

GPS

Guiding Principles and Standards

Better Together: Enhancing Practice, Transforming Lives

Case Manager 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

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Case Manager Contacts with Youth and Family

> Best Practice

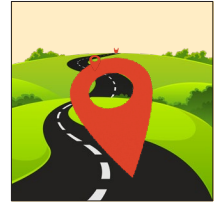
Frequent and consistent contact with parents and youth provides opportunities to heal and recover in the context of supportive relationships, improves overall well-being and functioning, increases youth and parenting skill building, and decreases the time that children and youth are away from their families. 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, and 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

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Case Manager Contacts with Youth and Family

Our Guiding Principles and Core Practice Skills in Action

As I prepare for a contact

Family-Centered

- Have I engaged the parent/foster parent/youth to learn when they are typically home, so I can make a scheduled or unscheduled contact to the home? Have I checked in with parents, foster parents, youth, and providers as team members to see if there are any concerns or needs that they would like to address or discuss during the contact **(engage, assess)**?
- Have I explored with the parents, foster parents, and youth who they would like to include in contacts and as part of the family team **(team)**?
- Have I developed a contact plan and schedule that respects and incorporates the parent, foster parent, and youth's voice, and considers individuals' age, developmental and social-emotional needs, safety, and well-being?

Trauma-Responsive

- Have I reviewed my notes to remind myself of any trauma triggers or stress reactions that I can be sensitive to during the contact?
- Have I checked in with treatment providers to understand progress being made?
- Have I reviewed trauma screenings and/or assessments completed by partners to develop an understanding of current

needs **(plan and intervene)**?

- Have I developed a consistent contact schedule that parents, youth, and foster parents can rely on to occur?

Individualized and Strengths-Based

- Have I reached out to service providers to ask about progress prior to conducting a contact **(team, assess)**?
- Have I thought through the developmental progress being made and the next set of skills to develop and needs to address **(assess, track and adapting)**?

Culturally Responsive

- Have I engaged the parents and youth to educate me about their culture and how to include norms and practices in contacts **(engage)**?

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Case Manager Contacts with Youth and Family

Our Guiding Principles and Core Practice Skills in Action

When I conduct a contact

Family-Centered

- Maintain continuity in the relationship with parents, foster parents, and youth by ensuring frequent and consistent contact. Include members of the family team in contacts if desired by the family **(team)**.
- Promote shared parenting and the relationship between birth parents and foster parents **(team)**.
- Understand the family's objectives for the contact and how these connect to overall progress being made toward the permanency goal **(track and adapt)**.
- Explore the availability of extended family and kin who can be resources to the child and parents **(team)**.
- Debrief with youth, parents, and foster parents at the close of the contact to celebrate their successes, identify continued challenges, and determine together needed updates to the plan **(engage, intervene, and plan)?**

Trauma-Responsive

- Create a safe environment for the contact **(engage)**.
- Be mindful about trauma triggers and provide consistency in the relationship with the parent, youth, and foster parent.
- Co-regulate with parents and youth when challenging emotions arise **(intervene)**.
- Explore strategies and strengths

parents, foster parents, and youth use to address trauma symptoms and determine together how to build upon those strengths **(intervene, plan)**.

Individualized and Strengths-Based

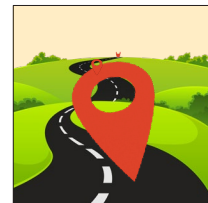
- Explore how the youth, parents, and family's needs are being met and what more is needed to build skills and improve functioning **(assess)**.
- Understand how strengths are being cultivated and built upon **(assess)**.
- Look for opportunities to apply new skills and strengths to emerging and longstanding needs.
- Model desired behavior changes and interactions, and coach parents, foster parents, and youth on developmental skill building.
- Celebrate successes and identify areas needing continued improvement **(intervene, plan)**.

Culturally-Responsive

- Relate to the youth, parents, and foster parents in a manner that is respectful of their culture and identity.
- Engage with them without judgment or bias. Integrate their customs and rituals into contacts **(engage)**.

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Case Manager Contacts with Youth and Family



Our Guiding Principles and Core Practice Skills in Action

When I follow up after a contact

Family-Centered

- Document the quality and details of the contact with youth, parents, and foster parents to capture what they consider and the court would think is important and helpful in determining progress towards reunification or other permanency goal **(track and adapt)**.
- Begin or further planning for the next family team meeting based on assessment of progress conducted during the contact.

Trauma-Responsive

- Ensure timely completion of the tasks and activities I agreed to during the contact and share follow-up information with parents, foster parents, and youth expeditiously **(engage, intervene)**.

Individualized and Strengths-Based

- Reflect on progress made and the current state of strengths and underlying needs to determine the next set of developmental steps **(track and adapt, plan, intervene)**.
- Update plans to reflect information learned and progress assessed during contacts and share with the family and family team **(plan, track and adapt)**.

Culturally Responsive

- Reflect on my interactions with the parents, youth, and foster parents and assess for bias or prejudice that may be affecting the helping relationship.
- Participate in reflective supervision with my team leader and explore opportunities to learn more about the culture and identify of the family.

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Functional Assessments for Case Managers

> 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

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Functional Assessments for Case Managers

Our Guiding Principles and Core Practice Skills in Action

As I prepare to conduct the functional assessment

Family-Centered

- Have I reviewed **(plan)** the youth and family's history and prior assessment findings to prepare myself for the assessment?
- Have I identified and included **(engage)** all members of the family for inclusion in the family assessment process?
- Have I prepared each person by sharing information about the functional assessment process **(engage)**?
- Have I shared how information will be gathered and used to support recommendations and decisions **(engage and intervene)**?

Trauma-Responsive

- Am I using an assessment tool or process **(assess)** that is going to identify the youth and family's trauma history, reactions/behaviors and current triggers?
- Have I considered **(assess)** possible trauma triggers that may arise during the functional assessment process and planned for supporting family members?
- Have I prepared family **(engage and plan)** so they are prepared to participate in the functional assessment?
- Have I reviewed previous trauma screenings and/or assessments completed by partners to develop an understanding of needs **(plan and intervene)**?

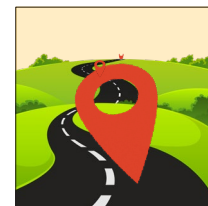
Individualized and Strengths-Based

- Have I engaged and developed a trusting relationship with each member of the family and family team?
- Have I shared with each person an interest in understanding individual strengths and how these strengths can be built on to support individual and family progress **(engage and plan)**?

Culturally Responsive

- Have I shown an interest in the family's culture and the unique ways in which they experience their culture **(engage and intervene)**?
- Have I sought to understand **(engage and assess)** the family's culture?
- Have I sought to understand my own attitudes and actions **(assess)**, and worked to build positive and respectful relationships **(intervene)**?

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Functional Assessments for Case Managers

Our Guiding Principles and Core Practice Skills in Action

As I conduct the functional assessment

Family-Centered

- Promote meaningful involvement of all family members **(engage)** in the functional assessment process.
- Recognize families as experts in assessing their strengths and needs.
- Use information gathered to promote a shared understanding **(engage)** of the individual and family's strengths, underlying needs, and capacities related to their current involvement.
- Seek to understand **(engage and plan)** when family members have differing opinions about family and individual functioning and progress across time **(engage)**.

Trauma-Responsive

- Work together **(engage and plan)** with families to create **(intervene)** a safe and private environment for youth and family members to tell their stories and talk about their concerns and desires.
- Demonstrate respect and empathy by valuing each person's individual story and trauma history.
- Be attuned **(assess)** to and address **(intervene)** trauma reactions when they arise (e.g., visible anxiety, resistance, defensiveness, fatigue, etc.).
- Consider the impact of the family's trauma experiences **(engage and assess)** on their individual and collective functioning.
- Consider individual and family trauma history **(assess)** as a context for understanding the youth and family's underlying needs and strengths to build upon.
- Assess for and promote **(intervene)** self-care, relational health, and protective factors during and after the assessment.

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Functional Assessments for Case Managers

Our Guiding Principles and Core Practice Skills in Action

As I conduct the functional assessment

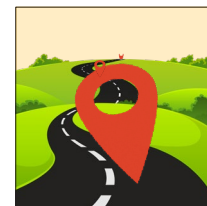
Individualized and Strengths-Based

- Assess individual and family strengths and how those could be used **(plan and intervene)** to help families thrive and promote reunification.
- Identify in assessment recommendations how strengths will be used to resolve underlying needs and build protective factors **(plan and intervene)**.
- Integrate findings and recommendations from assessments conducted by other agencies and providers to ensure a comprehensive understanding of strengths and needs is identified **(plan and intervene)**.
- Assess for the individual and family's natural supports within their community, and for how to strengthen, utilize, and preserve them **(plan and intervene)**.

Culturally Responsive

- Explore and assess the family's identity, and religious, spiritual, and cultural practices.
- Address **(assess and track)** my own biases and prejudices, and work to build positive and respectful relationships with the youth and family.
- Assess how cultural strengths can be used to improve the youth and family functioning and further progress.

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Functional Assessments for Case Managers

Our Guiding Principles and Core Practice Skills in Action

As I follow up after the functional assessment

Family-Centered

- Ensure recommendations are directly tied **(assess and plan)** to assessment findings, underlying needs, and strengths.
- Ensure youth and family have a clear understanding of their assessment findings, specifically related to trauma reactions, prioritized needs, and identified strengths.
- Chart a clear and measurable path to safe case closure using the functional assessment and planning process **(intervene and track)**.
- Make sure the functional assessment process and findings are central to future planning when monitoring progress, adjusting **(adapt)** services, and making decisions and the transition to case closure.

Trauma-Responsive

- Assess **(track)** youth and family reactions for a reduction or increase in trauma symptoms following the assessment.
- Use the assessment process to identify new or emerging trauma related concerns that impair functioning or well-being and match services and supports accordingly **(track and adapt)**.

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Functional Assessments for Case Managers

Our Guiding Principles and Core Practice Skills in Action

As I follow up after the functional assessment

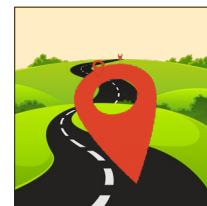
Individualized and Strengths-Based

- Build on assessed strengths at the individual, family, social support network, and community levels to address underlying needs to create a pathway to placement stability, increase youth and family well-being, and bring about safe and successful case closure (**plan and transition**).
- Build youth and family strengths to enhance their capacity (**plan and intervene**) to improve coping, promote resilience and, manage set-backs. Integrate updates from the assessment process into decision-making and planning.
- Ensure functional assessment remains a dynamic and iterative process that scans for each person's individual progress and is continuously used to update planning and decision-making (**track**).

Culturally Responsive

- Promote connection and re-connection to kin, extended family, informal and community supports, and cultural strengths (**engage**).
- Ensure these supports remain engaged in the family team and core to planning and pathway to safe case closure.
- Continuously assess for kin who could serve as a formal placement and/or permanency resources, and/or provide family support.
- Ensure the cultural and familial strengths identified in the assessment are central to long-term individual and family stability (**track and adapt**).

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Case Planning for Case Managers

>> 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.

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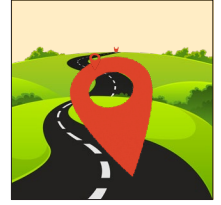


Case Planning for Case Managers

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.

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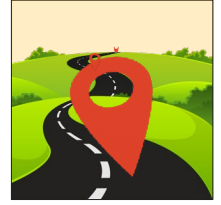
Case Planning for Case Managers

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.

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Case Planning for Case Managers

Our Guiding Principles and Core Practice Skills in Action

As I prepare for developing the child and family plan with the family

Family-Centered

- Have I engaged the parents and youth soon after case opening to explain the purpose and process for their individual and family plan?
- Have we together determined a time and safe place to develop the plan?
- Have I engaged the parents and youth **(particularly older youth)** to determine who among their family members, fictive kin, extended family, and network of formal and informal supports they would like to include in the planning for their support?
- Have I engaged the parents with the child's caregiver during the planning to promote inclusion in the plan?

Trauma-Responsive

- Have I reviewed and considered **(plan)** the individual and family's trauma history?
- Have I engaged the youth and family to make sure they are familiar with and understand the assessment findings and recommendations?
- Have I planned with the youth and parents to develop a plan if they feel emotionally uncomfortable or unsafe during the planning conversation?
- Have I discussed with them how they would like me to respond?

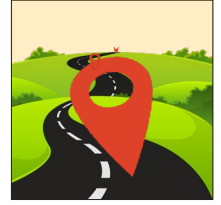
Individualized and Strengths-Based

- Have I assessed each family member's needs and strengths using collaborative interviews and tools?
- Have I planned and prepared by identifying resources, options, and available services that can be leveraged to meet the youth and family's needs and build upon strengths?

Culturally Responsive

- Have I engaged the parents and youth to learn about their culture, values, beliefs, and traditions?
- Have I planned with the youth and parents about how they would like to have their culture, spiritual and religious beliefs, and language incorporated into our planning discussion and recommendations?
- Have I collaborated with the youth and family to invite representatives from their social community, such as religious leaders, LGTBQ advocates, mentors, and teachers, to be part of their case planning activities?

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Case Planning for Case Managers

Our Guiding Principles and Core Practice Skills in Action

When I partner with the youth and family to develop the plan

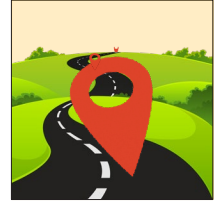
Family-Centered

- Review with the youth and parents **(engage)** their assessment findings and recommendations, and answer all their questions and concerns.
- Use open-ended, solution-focused questions to solicit input from family regarding their current needs, strengths, and desired results.
- Raise **(plan)** any needs or safety concerns that the youth or family have not expressed.
- Address/plan for needs based on priority – be realistic about what needs to be achieved and when.
- Make sure **(engage and track)** the youth and family members feel their thoughts and opinions are respected in the planning and plan.
- Model **(intervene)** reflective listening skills (e.g., reflect back what you hear individuals say) to make sure all members share the same understanding.
- Plan and develop with the parents, caregiver and youth (if clinically appropriate) the action steps in the plan's recommendations that will address promote placement stability and the use of shared parenting.

Trauma-Responsive

- Create **(engage)** a trauma-responsive environment by establishing clear expectations for participation and desired results with the youth and parents.
- Frequently monitor and check in with members about their comfort level **(assess and intervene)**.
- When trauma reactions (e.g., anxiety, stress, anger, etc.) or conflicts arise, don't make a decision until all parties feel heard and understood.
- Determine what actions or intervention(s) are needed to allow each member to feel safe continuing.
- Utilize trauma-responsive, evidence-based and/or promising interventions when identifying recommendations for identified needs **(plan and intervene)**.
- Develop **(intervene and track)** a section (or a set of action steps), within the family plan, that addresses specific steps for how the family (and youth's caregiver) will respond when youth and/or parents experience future crises, trauma reactions, or behaviors.

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Case Planning for Case Managers

Our Guiding Principles and Core Practice Skills in Action

When I partner with the youth and family to develop the plan

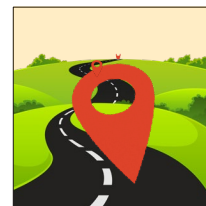
Individualized and Strengths-Based

- Plan and intervene with the youth, parents, and others involved in the discussion to identify trauma-responsive, strengths-based, and culturally responsive interventions and/or services (e.g., formal and informal).
- Work with family members to craft “SMART” goals and action steps. Recommendations should be specific, measurable, attainable, relevant (tied to the need), and time-driven.
- Engage with the youth, parents, and others involved to determine a next meeting date and time for reviewing the individual and family’s progress and addressing any barriers or challenges that may arise.
- When finalizing the plan, review recommendations, responsible parties, and timelines.
- Obtain signatures from all parties and distribute plan to involved partners.

Culturally Responsive

- Demonstrate **(engage and intervene)** respect and plan with the youth and family to integrate the family’s culture, spiritual beliefs, and religious practices into the planning discussion.
- Ensure **(plan)** that the individual and family’s identity, culture, religious, and spiritual beliefs are incorporated into the recommendations and future action steps.
- Consider **(intervene)** the youth and family’s identity, language, cultural practices, and religious and spiritual beliefs when making referrals and selecting providers.
- Have I collaborated with the youth and family to invite representatives from their social community, such as religious leaders, LGTBQ advocates, mentors, and teachers, to be part of their case planning activities?

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Case Planning for Team Leaders

Our Guiding Principles and Core Practice Skills in Action

When I follow up after case planning with the youth and family

Family-Centered

- Did I engage and create a plan that captures the knowledge, expertise, and input of the parents and youth in decisions and recommendations, particularly related to caregiving, education, and placement?
- Does the plan include and engage the family and youth's connections and support network?
- Did I educate youth, parents, and family about their options and choices?
- For out-of-home care, did I promote conversation (**engage**) that builds relationships and shared parenting between foster parents and parents to encourage lifelong support during and after care?
- When making referrals for service (**plan and intervene**), did I explain why each service is being recommended and make sure the youth and/or parents have arranged transportation?
- Did I provide (**intervene**) treatment providers with the family's history, specific treatment need and recommendations from the plan?
- Did I discuss with the youth and parents (**plan**) the consequences if they do not participate in agreed upon services or achieve progress?

Trauma-Responsive

- Have I documented and shared observations (**assess and intervene**) of trauma triggers and trauma reactions with other professionals and providers so they can be informed, and sensitive, and modify their treatment or approach during future interactions?

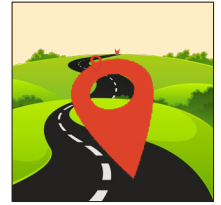
Individualized and Strengths-Based

- Did I document (**intervene and track**) the individual (e.g., child and parent/legal guardians) and family strengths in the service plans and case notes?
- Does the plan recognize and celebrate children's/youth's/parents' accomplishments?
- Did I reach out to treatment providers to share the recommendations and communicate family members' concerns and strengths?

Culturally Responsive

- Have I shared what I've learned about the family's culture with the youth's caregiver and all treatment providers when implementing team recommendations and making referrals for placement and services?

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Child and Family Teaming for Case Managers

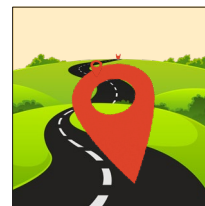
> Best Practice

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).

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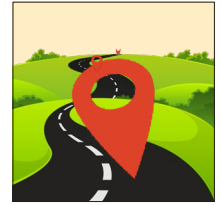
Child and Family Teaming for Case Managers

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 Case Managers

Our Guiding Principles and Core Practice Skills in Action

As I prepare for a meeting with the child and family's team

Family-Centered

- Have I engaged with the parents and youth in advance of any meeting with the family team to explain the purpose of the meeting and gain their understanding of the reason for their current situation and desired results?
- Have I talked with the parents and youth about their comfort level participating in the meeting?
- Have I assessed their safety and readiness for participation?
- Have we together determined a time and place to meet?
- Have I engaged the parents and youth to determine who in their family members, fictive kin, extended family, and network of formal and informal supports are pertinent to include in the meeting for their support and planning?
- Have I made sure that the parents and youth have transportation to and from the meeting?

Trauma-Responsive

- Have I reviewed the individual and family's background information and trauma history prior to the planning and meeting?
- Have I planned with the parents and youth to pro-actively identify topics that may trigger stress or traumatic responses during or after the meeting?

- Have I planned with each family member for how they will respond if these responses occur, and how they would like me to respond?

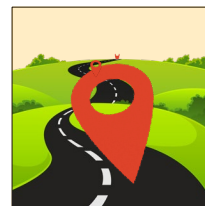
Individualized and Strengths-Based

- Have I engaged with the child/youth/parents to ensure their strengths are identified and integrated into the team meeting conversation, planning, and recommendations?

Culturally Responsive

- Have I engaged with the parents and youth to share their values, beliefs, and traditions about participating in team meetings when planning?
- Have I planned with the family about how to ensure their cultural and language needs are addressed and brought into the discussion?
- Have I encouraged families to invite representatives from their community, such as religious leaders or teachers, to be part of their family team?

SCDSS Practice Profile



Child and Family Teaming for Case Managers

Our Guiding Principles and Core Practice Skills in Action

When I conduct a meeting with the child and family team

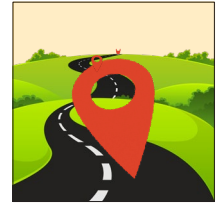
Family-Centered

- Come to the meeting prepared **(plan)** with resources, options, and available services that can be leveraged to meet the family's needs.
- Acknowledge the parent and youth's expertise. Seek input from each team member **(engage)** to ensure their understanding of the meeting and desired goals.
- Make sure each team member feels their voice is heard and their thoughts and opinions respected **(track)**.
- Model **(intervene)** reflective listening skills (e.g., reflecting back what you hearing individuals saying) to make sure all members share the same understanding.
- Demonstrate and coach **(engage and intervene)** family members on how to problem-solve and use positive coping behaviors when emotions run high.
- Demonstrate **(intervene)** compromise when conflicting views, opinions, or concerns are shared.
- Utilize open-ended questions with members **(intervene and plan)** to explore strengths and to brainstorm strategies that will successfully address needs.

Trauma-Responsive

- Create **(engage and intervene)** a trauma-responsive environment by establishing clear ground rules and expectations for participation.
- Have stress-relievers (or trauma sensory toys) in the room for participants to focus on when stressed.
- Frequently monitor and check in with members **(assess and intervene)** about their comfort level: When trauma reactions (e.g., anxiety, stress, anger, etc.) arise, help diffuse the tension or stress by slowing members down and making sure each member has a chance to be understood; if tensions arise, allow a brief break if needed.
- Determine **(assess and intervene)** what intervention(s) are needed to allow each member to feel safe continuing.
- Before closing the meeting **(plan)**, develop a "crisis" plan with members to address when trauma reactions, tensions, or other challenges arise: include specifics about what could happen after the meeting, who they call if something occurs, and what actions will be taken.

SCDSS Practice Profile



Child and Family Teaming for Case Managers

Our Guiding Principles and Core Practice Skills in Action

When I conduct a meeting with the child and family team

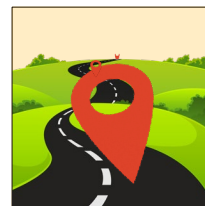
Individualized and Strengths-Based

- Be respectful, nonjudgmental, and action-oriented when engaging youth and family.
- Empower members in the meeting by identifying and building on individual and family's strengths and protective capacities and prompting individuals to share successes and solutions to their challenges.
- Verbally acknowledge **(intervene)** the parents and youth's strengths, successes, and progress, even small steps.
- Collaborate **(plan and intervene)** with members to craft "measurable and time-bound goals and action steps" (e.g., SMART goals) for their plan.
- Recommendations should be specific, measurable, attainable, relevant (tied to the need), and time-driven.
- Before concluding the meeting **(engage and re-assess)**, ask participants about their confidence in the plan's success (e.g., "Ask each participant to rate, on a scale of 1-10, their confidence that plan will be a success").
- When closing the meeting, establish a schedule (e.g., time and date) and plan **(track)** for when the team will reconvene to review progress.

Culturally Responsive

- Observe and demonstrate respect for the family's cultural norms and practices during the team meeting **(plan)**.
- Ensure that the meeting is individualized to meet — and addresses — the cultural and linguistic needs of the family.

SCDSS Practice Profile



Child and Family Teaming for Case Managers

Our Guiding Principles and Core Practice Skills in Action

When I follow up after a child and family team meeting

Family-Centered

- Did I engage members to create a plan **(plan)** that captures the knowledge and expertise of the parents and youth in decisions and recommendations?
- Is the plan inclusive, does it engage the family and youth's connections and support network in helping the parents and children problem-solve and achieve their goals for safety, permanency (stability), and well-being?
- For out-of-home care, did I promote **(engage and intervene)** conversations that build relationships and shared parenting between foster parents and parents to encourage lifelong support during and after care?

Trauma-Responsive

- Have I documented and shared observations of individual and family trauma triggers and trauma reactions with other professionals and providers so they can be informed and able to modify their treatment or approach during future interactions **(assess and intervene)**?

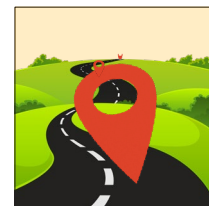
Individualized and Strengths-Based

- Did I document individual and family strengths in service plans and case notes **(plan)**?
- Does the plan recognize and celebrate children's/youth's/parents' accomplishments?
- Did I reach out to treatment providers **(plan and intervene)** to share the recommendations and family members' concerns and strengths with treatment providers?

Culturally Responsive

- Have I shared what I've learned about the family's culture with the foster parents and treatment providers **(plan and intervene)**?

SCDSS Practice Profile



Documentation for Case Managers

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

Our Guiding Principles and Core Practice Skills in Action

As I prepare to document

Family-Centered

- Have I treated everyone involved in the case with respect and engaged them to share their thoughts, views, needs, and strengths?
- Have I explained how information gathered throughout the ongoing assessment would be stored and utilized to inform the plan?

Trauma-Responsive

- Have I been non-judgmental and engaging as I've asked individuals to share trauma history and trauma symptoms?
- Have I engaged service providers to share progress reports, keep lines of communication open, and let me know if new trauma experiences or trauma symptoms are identified and documented to ensure an accurate ongoing assessment is informing my planning and interventions?

Individualized and Strengths-Based

- Have I identified strengths as well as needs and planned for how to nurture strengths while attending to needs?

Culturally Responsive

- Have I engaged the child and parents to educate me about their culture?
- Have I sought supervision or looked for examples of culturally sensitive documentation?

SCDSS Practice Profile



Documentation for Case Managers

Our Guiding Principles and Core Practice Skills in Action

When I document

Family-Centered

- Ensure documentation is accurate
 - use the client's voice and quotes whenever possible. Include genograms, ecomaps, three houses, and best practice tools.

Trauma-Responsive

- Document each individual's experience and their reaction to the experience with compassion, accuracy, and integrity.

Individualized and Strengths-Based

- Start with strengths and integrate them into case notes, service plan, service referrals, and transition plans.
- Remember, we are tracking an individual's life.

Culturally Responsive

- Include values, beliefs, assumptions, traditions, and preferences.

When I follow up after documenting

Family-Centered

- Have I shared my written assessment/documentation with individuals to make sure it's accurate and thorough?
- Have I updated the record when new information is shared?

Trauma-Responsive

- Have I shared trauma triggers and trauma reactions with other professionals/team-members and providers so they can be informed, sensitive, and modify their treatment or approach during future interactions?

Individualized and Strengths-Based

- Have I crafted a plan with the individual?
- Have I noted progress, continually nurtured strengths, and reached out to treatment providers/team-members to keep them updated?

Culturally Responsive

- Have I shared what I've learned about the family's culture with the foster parents and treatment providers/team-members so they can document and respond appropriately?

SCDSS Practice Profile

Initial Placement and Placement Change (Kinship or Traditional) for Case Managers



> 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 and Placement Change (Kinship or Traditional)
for Case Managers



Our Guiding Principles and Core Practice Skills in Action

As I prepare for an initial placement or placement change

Family-Centered

- Have I engaged and assessed the parent and children's support system, fictive kin, extended family, and network of support as potential placement options?
- Have I worked to find the best home for the children (knowing the special needs and level of care needed to match the child/youth with the most appropriate home)?
- Did I make concerted efforts to keep siblings together, whenever possible?
- Did I include child/youth, when age and developmentally appropriate, in the placement choices (e.g., what does a good placement look like to you)?

Trauma-Responsive

- Have I intervened to make sure foster parents or kinship caregivers have attended trauma-informed training being offered by DSS or community organizations prior to placing a child in their home?
- Have I assessed the qualities and specific needs of this child and matched them (**intervene**) with a foster family or kinship family caregiver who is trauma-informed and able to meet this child's needs?

Individualized and Strengths-Based

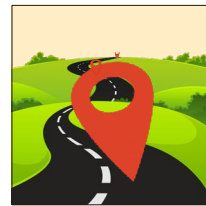
- Have I empathized with the child's situation and circumstance?
- Have I been honest about how long the process might take?
- Have I assessed the child's strengths and shared those strengths (**intervene**) with the foster placement or kinship placement so they could be nurtured?
- Have I assessed the foster parent's or kinship caregiver's strengths and shared those with the child/youth before placement?

Culturally Responsive

- Have I engaged the child and parents to educate me about their culture and how to include norms and practices in their foster or kinship home?
- Have I planned with the foster parent or kinship caregiver ways they can nurture the child's culture while in their care?

SCDSS Practice Profile

Initial Placement and Placement Change (Kinship or Traditional)
for Case Managers



Our Guiding Principles and Core Practice Skills in Action

When I place a child

Family-Centered

- Encourage the child/youth **(engage)** to identify their network of support, and people they would like to visit and have contact with.

Trauma-Responsive

- Be observant of children's verbal and non-verbal cues and check in with them one-on-one if you suspect any discomfort when the child/youth speaks about or is around an individual who creates anxiety for him or her **(intervene)**.
- Look at behaviors through a trauma lens.

Individualized and Strengths-Based

- Take time to identify **(engage)** and share **(plan)** known strengths with all parties and suggest ways **(intervene)** they can support each other's strengths.

Culturally Responsive

- Facilitate a conversation with child/youth and foster family or kinship caregiver family that allows for sharing of cultural norms – foods, traditions, values **(plan, intervene)**.

SCDSS Practice Profile

Initial Placement and Placement Change (Kinship or Traditional)
for Case Managers



Our Guiding Principles and Core Practice Skills in Action

When I follow up after a placement

Family-Centered

- Have I been responsive to foster parents or kinship caregivers request for support to improve retention and satisfaction?
- Have I helped to build relationships and shared parenting between foster parents or kinship caregivers and parents to encourage life-long support during placement and post placement.

Trauma-Responsive

- Have I been observant (**tracked**) and attended (**intervene**) to reactions or changes in behavior?
- Have I intervened and provided respite (**adapt**) when foster parent or kinship caregiver has indicated they are stressed and in need of support?
- Have I constantly assessed and intervened when child, foster parent or kinship caregiver exhibits trauma reactions?

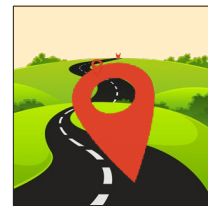
Individualized and Strengths-Based

- Have I recognized and celebrated children/youth/parents accomplishments?
- Have I reached out to treatment providers/team-members each month to share the family members' strengths and accomplishments with treatment providers?

Culturally Responsive

- Have I shared what I've learned about the family's culture with the treatment providers/team-members so they can demonstrate respect too?
- Facilitate a conversation with child/youth and foster family or kinship caregiver family that allows for sharing of cultural norms – foods, traditions, values. (**plan, intervene**)

SCDSS Practice Profile



Visitation (Child and Parent; Sibling) for Case Managers

> 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 Case Managers

Our Guiding Principles and Core Practice Skills in Action

As we prepare for a visit

Family-Centered

- Have I assessed family availability and scheduled the visit accordingly?
- Have I addressed barriers to make sure visits occur regularly and as planned?
- Have I included the foster parents and providers as team members in the planning of visits to ensure they have shared understanding and can support the visit?

Trauma-Responsive

- Have I helped plan the location for the parent/child visit to ensure it is familiar to the child and family's needs, and sensitive to the trauma triggers of the individuals attending?
- Have I helped parents plan for the child's reactions during the visit?
- Have safety factors influenced my decision regarding who attends the visit and how often or how long the visits will occur? (**assess and plan**)

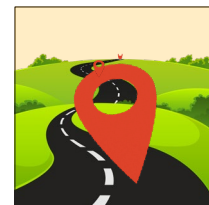
Individualized and Strengths-Based

- Have I engaged the child/youth/parents to learn what they want to do and where they'd like to meet for the visit?
- Have I helped the parent plan activities for the visit that will meet the child's needs and help parent stay focused on the child?

Culturally Responsive

- Have I engaged the child and parents to educate me about their culture and how to include norms and practices in their visits?

SCDSS Practice Profile



Visitation (Child and Parent; Sibling) for Case Managers

Our Guiding Principles and Core Practice Skills in Action

When we conduct a visit

Family-Centered

- Help children and parents maintain connections to each other and extended family (**team members**) to help provide stability.

Trauma-Responsive

- Be observant of children's verbal and non-verbal cues and check in with them one-on-one if you suspect any discomfort when the child/youth speaks about or is around an individual who creates anxiety for him or her (**intervene**).
- Look at behaviors through a trauma lens.
- Be observant and attend to family members' reactions or changes in behavior (**track/coach**), let them know you care (**engage**) and recognize when they are stressed.
- Assess and respond when child or parent exhibits trauma reactions.
- Help the parent role-model how to cope with feelings during the visit (**intervene**).

Individualized and Strengths-Based

- Recognize (**assess**) and acknowledge (**engage**) the strengths of the children/youth/parents/foster parents during or immediately following visits.

Culturally Responsive

- Observe (**assess/track**) and demonstrate respect for the family's cultural norms and practices during visits.

SCDSS Practice Profile



Visitation (Child and Parent; Sibling) for Case Managers

Our Guiding Principles and Core Practice Skills in Action

When we follow up after a visit

Family-Centered

- Have I engaged and built relationships and shared parenting between foster parents and parents to encourage lifelong support during and post care?
- How could I intervene differently to foster stronger connections?

Trauma-Responsive

- Have I documented and shared observations of trauma triggers and trauma reactions with other professionals/team-members and providers so they can be informed, be sensitive, and modify their treatment or approach during future interactions?

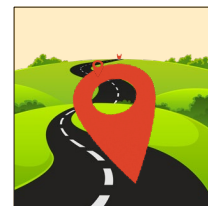
Individualized and Strengths-Based

- Have I recognized and celebrated children/youth/parents' accomplishments?
- Have I reached out to treatment providers/team-members each month to share the family members' strengths and accomplishments with treatment providers when following up?

Culturally Responsive

- Have I shared what I've learned about the family's culture with the foster parents and treatment providers/team-members so they can demonstrate respect too?

SCDSS Practice Profile



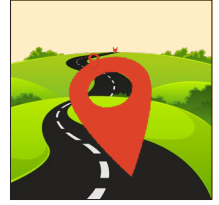
Supervision for Case Managers

> 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 Case Managers

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 supervisory competencies include comfort with the visibility of the supervisory 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 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 supervision sessions.
- Increasing supervisory oversight and coaching surrounding safety assessment, planning, and intervention.
- Increasing clarity of the role and function of team leaders.

SCDSS Practice Profile

Supervision for Case Managers



Our Guiding Principles and Core Practice Skills in Action

As I prepare for supervision

Family-Centered

- Have I identified all family members and developed an understanding of their family roles and relationships?
- Have I identified areas where new family engagement strategies and the development of the family's community support network are needed?
- Have I thought about 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?

Trauma-Responsive

- Have I assessed for child and family trauma and identified potential treatment methods to address individual needs?
- Have I 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?

SCDSS Practice Profile

Supervision for Case Managers



Our Guiding Principles and Core Practice Skills in Action

As I prepare for supervision

Individualized and Strengths-Based

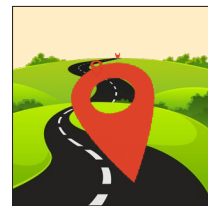
- Have I assessed the individual strengths and needs of the child and family members?
- Have I reflected on the specific environmental challenges inherent in this child or family's situation as well as the current protective factors in place to mediate existing risks?
- Have I been successful in ensuring that youth and family voice are present?
- Have I reviewed current treatment and permanency plans to assess through an individualized and strengths-based perspective?

Culturally Responsive

- 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 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?

SCDSS Practice Profile

Supervision for Case Managers



Our Guiding Principles and Core Practice Skills in Action

As I engage in on-going supervision

Family-Centered

- Come to the meeting prepared to review key aspects of family relationships and functioning.
- Be ready to discuss case work through the lens of where family engagement strategies and the development of the family's community support network are needed.
- Acknowledge challenges that are making it difficult to enable children to live in the least restrictive, most familiar setting possible.
- Communicate efforts to identify fathers and engage paternal family members.
- Discuss family involvement in visits, appointments, and progress on the current service plan.
- Plan to improve accuracy of family information in CAPSS.
- Come to the meeting prepared to discuss any immediate safety or risk concerns and the plan for safe, timely case closure.

Trauma-Responsive

- Come to the meeting prepared to discuss child and family trauma and identified potential treatment methods to address individual needs related to safety and well-being.
- Further explore how existing trauma triggers impact the child or family members' day-to-day life or experience with child welfare services.
- Discuss challenges related to the current array of trauma-informed treatment options, either concerning availability of services or access to available services and strategize how to work within current restriction in service availability.
- Explore approaches for getting other members of the family team to recognize and respond appropriately to the identified trauma reactions.

SCDSS Practice Profile

Supervision for Team Leaders



Our Guiding Principles and Core Practice Skills in Action

As I engage in on-going supervision

Individualized and Strengths-Based

- Come to the meeting prepared to review individual strengths and needs of the identified child and family members.
- Be able to articulate the specific environmental challenges inherent in this child or family's situation as well as the current protective factors in place to mediate existing risks.
- Explore methods for improving existing or future treatment and case plans to improve the presence of an individualized and strengths-based perspective?

Culturally Responsive

- Come to the meeting prepared to discuss the family's existing culture(s) and worked to understand how cultural norms are interacting with larger societal norms.
- Be able to articulate how personal life experiences are informing work with this child and family.
- Discuss how issues of implicit bias and disparity in decision-making are informing work with this child and family and strategize methods for decreasing disparity. Communicate challenges with educating other team members (e.g., foster parents, other service providers...) regarding providing culturally responsive services and develop action plans or improving understanding.

SCDSS Practice Profile

Supervision for Case Managers



Our Guiding Principles and Core Practice Skills in Action

As I follow up after on-going supervision

Family-Centered

- 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.

Trauma-Responsive

- Incorporate information from supervision to better understand child and family trauma and identified potential treatment methods to address individual needs **(plan)**.
- 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.

Individualized and Strengths-Based

- Follow up with identified tasks related to the identification of individual strengths and needs of child and family members.
- Follow through on identified methods to address any current environmental challenges inherent in this child or family's situation and strategies for enhancing protective factors to mediate existing risks.

Culturally Responsive

- Practice being intentionally mindful concerning how cultural norms are interacting with larger societal norms in a way that affects child well-being or service delivery.
- Look for opportunities to serve as an active bystander, to challenge how issues of implicit bias and disparity in decision-making are informing work with this child and family. Implement strategies for increasing racial equity and decreasing disparity in decision-making.
- Communicate challenges and educate other team members (e.g., foster parents, other service providers...) regarding providing culturally responsive services and implementing action plans or improving understanding.



 DSS
SOUTH CAROLINA
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**CHILD WELFARE
SERVICES DIVISION**