tool in assessment and determining solutions to children's needs, and how best to work together.

We willingly engage in difficult and honest conversations. When necessary we carefully and strategically use CFS authority. This authority is important when the family's perspective is in conflict with the legal mandates which direct our work. Our actions and reasons are transparent and support the well-being of the child. We help the family understand the tools we use to guide our practice. Actively engaging with families in the decision-making produces inclusive and comprehensive plans versus externally imposed compliance.

We work in a diverse county representing many cultures, traditions, languages, economic circumstances and histories. We are aware of how cultural, racial, and economic differences influence perceptions and expectations and we must build competencies and skills to effectively engage across cultures and experiences.

### TEAMING

**Teaming involves active collaboration within CFS, across HSPHD, and between CFS and community partners and providers to facilitate engagement, assessment and case planning.**

The entire community shares responsibility to create an environment that helps parents raise children to their fullest potential. Collective wisdom and multiple perspectives

result in better planning for children. Teaming supports, builds, and strengthens relationships necessary for a child to grow and thrive. CFS staff assemble a team around the child and family which draws on and builds the family's formal and informal supports through strategies like Family Group Decision Making\*. (A more detailed overview of Family Group Decision Making\* can be reviewed in the appendix of this document).

We work with parents and community partners, including police, medical providers, mental health providers, community agencies, and schools to understand and build capacity to meet the child's needs to be healthy, safe, and stable.

We work with parents, tribes, extended family, kin, foster parents, adoptive parents, and the community to make plans for a safe and stable permanent alternative family for children who cannot remain at or return home.

We are accountable to and collaborative with internal and external stakeholders to better serve children and families. We recognize our obligation to provide accurate and timely information about our assessment and planning to the child, the family, team members and system stakeholders.

We team with communities to ensure our system is protecting children, promoting child well-being, strengthening parent capacity, and that children are growing and thriving in their communities.

## **ASSESSING**

**Assessment is the active process of understanding events and causal factors that impact children and their families.**

We believe the purposes of a child safety assessment are threefold: to determine specific concern about immediate risk of harm; to identify parental functioning that may or may not contribute to maltreatment risk and traumatic experiences, and to identify possible protective factors that can be engaged to stabilize family functioning, and restore safety and security for children in the family. CFS staff view the assessment of a child and family as a process and not a single event. Together with the family and building on their existing expertise, we determine the strengths and needs that must be addressed to resolve the issues that initially brought the family to the agency for services. We assess the needs and well-being of children using validated assessment tools. We make the children's voice apparent in court reports, assessment materials, safety plans and other relevant documentation. Our response to families and service delivery implementation is guided by the results of these assessments and tools, along with solid professional judgement. Our emphasis is on conducting re-assessments as a way to monitor ongoing appropriateness, effectiveness, and progress towards positive outcomes for families.

We adhere to the guidance established in the Child Maltreatment Guidelines from the Minnesota Department of Human Services when child safety issues are present. We utilize Structured Decision-Making tools as guidance to assist professional judgement for on-going assessment. (A more detailed overview of Structured Decision-making\* can be reviewed in the appendix of this document).

We solicit a wide array of input from other professionals, kin and tribes while acknowledging and incorporating the family's expertise at all stages of assessment. We incorporate relevant information to provide comprehensive and accurate assessments.

We rely on multi-disciplinary examination of information and incorporate findings of professional staff that have knowledge and consideration of the developmental needs of children for our assessments. We utilize a trauma focused process that is continually informed by the well-being of children. We include collateral community information to better understand family needs, family willingness to access help, child functioning outside of the family, and recommendations that could reduce risk.

## PLANNING

**Planning builds on engagement, assessment and teaming to determine the best resources and services to support families and children.**

CFS staff utilize a team approach which includes the child, the extended family, providers, tribal representatives and social service staff to create an individualized plan that highlights the family's strengths, addresses the family's needs and recognizes the trauma the family has experienced. We promote child well-being throughout our work with the family. We develop a clear and understandable plan that incorporates a complete understanding of the circumstances that brought the family to our attention

We identify resources and guidance that best match issues and enhance child well-being, using a carefully written comprehensive plan. This plan allows CFS to partner with the family in assessing when and how improvements occur and the consequences of not addressing the safety and risk concerns. We identify markers to be met in the plan prior to case closing and what additional community resources and supports are in place to assure improved parental capacity and child well-being after CFS is no longer involved with the family. Because this plan is necessarily interactive over time, we reassess and make adjustments to the plan as needed.

## INTERVENING

**Interventions are the active work of CFS staff that target identified needs, and the collaborative work between CFS staff and families seeking our help.**

CFS staff engagement with families drives the intervention. We identify, with the families input, what is essential to ensure well-being and permanency of children. While we acknowledge parents as experts within their family system, when interventions start as involuntary the agency prescribes the acceptable standard for family functionality.

We provide services to children and families that are rooted in Signs of Safety®\*. We actively engage families, the community and Tribes in our work to decrease risk and to promote well-being and permanency of children. Our community based and culturally responsive services assist families in maximizing their natural ability to raise children to become strong, resilient and confident adults.

CPS utilizes Signs of Safety®\* as an evidence based practice framework. This strengths-based and safety-focused approach to working with vulnerable families and children is

grounded in partnership and collaboration to assure the safety and well-being of children through the effective engagement with families and their children. (A more detailed overview of Signs of Safety®\* can be reviewed in the appendix of this document). Both Signs of Safety and Structured Decision-making assist CPS workers to improve the consistency and validity of decisions.

To achieve best intervention practice, CFS provides supervision to all staff. Supervision includes key points such as safety, constructive feedback, respect and self-care. CFS expects all social workers to engage in ethical decision making, multicultural practice and risk management, especially when attending to the safety of children and families. Supervisors are responsible for providing direction and leadership to supervisees about social work theory, standardized knowledge, professional skills and competencies, and to monitor for ethical practices and effective outcomes.

## **DATA-DRIVEN Decision Making Using CONTINUOUS QUALITY IMPROVEMENT**

**Continuous quality improvement through effective data collection and evaluation serves as the critical feedback loop for this practice model.**

CFS has a data agenda which sets priorities for monitoring and improving our outcomes. We utilize Social Services Information System (SSIS) data to help inform management about priorities, policies, and practices that are working or not working. We continually evaluate our assessment, planning and intervention practices to integrate emerging research in child welfare. We use data, including surveys and other data sources for community and system partner feedback, to understand and improve customer and community satisfaction.

All CFS staff are accountable for performance on identified outcomes. We continuously strive for improvement of those outcomes. We collect and examine data about key steps in our process model in order to understand what is or is not contributing to our desired outcomes. We identify and deploy strategies to improve our performance on outcomes. We review data after the strategy is deployed to measure its effectiveness.

We train staff on the importance of data and how it is used. All CFS staff have a performance expectation to constructively participate in continuous quality improvement.

We report our outcomes through reports that are accessible to and useful for all staff. Reports are provided to Human Services and Public Health Department (HSPHD) management, County Administration, the County Board, the Department of Human Services, and the public to monitor progress in performance on our outcomes and to demonstrate the transparency of our efforts and our outcomes.

We support accurate data entry by providing regular training and up-to-date work aids, such as tip sheets or manuals. We provide regular training on how data is used to help us to better understand the impact of our work on children and families. We monitor data quality.

We examine our performance compared with similar jurisdictions and, when other jurisdictions are achieving superior outcomes, we reach out to learn the methods and strategies used as to achieve more positive outcomes.

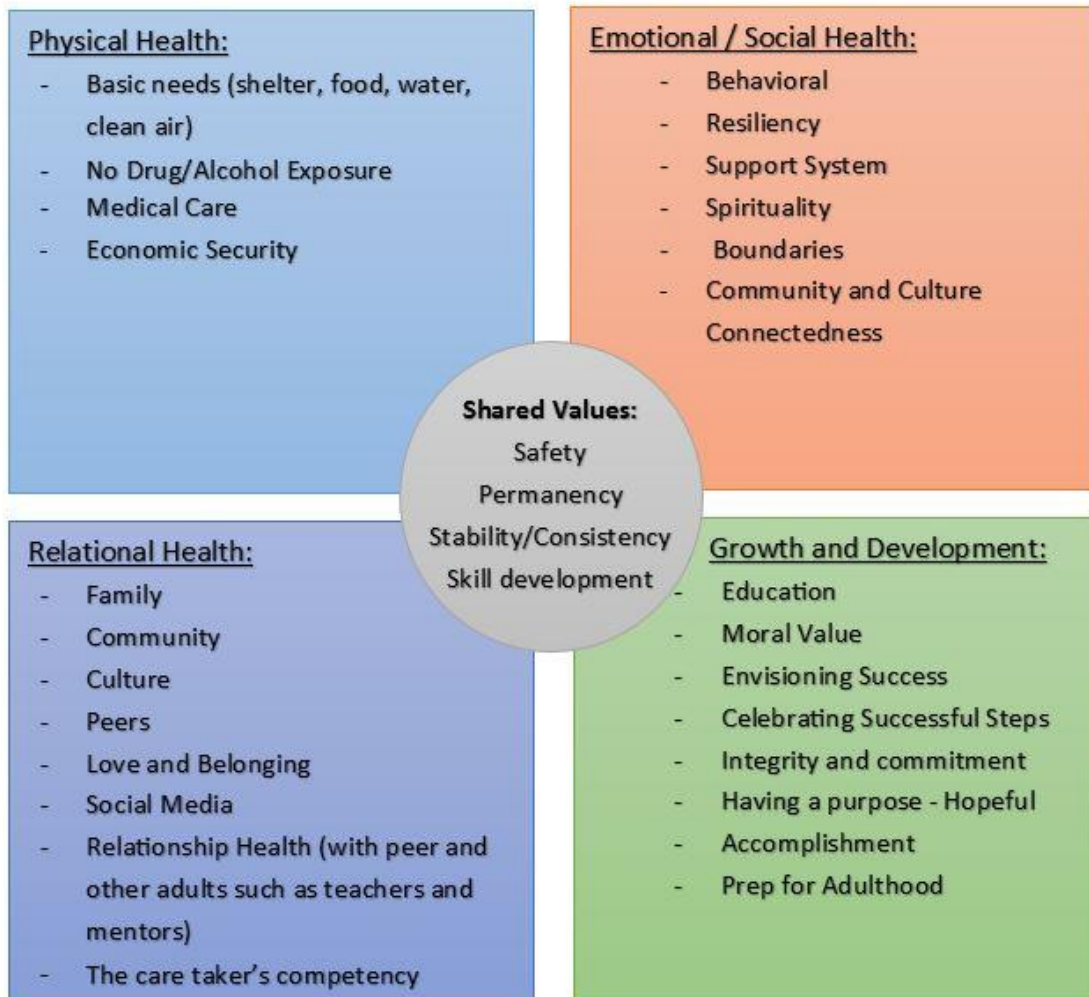
We participate in reviews by the Department of Human Services and others outside HSPHD and consider such reviews learning opportunities.

We continuously use data to ensure that our work is done with fidelity to our Practice Model, to identify opportunities to improve efficiency, to measure the strategies we are employing to improve performance on outcomes, and to make decisions about new strategies and programs.



# CHILD WELL-BEING

The Framework identifies four basic areas of well-being: (a) Physical Health, (b) Emotional/Social Health, (c) Relational Health, and (d) Growth and Development. Within each area, the characteristics of **healthy functioning** related directly to how children and youth **navigate their daily lives**: how they **engage in relationships, cope with challenges** and **handle responsibilities**.





## APPENDIX

### Contents:

- HSPHD, Children and Family Services Mission, Vision, Values & Strategic Direction
- Signs of Safety®
- Structured Decision Making
- Family Group Decision Making

# Human Services & Public Health Department

## Children and Family Services Mission, Vision, Values & Strategic Direction

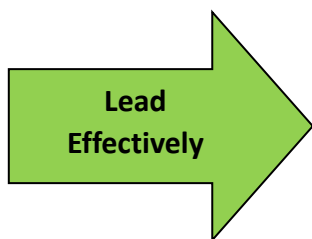
**Mission:** To ensure safety, stability, healthy development, and well-being of children through the strengthening of families and communities.

**Vision:** Children in Hennepin County are raised, nurtured and loved by caring families and communities.

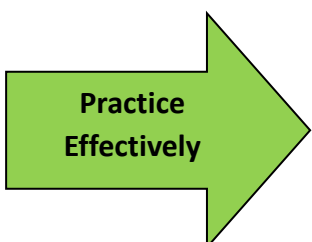
**Values:**

1. Child safety (children feel and are physically and emotionally safe) and child well-being (physical, emotional, mental, cognitive, academic, and social functioning)
2. Culturally responsive, community centered, family driven services
3. Data and research informed practices with measurable outcomes
4. Urgency from the child’s perspective
5. Prevention, early intervention and permanency
6. Respect for children, families, community, and partners
7. Collaboration and engagement
8. Transparency and openness
9. Children are with family whenever possible, consistent with child safety
10. Empathetic help that addresses trauma and repairs child maltreatment

## STRATEGIC DIRECTIONS



- Understand and support the mission, vision, values and the continuum of child welfare services within HSPHD
- Align services and programs in HSPDH
- Practice a shared leadership model, strategically coordinating and aligning resources based on shared priorities
- Work to build community confidence
- Have clear outcomes and practice continuous quality improvement
- Have clear policies, protocols and tools for all major decisions and solicit input from stakeholders



- Outcomes for children and families meet or exceed expectations.
- Leadership uses data to make decisions.
- Staff employ “best practices” and are supported through training and clinical supervision.
- Optimal customer service is provided through the effective use of resources.
- Staff is engaged in their work.

## SIGNS OF SAFETY®

The **Signs of Safety** approach is a relationship-grounded, safety-organized child protection framework designed to help families build real safety for children by allowing those families to demonstrate their strengths as protection over time. This strengths-based and safety-organized approach to child protection work requires partnership and collaboration with the child and family. It expands the investigation of risk to encompass strengths and signs of safety that can be built upon to stabilize and strengthen the child's and family's situation. Central to this approach is meaningful family engagement and, in particular, capturing the voice of the child. A format for undertaking comprehensive risk assessment - assessing for both danger and strengths/safety – is incorporated within the one-page **Signs of Safety map** (this form is the only formal protocol used in the model). The approach is designed to be used from commencement through to case closure and to assist professionals at all stages of the child protection process.

The goals of **Signs of Safety** are:

- Reduce rates of child abuse
- Reduce the rates of repeat maltreatment
- Reduce family disruptions and the number of foster care placements
- Increase children and family engagement and direct participation in child protection work and decision-making
- Increase child welfare practitioners job satisfaction and worker retention
- Increase practitioner practice depth (i.e., practitioner's capacity to think rigorously, make judgments transparently and hold them with humility, act compassionately and bring all others involved in the matter, lay and professional, with them on this complex journey) and to grow child protection systems and structures that grow such practitioners
- Create a shared language risk assessment and practice framework and culture across all child protection responses both statutory and non-statutory, government and non-government, that is also understandable and accessible to families and children, since good outcomes for vulnerable children above all depend on good working relationships between families and professionals and between professionals themselves

### Essential Components

The essential components of **Signs of Safety** include:

- Five key components:
  - Using the **Signs of Safety map** – Completing a comprehensive risk assessment where assessing for both danger and strengths/safety occurs, clear and common language is used, and information is elicited from professionals and family members
  - Utilizing a “Questioning Approach” – Thinking critically and always remaining curious when asking questions
  - Using the 3 Core Processes within the approach including: Coercion (Skillful use of authority), Vision, and Conversation

- Building constructive working relationships with families and professionals
- Developing rigorous safety plans and safety networks
- Within all of the key components listed above practitioners and family members can partner to address the concerns surrounding child abuse through the use of practice tools and processes:
  - Engaging children and families to elicit their voice and views
  - Using tools such as the **Signs of Safety** map, *Three Houses*, *Safety House*, *Words and Pictures* (method for explaining child protection concerns to children), including age-appropriate safety plans in *Words and Pictures* for children
- 12 practice principles that guide the work with families:
  - Respect service recipients as people worth doing business with
  - Cooperate with the person, not the abuse
  - Recognize that cooperation is possible even where coercion is required
  - Recognize that all families have signs of safety
  - Maintain a focus on safety
  - Learn what the service recipient wants
  - Always search for detail
  - Focus on creating small change
  - Don't confuse case details with judgments
  - Offer choices
  - Treat the interview as a forum for change
  - Treat the practice principles as aspirations, not assumptions

## STRUCTURED DECISION MAKING

SDM Tools are used on cases to objectively identify a family's current level of risk for possible child maltreatment and the safety of a child to remain in the home or if they are able to return home.

### SUMMARY OF STRUCTURED DECISION MAKING COMPONENTS

TOOL/COMPONENT	WHICH FAMILIES	WHEN USED	PURPOSE/DECISION
1. Safety Assessment	All accepted child maltreatment reports assigned for family assessment or investigation that involve a caregiver	<b>Process</b> applied at first face-to-face contact with alleged child victim and primary caregiver. <b>Documentation</b> completed within 72 hours of face-to-face contact. Supervisor to review no later than the close of the investigation or family assessment.	A. Assess immediate safety needs of child B. Identify factors that threaten immediate harm to children C. Inform need for safety plan
2. Risk Assessment	All accepted child maltreatment reports assigned for family assessment or investigation that involve a caregiver	Complete when all pertinent data is available – but prior to the disposition conclusion	A. Determine risk of future maltreatment B. Assist in decision to offer or mandate services based on risk C. May be used to guide contact frequency
3. Family Assessment of Needs & Strengths	All families who receive a family assessment, and families who received an investigation that was opened for case management services	<b>Family Assessment:</b> Complete within the 45-day assessment period <b>Family Investigation:</b> Complete within 30 days of beginning case management services	A. Determine family needs and strengths that can be used in conducting a comprehensive family assessment B. Determine family needs and strengths that can be used to create a service plan with the family
6. Risk/Needs Reassessment	<b>Risk:</b> all families receiving services in which all children reside in parent/guardian home. <b>Needs:</b> all families receiving case management services.	<ul style="list-style-type: none"> <li>▪ First review within 90 days of 1<sup>st</sup> service plan; then quarterly</li> <li>▪ Complete reassessment for any significant change in family or child's status</li> </ul>	Measures progress, adjusts service level, and informs decision to close case management services
7. Reunification Assessment	All families receiving CP services with at least one child in placement with a reunification plan.	<ul style="list-style-type: none"> <li>▪ First review within 90 days of 1<sup>st</sup> service plan; then quarterly</li> <li>▪ Prior to court hearings</li> <li>▪ Whenever return home</li> </ul>	Informs decision to return child to parent/guardian home or to pursue alternative permanency plan





## FAMILY GROUP DECISION MAKING

FGDM is a family-centered, strengths-based and culturally relevant approach to engaging families that can aid the collaboration between the family and the agency. Family Group Decision Making (FGDM) gathers the parents and the extended family of children involved with Hennepin County Child Protection, or other child welfare services, together to thoughtfully and carefully plan for the protection and safety of their children.

- Families know their own strengths, issues, and resources best.
- FGDM helps families use this information to make well-informed decisions.

FGDM at Hennepin County is an umbrella term that includes a wide variety of facilitated meetings between the agency and the family to develop a collaborative plan for the protection, safety and care of children. The FGDM Team at Hennepin County is made up of 7 full time coordinators/facilitators who act as neutral facilitators to engage and convene family and youth meetings. There is also a Social Work Unit Supervisor and Case Management Assistant assigned to the FGDM Team.

Examples of Family and Youth Meetings:

1. Next Steps Meetings: meet with families at court, often at the time children are removed from the home, in order to answer questions, plan next steps, discuss concurrent permanency planning and move forward. (Typical duration: 15-45 minutes)
2. Family Team Conferences (FTC) – case planning meetings, usually within 30 days of case opening, to complete the agency case plan. (Typical duration: 1-2 hours)
3. Safety & Support Meetings – gather family together to make a plan for the safe care of children so they may stay in, or return to, their home. (Typical duration: 1-4 hours)
4. Family Group Conferences (FGC) – bring family together for a variety of reasons usually involving the need to make decisions pertaining to placement prevention or transition, reunification and/or permanency planning. (Typical duration: 2-4 hours)
5. Youth Transition Conferences (YTC) – a series of youth-driven meetings to address independent living goals, widening the circle of support and enhancing decision-making skills in youth/young adults between the ages of 16 and 21. (Typical duration: 1-3 hours)