

CWS4030W  
FAMILY PARTNERSHIP MEETING  
FACILITATOR TRAINING  
PARTICIPANT HANDOUTS



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES



August 2021

## EXERCISE: WHAT DO YOU BRING TO THE TABLE?

**Time: Part A-8 minutes**

Facilitator's Name \_\_\_\_\_

### **Group Exercise:**

1. The Facilitator is the person who has been their current Agency the longest.

**Facilitator:** Ensure that everyone's voice is heard within the timeframe and be prepared to summarize for the larger group.

2. The facilitator will (starting with him/herself) have each person introduce themselves, giving the following information (don't forget paper):

- Name
- Experience with Family Partnership Meetings
- One strength you will "bring to the table" as a facilitator
- In general, how might a facilitator's personal background and values impact the FPM process?

3. The facilitator will end the group discussion after 8 minutes.

## **WHAT IS A FAMILY PARTNERSHIP MEETING FACILITATOR?**

The following are key responsibilities of the facilitator's role:

1. Facilitators focus the groups' energy on a common task — to reach a decision about a placement issue that protects and provides safety for the child in the least restrictive/intrusive manner possible.
2. Facilitators assure that the purpose of the Family Partnership Meeting is understood and all participants have an opportunity to be involved. With the caseworker, they lead the group discussion that determines the placement/custody recommendation for the child.
3. Facilitators protect ideas and individuals from attack or being ignored. They provide a safe, supportive environment to permit communication.
4. Facilitators are sensitive and responsive to nonverbal cues. They must manage conflict and emotions.
5. Facilitators periodically summarize, clarify, reframe and identify areas of agreement to assist the group.
6. Facilitators assure that the situation is thoroughly examined, risks stated, family strengths recognized, goals verbalized, ideas brainstormed, quality decisions made with safety and action plans developed.
7. Facilitators are an information resource for the group. They are knowledgeable of laws, agency policies/procedures, services, best practice, etc. and monitor compliance with standards by staff.
8. Facilitators move the group through the problem-solving/decision making process, maintaining reasonable timeframes.
9. Facilitators manage the process and structure of the meeting, recognizing that the family and caseworker are the content experts. They are responsible to ensure that a high quality decision results from the meeting, intervening if necessary, as an experienced/knowledgeable participant.

10. Facilitators strive to develop a consensus decision with all participants, but always with agency staff in attendance.
11. Facilitators accurately record information and decisions. They provide a copy of the safety/action steps at the completion of the staffing to all participants.
12. Facilitators are committed to encouraging professional development in agency staff. They model supportive, non-threatening, respectful behavior. When strengths and growth areas are observed with agency participants, they share their perceptions with the worker and supervisor.
13. Facilitators must be willing to serve as “change agents” within their systems, advocating with leaders for best practice in services and policy development.

## MEETING ROLES

### FACILITATOR

Three most important responsibilities for the facilitator:

1. Building the team
2. Directing the process
3. Resolving differences

#### **Building the Team**

- Help each participant in the meeting to see the value and worth of each team member.
- Encourage team members to be honest and open with each other.
- Ensure team members demonstrate respect for each other.
- Make sure the team has a common purpose and goal.
- Express empathy for the pain and concerns communicated.
- Use solution-focused questions to keep participants viewing opportunities for change.
- Help the team work through differences.

#### **Directing the Process**

- Encourage participants to talk directly to one another.
- Cue the group so its efforts develop a plan that will work for the family and team.
- Use reflections to let the family and team know what is being expressed both verbally and non-verbally.
- Refocus discussion toward the positive, toward the task, and toward solutions.
- Use interruptions only to maintain ground rules; and, when necessary, to bring the group back to task.
- Use summarization purposefully to focus the group and reinforce agreement.
- Use solution-focused questions to draw out options and help the team use solutions that have worked in the past.
- Add key points of information if the family member forgets.
- Offer support

### **Resolving Differences**

1. Assess and decide if all family and team members should discuss the conflict or differences. To make this decision, some questions to consider are:
  - Does the issue involve the whole team?
  - Does the issue need the whole team to solve it?
  - How might this conflict impact the development and implementation of the family's plan?
  - Does this conflict influence the ability of the team or family to assure greater safety, well-being, and permanence for the child?
  - Do you need help or support from someone who is not a participant in this conference to resolve this issue?
2. Use strategies to build consensus such as:
  - Clarifying the areas of agreement and disagreement.
  - Helping participants lay out options and then see their choices.
  - Identifying higher principles that members can agree on.
3. Use skills and techniques for conflict resolution such as:
  - Clarifying what the real disagreement is about.
  - Finding the common goal.
  - Generating as many alternatives as possible.
  - Focusing on points of agreement.

**Additional ways to carry this out:**

### **ROLE OF THE CO-FACILITATOR**

- The co-facilitator needs to know what the responsibilities of facilitating the meeting are and the basic principles of the FPM.
- The co-facilitator shares responsibility with the facilitator for all aspects of the team process. This includes building the team, directing the process and resolving differences.
- The co-facilitator needs to pay close attention to the process and capture significant information on flip charts, PowerPoint or newsprint for easy viewing by all in the meeting (letters should be large enough and clear enough for everyone to see and understand; otherwise, it appears what you are doing is for you and not the team).
- The co-facilitator requires skill in listening and being concise in documenting.
- The co-facilitator should feel free to speak up and ask clarifying questions in order to both extend the engagement process and help the team stay focused.
- The co-facilitator is a member of the team.

#### **Additional Responsibilities:**

**ROLE OF FAMILY MEMBERS/FRIENDS  
(Informal Supports)**

- Arrives timely for the FPM. Remains at the meeting the entire time
- Actively participates as a member of the team
- Agree to sign the privacy statement and abide by it afterwards
- Offer encouragement and optimism to the family
- Be supportive of the family by identifying strengths
- Be open, honest, and nonjudgmental
- Bring up uncomfortable issues that the parents may be trying to avoid in a non-confrontational manner
- Present ways that you may be able to help the child and family
- Offer suggestions in developing a family plan that will work for the family
- Do what you say you will do

**Additional Responsibilities:**



### **ROLE OF COMMUNITY REPRESENTATIVE (Informal and/or Formal Supports)**

A “Community Representative” (CR) is a person whose involvement comes about as a result of the following process:

- DSS makes a commitment to invite a Community Representative to all FPMS. The CR is a person invited by the public child welfare agency, through its effort to forge new relationships with members of the communities from which children are often removed. Optimally, the representatives attend meetings with the support of the community’s “collaborative” group, which serves as their home base for pre- and post-meeting discussion and ongoing support. While there is no easy definition for this kind of a community representative, it’s often useful to ask, *“is the family likely to relate to this person as a member of their [the family’s] own ‘community’, however they define that?”*
- The CR agrees to attend meetings, especially those involving the possible removal of a child from his/her birth family, with the permission of the parents.
- DSS provides an orientation to FPMS, along with basic training on the role and responsibilities of the child welfare system, to all CRs prior to their first meeting.
- The CR attends the meeting (in addition to those support persons who may be present because the family asked them to participate); s/he is a person the public child welfare agency invites to ensure that every family has a natural ally at the meeting table.
- The Community Representative’s Role:
  - Arrives timely for the FPM. Remains at the meeting the entire time. Actively participates as a member of the team
  - Agree to sign the privacy statement and abide by it afterwards
  - Serve as a natural ally, and potential advocate, for birth parents at a Family Partnership Meeting;
  - Represent the birth family’s “community,” whether because of a shared home neighborhood, or a shared community of faith, ethnicity or other natural

connection; this supportive connection can continue throughout the family's involvement with the system and beyond;

- Share an awareness of resources which might support the family, especially those available within the family's home community;
- Make the birth family feel more comfortable in whatever way they can;
- Help the agency's staff and its partners better understand the family's community of origin, especially its strengths;
- Assist the family in understanding the agency's concerns in relation to safety and risk;
- To fully participate in the meeting, and particularly to share ideas for ensuring the children's safety while supporting the family.

HANDOUT B-2  
PAGE 6 OF 9

### **ROLE OF PRIVATE AGENCY, SCHOOL, AND PROVIDERS (Formal Supports)**

- Arrives timely for the FPM. Remains at the meeting the entire time
- Actively participates as a member of the team
- Agree to sign the privacy statement and abide by it afterwards
- Be supportive of the family by identifying functional strengths
- Be encouraging, supportive, optimistic and professional but very honest and clear in the areas of "non-negotiables" (issues that must be addressed by law, policy or court orders)
- Document and present any concerns/needs that your Agency may have regarding child, family, or other agency in a open, clear, and non-judgmental way
- Present ways your Agency can help
- Foster good communication between family, Agency and DSS
- Complete assessments as requested in a timely manner
- Pay attention during the meeting so that if additional resources are needed, they may be addressed during the meeting
- Coordinate needed services for the family

**Additional Responsibilities:**

**AGENCY TEAM MEMBER ROLES WITHIN FPM PROCESS**  
**Role of Social Services Case Manager**

- Understands the FPM process and is familiar with the stages and principles that are involved
- Makes the referral for the FPM within the required time frames
- Assists in prepping family and team members for the FPM
- Arrives timely for the FPM. Remains at the meeting the entire time.
- Actively participates as a member of the team
- Respectfully advocates for and represents the Agency's position
- Encourages both parents to include their informal support network
- Engages both parents in identifying a family team for participation in the FPM
- Ensures all Agency "non-negotiables" (issues that must be addressed by law, policy or court orders) are addressed
- Ensures all unresolved safety and risk issues are addressed openly, clearly, and in a non-judgmental way
- Identifies functional strengths that the family has
- Ensures all critical decisions and plans are developed within the FPM
- Ensures that the children's views are heard
- Transfers the plan or transcribes the plan to Oasis.

**Additional Responsibilities:**

### **ROLE OF THE SUPERVISOR**

- Understands the FPM process and is familiar with the stages involved
- Creates a new culture and a positive climate within DSS that will support FPMs and family centered practice
- Conducts quality evaluation of the agency's FPM procedures, suggesting changes as needed
- Supports facilitators, co-facilitators and Social Workers
- Ensures all critical decisions and plans are developed within the FPM
- Arrives timely for the FPM. Remains at the meeting the entire time.
- Actively participates as a member of the team
- Respectfully advocates the Agency's position
- Ensures all Agency "non-negotiables" (issues that must be addressed by law, policy or court orders) are addressed
- Ensures all unresolved safety/risk issues are discussed

### **Additional Responsibilities:**

### **ROLE OF BENEFITS CASE MANAGER**

- Actively participates as a part of the team.
- Brings a different perspective to the team.
- Ensure compliance with various benefit programs.
- May bring specific knowledge to address individual cases/needs.
- Answers questions about available services and resources.
- May have knowledge of the family make-up and support system.
- Can answer questions and provide on the spot service to the family.
- Helps plug the gaps with TANF, Food Stamps, Medicaid, community resources.

#### **Additional Responsibilities:**

## SOLUTION-FOCUSED STRATEGIES IN FAMILY PARTNERSHIP MEETINGS

This concept is not just a matter of using techniques or different types of questions. In order for a strengths-based philosophy to *really* work, one must understand and embrace the philosophy. It is a way of thinking about situations, about people (co-workers, customers, etc.) AND about our interactions with them (i.e., do you believe people have the capacity to resolve their problems? Can a father who hits his child be a good parent? If someone uses drugs, can they still contribute to the lives of others?).

For professional child welfare staff, it is a sense that our job is not to solve people's problems, but rather to help them rediscover their solutions. We must recognize that we do not *know* the answer and have confidence that we do not *have to know* the answer.

The questions (miracle, scaling, exception, etc.) and techniques (compliments, language, etc.) are merely tools to make these beliefs come alive.

**Problem-solving is "other" guided.** An example is your best friend coming to you and saying, "Here's the deal....what should I do?" You give the answers. You see the picture on the puzzle box and proceed to put the puzzle together.

**Solution-finding is done together.** And example is your best friend saying, "Here's the deal, what should I do?" You start to find out more about "the deal". How did it happen? What did others think about it? Did anything like this happen before? What did s/he do about it then? Together, you try to figure it out. It is the pieces of the puzzle given to you slowly and you working with your friend to put the picture together one piece at a time until a recognizable scene emerges.

In FPM, you have the ability to truly be curious. You don't know about the situation. The image is brought forward through the worker's description, the family and their supports recounting details, the community representative's query, and through you questions and summary. It is a prime opportunity to use this approach as everyone explores a safe placement alternative.

**Solution-Defining:** These questions help family members define who, what, why, where, when and how of the problem and the solution. It helps to identify the nature of the problem and the solutions, as well as who else is interested in this problem or has information that might be helpful in solving the problem. It helps to provide a video replay of how and under what circumstances the problem occurs. This is done by first asking the question such as "*Under what circumstance is this likely to occur?*" and then following up with the statement "and then what happens, and following that response to say "and then what happens". This sets the condition for the family member to provide a video replay of the circumstance under which the problem exists.

**Examples include:**

- Under what circumstances is this likely to occur?
- When this happens (your husband loses his temper and threatens the children), what do you do?
- What are the positives for you in continuing to stay in this relationship?
- Who else is concerned about this problem in your family?
- What would have to be different for you not to be afraid?
- How often did it happen last week?
- Who was there when it happened?
- Where were you when Johnny had his temper tantrum?

**Past Successes:** Through the interview process, you can focus on a family's past successes, that is, when the family member was functioning well enough not to require child protective services intervention. It is empowering to the family member to realize that there was a period in his/her life when s/he was more successful than s/he feels at this moment.

**Examples of past success questions include:**

- It's not easy to raise three children on your own. How did you do it?
- After having been through what you've been through, how did you find enough strength to keep pushing on?
- What do you need to do so that you'll feel good about yourself and in control of your life again?
- What would it take for you to bring back the confidence you had when you were in high school?

**Scaling Questions:** Scaling questions are a clever way to make complex features of a family's life more concrete and accessible for both the family and the facilitator/team. Scaling questions can be used to assess self-esteem, self-confidence, investment in change, prioritization of problems, perception of hopefulness, etc.

**Scaling for the team's sense of success**

- "On a scale from 0-10, 0 meaning no chance it will work and 10 meaning this is the best thing since sliced bread, what is everyone's sense that this plan will be okay in keeping the children safe?"

**Scaling for confidence**

- "From 0-10, Mrs. Johnson, how confident are you that you can do what you said by next Monday?" (Follow up)
- "What will it take for you to feel more confident?"
- "Is there anything that your sister can help you with to achieve that?"



### **Relationship questions and scaling**

- “What would the children say is the most important this we talked about today?” (It gets to the real need and keeps everyone focused on the purpose of the meeting.)
- “How would the children rate this plan on a scale from 0-10?”
- To the parent, “How would your mother/brother/sister rate how well you are following through with your treatment plan, from 0 (not at all) to 10 (everything is accomplished)?”

**Exception Finding Questions:** Exceptions are times when problems could have happened but did not. In the past there may have been similar circumstances to the present, but maltreatment did not occur. Essentially, you are trying to discover how the patterns around the problems are different, especially what is different when the problem does not occur. In addition, problematic behaviors usually happen only within certain physical, relational or social contexts. It is important to find out in detail what happens when the person does not have the problem. That information can be used to identify the abilities the family uses successfully in one setting. You are trying to determine how the patterns around the problems were changed and can be changed in the future.

- When the problem is solved, how do you think your relationship with your son will be different? What will you be doing then that you are not doing now?
- I can see you have every reason to be depressed. When do you suppose you get a little bit less depressed?
- Can you tell us how you were able to get the kids off to school every day, even with so much going on in your life? (Indirect compliment)
- What would have to happen for you to do it more often?
- You are saying that you didn’t drink for five days last week. How did you do it?
- Tell me what is different for you at those times when you don’t lose control.
- How do you explain to yourself that the problem doesn’t happen at those times?
- How did working with that counselor make a difference?
- To the worker, “You mentioned that there are times when Ms. Johnson has kept everything under control. What do you think helped her to do that?”

**Miracle Questions:** The miracle question literally asks family members to disregard their current troubles and for a moment imagine what their lives would be like in a successful future. It also helps family members look at a more hopeful future. These questions help them vividly envision or imagine positive outcomes that can become part of the change process. Possibly questions:

- Suppose one night there is a miracle while you are sleeping and the problem that brought you to child protective services is solved. What do you suppose you will notice that is different the next morning that will tell you the problem is solved?
- If you had three wishes, what would they be?
- If you had a magic wand and could grant yourself one thing that would solve the problem/meet the need that your family is now facing, what would you wish for?
- If you could paint a picture for me of what your family would be like if all this were solved, what would that picture look like?

Follow-up questions include:

- If the miracle happened, what will be the first thing you notice?
- If the miracle happened, what will be the first change you notice about yourself?
- If you were to take these steps, what would you notice different around your house?

**Coping questions:** Help examine with people how they manage difficult times and things they might like to change but can't right now. Coping questions help you to find the areas of resiliency that support people in troubled times. These questions can also help you to identify the personal strengths and other resources that people use to cope and can use to make advances. Coping questions in combination with other questions such as the miracle questions or scaling questions can help you identify what needs to happen to keep coping in the most productive way. Examples of coping questions include:

- What has and is making it possible for you to cope?
- How do you keep making it work for you and your family?
- I'm sure there are days you want to pack it up and leave. What helps you stay?
- There are lots of things people are asking you to do for your children.
- What helps you meet those demands?

**Compliments:** Indirect statements which imply something positive about the person.

Example: "According to everyone here, you have made a lot of positive changes. What do you think is the most noticeable to your children?" To the foster parent, "How did you know to contact the worker when things weren't going well?"

## **PREPARATION INTERVIEW**

The preparation interview is an extremely helpful tool in the FPM process. It is during the preparation interview that a working agreement and a social contract are established. Here, the preparation interview helps parents understand the FPM process, explore additional supports; helps the team members determine if they are ready, willing, and able to participate on the team and what role they will play in the team process; and identifies any barriers to contributing toward outcomes. The preparation interview enables team members to participate and contribute fully by helping them:

1. understand and prepare to arrive for the FPM to discuss functional strengths as well as safety concerns and *true* needs;
2. explore any potential conflicts and discover ways to manage emotions positively; and
3. determine what the team members need to participate in a positive way.

### ***Key Steps in the Preparation Interview:***

- Engage the team member genuinely, with empathy and respect.
- Describe the meeting process and explain purposes of the meeting.
- Explain role of the facilitator and the role of the participant being prepped.
- Explain that the focus is on strengths and needs (explain the concept of functional strength and needs and have the participant think ahead of time what they would like to share—encourage the participant to write it down if necessary.)
- Explain that family members will start the discussion (i.e. the family story—how and why DSS is involved). Facilitator will ensure the parents and youth will be asked to start this conversation but that they have the right to defer to another in the room.
- Social Worker will ensure they review all of their concerns regarding family and/or child prior to FPM.
- Define and come to agreement on the purpose of the meeting (i.e. high risk, placement disruption, change of goal etc.)
- Explore what the team member can contribute toward the outcomes and what is needed to contribute productively toward the outcomes.
- Ask if there are any potential conflicts (emotional, legal, etc.).

- Ask what is needed to be able to fully participate.
- **FATHER'S INVOLVEMENT.** If the father cannot attend the FPM, document the reasons for non-attendance and how his voice will be heard in the FPM planning/decision making process. **If incarcerated, start working with the Social Worker to secure phone participation via jail/prison.**
- Discuss time and place and work toward resolving any conflicts regarding participation in meeting.
- Explore how and in what way the child(ren) should participate in the meeting.
- Explore alternatives for input if the person cannot attend.

## BEFORE THE FAMILY PARTNERSHIP MEETING

### DO

- Ensure the time and location is decided with the family (\*setting time according to family and extended family's availability increases natural supports attendance).
- *Work to create a list of natural supports and extended family with parent(s) and child(ren) (see Handout for questions to help families identify natural supports). Social Worker should have already started creating this list of natural supports with family. Ideally, the facilitator will be building on said list.*
- Ensure parents meet with Social Worker, receive an explanation of the purpose for each attendee and consent to their presence at the meeting.
- *If birth parents refuse attendance of particular individual(s), the conversation should focus on what the parent(s) need to feel more comfortable with the individual(s) attendance. The conversation should reflect respect and patience for parents' feelings. Certain participants have to be in attendance: CPS investigator, potential placement options provided by family.*
- If after working through feelings and resistance, parent(s) are still unwilling to participate with a particular individual(s). Brainstorm about how both can contribute (possibly one participate by phone or during a portion of the FPM). Explain wishes/parental right to privacy to excluded party.
- *Invite agency staff and Guardian Ad Litem (GAL)/CASA as identified by caseworker, community representative (by family's address).*
- *Review any available information and discuss with worker any relevant process information.*
- Have meeting summary report begun with children's names, ages, etc.
- *Prepare room. Ideally, the seating arrangements will be circular to allow for fluid conversations and keep participants visually on the same level (no head of table).*
- *Adequate seating, supplies (**Easel Pad, Markers, Name Tents, Kleenex**), snacks, water, childcare.*
- Assess anticipated participants eligibility for attending the Family Partnership Meeting (accomplished during preparation stage). Attendees qualify when invited by birth parents or involved with CPS as member of investigative/treatment team. Others (community reps, prevention specialists, extended family not invited by parents) will need birth parents' permission.

### DON'T

- Just show up; Arrive late; "Over-prepare", i.e. form an opinion about the "right" outcome.
- ***Allow staff to select seats at the table before the family arrives and is seated.***

## FAMILY PARTNERSHIP MEETING

**BEFORE FPM:** Location of FPM; Family Search and Engagement Work; Preparation Work; *Are there any safety issues for the meeting (i.e. DV, volatile dynamics)?; Are there any special needs (i.e. interpreter, wheel chair accessibility etc)?*

### Stages of FPM

- **INTRODUCTION**
    - Introduce Self
    - Purpose and structure of FPM meeting process
    - Concept of building on strengths
    - Consensus is goal of meeting
    - Guidelines for meeting
    - Introduction of participants, roles and relationship to child/family/case
    - Questions before beginning
  - **IDENTIFY THE SITUATION (May be done by Family Services Specialist or Facilitator)**
    - Define the concern (May be stated prior to concerns depending on critical decision point of meeting)
    - Precipitating event/why are we here? (State in one to two sentences)
  - **ASSESS THE SITUATION (Conducted prior to and during the meeting process)**
    - Determine the magnitude of the situation
    - \*Safety needs \*Risk concerns
    - Develop Functional Strengths/Supports
    - \*Services involved presently and utilized in the past
    - \*Past history/stressors
    - Participants' perception of situation
    - \*Worker's recommendation
    - (Note: \*This is information you would also assess prior to the meeting)
  - **DEVELOP IDEAS**
    - Brainstorming ideas to address concerns, provide safety and protection
    - Ideas will usually be in 3 categories
      - Placement/custody
      - Action to provide safety
      - Services to reduce risk
  - **REACH A DECISION**
    - Safety and protection in the least intrusive/least restrictive manner
    - Action plan developed
    - Timely linkage to services, priority services need immediate connection
  - **RECAP/EVALUATION/CLOSING**
    - Everyone knows who will do what, when?
    - Questions?? Follow-up meeting needed?
- AFTER FPM-** Debrief with the Family Services Specialist and Supervisor—*what worked well, what didn't?* Ensure FPM is in OASIS

## **IDENTIFYING THE SITUATION**

### **DO**

- Ask parent(s) if they wish to initiate the discussion by sharing information about their family or the situation/needs.
- Direct parties to talk to each other.
- Allow conversation to flow.
- Use participants' own words when summarizing/paraphrasing.
- Point out or describe feelings.
- Allow silence.
- Ask open-ended questions.
- Scan the group for nonverbal behavior—body language and cues.
- Allow expressions of feelings, including anger.
- Remind people of comfort agreements/ground rules, if needed.
- Use your Communication Skills: Actively Listening, Encouraging, Clarifying, Linking, Paraphrasing, Reflecting/Mirroring, Strength-Based Interviewing, Summarizing, Interpreting Verbal Statements, Negotiating, Empathizing, Interpreting Non-Verbal Cues, Reframing.

### **DON'T**

- Exclude participants.
- Speak for someone.
- Calm too soon.
- Panic at signs of emotions or disagreement.
- Allow people to talk only to the facilitator.
- Lecture, give advice or offer opinions on a dispute.
- Interrupt.

## INTRODUCTION AT INITIAL REMOVAL

1

### WELCOME

### PURPOSE

TO DISCUSS RISK & SAFETY CONCERNS & DECIDE WHERE YOUR CHILD CAN BE SAFE WHILE WE ADDRESS THE ISSUES. OPTIONS INCLUDE REMAINING HOME WITH SERVICES PROVIDED TO TEMPORARY PLACEMENT OUTSIDE HOME.

### GOAL

- TOGETHER TO MAKE DECISION THAT BEST PROVIDES SAFETY & STABILITY, WHILE WE WORK TO REDUCE RISKS.
- TO USE SIGNIFICANT INDIVIDUAL /FAMILY STRENGTHS TO ADDRESS CONCERNS

### DESIRE

TO AGREE UPON THE DECISION, HOWEVER, ULTIMATELY AGENCY'S LEGAL RESPONSIBILITY, IF UNABLE TO AGREE

### INTRODUCTION

PARTICIPANTS, RELATIONSHIP TO CHILD, STRENGTHS OF PARENT OR YOUTH

### GUIDELINES FOR MEETING

### QUESTIONS?

RECOGNITION OF PARENTS AS EXPERTS ON THEIR CHILDREN

## IDENTIFYING SITUATION AT INITIAL REMOVAL

2

WHY ARE WE HERE?

PRECIPITATING EVENT

CHILD'S CURRENT SITUATION

WHO WISHES TO BEGIN?  
(OFFER PARENTS THE FIRST OPPORTUNITY)

### COACH

*AID SOCIAL WORKER TO COMMUNICATE CLEARLY, RESPECTFULLY AND TO USE THE MOST ENGAGING LANGUAGE POSSIBLE THROUGHOUT THE MEETING. THE FACILITATOR MUST ASSIST DURING EACH STAGE OF THE MEETING, ALTHOUGH THE IDENTIFICATION AND ASSESSMENT OF THE SITUATION MAY REQUIRE THE FACILITATOR TO MODEL ENGAGEMENT AND COMMUNICATION SKILLS, INCLUDING REFRAMING MOST OFTEN.*



<div data-bbox="258 176 656 254"><b>ASSESSING SITUATION AT INITIAL REMOVAL</b></div> <div data-bbox="167 273 691 365"><ul style="list-style-type: none"><li>• SAFETY/RISK ASSESSMENT TOOL</li><li>• WHAT IS MAGNITUDE OF CONCERN?</li><li>• ENSURE GROUP PARTICIPATION</li></ul></div> <div data-bbox="118 382 574 409"><b>SAFETY CONCERNS / RISK ISSUES</b></div> <div data-bbox="118 411 779 518"><p>ENSURE COMPLETE, BEHAVIORALLY SPECIFIC DISCLOSURE OF IDENTIFIED SAFETY AND RISK ISSUES GET EXPLANATION OF HOW BEHAVIOR AFFECTS CHILD; WHAT NEEDS TO CHANGE.</p></div> <div data-bbox="118 535 433 562"><b>STRENGTHS OF FAMILY</b></div> <div data-bbox="118 564 721 646"><p>ESP. THOSE THAT IMPACT ON RISK AREAS SAMPLE ?—"THINK OF A TIME WHEN THINGS WERE GOING WELL, WHAT WAS DIFFERENT THEN?"</p></div> <div data-bbox="118 661 266 688"><b>SUPPORTS</b></div> <div data-bbox="118 690 760 743"><p>ENSURE IDENTIFICATION OF RELATIVES, COMMUNITY, OTHERS</p></div> <div data-bbox="118 760 254 787"><b>SERVICES</b></div> <div data-bbox="118 789 308 816"><p>PRESENT, PAST</p></div> <div data-bbox="118 831 617 858"><b>PAST HISTORY WITH CHILD WELFARE</b></div> <div data-bbox="118 861 371 888"><p>SUCCINCT SUMMARY</p></div> <div data-bbox="118 903 531 930"><b>WORKER'S RECOMMENDATION</b></div>	<div data-bbox="985 176 1341 254"><b>DEVELOPING IDEAS AT INITIAL REMOVAL</b></div> <div data-bbox="826 317 1375 378"><p>IDEAS FROM ALL TO ADDRESS RISKS AND PROVIDE SAFETY / PROTECTION</p></div> <div data-bbox="826 409 1458 436"><p>IDEAS SHOULD BUILD ON EXISTING STRENGTHS</p></div> <div data-bbox="826 470 1341 531"><p>FAMILY ALONE TIME WHEN IT APPEARS APPROPRIATE/BENEFICIAL</p></div> <div data-bbox="826 562 1081 590"><p>IDEAS REGARDING:</p></div> <div data-bbox="878 609 1289 726"><ul style="list-style-type: none"><li>• PLACEMENT/CUSTODY</li><li>• HOW TO PROVIDE SAFETY</li><li>• SERVICES TO REDUCE RISK</li></ul></div>
---	---

## REACHING A DECISION AT INITIAL REMOVAL

- SAFETY / PROTECTION
- AND**
- LEAST RESTRICTIVE / LEAST INTRUSIVE
- CONSENSUS GOAL / AGENCY OWNED

### REALITY TEST IDEAS

START WITH LEAST RESTRICTIVE PLACEMENT—CAN THIS PLACEMENT MEET CHILD'S NEEDS, PROVIDE SAFETY?

### IF YES

IDENTIFY SERVICES & ACTION NEEDED

### IF NO

WHY NOT, AND THEN EXAMINE NEXT LEVEL OF RESTRICTIVENESS FOR SUITABILITY

WEIGH RISK OF HARM IN HOME AGAINST TRAUMA OF PLACEMENT

### DEVELOP ACTION PLAN

- WHO WILL DO WHAT, WHEN
- ADDRESS PARENTS' PRIORITY SERVICE NEED IMMEDIATELY

### IF DECISION TO REMOVE

EXAMINE PLACEMENT OPTIONS, EXPLAIN PROCESS, TIMEFRAMES, ETC.

DISCUSS GOODBYE, ICEBREAKER-TYPE MEETING, DETERMINE DATE FOR 1<sup>st</sup> VISIT

## RECAP/EVALUATION/CLOSING AT INITIAL REMOVAL

EVERYONE KNOWS WHO WILL DO WHAT/ WHEN?

ANSWER QUESTIONS

FOLLOW-UP MEETING NEEDED?

IF YES, SET DATE

### **SAFETY PLANNING**

- CHILD FOCUS
- PROVIDES IMMEDIATE INTERVENTION
- REALISTIC, CONCRETE, TIME-LIMITED
- MONITORING/OVERSIGHT ENSURED
- COMMITMENT FROM ALL INVOLVED
- DISCUSSION OF CONSEQUENCE IF NOT ADEQUATE OR FOLLOWED

### **ASSESSING RISK**

- ENSURE SUMMARIZATION OF INFORMATION FROM SAFETY/RISK ASSESSMENT TOOL IS UNDERSTANDABLE TO ALL
- HIGHLIGHT KEY RISK AREAS AND LINK TO NEEDS
- IDENTIFICATION OF STRENGTHS, ESPECIALLY THOSE THAT CAN IMPACT RISK AREAS
- ENSURE EXPLANATION & UNDERSTANDING OF HOW RISKS (BEHAVIORALLY SPECIFIC) IMPACT CHILD

<div>1</div> <div><b>INTRODUCTION</b> <b>AT PLMT. PRESERVATION/DISRUPTION</b></div> <div><b>WELCOME</b></div> <div><b>PURPOSE</b> TO MAKE DECISION REGARDING CHILD'S PLACEMENT IN LEAST RESTRICTIVE SETTING THAT MEETS CHILD'S NEEDS. CONSIDERATION OF REMAINING IN PRESENT PLACEMENT OR MOVING.</div> <div><b>GOAL</b><ul style="list-style-type: none"><li>• TO AVOID UNNECESSARY MOVES AND TO AVOID FUTURE ONES</li><li>• TO USE SIGNIFICANT INDIVIDUAL OR FAMILY STRENGTHS TO ADDRESS ISSUES OF CONCERN</li></ul></div> <div><b>DESIRE</b> TO AGREE UPON THE DECISION, HOWEVER, ULTIMATELY AGENCY'S LEGAL RESPONSIBILITY, IF UNABLE TO AGREE</div> <div><b>INTRODUCTION</b> PARTICIPANTS, RELATIONSHIP TO CHILD, STRENGTHS OF PARENT(S) OR YOUTH</div> <div><b>GUIDELINES FOR MEETING</b></div> <div><b>QUESTIONS??</b></div>	<div>2</div> <div><b>IDENTIFYING SITUATION</b> <b>AT PLMT. PRESERVATION/DISRUPTION</b></div> <div><b>DEFINE CONCERN</b><ul style="list-style-type: none"><li>• WHY ARE WE HERE?</li><li>• CHILD'S CURRENT SITUATION</li><li>• WHO WISHES TO BEGIN?</li></ul></div> <div><b>COACH</b> <i>AID SOCIAL WORKER TO COMMUNICATE CLEARLY, RESPECTFULLY AND TO USE THE MOST ENGAGING LANGUAGE POSSIBLE THROUGHOUT THE MEETING. THE FACILITATOR MUST ASSIST DURING EACH STAGE OF THE MEETING, ALTHOUGH THE IDENTIFICATION AND ASSESSMENT OF THE SITUATION MAY REQUIRE THE FACILITATOR TO MODEL ENGAGEMENT AND COMMUNICATION SKILLS, INCLUDING REFRAMING MOST OFTEN.</i></div>
---	---

<div>3</div> <div><b>ASSESSING SITUATION AT PLMT. PRESERVATION/DISRUPTION</b></div> <div><b>ASSESSMENT OF RISK AND SAFETY ISSUES</b></div> <div><b>DOES PRESENT PLACEMENT MEET CHILD’S CRITICAL NEEDS?</b></div> <div><b>IF YES</b> CAN ADDITIONAL SERVICES / SUPPORT MAINTAIN PLACEMENT &amp; PROVIDE STABILITY?</div> <div><b>IF NO OR CAREGIVER UNABLE TO KEEP</b> <b>RECOMMENDATION ON LEVEL OF CARE</b> LEAST RESTRICTIVE THAT MEETS CHILD'S NEEDS KIN/FOSTER/THERAPEUTIC/GROUP</div> <div>CAN CHILD RESIDE IN OWN COMMUNITY?</div> <div>HOW WILL THIS MOVE PROMOTE CHILD'S PERMANENCY?</div> <div><b>CHILD’S NEEDS/CONCERNS</b> SERVICES PRESENTLY INVOLVED ANY BARRIERS TO MEETING NEEDS?</div> <div><b>CHILD’S STRENGTHS/SUPPORTS</b></div>	<div>4</div> <div><b>DEVELOPING IDEAS AT PLMT. PRESERVATION/DISRUPTION</b></div> <div><b>IF COULD REMAIN,</b> WHAT IDEAS FOR ADDITIONAL SERVICES &amp; SUPPORTS TO MAINTAIN</div> <div><b>IF MUST MOVE,</b> IDEAS ON PLACEMENT &amp; IDEAS ON SERVICES/SUPPORTS FOR CHILD AND CAREGIVER &amp; IDEAS TO ADDRESS TRANSITION—HOW WILL MOVE HAPPEN, WHAT NEEDS TO BE DONE, WHAT WILL CHANGE, WHAT WILL STAY SAME—VISITS, SCHOOL, SERVICE PROVIDERS, ETC.</div> <div>IDEAS FOR SUPPORT, IF CRISIS</div> <div>ANYTHING ELSE NEEDED TO PROVIDE STABILITY &amp; SUPPORT CASE PLAN GOAL?</div>
---	---

<div>5</div> <div>REACHING A DECISION AT PLMT. PRESERVATION/DISRUPTION</div> <div>CONSENSUS GOAL/AGENCY OWNED</div> <div>REALITY TEST IDEAS</div> <div>IF REMAINING IN PRESENT PLACEMENT</div> <div>WILL SERVICES/SUPPORTS MEET NEEDS AND PROVIDE STABILITY?</div> <div>IF MOVING,</div> <div>START WITH LEAST RESTRICTIVE PLACEMENT</div> <div>WILL THIS PLACEMENT MEET CHILD'S NEEDS, PROVIDE SAFETY &amp; STABILITY?</div> <div>IF YES</div> <div>IDENTIFY SERVICES NEEDED TO SUPPORT CHILD &amp; CAREGIVER IN THIS PLACEMENT</div> <div>IF NO</div> <div>WHY NOT, AND THEN EXAMINE NEXT LEVEL OF RESTRICTIVENESS FOR SUITABILITY &amp; SERVICE NEEDS</div> <div>ENSURE TRANSITION PLAN IF MOVE</div> <div>INCLUDE PREPARATION OF CHILD, PREPLACEMENT VISITS, GOODBYES, INFORMATION TRANSFER, ETC.</div> <div>DEVELOP ACTION PLAN</div> <div>WHO WILL DO WHAT, WHEN</div>	<div>6</div> <div>RECAP/EVALUATION/CLOSING AT PLMT. PRESERVATION/DISRUPTION</div> <div>EVERYONE KNOWS WHO WILL DO WHAT/WHEN?</div> <div>ANSWER QUESTIONS</div> <div>FOLLOW-UP MEETING NEEDED?</div> <div>IF YES, SET DATE</div>
--	---

## **SAFETY PLANNING**

- CHILD FOCUS
- PROVIDES IMMEDIATE INTERVENTION
- REALISTIC, CONCRETE, TIME-LIMITED
- MONITORING/OVERSIGHT ENSURED
- COMMITMENT FROM ALL INVOLVED
- DISCUSSION OF CONSEQUENCE IF NOT
- ADEQUATE OR FOLLOWED

## **ASSESSING RISK**

- ENSURE SUMMARIZATION OF INFORMATION FROM SAFETY/RISK ASSESSMENT TOOL IS UNDERSTANDABLE TO ALL
- HIGHLIGHT KEY RISK AREAS AND LINK TO NEEDS
- IDENTIFICATION OF STRENGTHS, ESPECIALLY THOSE THAT CAN IMPACT RISK AREAS
- ENSURE EXPLANATION & UNDERSTANDING OF HOW RISKS (BEHAVIORALLY SPECIFIC) IMPACT CHILD

<div>1</div> <div><b>INTRODUCTION AT REUNIFICATION</b></div> <div><b>WELCOME</b></div> <div><b>PURPOSE</b> TO DETERMINE IF HOME IS SAFE FOR CHILD(REN) TO RETURN</div> <div><b>GOAL</b><ul style="list-style-type: none"><li>• TO WORK TOGETHER TO DECIDE ON BEST PLAN THAT WILL PROVIDE SAFE AND PERMANENT RETURN TO THE FAMILY</li><li>• TO RECOGNIZE SIGNIFICANT FAMILY/INDIVIDUAL STRENGTHS WHICH HAVE ASSISTED PARENT(S) AND WILL SUPPORT THE FAMILY IN FUTURE</li></ul></div> <div><b>DESIRE</b> TO AGREE UPON THE DECISION, HOWEVER, ULTIMATELY AGENCY'S LEGAL RESPONSIBILITY, IF UNABLE TO AGREE</div> <div><b>INTRODUCTION</b> PARTICIPANTS, RELATIONSHIP TO CHILD AND IDENTIFICATION OF STRENGTHS THAT HAVE BEEN SIGNIFICANT IN ADDRESSING CONCERNS</div> <div><b>GUIDELINES FOR MEETING</b></div> <div><b>QUESTIONS?</b></div> <div><b>PARENT WISH TO SHARE</b> ABOUT THEIR CHILD(REN)—TALENTS, PERSONALITY ETC.?</div>	<div>2</div> <div><b>IDENTIFYING SITUATION AT REUNIFICATION</b></div> <div><b>DEFINE PRESENT SITUATION</b></div> <div>WHY ARE WE HERE?</div> <div>CASEWORKER'S RECOMMENDATION</div> <div><b>COACH</b> <i>THROUGHOUT THE MEETING ASSIST THE SOCIAL WORKER TO COMMUNICATE CLEARLY, RESPECTFULLY AND USE THE MOST ENGAGING LANGUAGE POSSIBLE. IT MAY REQUIRE THE FACILITATOR TO MODEL ENGAGEMENT AND COMMUNICATION SKILLS, INCLUDING REFRAMING.</i></div>
--	--



<div>3</div> <div>ASSESSING SITUATION AT REUNIFICATION</div> <div>SAFETY/RISK ASSESSMENT TOOL</div> <div>INITIAL RISKS/SAFETY ISSUES HOW REDUCED/ELIMINATED?</div> <div>SERVICES WHAT'S BEEN DONE/EVIDENCE OF POSITIVE CHANGE. SERVICES CONTINUING?</div> <div>HOME SITUATION IF REUNITED WHO IS LIVING IN HOME NOW? ASSESSED? DESCRIPTION OF CONDITIONS ADEQUACY</div> <div>SUPPORTS AVAILABLE INCLUDING WHAT CONNECTIONS IN FAMILY'S COMMUNITY HAVE BEEN DEVELOPED</div> <div>NEEDS/CONCERNS ANY PRESENT? ANY ANTICIPATED?</div> <div>CURRENT LEVEL OF RISK AND SAFETY</div> <div>AGREEMENT ON REUNIFICATION? SERVICE PROVIDERS/GAL/CAREGIVERS</div>	<div>4</div> <div>DEVELOPING IDEAS AT REUNIFICATION</div> <div>ADDITIONAL SERVICES/SUPPORTS NOT IN PLACE THAT SHOULD BE / COULD BE CONSIDERED?</div> <div>COMMUNITY SUPPORTS?</div> <div>SUPPORTS FROM FORMER CAREGIVERS—WILL RELATIONSHIP CONTINUE?</div>
--	--

<div>5</div> <div>REACHING A DECISION AT REUNIFICATION</div> <div>CONSENSUS GOAL/AGENCY OWNED</div> <div>HAVE RISKS AND SAFETY ISSUES BEEN ADEQUATELY ADDRESSED?</div> <div>IS PRESENT SITUATION ACCEPTABLE?</div> <div>ANYTHING ELSE THAT NEEDS TO BE IN PLACE?</div> <div>ENSURE TRANSITION PLAN OVERNIGHT VISITATIONS, GOODBYES, TIMEFRAMES FOR COURT HEARING, MOVE ETC.</div> <div>DEVELOP ACTION PLAN— WHO WILL DO WHAT, WHEN</div>	<div>6</div> <div>RECAP/EVALUATION/CLOSING AT REUNIFICATION</div> <div>EVERYONE KNOWS WHO WILL DO WHAT/ WHEN?</div> <div>ANSWER QUESTIONS INCLUDING WHAT WILL YOU DO IF/WHEN FUTURE PROBLEMS ARISE?</div> <div>ACKNOWLEDGE AND CELEBRATE ACCOMPLISHMENT!!</div>
--	---

## **SAFETY PLANNING**

- CHILD FOCUS
- PROVIDES IMMEDIATE INTERVENTION
- REALISTIC, CONCRETE, TIME LIMITED
- MONITORING/OVERSIGHT ENSURED
- COMMITMENT FROM ALL INVOLVED
- DISCUSSION OF CONSEQUENCE IF NOT ADEQUATE OR FOLLOWED

## **ASSESSING RISK**

- ENSURE SUMMARIZATION OF INFORMATION FROM SAFETY/RISK ASSESSMENT TOOL IS UNDERSTANDABLE TO ALL
- HIGHLIGHT KEY RISK AREAS AND LINK TO NEEDS
- IDENTIFICATION OF STRENGTHS, ESPECIALLY THOSE THAT CAN IMPACT RISK AREAS
- ENSURE EXPLANATION & UNDERSTANDING OF HOW RISKS (BEHAVIORALLY SPECIFIC) IMPACT CHILD

PLAIN TALK IN IDENTIFYING THE SITUATION

GROUP 1:

We are here today because Mr. Lindsey failed to adequately and appropriately ensure that his children were afforded the supervision required for their developmental levels of maturity.

GROUP 2:

Jeanie has demonstrated destructive and disruptive behaviors in her placement caused by her oppositional defiance disorder. Her foster parents have tried therapeutic interventions that have not been adequate.

GROUP 3:

We have a Permanency Planning Hearing scheduled in six weeks and the Agency is going to pursue a permanency goal of Adoption and TPR. Since the father cannot be located, we will have to ask for an Order of Publication to find him.

GROUP 4:

The Agency has some concerns that Eric has been exposed to illegal and criminal manufacture and sale of substances that places him in potentially dangerous circumstances.

## WHY CHART?

CHARTING is a powerful tool which supports a successful FPM process in the following ways:

- Helps all meeting members participate – 50% of us hear by listening – 50% hear by reading
- Keeps meeting members focused
- Allows meeting members to see what they have accomplished and what is left to do
- Provides an opportunity for the family to see that they have strengths and things that are going well in addition to areas that need to be addressed for their child's safety
- Promotes participation
- Encourages enlarged thinking – thinking “outside of the box”
- Generates solutions in a focused, forward thinking manner within a deliberate structure
- Provides a visual structure
- Helps members see other's ideas and build upon them
- Provides families and others with visual affirmation that they have been heard
- Provides families with a tangible list of strengths that they can take home with them

**Charting is CORE to the process – without it, a facilitator risks a compromised process and decision-making outcome**

## **FAMILY PARTNERSHIP MEETING CONTINGENCY PLANS**

The question often arises, “Can we make back-up plans at a Family Partnership Meeting in case the decision we made cannot for one reason or another be implemented?” There is often a tension between our desire to avoid repetitive meetings and our commitment to ensuring full team participation in all decision making. To reflect both those concerns, we recommend that contingency plans be used only if:

- 1. The contingency is foreseeable and fully discussed at the Family Partnership Meeting;**
- 2. The window within which the contingency plan will be needed is very short, i.e. no more than 3-5 days (beyond that timeframe, a new meeting should be called); and**
- 3. The contingency plan (or “plan B”) is documented on the original summary report, as the action that will be taken if plan A cannot be implemented.**

## TEN TIPS FOR FACILITATORS FOR EFFECTIVE MEETINGS

1. Start on time. Caseworkers and parents are most important. If parents are late, but it is known that they are coming, you may wait a bit. However, if the latecomers are non-essential for the content of the meeting, begin as scheduled. If a pattern of lateness with caseworker or agency staff emerges, discuss the issue in private with the person.
2. Have the right people invited/attending. Give as much notice as possible, knowing that with the often emergency nature of the situation, pre-notice is limited.
3. Be sure that everyone understands the meeting's purpose.
4. While it is important to adhere to timeframes for the meeting, remember we are dealing with critical and emotional decisions in the lives of families, and whatever time is needed to make a quality decision should be expended.
5. Conduct the group's business in front of the group. No sidebars or staff breakouts.
6. Deal with interpersonal business (feedback to staff) outside of the meeting, unless group building and maintenance requires intervention during the meeting.
7. Use an easel pad or white board to list concerns, strengths and ideas that have been generated. It will help the group stay on track, preserve thoughts and ideas and keep the group focused.
8. Check regularly on the group's process.

Is the participation balanced?

Is the group staying focused?

Is the purpose, information, discussion, clear?

Is the group moving through the problem-solving process?

9. Can the group reach a consensus decision? If it appears that it will not be gained, even with additional discussion, is the agency's staff in agreement with a decision? If it appears that agency staff cannot reach a consensus decision, the caseworker will make the final decision.
10. Review the decision and action plan with the group. Are the decision and the steps to implementation clear and understood by all? Are the responsibilities and timelines determined?