Northern California Training Academy

Participatory Case Planning in Child Welfare Services

A Resource Guide

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PURPOSE OF THIS GUIDE

This booklet is an "unofficial" guide based on an extensive literature review of participatory case planning with families in the child welfare system. The goal of the guide is to use the elements of participatory case planning shown in research along with the goal of increasing the effectiveness of the process and to provide strategies to increase the usefulness and value of these elements.

We recognize that *Family to Family*, *Team Decision Making*, *Family Group Conferencing*, *Wrap Around Services* and other participatory case planning strategies all have guides for implementation and recommendations for use with families. Our goal is to take the identified common elements that support successful participatory case planning and to provide some direction for continuous quality improvement in each of these strategies.

For more extensive information concerning some of the most commonly used participatory case planning strategies, refer to these manuals and readings:

FAMILY GROUP CONFERENCING

- *Team Decision-Making Protocol/Policy Outline*
  Annie E. Casey Foundation (2003): This protocol provides information for holding FGC meetings involving birth parents and youth prior to a child being removed or experiencing a change in placement and reunification.
- *Family Team Decision Making: A Focus on Decision Making and Next Step Actions* Iowa Department of Human Services (2004)
  Provides information pertaining to how to facilitate family team meetings
- *Family group conference* / New Zealand Youth Court
  http://www.justice.govt.nz/youth/fgc.htmlFamil
- *Family group conferencing: principles and practice guidance* developed and written by Patrice Lawrence and Jane Wiffin. -- London : Family Rights Group ; Barnardo's Childcare Publications, 2004.
- Family Group Conference home page / Winchester Local Education Office, UK: http://www.hants.gov.uk/TC/edews/fgchome.html

WRAP AROUND SERVICES

- A detailed report that discusses the wraparound framework and the necessary conditions needed to adequately administer the model is entitled, *Implementing High-Quality Collaborative Individualized Service/Support Planning: Necessary Conditions* and can be retrieved from the Research and Training Center on Family Support and Children's Mental Health at Portland State University in Portland, Oregon, at www.rtc.pdx.edu.

- Various resources can also be retrieved from the National Wraparound initiatives website: www.rtc.pdx.edu/nwi. There is extensive information concerning the theory, evidence and best practices for effectively implementing the Wraparound approach.
- Manuals for Implementing wraparound interventions:
  - Eber, L. (2003). *The art and science of wraparound.* Bloomington: Forum on Education at Indiana University.
  - Grealish, M. (2000). *The wraparound process curriculum.* McMurray, PA: Community Partners.
  - VanDenBerg, J., & Rast, J. (2003). *Wraparound coaching and supervision toolkit.* Englewood, CO: Vroon VanDenBerg.
    - San Diego Children's System of Care Wraparound Training Academy provides certification training for becoming a Wraparound Facilitator. More information can be attained from Liz Marucheau, 619-563-2769 or liz.marucheau@sdcounty.ca.gov
- Family group conference: information for parents, extended families and friends / British Columbia Ministry of Children & Family Development: http://www.mcf.gov.bc.ca/child_protection/pdf/brochure_parents_2
- National Center on Family Group Decision Making (American Humane Association): http://www.americanhumane.org/site/PageServer?pagename=pc_fgdm
- RealJustice: http://www.realjustice.org/
- The North Carolina Family-Centered Meetings Project provides training resources and annual reports from North Carolina FGC project. Available on-line: http://www.ncsu.edu/chass/SocialWork/fcmp/index.html

Included in this document (see page 38) are definitions for some of the commonly used participatory case planning approaches and strategies.

INTRODUCTION

Participatory planning is a strength-based approach to working with families and individuals who may have multiple needs that are complex. Specifically, the National Center on Family Group Decision Making at the American Human Association describes participatory planning as a practice that is family centered, family strength-based, culturally sensitive and involves the community. Agencies and programs that include participatory planning in the provision of their services use an approach that brings teams of people together and works to build a plan that is strength-based and individualized. The theory behind implementing participatory planning in child welfare services is that through supporting and collaborating with families, true, positive changes will occur. Families who participate in important decisions that affect them are empowered to contribute to their own survival, protection and development. Additionally, and of paramount importance, participatory planning can minimize any further incidents of abuse/neglect and can affect stability and permanence for children.

Why use participatory case planning?

Historically, it has been a common practice in the United States for child welfare services to focus greater efforts and time in finding alternate placements for children who are removed from their birth parents due to abuse and neglect rather than focus on preventive efforts to keep children with their birth families (CWLA, 2003). Participatory case planning tries to change this focus by involving families in a collaborative process in the decisions made for children, and this practice has led to some positive outcomes for children and youth in the child protective system (Shemmings & Shemmings, 1996). In a review carried out by the Children's Bureau in 2001 and 2002 (US DHHS, 2003), it was found that states that included parents in case planning had a significantly higher

percentage of cases rated as “substantially achieved” (at least 90%) for stabilizing children’s living arrangements and meeting positive child outcomes such as children and youth returning home from residential care (Tam & Ho, 1996).

Participatory case planning is expected to be an effective way to bring about positive family changes because it is a process that works to match services and supports with the needs of the family. Furthermore, involving families in both the planning and implementation process is believed to bring about greater commitment and the belief that true positive changes can occur. Research finds that people who are included and asked to participate in making decisions that affect them are more likely to follow through with the plans and decisions that are made (Maddux, 2002). Additionally, when people feel valued and respected in contributing to decisions made about them, they are more likely to have increased self-esteem, self-efficacy and a greater sense of empowerment (Thomspon, 2002; Maddux, 2002). These are all important attributes that are expected to contribute to a greater commitment and drive to make positive family changes that are long lasting.

Common Beliefs and Values of Participatory Case Planning Approaches

- Families deserve to be treated with respect
- All families have strengths
- Solutions that families generate as a team are more likely to lead to success and are more likely to identify their unique strengths and needs
- Families are typically more invested in a plan when they are involved in and part of the decision-making process

Building Community Partnerships Prior to Engaging in a Participatory Case Planning Approach: Successfully Engaging All Partners

In order to engage successfully in any participatory case planning approach, it is important to have established intensive and collaborative relationships. Many of the families who enter the child welfare system contend with multiple issues and no one agency or set of services is adequate to efficiently and effectively meet the needs of these vulnerable families and their children. To meet the goal of successfully attaining safety, permanency and well-being for children, it is of the utmost importance that services are well-coordinated and that all involved parties are cross trained in other systems of care in order to adequately address and understand a family’s needs. Additionally, there need to be policies and procedures in place to facilitate the effective sharing of information across agencies and the relevant community partners important for providing support to the family.

It is important to establish a system of community-based care prior to engaging in a participatory case planning process because this allows families to receive services and to plan more effectively and efficiently. These community partnerships, "create child welfare practice that is proactive, integrated, partnership-oriented and empowering" (p. 1, National Child Welfare Resource Center for Family-Centered Practice). While building such partnerships can be time consuming, doing so can mitigate the risks for child maltreatment and/or more successfully deal with the consequences of child maltreatment.

While building community partnerships before engaging in a participatory case planning strategy or process is important, there are some challenges in forming these partnerships:

- *Administrative Issues/Concerns:* There may be difficulty in engaging some community partners due to different funding streams, constraints and eligibility requirements.

- *Different meanings/definitions:* In order to more effectively build partnerships, there need to be shared understanding and definitions for what constitutes a "client" or what a measure of "success" is. Knowing ahead of time how different community partners define essential terms is important for the efficiency and effectiveness of any participatory case planning approach.

- *Differing backgrounds:* It can also be challenging to create a collaborative system of care because of differing goals and philosophies of particular agencies. Understanding what these differences are is paramount to connecting families to community supports and aligning family goals so that more successful outcomes result and may endure after a family's child welfare case is closed.

- *Families' reluctance:* Family concerns about participating in coordinated services should be addressed at the beginning of any PCP process. Collaborating agencies need to acknowledge that families can be afraid that coordination among agencies and programs may result in the removal of their children; therefore, it is important that each agency has clearly written policies for what constitutes reasons for removal of children.

    - One useful resource developed in 2004 is a guide that answers many questions and provides guidance for families as they become involved with the child welfare system. This guide was developed as a collaborative effort with Child Welfare League of America, National Indian Child Welfare Association, Federation of Families for Children's Mental Health, American Institute for Research and Georgetown University Center for Child and Human Development. This guide is available from: *http://www.tapartnership.org/advisors/ChildWelfare/resources/AFamilysGuideFINAL%20WEB%20VERSION.pdf*

Examples of Existent Collaborative Programs/Projects

Court Teams for Maltreated Infants and Toddlers Project

An exciting project, *The Court Teams for Maltreated Infants and Toddlers Project*, is an innovative project that seeks to improve the community partnerships among courts, child welfare agencies and related family-serving organizations (i.e., Court Appointed Special Advocates, mental health professionals, early intervention specialists, children's advocates, volunteer community leaders, Early Head Start and child care providers, domestic violence service providers, substance abuse treatment providers, guardians Ad Litem and members of the foster care organization). Specifically, the Court Teams Project is headed by judges who work with child development specialists toward the goal of creating a collaborative team of child welfare and health professionals, child advocates and community leaders to provide services to abused/neglected infants and toddlers. This project is currently being evaluated for the knowledge enhancement among the professionals working in or with the child welfare system, the collaboration among the providers and quality and efficiency of services provided to children and families.

For additional information contact:

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CalWorks/Child Welfare Partnership Project

Reports indicate that children living in families who earn less than $15,000 a year are more than 22 times more likely to experience maltreatment than children who live with families who earn at least $30,000 (Sedlack & Broadhurst, 1996). Additionally, more than half of all foster children come from families that are eligible for welfare (Geen et al., 2001). These statistics highlight the great deal of overlap in clientele between *child welfare* and *welfare agencies* (e.g., *Temporary Assistance for Needy Families*, TANF) who are often referred to as "dual-system" clients. Thus, it is important that welfare and child welfare agencies make formal attempts to ensure that clients are not given competing requirements and are not overburdened and work together to promote family well-being. Such formal attempts may include coordinating case plans and improving the level of information sharing among agencies.

One way to promote collaboration for these dual-system families is to engage in joint participatory case planning strategies in order to coordinate TANF work plans with child welfare plans. One project that has engaged in this collaborative process is the CalWORKs/Child Welfare Partnership Project that has engaged in

Linkages conferences that consist of a Coordinate Case Planning work group. This workgroup has created a conceptual framework and practical guidelines to plan and implement coordinated case planning.

For further information contact CCRWF: www.ccrwf.org
Planning Tools for Coordinated Case Planning: www.cfpic.org

A useful resource for learning ways for child welfare to collaborate among different services and agencies is the *National Child Welfare Resource Center for Organizational Improvement*: 1-800-435-7543.

Family Environment and Clinical Issues/Concerns

A well documented fact is that two-thirds of all substantiated reports involve neglect, with reports ranging from lack of supervision to not being able to adequately provide for a child's basic needs. Often this neglect arises from familial concerns such as unstable housing, unemployment, untreated mental health problems, substance abuse and domestic violence, all of which contribute to an increased likelihood of child abuse and neglect.

- Substance Abuse: A common occurrence in the child welfare system is parental use of alcohol and other drugs (AOD), with estimates ranging from 40 to 80% (Young, Nancy, & Gardner, 1997). Thus, many families who are in the child welfare system are dealing with AOD issues and problems. There are successful programs that are specifically dealing with this concern. One such program is *Project Connect,* a community-based program for substance abuse affected families who are also involved in the child welfare system. One of the important strategies in linking child welfare with substance abuse treatment agencies is the use of appropriate assessments by both agencies. The list below are suggested assessments:
  - *The Risk Inventory for Substance Abuse-Affected Families* [Children's Friend & Service 1994] was developed by the staff of *Project Connect*, a home-based program serving families with substance abuse problems. This measure assesses commitment to recovery, patterns of use, affects on child rearing, effect on life-style, supports for recovery, parent's self-efficacy, parent's self-care and the quality of the neighborhood.
  - *The Craving Score* (see Appendix A), Stalcup, A.S., M.D., a quick check in assessment to identify client's coping with AOD issues.

  Some useful resource guides that discuss the importance of and strategies for building partnerships between AOD and child welfare:
  - Young, Nancy and Sid Gardner (1997). *Bridge-building: Models and Methods of Linking Child Welfare Services and Treatment for Alcohol and Other Drugs*. A report for the Stuart Foundation.

- *Assessing and Supporting Parenting in Families Affected by Substance Abuse or HIV* (2007). This guidebook provides practitioners and administrators with guidance in assessing, supporting and strengthening parenting skills and parent-child relationships.
- *Collaborative Values Inventory,* Gardner, S., Berelowitz, M., & Grogger, A (see *Appendix B*). This inventory is intended to facilitate discussion of what the collaborative partners agree upon or what they do not agree upon. It is a neutral way to assess how much a group shares ideas about the values that underlie their work and can assist in clarifying later disagreements.
- *Screening and Assessment for Family Engagement, Retention and Recovery* (SAFERR). This guide is designed to build collaboration among child welfare services, alcohol and drug services, and court staff with the ultimate goal of promoting child safety and family well-being. This guide can be retrieved from: http://www.ncsacw.samhsa.gov/files/SAFERR.pdf

- Domestic Violence: Children may be removed and enter the Child Welfare System due to issues of domestic violence. When engaging in a participatory case planning practice, it is important to form strong partnerships with domestic violence professionals to ensure the safety of the victim, and, in some cases, meetings may need to be held separately with the domestic violence perpetrator and victim. Some agencies have employed Domestic Violence Specialists who are considered domestic violence experts but work outside domestic violence agencies in order to assist families and professionals in managing and coordinating various services for domestic violence cases. These specialist positions are typically funded by the Office on Violence Against Women grants, Family Violence Prevention and Services grants and Child Abuse Prevention and Treatment grants.

  Some useful information and tools to look over if contending with a family who had a domestic violence issue include the following:
  - Carrillo, R. & Carter, J. (2001). *Guidelines for conducting Family Team Conferences when there is a history of domestic violence*. The Family Violence Prevention Fund and the Child Welfare Policy and Practice Group.
  - Taggart, S. & Litton, L. (2008). Reflections from the field: Considerations for domestic violence specialists. National Council for Juvenile and Family Judges. Retrieve from: http://thegreenbook.ncjfcj.org/documents/Reflections.pdf

- Mental Health: Of all CWS caseloads using California standards, 63% of children need services for developmental delays, and all children in CWS should have access to mental health services, regardless of their diagnosis. However, in one study, the results revealed that engaging in collaborative

practices between mental health and child welfare services was hindered by a lack of support practices and structures at the organizational level (e.g., inadequate resources, unrealistic expectations, professional boundaries) (Darlington, Y., Feeney, J.A., & Rixon, K., 2005). These findings indicate that while all children should receive access to mental health services, improvements are needed in coordinating these services for children involved with child welfare. While coordinating these services for children and families is complex and can be difficult, there are some useful guides and materials that have started to propose ways of building this collaborative partnership.

Some of these resources include the following:

- *Working together to support disabled parents* This report shows how to develop inter agency protocols to support families in which parents have additional needs related to physical and/or sensory impairments, learning disabilities, mental health, drug and alcohol-related problems or serious illnesses. Jenny Morris and Michele Waites. March 2008. Available from: http://www.scie.org.uk/publications/resourceguides/rg09/files/rg09.pdf
- Mental Health Assessment of Infants in Foster Care Silver, J. & Dicker, S., Child Welfare, 2007. Summarizes existing practice guidelines for mental health evaluations of infants in foster care and recommends practice modifications based on the unique issues and legal requirements associated with foster care.
- Resources on Collaboration between Mental Health and Child Welfare Systems This document offers links to many resources on the mental health and child welfare systems, including resources about the mental health needs of children and youth in the child welfare system, how to meet the mental health needs of these youth, interagency collaboration between the two systems and training for providers/caregivers.

Disclosure and Confidentiality

One of the greatest barriers to building collaborative partnerships is ethical and legal concerns about mandating reporting, disclosure and confidentiality (Sellers, 2002). Sometimes differing confidentiality requirements within agencies can make information sharing and collaborative PCP strategies difficult. Confidentiality is intended to protect the client from any unauthorized disclosure of information, and the Child Abuse Prevention and Treatment Act requires that confidentiality of child abuse records is maintained in order to protect the rights of the family.

What is confidentiality? While confidentiality can be defined many different ways, Saxon (2001), offers one definition as, “generally any information that is designated as confidential by an applicable rule governing the acquisition, use,

protection or disclosure of that information" (p. 5). Thus, confidentiality is governed by specific rules that apply to particular situations. In determining what forms the basis for any confidentiality rule, consider the following questions (Saxon, 2001):

- What information is to be kept confidential?
- What specific requirements or restrictions are imposed in acquisition, use, protection and disclosure that information?
- For whom do these requirements and restrictions apply?

Understanding the reasons for particular confidentiality requirements and the legitimate reasons for disclosing information across agencies is an important step in building collaborative relationships.

A useful resource for streamlining confidentiality requirements and addressing agency and client concerns is the following:

- Linkages Planning Tools: Confidentiality, available from www.cfpic.org

Important Considerations

Any agency that wants to adopt a participatory case planning process is advised to address the following questions in order to choose the appropriate practices (when making these decisions, it is important to involve the family where appropriate):

- What are the expected outcomes of using a specific participatory planning model/or process? (e.g., reduction in the re-occurrence of substantiated child maltreatment cases)
- For whom are these strategies appropriate? (which families will benefit)
- What changes are required of workers?
- What changes are required to implement the intervention or PCP model?
- In what context are these interventions and practices going to operate?
- Are the PCP practices and/or interventions cost effective?

One principle of participatory case planning is using a "wraparound approach." The wraparound approach is a strength-based approach that works with at risk families, brings professionals together and identifies natural supports. The main premise of using a wraparound approach is the idea to "wrap" supports and services around at-risk individuals and families rather than expecting them to conform to the existing services. Specifically, the important components of the wraparound approach that are useful in participatory case planning follow:

- It is an individualized support: those who need the support are best in identifying what supports they need and will accept.
- It is culturally competent: need to respect the timing, values and culture of the family
- It is strength-based: every family has strengths no matter how at risk they are. The focus is to identify these resources and strengths of the family and the best way to support them.

- Focuses on safety: all family members need to have their basic needs met, and family members need to be safe, so crisis plans are made to prevent the potential for future risks.
- Plan needs to be comprehensive: they need to address more than one or two issues so that all necessary supports can be put into place

Importance of Involving Families

There are numerous studies attesting to the importance of forming partnerships with families, especially parents, in child protection work (Thoburn et al., 1995). In part, this is attributed to the fact that family involvement is related to positive child and family outcomes (Tam & Ho, 1996) such as better outcomes for children's mental health (Tolan, McKay, Hanish & Dickey, 2002) and decreased family conflict. Mental health outcomes are improved when treatment is modified to best meet the needs of the family, (i.e., are individualized) (Morrissey-Kane & Prinz, 1999), which improves retention and a desire to follow through with the plan. Thus, finding effective and meaningful ways to involve families in important decisions, such as using a form of participatory case planning, is believed to be an important endeavor for bringing about positive long term outcomes for children and their families because it can increase greater commitment to the case plan.

Importance of Involving Children and Youth

The existent literature finds that important factors contributing to successful family participation during the family meetings are adequate pre-conference preparation (at least 20 hours) (Pennell, 2002; Velen and Devine, 2005) involving extended family members (Marsh & Crow, 1998), having the meeting take place in a comfortable location (Merkel-Holguin, 1998), allowing families to ask questions during the information sharing stages (Nixon, 1998) and *involving children in the process* (American Humane Association, 2003). In a study conducted by Marsh & Crow (1998) looking at family group conferencing in the UK within various pilot sites, they found that all of the children and youth who were over the age of 10 attended the meeting and that very few young children declined to participate. Though the research is limited, it appears that children want to attend these meetings and when adequately prepared, feel satisfied with the process.

Meeting with children prior to the participatory case planning meeting provides an opportunity to observe the child. This also builds rapport with the child and ensures that the child understands the next steps and child welfare's intent to work with and assist the family.

Some strategies for involving children and youth are listed later in this guide.

Benefits and Challenges

There are many benefits in using participatory case planning practices and approaches. As stated earlier, endorsing PCP practices in child welfare can empower families and provide them with supports and help to identify their strengths so that positive family changes can be sustained. There are other benefits as well:

- Eliminating the duplication of services
- Creating a system of support that hopefully will sustain for a longer period of time
- Holding all providing partners and community agencies accountable for providing the services they have committed to
- Fostering a place to coordinate services and supports
- Increasing the number of solutions to any issues
- Being better informed of the family's strengths

Using PCP practices allows for the family and relevant community providers to come together in one place and be directly involved in the child welfare decision-making process. These practices allow for greater agency-community collaboration that can lead to greater commitment and support for the child and family.

Even with the best preparation for a PCP type meeting, there can be unexpected events and surprises during the meeting. At times these meetings may result in heightened tension, and conflicts may escalate requiring a knowledgeable and trained facilitator to de-escalate the tensions or reconvene for a meeting at another time. This guide does not address every possible issue that may arise in using PCP practices but does provide some suggestions and recommendations to assist in making these meetings as effective and meaningful as possible.

BEST PRACTICES: SOME EFFECTIVE STRATEGIES AND IMPORANT CONSIDERATIONS

In examining the available literature and research on participatory case planning, there are some key factors that have been identified which contribute to successful participatory planning practices. These include the following:

WHEN PARTICIPATORY CASE PLANNING MEETINGS ARE BENEFICIAL

Engaging in the process of participatory case planning that involves families and holding meetings is beneficial when important life decisions need to be made (suggestions derived from the Iowa Department of Human Services, *Family Team Decision-Making Evaluation Handbook*, 2007). Preparing individuals ahead of time concerning these important decisions is valuable in helping each participating individual to come to the meeting prepared and aware of his/her role. As recommended in the previously cited handbook, some important and major decisions may include the following:

- The removal of children
- Transitioning children or moving children from placements or treatment arrangements
- Reunification of children with parents

- Termination of parental rights or voluntary relinquishment of children
- Assignment of guardianship
- Adoption
- Assignment of youth to independent living

IMPORTANT GENERAL STEPS

- Make adequate preparation (allow enough time to prepare for the meeting)
- Invite a third party person to facilitate the meeting (such as a mediator)
- Conduct child and family assessments prior to the case planning meeting
- Involve families and children when developmentally appropriate
- Get consent from families to invite other relevant parties to the meetings
- Schedule the meeting at a convenient time for families to attend (often this may be in the evening or on weekends)
- Develop a goal that establishes what you want to achieve for the children
  - Identify the underlying assumptions (openly identify these assumptions and discuss as needed)
  - Identify activities to meet these goals
  - Identify barriers
  - Identify indicators to assist in measuring progress toward identified desired outcomes.

IMPORTANT CONSIDERATIONS FOR EFFECTIVE CASE PLANNING

The following list contains important considerations that should be given attention since all of these steps are importantly related to participatory case planning.

- **Individualized**
  - The intention of the participatory case planning model is to create services, one child at a time, meeting the unique needs of the family and the child.
  - The purpose is to create a family plan that is family centered and specific to the family.
- **Strength-based**

- The focus is on the family's existing assets and skills and how these positive qualities of the family can contribute to the family plan.
- It takes the focus away from pathology.
- Use the Structured Decision Making Family Strengths and Needs Assessment Tool or other strategies to identify family strengths.

- **Comprehensive**
  - The needs of families are typically addressed in three or more life domains: risk/safety/crisis, medical, legal, educational/vocational, living situation, psychological/emotional and social.
- **Flexibility**
  - It is important that the family plan is followed as agreed upon, but there also needs to be flexibility as the child and family's needs change and strengths develop.
  - The team members need to meet regularly (some advocate once a month) to monitor progress and make changes and modifications to the plan as needed.

HELPFUL GUIDELINES TO FOLLOW FOR IMPLEMENTING SUCCESSFUL PARTICIPATORY CASE PLANNING MEETINGS

"The use of participatory case planning is so important so that every child and family has a meaningful voice in every decision regarding services, placement, visitation and permanency."

PREPARING FOR THE PARTICIPATORY CASE PLANNING MEETING

1) **ADEQUATE PREPARATION:** Both empirical (though limited) and anecdotal evidence suggests that adequate preparation and planning is what can make a family group meeting either successful or unsuccessful.

   - *Allow enough time to prepare:* Adequate preparation (at least 20 hours) is needed for a successful family group meeting. Below provides a quick checklist of some important tasks to complete that should assist in adequate meeting preparation (Velen & Devine, 2005 – details project breakdown).

     Advance preparation allows the child social worker to learn more about the families and any potentially contentious issues that can be adequately addressed prior to the meeting:

     - Prior to the participatory case planning meeting, identify the family members and other key participants who could potentially attend. Contact as many extended family members and friends as possible. Sometimes this may involve contacting an incarcerated

parent to identify if he/she knows someone who should also attend the meeting.

- Invite participants in person or by telephone and strongly and kindly encourage their participation.

- Choose a location and time that best meets the needs of families.

- Meet with the child(ren) more than once prior to the meeting. Identify whether or not to have a friend present during the meeting for support.

- Write a letter to be given to families and relevant service providers that details the nature and purpose of the participatory case planning meeting, provides guidelines for confidentiality and explains each person's individual roles during the meeting.

2) CONDUCT A THOROUGH ASSESSMENT OF FAMILY RISKS/STRENGTHS AND CHILD'S DEVELOPMENT AND NEEDS

- *FAMILY RISK AND SAFETY FACTORS TO CONSIDER*
  (some items adapted from Ryan, Wiles, Cash, & Siebert, 2005):

  - What are the maltreatment patterns?
    - Is there a history of CPS referrals?
    - Was/Is there domestic violence in the home?
    - Is there a history of significant trauma in the home?

  - What are the family's resources/supports?
    - What is the family's employment status?
    - Does the family have an available support system?
    - Is the family homeless?

  - What is the caregiver's knowledge and functioning?
    - Is there a parental psychological diagnosis?
    - Does parent abuse substances?
    - Does caregiver have a terminal illness?
    - Does caregiver have poor physical health?
    - Does parent accept his/her role as parent?
    - Is the parent a teen/minor?

  - What is the family's composition and functioning?
    - Is it a single parent household?
    - Are there multiple caregivers coming in and out of the home?

- What is the quality of caregiver-to-caregiver interactions?
- Is there marital/partner discord?

- What is the quality of caregiver-child interactions?
  - Does caregiver threaten to harm child?
  - Is there confusion of parent/child roles?

- What is the exact nature of the abuse and/or neglect?
  - For how long has the abuse and/or neglect occurred, and what has been the impact on the child's functioning and development?

- What specific services are needed by the child and the child's parents?
  - How will these services resolve the problems requiring protective services?

- *FAMILY STRENGTHS TO CONSIDER*

  - Parent-child relationship
    - Parent shows empathy for the child
    - Parent responds appropriately to the child's verbal and non-verbal signals
    - Parent has the *ability* to put the child's needs ahead of his/her own
    - When parent-child are together, the child shows comfort in the parent's presence.
    - The parent has raised the child for a significant period of time.
    - In the past, the parent has met the child's basic physical and emotional needs.
    - Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.

  - Parent support system
    - Extended family is nearby and capable of providing support.
    - Parent has a meaningful support system (i.e., church, job, counselor) that can help him/her now.
    - Parent has positive, significant relationships with other adults (spouse, partner, parents, friends, relatives) who seem free of overt pathology.

  - Past support system

- Relatives came forward to offer help when the child needed placement
- Relatives have followed through on commitments in the past
- There are significant other adults, not blood relatives, who have helped in the past.
- Extended family history shows family members able to help appropriately when one member is not functioning well.

- Family history
  - Parent's own history shows consistency of parental caretaker.
  - Parent's history shows evidence of his/her childhood needs being met adequately.
  - Family's ethnic, cultural or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis

- Parent's self-care and maturity
  - Parent's general health is good
  - Parent uses medical care for self appropriately
  - Parent's hygiene and grooming are consistently adequate
  - Parent has history of stability in housing
  - Parent has graduated from high school or has a GED
  - Parent has employable skills

- Child's social, emotional and cognitive development
  - Child shows age-appropriate cognitive abilities
  - Child is able to attend to tasks at an age-appropriate level
  - Child shows evidence of conscience development
  - Child has appropriate social skills
  - Major child behavioral problems are absent

In addition to the above risk and strengths checklists, some useful tools are also available which can further assist in identifying the family's needs and strengths. Using a type of Family Strengths Need Assessment tool follows a strength-based approach, identifies the family's most critical needs and offers some objectivity when formulating the participatory case plan. Such tools are also useful for following a structured decision-making approach (SDM). This approach was developed by the Children's Research Center. Examples of SDM assessments can be found online in the California Child and Family Services Assessment Tools and Protocols Manual: (http://www.childsworld.ca.gov/res/pdf/2002_12_10_PP2Manual.pdf)

- *CHILD ASSESSMENTS*
  - Prior to the meeting have knowledge of the child's physical, social, and emotional needs of the child(ren)
    - What are the health and educational needs?
    - What are the emotional and behavioral issues?
    - What are the child's recreational interests?
    - What is the child's temperament?
    - What are the child's cultural needs?

This table lists some of the commonly used Early Childhood Assessment Tools

Screening Tool	Target Ages	Time to Complete	Domains Covered	Languages Available	Author/ Publisher
ASQ – 2nd Edition	4-60 months		language, personal-social, fine motor, gross motor, cognition	English, Spanish, French, and Korean	Paul H. Brookes Publishing Co.,
ASQ SE	6-60 months	10-15 minutes	social and emotional		Paul H. Brookes Publishing Co.,
Child Development Inventory	0-78 months (6 ½ years)		social, self help, motor, language; General Development Scale and 30 items to identify parent's other concerns	English	Ellsworth & Vandermeer Press, Ltd.,
PEDS – Parents Evaluation of Developmental Status	Birth – 8 years	2-5 minutes	a wide range of developmental issues including behavioural and mental health problems	English, Spanish and Vietnamese, additional translations including Hmong, Somali, Chinese and Malaysian can be licensed by emailing the publisher	Ellsworth & Vandermeer Press, Ltd.,

SOME EFFECTIVE STRATEGIES

Involving families as early as possible in the case planning should serve as an early intervention strategy to reduce the occurrence of abuse/neglect in the future because issues can be addressed before there is a crisis.

- PCP practices need to focus on "empowering parents" by supporting them in developing solutions and assisting in creating the family plan (involving a mediator can help in attaining this goal).
- Discuss the process and goal of the meeting ahead of time
- Work with the family to identify supportive family members, friends, community support and/or faith representative who will also attend the meeting.
- Schedule the meeting in a neutral and comfortable place (parents report great satisfaction with participatory case planning when it's not held at a CWS office).
- Schedule the meeting at a time when the family and its support system can attend.
- Ensure transportation is available for the family.
- Schedule enough time so that the meeting is not cut short.
- Recognize traditions and culture, and incorporate the family's culture into the opening, closing and process of conducting the meeting.
  - Determine if there is a language barrier.
  - Identify how the family sees itself in relationship to culture and community.
- Help the family to understand what is expected and what will happen at the meeting.
- Include children and youth in the process, and spend time preparing them prior to the meeting to ensure that their "voices are heard."
- Complete necessary release of information forms with the family.
- Identify and address any special considerations that may keep some individuals from participating in the meeting (e.g., court restraining order or domestic violence).

SUGGESTED TOOLS FOR INVOLVING FAMILIES AND ENCOURAGING FAMILY PARTICIPATION DURING THE MEETING

- **Family Genogram:** this can be used as an interactive tool that involves families as they talk through family patterns of interactions and past family relationships.
- **Ecomap**: this is a useful tool to use for aiding families in identifying other systems and sources of supports and stress. This tool can be useful to families because it visually shows the overlap between the family and the environment.
- **Timeline**: Using a vertical line, this tool can help families identify their patterns during family events. The family identifies key events and their dates, and brief descriptions can help everyone at the meeting see what life events the family identifies as being the most important.

GET CHILDREN/YOUTH INVOLVED

Promote children's active involvement in issues that affect them; ensure that their views are listened to and considered in the decision-making process.

- Checklist (Important Points to Remember)

  - Is the respect of the child's views promoted and presented to the
  - caregivers?
  - Are there arrangements to ensure the consideration of the
  - perspective of babies and young children?
  - Are children meaningfully and without discrimination consulted on
  - all matters affecting them?
  - Are child impact assessments carried out early enough to influence
  - decision-making?

Strategies for involving children and youth participation (Note: involve children/youth when developmentally appropriate.)

Some suggestions follow that come from the National Center on Family Group Decision Making, American Humane, 2003 – Pathways to Partnerships: Children as Partners:

- **Younger Children**
  - Give youth a self-report measure (e.g., their level of satisfaction with their current placement) as one way to engage them in the process of participatory planning.
  - Have child(ren) choose food, design an invitation, choose the ritual.
  - Allow child(ren) to bring a friend for support.
  - Develop a code with the child if they get uncomfortable (e.g., a hand signal).

- **Youth**

  - Meet with youth outside of school (e.g., at a restaurant or park). Meeting at his/her school can be uncomfortable and contribute to the youth feeling distrustful of his/her child social worker.
  - Talk to teens about family and permanency and find out which adults are important in their lives.
  - Be inclusive of all issues concerning youth. One commonly overlooked concern for youth is their sexual orientation. Address issues concerning Lesbian/gay/bisexual/transgender/questioning (LGBTQ) youth. LGBTQ youth issues should be incorporated in all child-welfare and congregate-care training as a normal part of addressing the needs of youth in foster care and their providers.
  - Consider open adoptions so that youth will not feel that they are severing their relationship with their birth parents or siblings.
  - Provide youth with opportunities for contact with other youth or young adults who have achieved permanence.
  - Engage youth in individual and group therapeutic and educational interventions to assist in their understanding of their lives and plans for the future.
  - When youth have a goal of independent living, require that they also have a concurrent plan for achieving permanent family connections.

Some useful resources

- California Permanency for Youth Project (www.cpyp.org)
- Foster Club (http://fosterclub.org/index.cfm), a resource for youth in care including an interactive and useful tool for involving youth in permanency planning (http://www.fosterclub.com/fyi3/binder/flash/binder.cfm)
- National Child Welfare Resource Center for Youth Development (www.nrcys.ou.edu/nrcyd.htm)

GET RELEVANT SERVICE PROVIDERS INVOLVED

Recommended strategies for involving relevant service providers

- Identify all agencies that are or will be working with the family since they should attend the case planning meeting.
    - Alcohol and drug
    - Probation, parole
    - Health services
    - Court
    - Attorneys
- After obtaining a release from the family, send a letter/e-mail inviting participants with the time, date, location and a brief description of the goal of the meeting
    - Remember, including **all partners** in the case planning meeting expands the circle of support, clarifies all expectations, provides consistent information and clarification of family circumstances
- Identify community supports and involve the community in constructing the individualized family plan

INVOLVE A THIRD PARTY MEDIATOR/FACILITATOR

Participatory case planning meetings can be emotional and stressful. During these meetings family members may cope with their stress by relying on maladaptive coping mechanisms that have worked for them in the past. Knowing ahead of time how family members react during highly emotional and stressful events can prepare the facilitator to effectively help the participant deal with his/her behavior.

One way to assist in effectively handing these emotionally charged conflicts is to invite an outside facilitator or mediator to facilitate the meeting. A mediator, commonly a third-party neutral person who does not have decision making power and no stakes in the outcome of decisions, can be a useful participant who can guide constructive problem-solving and approach all parties in a constructive manner (Mayer, 1985). One of the most established mediation programs used for permanency planning in child welfare is in Oregon and has been in existence since 1992. Previous research finds that involving mediators in the permanency planning process can balance the power, empower family members to express their opinions and provide each participant with an equal opportunity to participate (Barsky, 1996).

Some PCP meetings also arrange to have a facilitator who is trained with the process and an expert who works with the caseworker and assists the group by leading participants through solution-focused process. It can be beneficial to have this facilitator assigned to the family's case throughout their involvement with the agency. Some PCP approaches use a qualified facilitator who has completed a DHS approved facilitator training, such as in Family Team Decision Making, and is competent to conduct meetings that focus specifically on child safety, permanency and family well-being.

FACILITATING THE PARTICIPATORY CASE PLANNING MEETING

(Some of this information was derived from www.dhs.state.ia.us/policyanalysis)

Throughout the meeting it is important to use cooperative language (e.g., "We would like to work with you and identify ways that we can be supportive.") It can be helpful to prepare a flip chart that includes the meeting outline, meeting outcomes, ground rules and closure.

1) TIPS FOR FACILITATING THE INITIAL PART OF THE TEAM MEETING

- Introduce all members attending the meeting, and explicitly state the roles of each participant.
- While not a requirement of all participatory case planning meetings, an option is to have all participants sign a confidentiality agreement.
- Establish an agreed upon set of ground rules to be used during the meeting, which may include the following:
    - All participants are to be treated with respect.
    - The information discussed at the PCP meeting is sensitive and personal. Thus, all team members need to respect the family's privacy. While respecting the privacy of the family is important, due to the nature of the meeting, it may be necessary to share some information with the court.
    - One person needs to speak at a time, but everyone will have the opportunity to speak.
    - The goal of the meeting is to reach a consensus about a decision.
- Review the meeting agenda. and ensure that participants understand the focus and purpose of the meeting
- Establish a process for recording important topics that surface during the meeting.

2) COLLABORATELY CREATE THE PLAN

These are important points to consider when drafting the case plan at the meeting (see *Appendix C* as one tool to use in facilitating the development of the case plan):

- *Using Prior Checklists, Identify Family Risks and Strengths*
  - Encourage the family to share their perspective on their strengths and needs.
  - Address issues and concerns that the family may not have addressed.
  - Openly discuss family risks and strengths that the family has not identified.

- *Draft a "Goal Plan"*
  - When possible, have the family identify the order of needs to be addressed along with the safety of the child
  - What are the goals?
  - What interventions and services will be used to achieve these goals?
  - Discuss both formal and informal service options, and encourage the ***family*** to state what would be most effective for them.
  - How will the case plan be evaluated to determine goals and accomplishments?
  - What are the timeframes for goal achievement?
  - Who is responsible for these steps?
  - Which are priorities among the goals?
  - Identify who is going to do what, when, where, how often and how long to accomplish each goal (ensuring accountability).
  - Facilitate and document agreement.

- *In Discussing the Decision, Use Solution-Based Questions*
  - One method to assess the team meeting participants' confidence and commitment to decisions is to use solution-based questions (Berg & Kelly, 2000):
  - A parent can be asked, "What will it take from the people at the table to help you follow-through with this decision?"
  - To the entire team of participants, "On a scale of 0 (no chance of succeeding) to 10 (reaching the goal) where does everyone see this plan?"
  - To the child welfare worker, "What else can the parent or their supports do to help assure you that the child is safe?"

- To supporting family members, “How confident are you that you will be able to help your family member, such as watching the child every day?”

3) STABILIZE CRISES/DEVELOP A CRISIS SAFETY PLAN

- Conduct an assessment of the risk and safety factors of the family

- Assessment should include Family Strengths and Needs
- Address parent/caregivers pressing needs so that the team can develop proactive crisis/safety planning
- As part of the meeting, Identify a specific plan for follow-up including dates, times, modality (home visit, phone, community)

4) ENDING THE MEETING

- Recognize the contribution of each participant and thank them for attending
- Set an agreed upon date for the next team meeting or to review the plan if deemed necessary

TIPS FOR EFFECTIVELY HANDLING CONFLICT IF IT ARISES

- While inviting a third-party mediator would be ideal, it may not be economically feasible or there may not be someone available to provide such a service. Thus, effectively handling conflict may be left to the child social worker. These are some suggested ways to handle any possible conflicts during the permanency planning meeting (sources: www.mediationservices; Making the smart choice: Tools for resolving conflicts, The Family Institute at Northwestern University). In resolving differences, first ask and then decide if all participants should discuss the conflict. In making this decision these are some helpful questions to consider (Handbook for Family Team Conferencing, 2001 :
  - Should the entire team of participants be involved?
  - Is the entire team of participants needed to solve the conflict?
  - In what ways is the conflict impacting the development and implementation of the family’s plan?
  - Is additional support needed from someone who is not a participant at the meeting in order to solve the issue?

TIPS FOR EFFECTIVE PROBLEM-SOLVING

- If conflict arises,
  - Explicitly acknowledge that there is a conflict, and reflect on the current situation.
  - Invite the parties to engage in a constructive conversation.
  - Explicitly state that you want to arrive at a positive resolution.
- Invite all parties to share their perspectives

- Ask each participant to share his/her perspective.
- Paraphrase what was heard. Ask if what was stated was correct and if anything else needs to be added.
- Acknowledge your own responsibility.
- Describe your perspective on the situation, and be *very* specific.

- Attempt to build shared understanding
  - Explicitly state the issues that need to be resolved.
  - Discuss each issue separately, one at a time.
  - Address any assumptions.
  - Explicitly ask each participant what their wants, needs, fears and hopes are as well as their feelings.
  - Work to agree on a solution.
  - Once every participant has addressed his/her individual interests and feelings, work as a group to brainstorm options for each issue.
  - Make agreements that can best meet both parties' interest.
  - Throughout, use a low voice and neutral body language.
  - To the best of your ability, remain focused on the problem and identified issues.

BEHAVIORS TO AVOID WHEN APPROACHING CONFLICTS

- Avoid sarcasm.
- Don't make assumptions about how people are feeling or thinking.
- Don't discuss the issue or situation when one or more parties are feeling extremely angry.
- Don't decide upon a solution until all parties have heard and understood each other.
- Avoid "you messages" (you should, you always, you never...). Try to avoid these types of blaming statements and use "I messages" instead.

5) PROVIDE WRITTEN COPIES OF THE PLAN TO ALL OF THE PARTICIPANTS AT THE END OF THE MEETING

FOLLOWING THE PARTICIPATORY CASE PLANNING MEETING

1) IMPLEMENT THE PLAN

- Case manager coordinates delivery of services
- Case manager ensures that services are delivered and effectively used

2) FOLLOW THROUGH/REVIEW AND REVISE

Follow Through

- Within 24 hours of the meeting, update the case plan to reflect what was discussed and decided upon at the participatory case planning meeting.
- Even after a family "crisis" ends, workers should ensure that the agreed upon plan is followed through with and that families continue to receive support.
- Consistent follow-up on the decisions and case plan made during the meeting is crucial.
- Identify whether or not each person with a role in the plan has followed through on agreed upon tasks.
- Determine whether or not services have been identified and initiated and if they are having the desired results.
- Determine if an additional meeting with the entire team is needed.
- Follow-up with the family and assess their progress. Some helpful follow up questions follow (derived from *Rethinking Child Protection: A New Paradigm*, 2005):
  - "On a scale of 1-10, 10 being goal accomplished, 0 being no progress, what number are things at right now?"
  - "What tells you things are that number?" "What exactly did you do?"
  - "Has it been difficult to do?"
  - "What will it take to keep this progress going?"
  - When there's little progress,
    - "Suppose you decide not to do what is on the plan, what do you think will happen?"
    - **"**What could I do differently to be useful to you in this situation?"
    - "Would it be helpful if I told you some more about the services that I think might be useful?"

3) EVALUATE AND REVISE

Evaluate the Practice and Family Progress (See Appendix D for suggested outcomes and processes to guide evaluation and Appendix E for some helpful assessment tools.)

- An outcome evaluation needs to be conducted that can assess if the PCP objectives and goals were met
- Conduct an implementation evaluation to understand what processes are being carried out and how they relate to outcomes
- The family plan needs to include outcome measures such as child well-being

SOME SUGGESTED OUTCOMES TO ASSESS/DOCUMENT

- Document the supports and services that were included in the safety plan.
- Document demographic information for the children and families who participated in the meetings.
- Document the placement outcomes for the children (by percentage).

AT THE FAMILY/INDIVIDUAL LEVEL

- Reduced recurrence of maltreatment
  For example, of all children with a substantiated allegation within the first six months of a 12-month study period, what percent had another substantiated allegation within six months?
- Increased family confidence
- Increased stable kin placement
- Reduced rate of reentry
- Improved attitudes and behavior when engaging with the child welfare system

AT THE INSTITUTION AND COMMUNITY LEVEL

- Reduce time to reunification (when appropriate)
- Raise knowledge and awareness of family values
- Move to a focus on preventive case management
- Raise community and kinship network utilization

CONCLUSIONS

There is growing interest and popularity in implementing participatory planning in the family social services arena. However, despite this growing interest, currently there are some inconclusive findings and lack of empirically tested effectiveness that show improving positive outcomes for children and families in the long term. These inconclusive findings are common when contending with such complexity. As stated by some researchers, “Theoretically, involving parents, changing parenting attitudes and behaviors and improving parent-child interactions should have both short- and long-term positive effects on child development . . . However, there is little research evidence to support the assumption that parent services affect child outcomes.” (Wagner & Clayton, 1999)

While there is not sufficient evidence in peer-reviewed journals to conclude that Wraparound services or Family Group Conferencing consistently results in better outcomes than alternative treatments for particular groups of children and families, there is some encouraging and positive evidence. The research generated thus far illustrates the effectiveness of the participatory planning model, mainly involving families in the decision making process for contributing to some positive outcomes for families and children. Some of the most noted process oriented findings are that families are generally satisfied with the participatory planning process (FGCs and Wraparound), exhibit greater commitment to receiving services and feel more empowered when they are involved in contributing to decisions that affect them and their families. Participatory planning, specifically the Wraparound approach, appears to lead to decreased clinical symptoms, decreased recidivism rates and increased school achievement for Severely Emotionally Disturbed children and youth.

It is our belief that by focusing on the key common elements that have been identified and ensuring they are consistently incorporated into all aspects of participatory case planning, the outcomes for children and families will be increased. It is equally important that ongoing evaluation and continuous quality improvement strategies be incorporated into all strategies of participatory case planning.

PRACTICE DEFINITIONS

Permanency Planning: While there is not a standard definition for permanency planning, it consists of the core idea that engaging in concrete planning and decision-making results in children being placed with caring adults to ensure that children have stable lifetime relationships.

Child and Family Team Meetings: These are structured, facilitated meetings that bring family members together with the support of professionals and community resources so that a plan can be created to ensure the safety of children and meet the family's needs using a strength-based approach.

Family Group Conferencing: This is a type of family meeting that involves an independent coordinator who prepares and facilitates the meeting. These meetings take about 25 hours of preparation time over 3-4 weeks with an emphasis on identifying family strengths. There is participation of all family members and, during the meeting, includes private family time. Typically these meetings are held under an on-going caseworker and involve a neutral facilitator.

Family Unity Model: These family meetings involve an independent coordinator to prepare and facilitate the meeting. The distinctive characteristics of these meetings are that there is less emphasis on advanced preparation and there is no specified private family time during the meeting. The caseworker is the person responsible for monitoring the case and implementing the plan devised by the family, caseworker and other providers present at the meeting.

Family Decision Making Meeting: These meetings combine elements from both the FGC and Family Unity model by explicitly discussing strengths and concerns and providing private family time during the meeting.

Family to Family (Annie E. Casey Foundation): These meetings are typically planned whenever there are placement changes or if reunification is to take place. There are usually two types of Family to Family meetings: Team Decision Making and Family Team meetings. In TDM, the family is involved in helping to determine alternatives and to assist in making the best possible decisions regarding placement. In the Family Team Meetings, there is an emphasis on developing and maintaining a positive relationship between the birth parents and the foster parents. These meetings are typically held within days of removal of the child in order to be reunified with the birth parents.

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APPENDICES

Appendix A

A quick way to assess how significant AOD issues are for a client over a 24 hour period is to ask,

OVERALL, IN THE PAST 24 HOURS MY CRAVING SCORE WAS

0	1	2	3	4	5	6	7	8	9	10
No desire to use		**Stress, anxiety, negative feelings**		**Thoughts of using, but I can cope**		**Stress, anxiety, negative feelings**		**Urgent thoughts of using. Staying in control is a real struggle.**	**I'm suffering and on the verge of saying the "Heck" with it.**	**It is inevitable that I am going to use.**

Appendix B
Collaborative Values Inventory: What Do We Believe about Alcohol and other Drugs and Services to Children and Families?

After reviewing the results from a collaborative scoring of the Inventory, it is important to discuss the areas of common agreement and divergent views. That discussion should lead to a consensus on principles that the collaborative members agree can form the basis of state or local priorities for implementing practice and policy changes leading to improved services and outcomes for families.

Circle the response category that most closely represents your extent of agreement with each of the following statements.

1. Years of professional experience in my primary program: _____.

2. Dealing with the problems caused by alcohol and other drugs would improve the lives of a significant number of children, families and others in need in our community.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

3. Dealing with the problems caused by alcohol and other drugs should be one of the highest priorities for funding services in our community.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

4. Illegal drugs are a bigger problem in our community than use and abuse of alcohol.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

5. People who abuse alcohol and other drugs have a disease for which they need treatment.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

6. People who are chemically dependent have a disease for which they need treatment.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

7. People who abuse alcohol and other drugs should be fully responsible for their own actions.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

8. There is no way that a parent who abuses alcohol or other drugs can be an effective parent.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

9. There is no way that a parent who is chemically dependent on alcohol or other drugs can be an effective parent.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

10. In assessing the effects of the use of alcohol and other drugs, the standard we should use for deciding when to remove children from their parents is whether the parents are fully abstaining from use of alcohol or other drugs.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

11. In assessing the effects of the use of alcohol and other drugs, the standard we should use for deciding when to remove children from their parents is whether the parents are competently parenting and whether their children are safe.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

12. We have enough money in the systems that respond to the problems of alcohol and other drugs today; what we need is more effective programs using the funding we already have.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

13. We should fund programs that serve children and families based on their results, not based on the number of people they serve, as we often do at present.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

14. We should fund programs that treat parents for their abuse of alcohol and other drugs based on their results, not based on the number of people they serve, as we often do at present.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

15. If we funded programs based on results, some programs would lose some or all of their funding.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

16. Our country agencies do a good job of involving people from the community in planning and evaluating programs that respond to the problems of substance abuse.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

17. Our county agencies do a good job of involving people from the community in planning and evaluating programs that serve families affected by child abuse/neglect.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

18. Changing the system so that more services were delivered closer to the neighborhoods and community level would improve the effectiveness of services.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

19. Changing the system to require that all clients, regardless of income, who receive services, should make some kind of payment for the services with donated time, services or cash, would improve the effectiveness of services.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

20. If agencies delivering services to children and families would work more closely together when they are serving the same families, the effectiveness of services would improve.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

21. The most important causes of the problems of children and families cannot be addressed by government; they need to be addressed within the family and by non-governmental organizations such as churches, neighborhood organizations and self-help groups.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

22. The problems caused by use of tobacco by youth are largely unrelated to the problems caused by the use of alcohol and other drugs by youth.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

23. A neighborhood's residents should have the right to decide how many liquor stores should be allowed in their neighborhood.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

24. The messages which youth receive from the media, TV, music, etc. are a big part of the problem of abuse of alcohol and other drugs by youth.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

25. The price of alcohol and tobacco should be increased to a point where it pays for the damage caused in the community by use and abuse of illegal drugs.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

26. I believe that Participatory Case Planning is very effective in assisting families in recognizing the effect of alcohol and other drugs on the family.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

27. I believe that Participatory Case Planning is very effective in assisting families to enter and complete treatment for alcohol and other drug problems.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

28. I believe that a comprehensive training program for child welfare staff in serving families affected by alcohol and other drugs will be sufficient to address the problems of substance abuse/dependence in child protective services.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

29. I believe that confidentiality of client records is the most important barrier for alcohol and drug treatment and children services agencies to work together.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

30. I believe that publicly funded alcohol and drug treatment providers should consider women from child welfare as their most important clients to receive services.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

31. Some parents with problems with alcohol and other drugs will never succeed in treatment.

Agree 1 2 3 4 5 6 7 8 9 10 Disagree

32. The proportion of parents who will succeed in treatment for alcohol and other drug problems is approximately (circle one).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

33. The proportion of parents who will succeed in family services, regain custody of their children and not re-abuse or re-neglect is (circle one).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

34. The most important causes of problems affecting children, families and others in need in our community are (circle only three):

a lack of discipline
a loss of family values
racism
drug abuse
mental illness
domestic violence
alcoholism
poverty
economic changes that have jobs
low intelligence
inadequate support for low-income families who work
the level of violence tolerated by the community
the drug business
incompetent parenting
too few law enforcement personnel /fragmented systems of service delivery
deteriorating public schools
the way the welfare program works
children born and raised in single-parent homes
a lack of business involvement in solutions
illiteracy

lack of skills needed to keep a good job
the harm done by government programs
illegal immigration
child abuse
an over-emphasis upon consumer values
media concentration on negatives
Other:_____

35. The primary arena I work in is. . .
_____ Alcohol and other drug programs
_____ Services to children and families
_____ Other

Appendix C

_____ FAMILY PLAN

(adapted from Sheila Alimonos, Training Coordinator for Denver Department of Human Services)

GOAL:_____

_____

_____

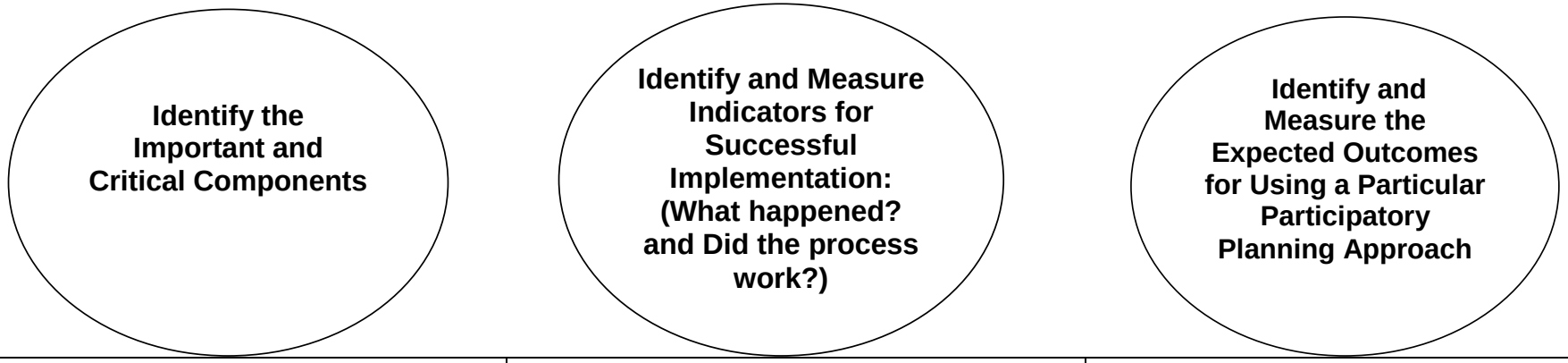
(Identify the overall goal for the participatory case planning, e.g., "establish a stable placement for Geofferies children who do not have biological parents")

Assumptions	Activities	System Outcomes	Child and Family Outcomes	Indicators

Appendix D

THINKING ABOUT EVIDENCE-BASED PRACTICES

As stated throughout this review, any participatory case planning practice, model and/or intervention that is adopted should identify measures for success and the expected outcomes of using a particular approach. Below is a diagram which provides one way of thinking in how to plan and implement an evidence-based approach:



This may include the following: **1) Birth parents and important caregivers are at the meeting and actively participating.** **2) A plan is agreed upon by all group meeting participants.** **3) Meetings are comfortable.** **4) Community partners and other service providers attended the meeting.** **5) Culture is attended to and incorporated into the plan.** **6) There was adequate preparation.** **7) Children/youthwere asked to attend when appropriate.**	**This may include the following:** **1) # & % of birth parents attending the meetings** **2) # & % of birth parents felt they actively participated** **3) # and % of meetings that resulted in an agreed upon family plan** **4) # & % of community members and other service providers attending the meetings** **5) # & % of meetings where specific attention is given to culture** **6) # of hours given to prepare for the meeting** **7) # & % of children/youth attending the meeting** **8) Participants level of satisfaction with the meeting**	**This may include the following:** **1) Increased likelihood that child/youth is placed in a stable family home (permanent placement)** **2) Increased likelihood that child/youth clinical symptoms will decrease** **3) Increased positive family communication and relationships** **4) Increased positive social worker-parent/caregiver relationships** **5) Reduced recidivism** **6) Increased family satisfaction with community and agency supports** **7) Increased family self-efficacy**

Appendix E
TOOLS

The following questionnaires might be helpful in gathering data for evaluation of the participatory case planning services that your agency provides.

The Tools

1. Family Satisfaction with Participatory Case Planning Questions

2. Staff Satisfaction with Participatory Case Planning Feedback Questionnaire

3. Satisfaction with the Participatory Case Planning Meeting Questionnaire for Lawyers, Social Workers other Community Member Participants

1. Family Satisfaction with Participatory Case Planning Questions

Source: Parent Collaborative Group, 2006, implemented in an evaluation of the Texas Department of Family and Protective Services

(Note: These questions do not come from a standardized measure but may assist in evaluating part of the process in using Family Group Conferences if modifications and what modifications are needed.)

Empowerment

1. I felt comfortable about sharing important information with those involved in this family plan.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

2. I was comfortable asking the professionals/service providers questions.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

3. My opinions and decisions about how to ensure the children's safety and wellbeing were respected.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

4. I feel I will be able to help ensure the child(ren)'s safety.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

Clarity of Expectation

1. The purpose of the agency and the agency's intervention was explained to me.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

2. The steps involved in the development of a plan to keep the child(ren) safe were explained to me.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

3. The sources of available help were explained to us.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

4. I understand what will happen if the plan is not followed.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

Identification of Issues in Family Plan

1. The family plan identified the needs of this family.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

2. The family plan ensures the child(ren)'s safety.

Strongly Agree Agree Neither agree or disagree Disagree Strongly Disagree

2. Staff Satisfaction with Participatory Case Planning Feedback Questionnaire

_____ is promoting increased use of participatory case planning strategies. This is consistent with the overall goals of Child Welfare to improve practices to promote permanency and stability for children and families.

This questionnaire will assist in providing feedback for the evaluation of the _____ child welfare. The questionnaire is confidential, and only non-identified information will be used for this evaluation.

1. What was most helpful concerning the participatory case planning strategy you used? What PCP meeting was implemented?

2. What was the least helpful concerning the participatory case planning strategy you used?

3. a) On a scale of 1 to 10, 1 not being helpful and 10 being extremely helpful, how would you rate this participatory case planning strategy?

1_____ 5_____ 10

b) What is one thing that could have happened to increase the above rating by one point?

4. Did you detect any difference in your relationship with your client since the participatory case planning meeting?

Yes _____ No_____ What was different?

5. **Was the participatory case planning meeting process helpful in engaging in collaborative approaches and planning with children and families?**
   Yes_____ No_____ Comment

6. **Has this been a culturally competent process?**

   Yes_____ No_____ Comment

7. **Has the participatory case planning meeting strengthened supports within and around client families and their children?**

   Yes_____ No_____ Comment

8. **Has the participatory case planning meeting reduced the delay in decision making?**

   Yes_____ No_____ Comment

9. **Did the participatory case planning process reduce the time needed for court preparation and court?**

   Yes_____ No_____ Comment

10. **Did the participatory case planning process result in improved services and positive outcomes for children and families?**

    Yes_____ No_____ Comment

11. Would you describe this participatory case planning process as a proactive early intervention?

Yes_____ No_____ Comment

12. Would you recommend using participatory case planning to others?

Yes_____ No_____ Comment

13. Do you have any further comments?

3. Satisfaction with the Participatory Case Planning Meeting Questionnaire for Lawyers, Social Workers, other Community Member Participants

Please indicate your satisfaction with the aspects of the participatory case planning process listed below, and briefly explain the reason for your rating. Rate your satisfaction on a scale of 1 to 7 by checking the appropriate box.

	I am unable to rate this item (check if applies)	Very dissatisfied ←	→ Very satisfied
1. The speed with which the appropriate parties can be brought together to address the issues and set goals	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	
Reasons for rating:			
2. The participatory case planning's success in reaching appropriate outcomes	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	
Reasons for rating:			
3. The opportunity participatory case planning affords parties to be heard	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	
Reasons for rating:			
4. The ability of the PCP meeting to determine the best interests of the child(ren)	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	
Reasons for rating:			
5. The ability of the PCP meeting to facilitate a family's access to necessary resources	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	
Reasons for rating:			
7. Overall satisfaction with the PCP meeting.	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	
Reasons for rating:			

Other comments

8. Are there any other comments you would like to make about the role and impacts of the participatory case planning process and/or recommendations you would like to make for its improvement?

_____
_____
_____
_____
_____
_____