

GPS

Guiding Principles and Standards

Better Together: Enhancing Practice, Transforming Lives

Team Leader Practice Profiles



P R A C T I C E M O D E L

GPS

Guiding Principles and Standards

Better Together: Enhancing Practice, Transforming Lives

VISION and VALUES

- Respect
- Community Invested
- Excellence
- Accountability

GUIDING PRINCIPLES

- Family-Centered
- Individualized and Strengths-Based
- Trauma-Informed
- Culturally Responsive

CORE PRACTICE SKILLS

- Engagement
- Planning
- Teaming
- Intervening
- Functional Assessment
- Tracking and Adapting

South Carolina has adopted a model of casework practice for Child Welfare Services called **GPS (Guiding Principles and Standards)**. The GPS practice model explains the values, principles, and core practice skills used by staff to empower children and families to achieve the goals of

safety, stability, permanency, and well-being. Inspired by GPS navigation technology, the model will serve as a road map to help practitioners arrive at desired practice model outcomes and to achieve uniform practice within the department.

CHILD WELFARE SERVICES DIVISION

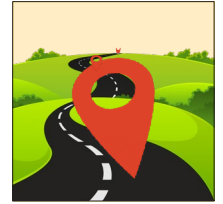


Practice Profiles

The South Carolina Child Welfare Services GPS Practice Model gives direction in the values, guiding principles, and core practice skills that we use to improve practice and outcomes with children and families. The Practice Profiles describe how the GPS Practice Model is put into action. It outlines the casework and team leader practice activities associated with living our values and guiding principles. The activities described in the Practice Profiles are designed to lead to the improved outcomes we want in our practice. The Practice Profiles cover several significant case activities such as but not limited to:

- Case Manager Contacts with Youth and Family
- Functional Assessments
- Case Planning
- Child and Family Teaming
- Documentation
- Initial Placement and Placement Change (Kinship or Traditional)
- Parent/Child Visitation and Sibling Visitation
- Supervision

SCDSS Practice Profile



Case Manager Contacts with Youth and Family Team Leads

> Best Practice

Frequent and consistent contacts with parents and youth provides opportunities to heal and recover in the context of supportive relationships, improves overall well-being and functioning, increases youth and parenting skill building, and decreases the time that children and youth are away from their families. The purpose of contacts with parents, foster parents, and youth is to ensure their safety, engage them in planning for their care, deepen their membership in and contributions to the family team, and to further progress toward the defined goals and outcomes. Contacts are core to ongoing safety and risk assessment, functional assessment, and the tracking of progress. Meaningful contacts require planning and intention, connect to and further the developmental progress being made, and support the implementation of the permanency plan and achievement of the permanency goal.

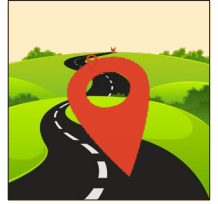
Goals for Case Manager Contacts with Youth and Family for the Case Manager and Team Leader

The goal of the GPS practice model is to improve the lives of children, youth, and families in care by ensuring their safety and well-being and achieving timely reunification/permanency. These goals are accomplished through day-to-day practice when case managers and team leaders are intentional about:

- Increasing the frequency and quality of case manager safety contacts
- Increasing the frequency and quality of in-person case manager contacts with parents working towards the permanency goal of reunification

SCDSS Practice Profile

Case Manager Contacts with Youth and Family for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I coach and support case managers to prepare for contacts

Family-Centered

- Have I encouraged the case manager to use the contacts to explore the availability of supportive family members and the informal support network **(engage)**?
- Have I explored with the case manager the opportunities and barriers for making contacts meaningful?
- Have I coached the case manager on using the contact to further the engagement of the youth, parents, and foster parents and assess functioning and skill development **(engage, assess)**? Have I strategized with the case manager on how to use the contact to developmentally build on strengths, address family team gaps, and address barriers to progress **(intervene)**?
- Have I reinforced through coaching **(track and adapt)** the case manager's training on the practice model and how purposeful contacts are core to application of the model?
- Have I coached the case manager on supporting the youth, parents, and foster parents when experiencing possible trauma triggers that may arise during contacts **(intervene)**?
- Have I helped the case manager **(intervene)** to create a safe environment for contacts?
- Have I modeled self-and co-regulation in my interactions and made transparent how to apply these skills to de-escalate charged or difficult situations **(plan and intervene)**?

Individualized and Strengths-Based

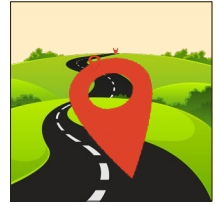
- Have I built a strengths-based and trusting relationship with the case manager **(engage and plan)**?
- Have I supported the case manager **(intervene and track)** to identify and deploy her/his own strengths during contacts and in relationships with youth, parents, and foster parents?
- Do I consistently apply reflective supervision and model **(assess, intervene and track)** how to reflect strengths so they are actionable?

Trauma-Responsive

- Have I explored with the case manager **(engage)** the known trauma history of the youth and parents?
- Have I reviewed with the case manager the trauma screenings and/or assessments completed by partners and tied these to planning for contacts?

SCDSS Practice Profile

Case Manager Contacts with Youth and Family
for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I coach and support case managers to prepare for contacts

Culturally Responsive

- Have I shown and modeled **(intervene)** respect for the cultural context of the youth, parents, and foster parents we serve?
- Have I supported the case manager's exploration of the family's culture and discussed together how to use contacts to build on cultural strengths?
- Have I sought to understand my own attitudes and actions, and worked to build positive and respectful relationships across our team **(engage and intervene)**, and our partners, and with the families and foster parents we serve?

SCDSS Practice Profile

Case Manager Contacts with Youth and Family for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I follow up with case managers after contacts

Family-Centered

- Coach the case manager to reflect after each contact on how the contact was used meaningfully to assess and further progress toward the defined goals **(assess, intervene, track and adapt)**.
- Encourage the case manager to share the content of the contact and plan together how to constructively bring content from the contact into the next family team meeting **(team, track and adapt)**.
- Review at regular intervals with the case manager **(track and adapt)** the functional assessment updates and how information about progress is being used to plan for upcoming contacts and family team meetings.

Trauma-Responsive

- Model and encourage supportive and trauma-responsive interactions with the case manager and across the team every day and coach case managers to build their own skills in this area **(engage, plan, and intervene)**.
- Check in with case managers after a contact **(track and adapt)** to understand if trauma or secondary trauma symptoms were triggered, and strategize on self-care and symptom management **(intervene)**.
- Celebrate as the case manager builds new trauma-responsive skills and applies them consistently during contacts.

Individualized and Strengths-Based

- Ensure through reflective supervision and coaching **(track and adapt)** that the contacts with youth, parents and foster parents remains dynamic, scans for each person's individual progress, and is continuously used to update planning and decision-making **(plan)**.

Culturally Responsive

- Use reflective supervision after a contact to explore the case manager's helping relationship with the family and determine together if bias or prejudice is impacting progress **(assess)**.
- Model **(intervene)** and engage in culturally responsive engagement and interactions with departmental staff and case managers, formal and informal partners, families, and their family teams and make transparent how these skills can be applied during contacts.
- Promote the use of contacts to conduct on-going identification, engagement, and assessment of kin as placement and permanency resources **(plan and intervene)**.
- During contacts, ensure the case manager builds on the cultural and familial strengths identified in the assessment as the foundation for long-term individual and family stability **(track and adapt)**.

SCDSS Practice Profile



Functional Assessments for Team Leaders

> Best Practice

The purpose of assessing children, youth, and all family members is to collaboratively and comprehensively gather information about individual and family strengths, underlying needs, capacities, and functioning. Assessment occurs on an on-going basis and is used to inform decision-making and the selection of services and supports, formal and informal, designed to improve functioning so that child welfare involvement can safely transition to the family's network and community-based services. During the family's involvement with child welfare, the functional assessment provides clarity about progress being made toward measurable goals and the extent to which services are effective or need refinement to increase functional capacity.

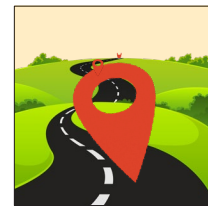
The gathering of accurate and actionable information on an on-going basis hinges on our ability to develop trusting relationships with youth, families, and informal and formal supports. A successful relationship-building process is based on our ability to jointly develop a shared understanding of the present and a vision for the future. The functional assessment is a dynamic component of the practice model and is integral and bi-directional in engagement, teaming, planning, intervening, tracking and adapting to safe case closure. Functional assessment builds a shared understanding within the family team, supports clear communication, and is the basis for making sound recommendations about service delivery to address underlying needs and support family safety, permanency, and well-being.

Functional Assessment Goals for the Case Manager and Team Leader

The goal of the GPS practice model is to improve the lives of children, youth, and families in care by ensuring their safety and well-being and achieving timely reunification/ permanency. These goals are accomplished through day-to-day practice when case managers and team leaders are intentional about:

- Increasing timely safety and risk assessment
- Increasing use of assessments of strengths and needs for case planning and intervention
- Increasing timely initiation of services

SCDSS Practice Profile



Functional Assessments for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As I coach and support case managers to prepare for functional assessment

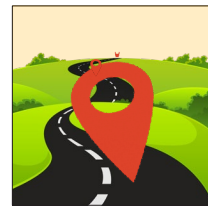
Family-Centered

- Have I encouraged the case manager to conduct an exhaustive search of supportive family members and the informal support network **(engage)**?
- Have I reviewed the composition of the family team and determined with the case manager if membership will support effective functional assessment, planning, and pathway to safe case closure or needs additional members **(assess and plan)**?
- Have I explored with the case manager the opportunities and barriers for engaging in functional assessment with the family and members of the family team **(plan and intervene)**?
- Have I strategized with the case manager on how to build on strengths, address family team gaps, and address barriers?
- Have I reinforced through coaching **(track and adapt)** the case manager's training on the practice model, the role of functional assessment throughout the model, and the guiding principle of being Family-Centered?

Trauma-Responsive

- Have I explored with the case manager **(engage)** the known trauma history of the children and family members?
- Have I reviewed with the case manager the trauma screenings and/or assessments completed by partners to develop an understanding of needs **(plan)**?
- Have I coached the case manager on supporting individuals and families experiencing possible trauma triggers that may arise during the functional assessment process **(intervene)**?
- Have I helped the case manager **(intervene)** to create a safe and private environment for family members to tell their stories?
- Have I modeled self- and co-regulation in my interactions and made transparent how to apply these skills to de-escalate charged or difficult situations **(plan and intervene)**?

SCDSS Practice Profile



Functional Assessments for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As I coach and support case managers to prepare for functional assessment

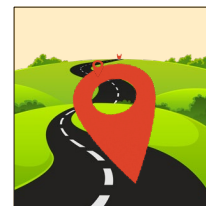
Individualized and Strengths-Based

- Have I built a strengths-based and trusting relationship with the case manager **(engage and plan)**?
- Have I supported the case manager **(intervene and track)** to identify and deploy his or her own strengths in relationships with children, youth, and families?
- Do I consistently apply reflective supervision and model **(assess, intervene and track)** how to reflect strengths so they are actionable?

Culturally Responsive

- Have I shown and modeled **(intervene)** respect for the cultural context of the children and families we serve?
- Have I supported the case manager's exploration of the family's culture and discussed together how to build on strengths?
- Have I sought to understand my own attitudes and actions, and worked to build positive and respectful relationships across our team **(engage and intervene)**, our partners, and the children and families we serve?

SCDSS Practice Profile



Functional Assessments for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As I follow up with case managers after the functional assessment

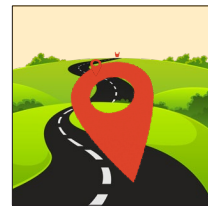
Family-Centered

- Work with case manager to ensure the family is prepared to engage productively in the functional assessment and planning processes.
- Encourage **(engage)** the case manager to assess the full breadth of underlying needs and the systems/agencies involved with the family to determine demands placed upon the family system and supports available to address these demands.
- Help the case manager prioritize the family's underlying needs **(engage)** and sequence supports deployed by the department and across plans from other agencies **(plan)** to achieve the family's goals.
- Promote the development **(plan)** of clear and measurable plans that lead to safe case closure using the functional assessment and planning process.
- Advocate for the development of a service array that meets the assessed needs of families.
- Review at regular intervals with the case manager **(track and adapt)** the functional assessment updates and how information about progress is being integrated into the family's plan for services and transitioning to safe case closure.

Trauma-Responsive

- Model, coach, and encourage supportive and trauma-responsive interactions with the case manager and across the team each and every day.
- Make transparent the need for managing the impact of trauma on the case manager's day-to-day workload challenges **(engage, plan and intervene)**.
- Check in with case manager regularly **(track and adapt)** to understand how secondary trauma is affecting their functioning and craft individual and team-based strategies accordingly.
- Celebrate as the case manager builds new trauma-responsive skills and applies them consistently in practice with children and families.

SCDSS Practice Profile



Functional Assessments for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As I follow up with case managers after the functional assessment

Individualized and Strengths-Based

- Assess the individualized strengths, needs, and goals of the case manager and jointly craft professional development plans that are a pathway to growth and advancement.
- Match training and skill-building exercises to the assessed strengths and needs of the case manager.
- Ensure through reflective supervision and coaching (**track and adapt**) that the assessment process with children and families remains dynamic, scans for each person's individual progress, and is continuously used to update planning and decision-making.

Culturally Responsive

- Model (**intervene**) and engage in culturally responsive engagement and interactions with departmental staff and case managers, formal and informal partners, families and their family teams.
- Promote on-going identification, engagement, and assessment of kin as placement and permanency resources (**plan and intervene**).
- Provide concrete resources (**intervene**) that make it possible for the family to rely on extended family and cultural supports.
- Ensure the case manager uses the cultural and familial strengths identified in the assessment as the foundation for long-term individual and family stability (**track and adapt**).

SCDSS Practice Profile



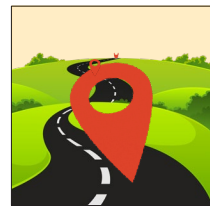
Case Planning for Team Leaders

> Best Practice

When families lead the development of their plan, they feel a sense of understanding and ownership, have greater motivation, are more likely to accomplish their goals, and report increased satisfaction with themselves and their case manager (Maddux, 2002). Similarly, when youth and families feel their thoughts and wishes are valued and respected in contributing to decisions made about their care and future, they are more likely to experience increased self-esteem, self-efficacy, and a greater sense of empowerment and trust (Thompson, 2002; Maddux, 2002). This finding is particularly true for youth and adults who have experienced trauma in their lives (NCTSN).

Research finds youth and parents' participation in the development and implementation of their plan has resulted in greater family engagement, increased stability, and increased timeliness to permanency. According to the Children's Bureau (US DHHS, 2003) those states that accomplished a rating of "substantially achieved" (at least 90%) on CFSR Item 13 (Child and Family Involvement in Case Planning) had greater success stabilizing children's living arrangements and meeting positive child outcomes such as children and youth returning home from residential care.

SCDSS Practice Profile



Case Planning for Team Leaders

Best practice when developing individual and family plans is to engage and collaborate with the individuals and family.

> **Include** the youth and family in the planning and developing as soon as possible following case opening. Identify who they would like to include from their support network such as relatives, fictive kin, friends, local community members and providers, etc. Be sure to include estranged parents and hard-to-find family.

> **Prepare** for the plan development by reviewing and identifying in advance with the youth and family their assessment findings and recommendations to determine their priority needs and strengths.

> **Consider the youth and family's functioning on protective factors** (e.g., knowledge of parenting and child development, concrete supports, social and emotional supports, etc.)

> **Build a plan that is strengths-based, solution-focused and time-driven** Start by identifying the individual (e.g., youth and parents/guardians) and family's priority needs related to safety, permanency, and well-being. Build on strengths and include their shared solutions. Conclude with each member having a clear understanding of how progress and success will be measured. Successful plans bolster placement stability, integrate concurrent planning, and incorporate actions to prevent further maltreatment.

> **Ensure mutual understanding and agreement** Before completing the plan, ensure all parties, including the provider, have a clear understanding of the written plan's reasons for recommendations and expectations for completion. Develop and document a plan with all parties for sharing information and feedback on challenges or conflicts that may arise. Identify a date when you will come back together to review the youth and family's progress.

SCDSS Practice Profile



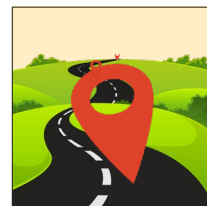
Case Planning for Team Leaders

Case Planning Goals for the Case Manager and Team Leader

The goal of the GPS practice model is to improve the lives of children, youth, and families in care by ensuring their safety and well-being and when applicable, achieving timely reunification/permanency. These goals are accomplished through day-to-day practice when case managers and team leaders are intentional about:

- Increasing the development of individualized safety plans and interventions
- Increasing linkage to care coordination matched to the child's needs, including primary care providers, timely screening, assessment, and follow-up
- Increasing timely access to quality health, behavioral health, and dental services.

SCDSS Practice Profile



Case Planning for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As we prepare for case planning

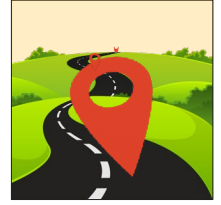
Family-Centered

- Have I engaged the case manager and together reviewed the family's assessment findings and underlying needs in preparation for the plan development?
- Have I coached and planned with the case manager on how to introduce shared parenting to the family and youth's caregiver?
- Have I engaged with the case manager to ensure key family members (including fathers) are included (**engage**) in the case planning?
- Have I helped the case manager include kinship, fictive kin, and the youth and family's supports for potential placement and ongoing support?
- Have I helped the case manager engage and plan with the youth and family to explain the case planning process, identify any concerns, and elicit their desired goals (e.g., what they want for their children and themselves)?
- Have I planned with the case manager to ensure safety concerns will be addressed?
- Prior to meeting with the youth and family, have I engaged with the case manager to ensure he or she feels fully prepared and able to be transparent with youth and families?

Trauma-Responsive

- Have I engaged and prepared the case manager to fully understand how trauma impacts the youth and family's functioning and ability to trust and share information?
- Have I intervened and ensured that the case manager knows how to recognize and respond to trauma reactions and behaviors in youth and adults?
- Have I ensured the case manager is familiar with trauma-informed trainings and treatment options available for youth, caregivers, and families?
- Have I modeled and coached (**intervene**) for the case manager on how to de-escalate emotionally or physically charged situations when trauma or conflict arises?
- Have I planned with the case manager to ensure the youth and family are connected to the treatment that will best meet their needs?
- Have I engaged and assisted the case manager in recognizing his/her own emotional reactions to the family's dynamics and offered strategies for how to best respond?

SCDSS Practice Profile



Case Planning for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As we prepare for case planning

Individualized and Strengths-Based

- Have I engaged and planned with the case manager to be transparent with youth and families?
- Have I educated the case manager about the importance of strengths, resilience, and protective factors?
- Have I planned and modeled for the case manager how to identify and utilize the individual and family specific strengths when addressing their needs?
- Have I worked with the case manager to make sure he or she knows how to develop (write) recommendations that are specific, measurable, and time- driven **(plan, intervene, and track)**?

Culturally Responsive

- Have I ensured the case manager has been inclusive of youth and family's culture when developing the plan **(engage and plan)**?
- Have I encouraged the case manager to invite representatives from the youth and family's community, such as religious leaders or teachers, to be part of the planning conversation?
- Have I helped the case manager understand and consider **(engage and plan)** the youth and family's culture, spirituality, religion, gender identity, and sexual orientation when identifying and planning recommendations?

SCDSS Practice Profile



Case Planning for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

When I follow up with case managers after case planning

Family-Centered

- Did I engage with the case manager to review the family's plan to ensure that the plan captured the youth and family's expertise and addressed safety, shared parenting, visitation, and timely permanency (e.g., concurrent planning)?
- Did I ensure the youth and family's family and social supports were included in the planning and/or recommendations?
- For out-of-home care, did I ensure **(plan)** the case manager explored family and kin as a first placement option, and keep siblings together?
- If kin were not used for placement and/or siblings not placed together, did I support the case manager and explore the impact of this decision on the youth and family **(assess and intervene)**?

Trauma-Responsive

- Have I ensured the case manager documented the youth and family's trauma history, reactions, and other significant findings in the family record **(assess and track)**?
- Have I ensured the case manager shared observations of trauma triggers and trauma reactions with other professionals and providers so they can be informed, be sensitive, and modify their treatment or approach during future interactions **(plan and intervene)**?

Individualized and Strengths-Based

- Have I asked the case manager **(engage)** to share the individual and family's strengths during case staffing and supervision?
- Have I reviewed the case manager's documentation **(track)** to ensure the individual and family's strengths and resiliencies are captured and addressed in the action plan and recommendations?
- Have I worked with the case manager **(intervene)** to advocate for parents when progress (even small) is being made?
- Have I worked with the case manager **(intervene and track)** to ensure their recommendations are specific, measurable, and time-driven?
- During visits, have I made sure the case manager checks in regularly **(engage, assess, and track)** with the youth and family team members to seek their input on their comfort, participation, and satisfaction with the plan's outcomes, recommendations, and current services (including placement)?

SCDSS Practice Profile



Case Planning for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

When I follow up with case managers after case planning

Culturally Responsive

- Have I helped the case manager find ways to engage and involve community representatives from various cultures in case planning?
- Have I made sure **(track)** the case manager shares the family's cultural information with the youth's caregivers and treatment providers **(track)**?
- In supervision and team meetings, have I worked with the case manager to explore their own biases and help them modify their behavior and decisions accordingly **(engage and assess)**?

SCDSS Practice Profile



Child and Family Teaming for Team Leaders

> Best Practice

Family teaming is grounded in the practice that youth and families are the primary decision-makers in their own planning and care. Family teaming creates opportunities to bring families with their formal and informal supports together to a common table, where they discuss goals, identify strengths, assess progress, and create an action-driven plan that meets the family's individual and collective needs for safety, permanency, and well-being.

Best practice research regarding child and family teaming finds

- Meetings are most effective when they are implemented with a family-centered, strengths-based approach that focuses on solutions rather than symptoms; decisions and plans are individualized, flexible, and responsive to family input; planning involves key stakeholders and natural supports; and the child and family teaming is used to support the family throughout the life of a case (CWPPG, 2001).
- Active engagement of both families and stakeholders during the meeting process is essential to integrated and individualized services for children and families and inclusiveness in the decision-making processes (Berzin et al., 2007; Crea et al., 2009; Merkel-Holguin, 2004).
- Children in foster care with an active child and family team experienced shorter lengths of stay than those without a child and family team (AFCARS, 2010)
- The use of family teaming (e.g., family group decision-making/FGDM) in several states has shown between 10 and 17% decrease of children in foster care, between 15 and 28% increase of children being placed with relatives, and between 70 and 97% of children maintaining placements (Baumann, Tecci, Ritter, Sheets, and Wittenstrom (2005) and an American Humane Association, 2003).
- Exits to reunification are increased, and this is especially true for African-American and Hispanic children (Sheets et al., 2009).

SCDSS Practice Profile



Child and Family Teaming for Team Leaders

Child and Family Teaming Goals for the Case Manager and Team Leaders

The goal of the GPS practice model is to improve the lives of children, youth, and families in care by ensuring their safety and well-being and achieving timely reunification/permanency. These goals are accomplished through day-to-day practice when case managers and team leaders are intentional about:

- Increasing the youth and family participation in Child and Family Team Meetings
- Increasing the youth and family role and voice in service planning development
- Increasing family-centered, trauma-responsive, strengths-based and individualized service plans

SCDSS Practice Profile



Child and Family Teaming for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As we prepare for a meeting with the child and family team

Family-Centered

- Have I prepared **(engage and plan)** with the case manager on how to conduct the family team meeting?
- Have I engaged and discussed with the case manager to determine desired outcomes and goals for the family meeting?
- Have I reviewed the list of family supports with the case manager **(assess and plan)** to identify potential kinship for placement and/or ongoing support?
- Have I ensured key family members (including fathers) and the family's support network **(engage)** are included in the family team meeting?
- Have I ensured the case manager talked and planned **(engage and plan)** with the youth and family to assess their safety, readiness, and comfort level participating in the meeting? Have I confirmed with the case manager that the parents and youth have transportation to and from the meeting?
- Have I planned with the case manager to identify and address any safety concerns for the family team meeting?
- Have I coached **(intervene)** the case manager about the use of shared parenting?

Trauma-Responsive

- Have I educated the case manager **(intervene)** about the impact of trauma and how it may play out in the family team meeting?
- Have I reviewed **(assess and plan)** the individual and family's background information and trauma history with the case manager to identify possible trauma triggers and behaviors?
- Have I prepared and coached the case manager **(plan and intervene)** on how to identify and respond to trauma reactions during the team meeting?
- Have I talked **(engage)** with the case manager about his/her own emotional reactions to the family's dynamics, and offered behavioral strategies for how to best respond (e.g., deep breathing, stop-orient with self-check and re-state goals, etc.)?
- Have I advocated **(plan and intervene)** for and helped the case manager identify trauma-responsive resources for the child, youth, and parents?

SCDSS Practice Profile



Child and Family Teaming for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As we prepare for a meeting with the child and family team

Individualized and Strengths-Based

- Have I modeled **(engage and intervene)** for the case manager how to identify and develop individual and family strengths in the team meeting conversation, planning, and recommendations?
- Have I encouraged the case manager to check in regularly with the family team members to seek their input on their comfort and satisfaction with the meeting outcome and current involvement in care?

Culturally Responsive

- Have I engaged and educated the case manager about how to apply culturally-informed practice in team meetings and planning?
- Have I ensured **(plan)** the case manager connects the youth and families to people of their same culture within the community?
- Have I ensured **(intervene)** case managers invite representatives from the individual and family's community, such as religious leaders or teachers, to be part of their family team?
- Have I helped the case manager **(intervene)** understand differences related to gender identity and sexual orientation?

SCDSS Practice Profile



Child and Family Teaming for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

When I follow up with case managers after a child and family team meeting

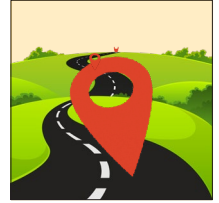
Family-Centered

- Did I engage the case manager to evaluate and review the family's team meeting and written plan?
- Did I ensure the case manager created a plan **(engage)** that included the voice, knowledge, and expertise of the parents and youth in decisions and recommendations?
- Did I verify with the case manager that the meeting and plan included the family and youth's connections and support network, including kin and fictive kin?
- For out-of-home care, did I review **(engage and intervene)** the placement decision with case manager to ensure kinship was fully explored?
- Did I assist the case manager in identifying a placement resource, if needed?
- Did I ensure the case manager's actions fostered shared parenting between the youth's caregiver and parent?

Trauma-Responsive

- Did I review the case manager's documentation with him/her **(engage)** to make sure the individual and family's trauma reactions and other significant findings were documented following the team meeting?
- Did I ensure the case manager shared observations **(intervene)** of trauma triggers and trauma reactions with other professionals, providers, and caregiver so they can be informed and able to modify their service delivery?

SCDSS Practice Profile



Child and Family Teaming for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

When I follow up with case managers after a child and family team meeting

Individualized and Strengths-Based

- Have I routinely asked the case manager to share information about the individual and family strengths during case staffing and supervision?
- Have I reviewed case manager's documentation to ensure the individual and family's strengths and resiliencies are captured and addressed in the action plan and recommendations?
- Have I worked with the case manager to demonstrate **(engage and intervene)** strengths-based case planning and advocate for parents when progress (even small) is being made?
- Have I coached and modeled **(engage and intervene)** for the case manager self-care?

Culturally Responsive

- Have I engaged and provided opportunities for the case manager to engage community representatives from various cultures?
- Have I made sure **(track)** the case manager shares the family's cultural information with the youth's caregivers and treatment providers?
- In supervision and team meetings, have I worked with case managers **(engage and intervene)** to explore their own biases and helped them modify their behavior and decisions accordingly?

SCDSS Practice Profile



Documentation for Team Leaders

> Best Practice

Documentation is a critical aspect of child welfare and captures the child and family history while engaging with child welfare systems.

- Documentation must cover the spectrum of the case manager's interaction with clients while maintaining a consistent case recording process from the initial interaction through future planning.
- Documentation is an invaluable tool for team leaders to use in assessing performance and providing guidance for improving practice.
- Documentation identifies, prioritizes, and tracks problems.

When documenting, it is important to capture and note

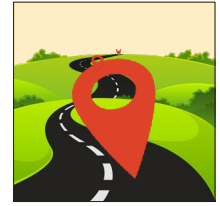
- | | |
|--|---|
| □ Client's feelings, concerns, plans, goals, and thoughts | □ Test results, materials from other agencies, etc., to be noted |
| □ Intensity of problems and impact on relationships | □ Case managers' assessment of risk, safety, and functioning using the assessment tools |
| □ Significant comments by family, case manager, therapists | □ Clinical diagnosis and impressions provided by therapist/service provider (DSM diagnosis, testing scores, etc.) |
| □ Clients' orientation to time, place, and person | □ Interventions, treatment progress over time, and permanency goal |
| □ Client's general appearance, affect, and behavior | □ Anticipated results from intervention |
| □ Demonstrated strengths and weaknesses | □ Observations of child/parent/caregiver interactions and strengths and needs identified |

Documentation Goals for the Case Manager and Team Leader

The goal of the GPS practice model is to improve the lives of children, youth, and families in care by ensuring their safety and well-being and achieving timely reunification/ permanency. These goals are accomplished through day-to-day practice when case managers and team leaders are intentional about:

- Increasing the quality of documentation of safety contacts
- Increasing the ability to track screening and treatment services for individual children
- Increasing the follow-up tracking of high-need, immediate-need or other special populations of children

SCDSS Practice Profile



Documentation for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As I help case managers prepare to document

Family-Centered

- Have I engaged the case manager in conversation about the family composition, and encouraged them to use a genogram to depict members and supports?

Trauma-Responsive

- Have I talked with the case manager about how to document sensitive information (trauma experiences and reactions) and be prepared with examples? **(plan and intervene)**

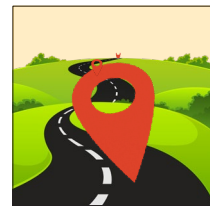
Individualized and Strengths-Based

- Have I provided sample strengths-based case notes and plans to support case managers? Have I asked the case manager to identify individual family member strengths and help them think critically about how they will incorporate those in the plan?
- Have I nurtured staff strengths and celebrated personal accomplishments? **(engage and plan)**

Culturally Responsive

- Have I encouraged the case manager to go back to family members and seek clarity when needed to ensure documentation is an accurate reflection of their values, beliefs, assumptions? **(engage, assess, and intervene)**

SCDSS Practice Profile



Documentation for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

When I follow up with case managers after a visit

Family-Centered

- Have I tracked documentation of case activities (assessments, visits, service referrals) to ensure they occur, and are meeting the parent and child's needs?

Trauma-Responsive

- Have I checked in with case manager to see how documenting the family's history is impacting them and allowed them to debrief when needed?
(engage)

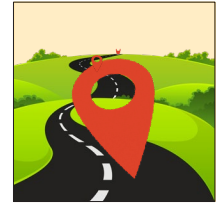
Individualized and Strengths-Based

- Have I encouraged the case manager to share progress and family member accomplishments with providers and foster parents so they can acknowledge them too?
- Have I reviewed case notes to ensure strengths are identified and nurtured overtime? (intervene and assess)

Culturally Responsive

- Have I reviewed documentation to look for implicit bias or prejudice and engaged the case manager to help them correct it?
(assess and intervene)

SCDSS Practice Profile



Initial Placement and Placement Change (Kinship or Traditional) for Team Leaders

> Best Practice

The child/youth's separation from their home and family, despite the reason, is traumatic for all parties involved.

Best practice reminds us to:

- Ensure the child/youth's physical and emotional safety and well-being during and after their initial removal or change of placement.
- Respect and incorporate the child/youth's and family's voice in decisions during the removal and placement process.
- Preserve connections and emotional attachments to family and social supports by keeping children close to their homes and communities. Promote stability in first placement and develop concurrent permanency plan.

Initial Placement and Placement Changes Goals for the Case Manager and Team Leader

The goal of the GPS practice model is to improve to the lives of children, youth, and families in care by ensuring their safety and well-being and achieving timely reunification/permanency. These goals are accomplished through day-to-day practice when case managers and team leaders are intentional about:

- Increasing the use of kinship foster care placements for children in foster care when placing children and youth at removal, and any subsequent placement change thereafter
- Increasing the participation of kin in case planning process
- Increasing placement stability for children in foster care

SCDSS Practice Profile



Initial Placement or Placement Change for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

As I help case managers prepare for a placement or placement change

Family-Centered

- Have I reviewed the list of family supports with case managers to identify potential kinship placements or foster placements?
- When kinship placement or foster placement isn't available, have I discussed the child's special needs and level of care to help make the best placement decisions?
- Have I discussed case dynamics and safety factors that may impact a decision to place siblings apart? **(assess)**

Trauma-Responsive

- Have I shared a list of trauma-informed trainings for foster parents or kinship caregivers with case managers so they can make sure foster parents or kinship caregivers have training prior to placement?
- Have I supported staff through the matching process to ensure foster family or kinship caregiver family is trauma-informed and able to meet the specific needs of this child? **(assess and intervene)**

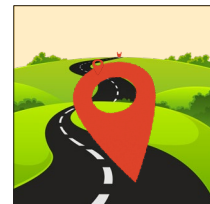
Individualized and Strengths-Based

- Have I encouraged staff to be transparent with families?
- Have I used ride-along opportunities to coach staff and help them recognize their strengths and the strengths of the child and family members involved in the case? **(engage, assess, plan)**

Culturally Responsive

- Have I encouraged case managers to ask the family about their culture and empowered them to be the expert about their culture?
- Have I made sure the case manager is proactively educating the foster parent or kinship caregiver about the child's religious beliefs, customs, foods, and traditions so they can meet the child's needs? **(engage, assess, and intervene)**

SCDSS Practice Profile



Initial Placement or Placement Change for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

When I follow up with case managers after initial placement or placement change

Family-Centered

- Have I promoted shared parenting efforts to develop relationships between parents, foster parents or kinship caregivers?
- Have I tracked documentation of parent/child and sibling visits to ensure they occur regularly and are meeting the needs of all involved? **(team and track)**

Trauma-Responsive

- Have I encouraged staff to use the trauma screens (e.g., ACE, TBCBT, AMST) on an ongoing basis to assess for trauma experiences or reactions?
- Have I ensured respite resources are available for my case managers to tap when a foster family or kinship caregiver family is stressed and in need of support? **(plan and intervene)**

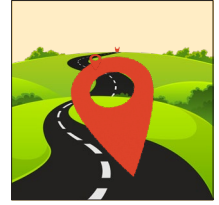
Individualized and Strengths-Based

- Have I encouraged case managers to share strengths and accomplishments with providers and foster parents or kinship caregivers so they can acknowledge them too?
- Have I reviewed case notes and service plans to ensure strengths are identified and nurtured overtime? **(intervene and assess)**

Culturally-Responsive

- Have I asked case managers to share what they've learned about the family's culture and share it with treatment providers/team members?
- Have I listened for and offered guidance when I encountered implicit bias by a team member? **(assess and intervene)**

SCDSS Practice Profile



Visitation (Child and Parent; Sibling) for Team Leaders

> Best Practice

Frequent and consistent family and sibling visitation is a fundamental right of all children, youth, and families while in out-of-home care.

Best practice research shows visitation:

- ❑ Is essential to a child/youth's positive physical and social-emotional development and well-being.
- ❑ Improves the child/youth's emotional adjustment and placement stability by providing opportunities to heal and cope with the trauma of being separated from their families and home.
- ❑ Is most effective when provided frequently and consistently, planned jointly and prepared for in advance by child welfare workforce, family members, and resource caregiver, and combined with a therapeutic focus (e.g., building parental skills).
- ❑ Decreases the length of out-of-home care and increases the likelihood for lasting reunification.
- ❑ Is critical within 48 hours of a child or youth's separation from their family and home.
- ❑ Is recommended one hour daily for children five years or less, two to three days a week for school-aged children and weekly for teenagers.

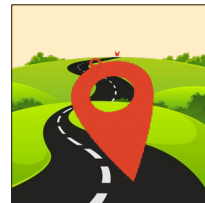
Visitation Goals for the Case Manager and Team Leader

The goal of the GPS practice model is improve to the lives of children, youth, and families in care by ensuring their safety and well-being and achieving timely reunification/permanency. These goals are accomplished through day-to-day practice when case managers and team leaders are intentional about:

- ❑ Increasing the percentage of monthly sibling visits for siblings in foster care not living together.
- ❑ Increasing the frequency and quality of Parent/Child visitation for children in foster care with the goal of reunification.

SCDSS Practice Profile

Visitation (Child and Parent; Sibling) for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I help case managers prepare for a visit

Family-Centered

- Have I supported staff using flex/comp time to be available to work with families when they are available?
- Have I encouraged my case manager to include the foster parent in the planning of the visit to ensure they have a shared understanding and can support the visit?
(team)

Trauma-Responsive

- Have I encouraged staff to really listen and engage children to share during visits?
- I have coached staff on ways to have a productive visit with all different age groups and how to prepare parents for visits so it can be successful for everyone?
- I have worked with foster parents/caregivers to understand how visits may impact a child's behavior and how to minimize the impact?
- I have identified and encouraged case managers to explore parent/child visiting sites that will minimize likelihood of individuals experiencing a trauma- reaction?
- Have I encouraged staff to be observant and attend to family members' reactions or changes in behavior during the visit and reminded them they have the ability to end a visit if anyone feels unsafe during a visit?
(assess, track, and intervene)

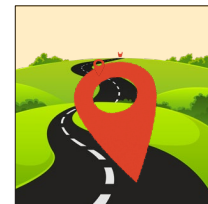
Individualized and Strengths-Based

- Have I shared strong examples of individualized visitation plans with case managers to support their efforts and facilitate learning? (engage)
- Have I planned opportunities to shadow case managers during visits ensuring staff strengths and needs are noted?

Culturally Responsive

- Have I encouraged case managers to ask the family about their culture and empower them to be the expert about their culture?
- Have I made sure the case manager is pro-actively educating the foster parent about the child's religious beliefs, customs, foods, and traditions so they can better prepare the child before and after a visit?
(engage, assess, and intervene)

SCDSS Practice Profile



Visitation (Child and Parent; Sibling) for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

When I follow up with case managers after a visit

Family-Centered

- Have I promoted shared parenting efforts to develop relationships between parents and foster parents?
- Have I tracked and monitored documentation of parent/child and sibling visits to ensure they occur regularly and are meeting the needs of all involved? **(team and monitor)**

Trauma-Responsive

- Have I asked the case manager how the visit impacted them – allowed them to debrief when needed? **(engage)**

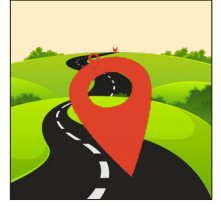
Individualized and Strengths-Based

- Have I encouraged case managers to share strengths and accomplishments with providers and foster parents so they can acknowledge them too?
- Have I reviewed case notes to ensure strengths are identified and nurtured over time? **(intervene and assess)**

Culturally Responsive

- Have I asked case managers to share what they've learned about the family's culture following visits?
- Have I listened for and offered guidance when I encountered implicit bias by a team member? **(assess and intervene)**

SCDSS Practice Profile



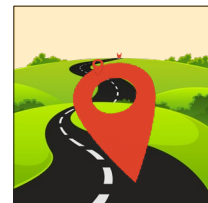
Supervision for Team Leaders

> Best Practice

Team Leaders provide a key link between management and case managers who deliver services by communicating agency mission and goals to staff and advocating for needed changes and resources when warranted. Effective supervision occurs on a designated frequency, is built upon a culture of safety, trust, constructive feedback, respect, support, and self-care, and is aimed at the achievement of identified agency outcomes. To achieve these ends, a combination of various methods of supervision is necessary.

- Educational supervision focuses on fostering a learning environment aimed at the professional development of the case manager. This work includes the development of specific case manager competencies (e.g., critical thinking, self-reflection), including activities that support learning across each practice skill (i.e., engagement, teaming, assessment, planning, intervention, and tracking and adapting) through the lens of each practice principle (i.e., Family-Centered, Trauma-Informed, Individualized and Strengths-Based, Culturally Responsive). Team Leaders should be familiar with the individual needs of staff, be aware that team leader actions and advice influence much of the case managers thinking and behavior, and be intentional about linking staff to available educational and training opportunities.
- Supportive supervision focuses on providing a safe environment that supports case manager well-being, identifies and addresses secondary trauma, and encourages self-efficacy. This work focuses on providing workplace conditions that foster an environment where staff needs are addressed and case managers support one another within a team. Team Leaders should be aware of signs of case manager burnout, secondary trauma, and work place conflict and be intentional about helping staff manage job stress.
- Administrative supervision focuses on the achievement of policy and organizational expectations including processes required on a specific frequency (e.g., safety assessment, permanency plan, and child visitation), the quality of the implementation of case work processes (e.g., the thoroughness of a home inspection, the accuracy of an assessment, the individualization of a permanency plan), and context within which services are delivered (e.g., family visitation at a time that is convenient for the family, foster care placement in the least restrictive setting). Team Leaders should be familiar with the administrative and organizational

SCDSS Practice Profile



Supervision for Team Leaders

structure, be able to connect the unit work to specific agency performance measures, and be able to understand the larger context of regulatory and oversight bodies.

- Research points towards a combination of team leader competencies and the application of core functions of supervision to be connected with positive outcomes. Identified team leadery competencies include comfort with the visibility of the team lead role, the ability to mentor case managers through case practice, the ability to accomplish goals through others, and the ability to accept that conflict and difference of opinion will occur. Core functions of supervision connected to positive outcomes include the clarification of expectations, monitoring progress towards the completion of assigned tasks, monitoring progress and providing feedback regarding progress towards identified goals, and providing strategies towards course correction and outcome achievement.

Supervision Goals for the Case Manager and Team Leaders

The goal of the GPS practice model is to improve to the lives of children, youth, and families in care by ensuring their safety and well-being and achieving timely reunification/permanency. These goals are accomplished through day-to-day practice when case managers and team leaders are intentional about:

- Increasing the frequency and quality of supervision sessions.
- Increasing team lead oversight and coaching surrounding safety assessment, planning, and intervention.
- Increasing clarity of the role and function of team leaders.

SCDSS Practice Profile

Supervision for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I prepare for supervision

Family-Centered Client Focused

- Have I requested information that communicates an understanding of family roles and relationships?
- Have areas where new family engagement strategies and the development of the family's community support network are needed been identified?
- Have I reviewed the case dictation to assess challenges that are making it difficult to enable children to live in the least restrictive most familiar setting possible?
- Have I assessed efforts to identify fathers and engage paternal family members? Have I reviewed family involvement in visits, appointments, and progress on the current service plan?
- Have I reviewed CAPSS fields to ensure that family information is entered accurately?

Case Manager Focused

- Have I developed a culture where a family and work balance is taken into account when determining case and work assignments? Have I reviewed the case manager's caseload to assess intensity of current workload?
- Have I fostered a functioning team within the unit as evidenced by staff providing one another with the necessary support and resources to be successful in their work?

Trauma- Responsive Client Focused

- Have I requested an assessment of child and family trauma and identified potential treatment methods to address individual needs?
- Have I reviewed the case dictation and thought about existing trauma triggers related to the child or family members' day-to-day life experience or experience with child welfare services?
- Am I prepared to talk about challenges related to the current array of trauma-informed treatment options, either concerning availability of services or access to available services?
- Am I prepared to discuss challenges in getting other members of the family team to recognize and respond appropriately to the identified trauma reactions?

Case Manager Focused

- Have I been intentional about looking for signs of case manager burnout or secondary trauma?
- Have I learned each of my case manager's preferred methods for managing stress and created an environment that encourages staff to seek support?
- Have I informally checked in and debriefed after case manager case visits?

SCDSS Practice Profile

Supervision for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I prepare for supervision

Individualized and Strengths-Based Client Focused

- Have I requested an assessment of the individual strengths and needs of the identified child and family members?
- Have I reviewed case dictation and reflected on the specific environmental challenges inherent in this child or family's situation as well as the current protective factors in place to mitigate existing risks?
- Have I reviewed current treatment and permanency plans to assess through an individualized and strengths-based perspective?

Case Manager Focused

- Have I taken the time to understand the individual skills, life experiences, and strengths of this case manager?
- Have I made efforts to protect supervision time from interruption due to competing demands?
- Is the supervision built upon strategies that provide this case manager with the highest likelihood of achieving success?
- Have I thought about specific educational and staff development opportunities that would benefit this case manager's professional development?

Culturally Responsive Client Focused

- Have I educated myself on the family's existing culture(s) and worked to understand how cultural norms are interacting with larger societal norms?
- Have I reflected on how my own life experience, and my case managers' life experience, is informing my work with this child and family?
- Have I reflected on how issues of implicit bias and disparity in decision-making are informing work with this child and family?
- Am I able to articulate any challenges with educating other team members (e.g., foster parents, other service providers...) regarding providing culturally responsive services?

Case Manager Focused

- Have I created an environment that encourages open communication regarding cultural norms?
- Have I reflected on how my own life experience, and my case manager's life experience, is informing our work together?

SCDSS Practice Profile

Supervision for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I follow up: on-going supervision

Family-Centered Client Focused

- Follow through on identified strategies for family engagement and the development of the family's community support network.
- Work to address challenges that are making it difficult to enable children to live in the least restrictive, most familiar setting possible.
- Act on strategies to identify fathers and engage paternal family members.
- Coordinate family involvement in visits, appointments, and progress on the current service plan.
- Follow through on the identified plan to improve accuracy of family information in CAPSS.

Case Manager Focused

- Adjust caseload and workload requirements to support the case manager's family and work balance.
- Follow through on strategies for making existing work more manageable. Identify and engage team members who can support the case manager with current and future work.

Trauma- Responsive Client Focused

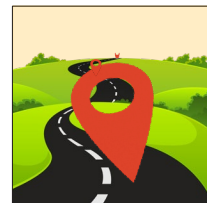
- Incorporate information from supervision to better understand child and family trauma and identified potential treatment methods to address individual needs.
- Adjust current service delivery to decrease the presence of trauma triggers related to the child or family members' experience with child welfare services.
- Act on developed strategies to address challenges related to the current array of trauma-informed treatment options, either concerning availability of services or access to available services.
- Follow through on identified approaches for getting other members of the family team to recognize and respond appropriately to the identified trauma reactions.

Case Manager Focused

- Be intentional about looking for signs of case manager burnout and/or secondary trauma. Look for opportunities to help case managers manage stress and organize work in a manner that encourages staff to seek support.
- Look for opportunities to check in and debrief difficult case related experiences.

SCDSS Practice Profile

Supervision for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I follow up: on-going supervision

Individualized and Strengths-Based Client Focused

- Follow up and support the implementation of agreed upon next steps regarding improving knowledge of individual strengths and needs, specific environmental challenges inherent in this child or family's situation, and current protective factors in place to mediate existing risks.
- Provide special oversight to identified areas where methods for improving existing or future treatment and permanency plans to improve the presence of an individualized and strengths-based perspective have been identified.

Case Manager Focused

- Look for opportunities to publically recognize strong work and work together to utilize case managers' existing strengths to support team members.
- Follow through with strategies that provide this case manager with the highest likelihood of achieving success.
- Provide access to specific educational and staff development opportunities that would benefit this case manager's professional development.

Culturally Responsive Client Focused

- Identify resources for better understanding the family's existing culture(s) and work to understand how cultural norms are interacting with larger societal norms.
- Follow through on agreed upon tasks related to how to mitigate issues of implicit bias and disparity in decision-making.
- Support the education of other team members (e.g., foster parents, other service providers...) regarding providing culturally responsive services and follow up to assess the effectiveness of identified actions.
- Look for ways to increase awareness of how personal life experience is informing work with this child and family.

Case Manager Focused

- Foster an environment that encourages open communication regarding cultural preference and norms.
- Look for opportunities for insight regarding how my experience, and my case manager's life experience, is informing work.



 DSS
SOUTH CAROLINA
DEPARTMENT *of* SOCIAL SERVICES



**CHILD WELFARE
SERVICES DIVISION**