

## **Ohio Child Welfare Practice Profiles**

### **Module 4 – Partnering**

(Liz Mangon)

Good morning, everybody. Welcome to Module 4 of the Ohio Child Welfare Practice Profiles webinar series. My name is Liz Mangon and with me today is Sonia Tillman, Lindsay Williams and Shannon Harnichar. We are all members of Ohio's Statewide Continuous Quality Improvement Community Subcommittee and we are presenters today. We are each going to just give you a brief introduction. I am the department director for Client Rights and Quality Improvement at Summit County Children's Services. And Sonia . . .

(Sonia Tillman)

Good morning. This is Sonia Tillman. I am the Differential Response and Special Projects Manager here at ODJFS.

(Lindsay Williams)

Good morning. This is Lindsay Williams. I am the Rapid Safety Feedback Manager at ODJFS and also one of the co-chairs for our statewide CQI Community Subcommittee.

(Shannon Harnichar)

Hello. I am Shannon Harnichar. I am the Program Compliance Officer for Homes for Kids.

(Liz Mangon)

Okay, thanks, guys. Okay, so today's focus is going to be on partnering and before we get started, we just want to remind everyone that the Ohio practice profiles guide, caseworker self-assessment and field tools and the coaching and supervision tools can be found on Forms Central and if you look up here on the slides, we have the link to those tools that you can access. And the guide is, if you want to look them up, without using the link, the guide is JFS08301, the caseworker toolkit is JFS01055 and the supervisor toolkit is JFS01056. So we encourage you to pull those up and take a look at them and see how you can use them to benefit your own practice. Just a reminder that ODJFS is no longer printing these booklets because the DR leadership council is in the process of actually updating the profiles to include new worker skill sets dedicated to documenting specifically and then also to integrate practices related to trauma-informed care throughout all of the profiles. So look for that to be coming soon. Also, there is an effort to rebrand the profiles from DR practice profiles to Ohio's practice profiles because really these profiles apply across the board, not just when you are working in differential response cases, but they can be used at all different points in a case. And regardless of your role or what agency you work with. So private agencies as well can use these profiles and that is one of the things that we will be talking about in today's presentation. The principals of CPS intervention just to quickly review. Safety is always first, child safety is the most important thing that we do. And when we are doing that, we want to use a child-centered and family-focused approach and really building on the strengths of the family and collaborating with family, communities and other stakeholders to try to achieve the best outcome for families. Also we always want to be respectful of family choices and remembering that each family situation is unique. So not taking a cookie-cutter approach, really each family situation is unique and deserves a unique approach to solving the problems and helping

the family to achieve good outcomes. We want to respect family's choices, but also when necessary, you know, we do have to look at utilizing the courts to help protect children. It is kind of the last resort, but also seeing what we can use in terms of extended family and community resources to assist with intervention. So today's skill set that we are going to focus on is partnering. It is the third one in the series. So some of you we know are probably very familiar with these skill sets so this may be a refresher. Others may be hearing it for the first time. But again, these are applicable to all cases and all child welfare professionals, no matter what your role is. Intake, ongoing, adoption, foster care assessor. And it doesn't matter if you work in a public agency, private agency or the court. Partnering is a crucial part of achieving good outcome.

(Lindsay Williams)

Absolutely.

(Liz Mangon)

So we have our definition of partnering as taken from the booklet. So it is respectful and meaningful collaboration with families to achieve shared goals. And so we know that each of these are meant to build upon each other. So we have already learned about engaging to help you connect with a family and start the conversation. Then, last month, we talked about assessing, so that is the process of gathering, evaluating and analyzing that information. And today we are going to talk about partnering. So that is the process that we use to establish respectful and meaningful collaboration with families to achieve our goal. Why is this important? It establishes a basis for positive, mutual collaboration. But, keep in mind again that while the profiles were designed really with families in mind, we are also looking at how partnering and all of these profiles really expand beyond just working with families. So again partner agencies, service providers, courts, private placing agencies, foster parents and others can all partner with a family and with the agency to build a foundation that will be to improved outcome. And I really, I like this quote, this comes directly from the book, but I think it really sums it up: "Approaching parents as the experts on their own children, listening openly to their concerns and perspectives, and seeking solutions with them (rather than providing for them) helps foster a trusting relationship between service providers and parents." And I mean, once you think about it, this is one of the foundational tenets of child welfare practice. So remember to always honor the family's wisdom about their circumstances. Look at their strengths and needs and partner with them to achieve child safety. Now we are going to start looking at the actual ideal practices and I am going to turn it over to Shannon.

(Shannon Harnichar)

Thank you. Okay, so one of the first ideal practices, and you know again, this could be found in the DR manual, but it talks about emphasizing collaboration through language that demonstrates respect, inclusion, validation, encouragement for the family members and really making sure that they have a role in that decision making for themselves and for their children. Just keep in mind you always want to use positive messages. Stay away from "I am" when you are talking to families because you have to remember, it is not your plan, it is theirs. And make sure you are asking the family, "what do you want to see in this plan for your family"? Try to avoid language, gestures or more nonverbal that convey blaming or shaming or may be seen as intimidating. You have to remember the family is most likely already feeling ashamed that they are in this process and having to have others involved. So we don't want to add to it. One way to encourage collaboration between the family, agency and service providers is by holding regular team meetings, especially

at critical decision points throughout the life of a case, which leads right into our next slide. And I am going to turn it over to Lindsay.

(Lindsay Williams)

Okay, great. So, this slide just highlights our most recent First Friday article and it highlights some of the awesome words that Summit County Children's Services is doing surrounding family team meetings. So, you know whether you work for a public agency or whether you work for a private agency or whether you work for a IV-E court, you have had experiences with family team meetings. And it is a great example of partnering. Everybody can come together and kind of share and work together, collaborate to help the family meet their goals. So, Summit County's work was highlighted in the April edition, and for those of you that are not already receiving the First Friday, you can start receiving this monthly publication by emailing us at [FirstFriday@JFS.Ohio.gov](mailto:FirstFriday@JFS.Ohio.gov). But, Liz, would you like to kind of share some of the work that Summit County has been doing?

(Liz Mangon)

Sure. The article really focused on the team – family team meeting work that we do at Summit County. And it really starts from the front door. When a family comes in and a decision needs to be made about child safety, a child safety team decision making meeting is held. So that is bringing everybody to the table who is involved – family members, could be service providers, caseworkers, supervisor and really talking about what needs to happen here for this child to be safe. So, you know, you could have the extreme result of a court filing to remove the child and place the child in agency custody. Often times it results in a child being placed in the custody of a relative, which is definitely less restrictive than being in the agency's custody. Also, options of safety plans and trying to implement services to avoid continued removal from the home. So that is really the first step. Then if the child does come into agency custody, within a few days we hold a family team meeting, which is a great opportunity for the foster family or placement provider, the family and the caseworker again to get together. All these meetings have a facilitator – a trained facilitator to run the meeting. And again this is an opportunity to talk about what are the child's needs. You know, really trying to maintain continuity as much as possible for the child. You know, realizing that being removed from the home and placed in a different environment can be traumatic, and really what can we all do to collaborate together to make this transition as smooth as possible? So that is up at the front of the case. But then we use team meetings really later on in the case as well. So they can be used if a placement looks like it might be just our family. We have a placement preservation team meeting where we can get in there with a placement provider and family and look at what can we do either to preserve this placement and provide support to a placement to maintain a child or planning for a move for the child in the best possible way. Because we want to avoid moves, but sometimes that has to happen. But actually planning for it, making sure that it is as smooth a transition as possible. Another time when we can use team meetings is a reunification TDM, which I think is a really important step because this could help avoid future reentry back into foster care if we sit down and make sure that all the supports are in place for the family prior to and at reunification to help provide them with the best outcome and set them up for success when the child is returning to the home because that is really a crucial time in the case. And we also do emancipation TDM. So, preparing, you know, a child is going to be leaving foster care system and looking at what do they have in terms of supports set up you know throughout their life. So we are not just cutting them loose at age 18 and having them go fend for themselves. We know that kids can't automatically just take care of themselves when they turn 18. So, really

just helping them to plan and provide that support and collaboration and again, that is partnering with what service providers are involved with the child at that time. Partnering with family, partnering with the caseworker to really again have a good successful transition into adulthood with the child. So those are just some examples of how we use, we have been using team meetings at Summit County.

(Lindsay Williams)

Well, thank you. I'll tell you, family team meetings are a really great tool to kind of establish that buy in, get everybody's opinions and kind of make sure that you are going to have a plan that is going to work for the family.

(Sonia Tillman)

It also allows the family to share their voice and have some decision making part of that process. If your agencies are not utilizing a family team approach in the caseworker field guide on page 32, there is a clinical consultation framework that can kind of help you set up what that family team meeting could look like and so this framework is kind of adapted to fit many of the types of meetings that we are making major decisions or just needing to assess what the family's issues are and how we can best serve them. That is a good framework to be able to use, so, on page 32 of your field guide.

(Lindsay Williams)

Thanks, Sonia.

(Shannon Harnichar)

And that is the perfect segue to the next ideal practice, which talks about family members having a say so and a voice in selecting the services and what service providers they want to work with. We must hear and listen to what that family feels that they need, and it doesn't mean that you can't encourage the services that you know will help them. But the key is to work with them so that hopefully they get to the point that they can also understand and come to the same conclusion that, "Okay, we need to make these changes so that we can get the results that we need". And to affect lasting change, the family must understand the purpose of the services and why and how the service will help their family. And so, whenever possible, empower the family by letting them have decision making power in selecting those service providers that they feel comfortable with. And there is different strategies you can do to achieve this. Many agencies have a brochure or a list of service providers that they can get to the families and then that family can choose from that list. It is also helpful to walk through the differences in the service providers in which ones you think may be a better fit for them and why. And then, you know, what does your agency do to help families choose their service providers such as housing, mental health, alcohol and drug treatment, parenting classes? So, you know, don't be afraid to give them tips.

(Lindsay Williams)

And if I can jump in here... this goes with something that I just have been learning about recently, which is kind of the concept of child welfare caseworkers as service brokers. So the idea behind that is that, you know, that as a child welfare caseworker you are a service to the family in and of yourself because you have become knowledgeable about all of these different services in the community and how different agencies maybe work and approach families differently and you also know the family and are getting to know the family so you are in the best position to kind of help the family navigate what services and what providers would be the best match for them.

(Shannon Harnichar)

Right. And, you know, we have to remember, we do this on a daily basis. Families have never been through this process before, so we do need to help guide them through this process and kind of hold their hands through it. Another tip is not listing the names of service providers on the case plan, that way you are giving yourself and the family flexibility to choose a service provider and you won't have to complete a case plan amendment then if the service provider changes. Always make sure you are getting releases of information and be transparent with your families and let them know that you are going to be reaching out to the provider to give them a little bit of your families' background and why you are being referred for the service. It is really important that caseworkers are clear what services they are requesting and why when they may make the referral. So, for example, if it is a drug and alcohol assessment and the individual says, "Well, I don't know why they sent me here" and doesn't open up to the therapist or the counselor and then the assessment comes back from that service provider that there is no concern. So when you as the caseworker know that there is a concern, you need to share that with that service provider that there has been a recent drug bust in the home. You know, there has been recent drug activity in the home, so obviously there is an issue and that is why they are there.

(Sonia Tillman)

Exactly. Make sure that you are securing the releases of information so that you can openly share with the service providers, but your families should not show up at a providers' agency not knowing why they have been referred. I used to encourage my staff to attend the first appointment with their family, again, to show support. "I am going to help you through this process so that we can openly have discussion about the concerns that I have, and we can make sure that this is the right service that is going to help you resolve the concern that I have". So those are key.

(Shannon Harnichar)

I agree. Absolutely. So, the next ideal practice talks about encouraging and emphasizing the family's participation in engaging in the family meetings, which Liz talked about in that First Friday article. Engaging in family meetings during home visits and critical junctures in the life of the case such as safety planning, family service planning, service plan reviews and case closures but again you know there always can be some compelling reasons that you may need to work with family members separately. Some hints: make sure the family you are working with has plenty of notice or choice regarding when meetings will be held. Consider their work hours, school and other obligations they may have. You would want the same thing when you are making your appointments. You know, you are taking your schedule into consideration. Give choices of dates and times because the family should be at the table when the decisions are made. Make sure the environment of a meeting is one that is welcoming to the family and not intimidating and consider

having teams go to them in their home. This can set the tone for your ongoing involvement with the family and providers. And then if you are working with a private agency who is working with the family, whether it is through counseling, family therapy, etc. You know, you can request or invite the family – the private agency – to accompany the family to give them that extra support. And you can always open it up to the family who they can bring, who do they feel is their support system and invite them to the meeting. You know, just to give them that extra comfort that they may need in that situation.

(Lindsay Williams)

Right. Yeah, opening the door to let the family know to bring their support person, I think, is really important, because it does really set that partnering tone and that, you know, we want the family to be successful and that we want to kind of meet them where they are. And, you know, help them build upon their strengths.

(Sonia Tillman)

A rule of thumb is that we really should not be meeting with families, I'm sorry, making decisions about families without them being present. Unless we clearly, clearly see that there is a critical urgent situation that requires that. That should just be our regular best practice that any time we are making decisions around their children, they should be at the table, be in the room and if we have to bring the meeting to them, to accommodate that, we should be as flexible and adaptable as we can.

(Shannon Harnichar)

Which leads into the next slide. As far as, you know, when you are dealing with different documents whether it is a safety plan, a family services case plan, you know, you don't want to arrive at their home with it already completed. It is their plan. Also, you don't want to just leave a blank document with the family. Okay, we know how to fill them out. We know what to do with it but they don't. So fill it out with them. And, you know, make sure you are using their phrases, their words. It is their plan, they need to feel comfortable with it. Sometimes the family when you are sitting down to do the plan... you know, you have to remember they may be slow at the beginning to give their input but encourage them and, you know, again use their phrases and words. You know, demonstrate genuine interest in the family members' perceptions and their involvement. Don't assume this family feels involved in the plan. Ask directly what other ways you or your agency can support them. Do they feel like they are being heard? And, you know, it is okay to ask them that. And then again, if there are private agencies, you can utilize the private agency treatment plan and their service plan. Always remember to avoid acronyms. Our families are not going to understand those. Again, their plan has to be in a language and in terms that the family can relate to. Don't be against changing phrases or wording if it helps the family to better understand or agree with the plan, within reason. We talked about using the family's words in the case plan and safety plan and then as far as literacy, you know, we don't want to assume that the family can read. You know, so make sure to read and review that plan with them in detail. So, you know, that way you are not embarrassing you know the family. And then, you know, make sure you are writing it together.

(Lindsay Williams)

I know, I love that idea of taking out the blank documents and saying, “Hey, this is our plan, this is what it looks like and, you know, it's blank, so we have to, you know, fill this in and figure out what is going to work for you”. And, you know, that is a great way to kind of feed back into that engagement too.

(Liz Mangon)

And really having the family also tell you what their understanding is afterwards of what they need to do.

(Sonia Tillman)

Correct. I think that is the most important. You have to have their understanding of what the issue is that we are staying involved with them. So, you can't just give them a blank document and say, “Okay, complete that”. That should be a discussion. “Here is what I am worried about. Do you have other worries that you would like me to help you with or things that you would like me to help you with?”

(Lindsay Williams)

Yeah. And it should tie back into your assessment. So, you know, last month we talked about assessment and gathering the information and kind of analyzing where the family is at. And sometimes it is a hard conversation to have with the family. Saying, you know, “Hey, remember when we had this meeting last month or last week or whatever it was, and we talked about these kinds of things, our concerns, you know, and this is why I am concerned. And these are the kind of things we need to address with our plan”. So it should all kind of flow and feed in together.

(Sonia Tillman)

And we are currently in the process of aligning the family service plan and the case plan. And we took some of the best components of the family service plan, which was exactly this. Sitting down with the family and allowing the family to have some discussion about their strengths and also about areas that they need to build up and improve and so that tool will flow very well from the case plan, the CAPMIS tools, and so we are hoping that this process will be much easier and so again, it is one process, it is one practice across our entire system. Not an AR pathway, a TR pathway, but here is a plan that will help this family regardless of which pathway their case is assigned. So I am going to talk now just a little bit about a couple of the tools that are strategies to help with partnering. Again, we started off with how do you engage with families and then how do you assess the family's situation? This is one of the tools, the strategies that really can help with all of that – engagement, assessment and partnering. You want to be respectful of the family's home. You want to try to schedule a time that is adequate for them to meet with you. You want to make sure that as you are entering that home and completing your assessment, that you are asking the questions that are going to help you make some decisions about what it is that we are staying involved for. If the family is not open to you exploring their home, we have to be respectful of that. But if there is a piece in the referral that shows that there is a concern. So, say for instance, the referral says that the kids were sleeping in a feces filled area of the home. Part of your assessment is to check out their living arrangement. And so again, you would have a very transparent conversation with the family asking for a tour. And you can do things such as ask for a tour. “Do you mind if you show me around your house? That comes across so much easier than

“I need to see your food, I need to see the beds, I need to see the kids’ clothes, I need to see where they are sleeping”. It is how you frame the conversation. And you allow that family to maintain the authority in their home and be open. “I need to see their room and I need to see their sleeping area because part of this report says that they are sleeping in unsanitary conditions or they are having clothing that is not appropriate to the season and so if that is a need for you, I need to know so that I can assist you with that”. So, there is always a way that you can use this tour guide to help break the ice, help build that partnership, and it really does show that you are being respectful of their environment, not judging them. Not coming in with just a checklist of things that you must see before you leave but explaining why we are here, why we need to check out the home. And it is a great way to involve the kids. So, I don't know about your kids, but if someone came to your home and asked your son or your daughter to show them around, they are pumped to do that. You know, they are really excited. “Sure, let me show you where my room is and here's what I have”. So you really do get an opportunity to connect with not only the parents but the children while you are going through that process. It is a very easy process to do.

(Lindsay Williams)

I love how you can kind of frame that up, begin to engage the children – that's awesome.

(Shannon Harnichar)

So, this next slide is talking about, it's the next step in the ideal practices. And you know talking about tailoring interactions based on the family's feedback, and, you know, we always have to be ready to make adjustments to the plan. You know, as things, the scenario changes for that family or maybe they now they want to add – they thought of something else, or another support that could be helpful to their family. You need to be able to make those adjustments to the plan and again show that family's voice and their decision in the plan. So all plans can be updated and amended as needed. And as a family becomes more comfortable with you, they may become more vocal and feel more comfortable in giving you input on their plan. So the first day maybe they didn't say too much but then you are out there for the third time and they are starting to feel comfortable with you and they are starting to talk. Add that to the plan.

(Lindsay Williams)

Right. And I think this is a good reminder too in you know kind of tailoring the plan that part of our role is to break down barriers for these families and, you know, and advocate for them so that they can, you know, complete their services and work to strengthen their family. You know, so like, for example, if, you know, you have a parent that needs to get gainful employment and that is one of their goals, but also one of their goals is maybe to, you know, attend parenting classes to build up kind of their skills in working with their school age child. Let's say the parenting class is in the evening but then now they've got an employment opportunity, but it is a second shift employment opportunity. So now here they are and they are stuck. So, you know, we have got to be able to be flexible and say “Okay, let's talk about this. What's going to be more important? Where are you at with things”? And then you can kind of readjust and go from there. So that is just one of many, you know, kind of situations where you may have to do that.

(Sonia Tillman)

So our caseworker tools as we have mentioned really try to – allows you to set the tone for the partnership that you want to establish. Bring your true self to the table. Be very transparent and open about why we are involved. As we mentioned in the assessing webinar, we know that that is very difficult and so if you do get out there and you are not quite able to verbalize that, before you even make that first home visit, practice having that conversation. I used to always have my staff meet with me before they went out for a first time visit and I would have them run it by me. So tell me what you are going to say to Mrs. Jones. Well how about trying this. What if she says that? And so sometimes – I know we all hate role playing but sometimes it is good to just practice it a little or even practice it in the car to yourself before you get out there at the home. And if you get there and, you know, you fluff it up – that's okay too. Ask for a do over. And I always, I joke, but there was a caseworker that went out and she came back and told us about it or someone told us about it that she really, really had a hard time her first go around and she literally asked the man, “Can I go back to my car and have a do over”? And so he stood at the door and he watched her walk back to her car. She got in, she got back out, went up again and started over. And he was like “Wow, that took a lot of courage to do that” and so he said, “Sure, you can come in”. And it just again, broke the ice, lightened the heaviness of our involvement. And so, you know, you just have to become able to be personable. And then always remember that the client is the expert of his or her situation. And we have mentioned this before. This is not our lives that we are affecting. We are making change or recommending change to a whole family that may or may not be okay with it. And so let's talk that out with them and respect that they are the experts. Ask them for their perception of the situation. It may seem to be that it's a major crisis or safety issue for us but maybe they don't see it as that same urgency. So, let's talk that out and there is your opportunity to explain what your role is as Child Protection and why this issue is becoming such a serious safety issue. And then you want to demonstrate that you trust that they want safety for their children too. “We both want the same thing here. We want to make sure that your kids are safe. How can we do that together and do that in a partnering way”? That is kind of the key to building this. You are going to get a lot more success by partnering than just telling the family what it is they need to do. And so use their perceptions to also suggest any changes that they want along the way. So, if they did obtain that job and can no longer go to parenting classes, understand that is their priority and we need to figure out another way to get that parenting education to them.

(Shannon Harnichar)

Now the next ideal practice is regarding transparency. And Sonia actually mentioned this a little bit earlier. When talking with the family, this is why I am here. This was the report that was made. This is what was said. And so you are being fully transparent about any assessments or any reports so the family needs to know that. Could it possibly upset them to hear some of this stuff? Yes. But you have to be honest with them. So, then it is also very important to be honest about their progress and, you know, what is their perspective? Do they think they are making progress? Because maybe they think they are making good progress and you have to be honest with them. “Okay, you have to come a little bit further, but here is how we are going to help you. Or here is what we are going to put in place”. Fully explain the assessment reports to the family and what it means for them. Ask if they have any questions and ask them often. Repeat yourself if necessary. And again do not use words, phrases or acronyms that they don't understand. Ask the family to share back in their own words what they think you are saying. What is the message here? That

way, you know, if you are asking them to repeat back, you are being clear as to whether, you know, they fully understand what is going on.

(Lindsay Williams)

And that transparency in just kind of relating to them on a human to human authentic level is really a great way to build trust. I know sometimes, you know, it is difficult, and the conversations aren't easy and the first few times you have to have conversations like this with families, it is scary. But, you know, you will become more and more comfortable with it the more and more you do it and that goes back to what you were saying, Sonia, about the role playing, you know, especially when it is kind of a new situation or a new kind of conversation you are having. You may want to practice it with a coworker, supervisor or... you know, in advance can really help.

(Liz Mangon)

I think this is an area where we can also involve service providers as far as being transparent. Let the family members know, "I am going to share this with the service provider". And maybe even discuss it all together at that first meeting but being transparent because that is one complaint that is often heard. "Well, my provider is telling me this but then my worker is telling me something different. So, let's make sure we are all on the same page". And you and the worker and the provider might be on the same page but then the family is hearing it completely differently. So, what are ways that we can all partner together and get that clear message across in a way that the family understands, in a way that the provider knows what they need to do and the family knows what they need to do in order to have success in their case plan?

And so, when you are developing plans – the next ideal practice talks about you know recognizing the family as the experts on their family. They know their family best. So let them do most of the talking. Don't take over the meeting. You may have to give the family some prompts or some open-ended questions so that they can start getting involved in the conversation and the process. Usually, a family starts talking when they see you are truly listening and will continue to share. And as Lindsay said, you know when you start developing that trust and become very human to them, they are also probably going to open up some more. And just remember it is okay for there to be some silence. Sometimes silence, you know, just lets them have time to think and, you know, gives them that like subtle cue – "Okay, it is your turn to talk". You know, so don't rush them. You know, we all have schedules. We all have appointments. You know, I am sure this is one of many families on your caseload. But for this family, this is it. You know, you can't rush them – give them time.

(Lindsay Williams)

And the strategic silence can be so powerful. So, like maybe, a good example might be, you know, maybe you are an ongoing worker and you are working with somebody in an ongoing case and, you know, Mom has been doing a great job with her drug and alcohol treatment and last week, she had a positive drug screen. So, you know, you can just stop over and say, "Hey, Mom, I received your report on your drug screening last week, it was positive". And then silence. And then she will, you know, start filling in the gaps. I mean it can be that easy to start eliciting information.

(Shannon Harnichar)

And then the next one, offer to accompany the family to the first few appointments, with any new providers or any additional appointments that the family may request support. Don't forget to ask if there is any barriers to getting to those service providers. Did the family have some voice in their appointment time? And then follow up with the family after that first couple of appointments. You know, what are they feeling? Are they like discouraged? Did they not like the provider? Because if they are not feeling like this is going to work or so, you know, you may have to revisit that service provider. And then lastly encourage families to participate in all the formal case reviews such as your SARs. And then don't forget. If you have a private agency involved with the family, make sure the private agency is also invited, you know, to provide support to the family and talk about the family's progress in their treatment, you know with the private provider. Use prompts and open ended questions as Lindsay talked about the strategic silence and watch your body language. You know, families pick up on that. Remember taking time to establish a good partnership now may avoid recurrent reports. As Lindsay always says, "You have to slow down to speed up". And then the other thing is not all agencies do 90-day reviews with the family. But you can still share the results.

(Sonia Tillman)

Or invite them, if they are a service provider, for example. So that leads into our next slide. Who do we include? We tried to provide you a list of those that automatically we should think about inviting. But this list is not all inclusive. We definitely would encourage you to invite anyone that is a support to that family. It could be the neighbor. It could be the church member. Anyone that is already helping that family. Or any other service provider. And so maybe Mom is receiving a service for something else, not at all child welfare involved, but she really likes that provider and that provider has become a support. Sometimes that could be your hairdresser or the person who... your massage therapist. The person who you feel supports you and can help, you know, lift you up during the times that we need to come and sit down and have a discussion with you. Bring that person. We want you to feel totally supported. Here in our office, it really is about the partnership that we try to continue to educate our counties and our private providers and our IV-E courts about. It is so key that we support, totally support service delivery so that we can improve outcomes for our families. We want to make sure that everything that we are doing is promoting safety, permanency and well-being. And so internally we try to center our work, and externally we try to center our work around six principals and you all may be familiar with our PFOF initiative. It has been in place several – many years. Lindsay, I don't know.

(Lindsay Williams)

It is Partners for Ohio's Families and I would say it is probably a good eight years or so now.

(Sonia Tillman)

And so, the six principals that are outlined under the PFOF initiative is that everyone desires respect and I also add everyone deserves respect. Everyone also needs to be heard. Everyone has strengths. Judgments can wait. Partners share power. I will say that again – partners share power. And I think that's where again if we are having outside providers working with us to help resolve a family's issues, make sure that we are all onboard with each other. Power differentials just create obstacles to partnering. It doesn't matter who is in authority. We just need to make sure that the issue is being resolved and the safety concern is being mitigated. Definitely, partnership is a

process. And I think that it is also something that we again need to slow down a little bit and allow it to happen naturally. You never go into a relationship right away feeling like you are partnered and connected. It takes time. And so, when I hear caseworkers say, “Well, God, I was there for an hour and a half”. Sometimes you might need to stay there for an hour and a half to hear and fully assess what the family's situation is. Partnership is a process and so let the process occur over time. Let that relationship develop. And then honor that as a collaborative voice. Again, it is not our authority to tell the family what they need to do. We are in a partnership and let's hear what the family has to say so that we can make sure that we are doing what they want us to provide, providing them what they want us to ask.

(Lindsay Williams)

I loved that you highlighted the six principals of partnership. There is something that our Office of Families and Children have really adopted and embraced over the last six to eight years and they were actually originally established for local agencies and how they partner and how they work with their families and we have kind of adopted them. That's how we work with each other both internally and externally with our partners. But if you are interested in hearing more about these, they are all posted on our OFC website and they are our partners for Ohio's Family Link.

(Sonia Tillman)

So we are going to talk a little bit about how partnering occurs. And I know this entire section we have already talked about that. And so we definitely want to just remind you that we want to keep that conversation honest and open and respectful. Understand that the family is the expert of their situation. You want to make sure that you are empowering them to make the decisions in their lives. This is their life to live – not ours. And so, think about – are you asking the right questions? Are you listening to their concerns? Take a minute to have that pause to fully understand what their story is. And then ask permission if we need to provide them with resources and other supports. Ask their permission of what their flexibility is like to make sure that we are getting them the services that they need.

(Lindsay Williams)

And I want to go back to the previous slide for just a minute if I can. One thing that maybe I could put you on the spot here to talk about, Liz, is the Fatherhood Initiative that Summit County does because we have had so much talk through planning about engaging fathers and I know you guys are doing some great work.

(Liz Mangon)

Yes, we have classes that we run two times a week in the evenings for fathers to come and work together and learn together. We have a practitioner on site for several hours a week to give onsite consultation. We do a graduation for fathers two times a year to really highlight the successes and all the work that they have done. We give them a couple of shopping – we have a shopping day, especially for dads at Christmastime to assist them with that. And we are really hoping to expand that. Right now, we are getting about 20 fathers a year, have been graduating from this program but the goal is to encourage their involvement. Let them learn parenting skills. Let them learn how to interact with their children and whether or not they hold custody of their child, learning how to really be an important part of the child's life.

(Lindsay Williams)

And so many times I know we focus on case plans and goals and changes with Mom that sometimes dads get left out. Are you finding that all these initiatives are having an effect on dads' involvement in the cases?

(Liz Mangon)

Yeah, I think so. I mean that's the goal, but I think that we can always do better. You know you can't forget about the fathers and really including them and using them as a resource.

(Sonia Tillman)

Yes, because that is a whole other side of opportunity, of family members, of supports for that child to help rectify whatever it is that we are worried about.

(Liz Mangon)

And I think it even kind of goes back to the slow down to speed up. So instead of maybe closing out a case really quickly without engaging the father, maybe if you take that extra time to engage the father, they will learn the foundation for getting them involved in the child's life and being a support to the family. Maybe in the future we won't get as many reports. You know maybe putting in the time up front is going to have a better outcome for that child. You know doing it now rather than, you know, when you are forced to – when the child has been removed and they are in court and the father has to be a mandatory party to the case.

(Lindsay Williams)

I am glad we went back to that. We are going to skip ahead here and go through some of the tools.

(Sonia Tillman)

Yeah, so the caseworker self-assessment tool, the goal is for you to individually, the caseworker or the provider to individually assess their level of skill with each of these ten practice profiles. Again, you know best what your practice looks like and so I would encourage you to read through the practice profiles book, read through that ideal column, the developmental column and the unacceptable column, and gauge where you are with your own practice. We suggest that you do a scaling activity on your own practice and so, where am I with this partnering skill? Do I partner well based on the activities that are listed under ideal practice? Am I demonstrating those? Do I do that in person? If I find that I am not doing that, I may be giving myself a 5 and maybe I need to develop in some of those areas. You can go right in and try out some of those activities and try it out for a period of time and then see where you feel in another month or two and then scale yourself again. Did you move from a 5 to a 7? Did you go from a 5 to a 3? I mean, you just have to scale yourself. This is a great way again not having someone else judge you on your practice, but internally having a good understanding of what your practice looks like. And trying a couple of new things – new strategies, new techniques, even pulling out some of these tools to practice so that you can improve your practice. For supervisors that have staff, the big question is always: well, how do I know if my caseworkers or my staff members are demonstrating these skills out in the field? I highly encourage you to shadow with your workers. Go out and have home visits with them. Attend those family team meetings while the family members are there to get feedback on how your workers connections or, you know, how your worker has done with that family. And

then you can start asking them questions as well. So, how did you invite this family to receive services? What did you do? Did you just give them the referral and have them go and make that initial appointment or did you go out with them? Did you help them make that first appointment? How have you reflected the changes from their case plan? Sometimes we start out with families and it is one or two issues but by the time we are finished, we may have learned two or three other issues that we need to add and so, how did you have that conversation and were you comfortable explaining to the family why we need to add two more objectives onto their plan? And then those kinds of things just again help you gauge the commitment and the level of partnership from your worker's standpoint to the family.

(Lindsay Williams)

Absolutely. A little bit to that slide where we have to click it a bunch of times. Alright, let's see how we do here. Hold on, okay. Alright. So, you guys, if you have been a regular in our webinar series, you have probably seen this slide before. This we have adapted a little bit to the specific profile of partnering. But the main thing we want to get everybody to understand from here is that, you know, the family's willingness to partner with you and the caseworker's skill level, they kind of, they work together to determine what kind of outcomes you are going to have with the family. So, when you are talking about a family's willingness to partner, you are going – if you are lucky, you are going to have a family that is very easy to work with, not defensive, very up front, open, honest, self-motivated, self-aware, resilient, you know, they are ready to go. More likely, you know, we are seeing families that are having some or all of, you know, these issues where, you know, they kind of have a victim mentality or a trouble sustaining motivation, procrastination, you know, self-sabotage and resistance to learning new skills. You know, they lack that trust. And so that is usually where we are starting somewhere with at least a few of those traits with the families. And then you have, you know, caseworker's skill level varies. And it varies in respect to each of, you know, the profiles. So, if you are not even looking globally, we are just looking at this profile. You know, if you have a caseworker that is a little bit lesser skilled or more unsure about partnering, you know, maybe they don't know how to tailor their interactions based on the family's feedback or maybe they are not good at this open dialogue and sharing results of assessments with the family. You know, maybe they, I know, Shannon mentioned this earlier where she was talking about how you can't monopolize the conversations. You want to ask those open-ended questions and give the family an opportunity to open up. You know, maybe they don't see the family as an expert on themselves. Those kinds of things. And so, where we want to get is where all those ideal practices are related to partnering, you know engaging and collaborating with the family with service planning. You know, being that service broker linking the family with appropriate services and being able to evaluate the effectiveness. You know, the tone of your voice, your body language is very important. You know, your ability to be respectful and demonstrate cultural and diversity competence is really a way to show, you know, that you are sharing power. That you are equal. That you don't think you know that you have all the answers. And that communication and collaboration. So, you have those two different kinds of axes and, you know, the caseworker's job if you have a caseworker that is higher on the partnering skills can kind of, you see the arrow over on the right, then can kind of move, that, you know, lower partnering family. They can help move them up into, you know, the higher range. And if you have – if you are a supervisor and you have a caseworker, you know, that is working on improving their skills of partnering, you are, you know, asking some of those questions and some of those things like Sonia was talking

about in supervision and modeling and going out with them, you can help move the caseworker in that direction so then that way you are more likely to be in one of those quadrants with, you know, the successful outcomes or the superior outcomes.

(Sonia Tillman)

One more thing that just jumped out for me is that we need to also understand that our families may have had previous involvement with Child Protection and it may not have been a pleasant involvement with Child Protection. And so, understand that they may be dealing with past trauma of our CPS involvement and so we have to be mindful of that along with any other traumas in their own lives. Many of our families are victims of abuse and neglect themselves and so again using that trauma-informed care lens is crucial when you are trying to establish a partnership and engage to thoroughly assess what the family's dynamics are. It is okay to say to a family, "I understand that your last CPS case may not have been the best. Or you didn't have a great experience with that worker. I am someone different. I am here now. We need to start fresh. I apologize that that situation was traumatic for you. But I am here to help you," and then let's demonstrate that in our actions. We can't erase what may have happened but we definitely can acknowledge that there may have been some trauma. "How do we move past that because today I need to make sure that we are assuring safety for your child?"

(Lindsay Williams)

Or even that worker that asked to start over, you know. Sometimes, I mean we are not perfect. We make mistakes and approach things the wrong way and sometimes it is really kind of, you know, goes a long way to make that connection to just say, "I made a mistake. Can we start fresh? Can we look at this again?" Great all the time!

So as we kind of wrap up today with our content part, we wanted to bring everybody back to the circle of partnering. And this actually comes from, I believe a flyer that Summit County uses. All of the flyers for all of the profiles are posted on our Ohio Child Welfare Learning Collaborative page. So, cuts out and hang them around your offices to kind of continue walking through our profiles, cuts out you know, folks about these ideal practices. But you know, this cycle of partnering talks about, you know, encouraging families, you know, again showing your interest and honoring their perceptions, you know that transparency piece, you know, respecting them as the expert on their family and their lives. And then I like that accompanying family to first appointments with new providers and offering support. It is that warm hand off, that making that connection and that can really go a long way.

And so that is the end of our formal presentation. We are going to offer a few minutes. I know some of you have been putting in questions in the chat as we have been walking through this. We have Melissa Flick, one of our technical assistant specialists here with us again today manning the questions. So questions, comments, suggestions, go ahead and type them into your chat bar. We are going to take a couple of minutes to pause and look at those and then we will come back and get those questions answered for you.

Okay, everybody. We are going to come back here. The questions are starting to roll in now. One thing we wanted to go back and clarify earlier when we were talking about the best practice of taking out those blank documents for some of the plans. That is a good practice to take out the

blank documents for some of the plans because it shows that you are not writing the plans without the family's involvement and we do want to do that and write the plans together. What is not – where that kind of, that little nuance is you don't want to take out the blank plan and leave it with the family and expect them to complete it on their own and give it back to you. You take it out blank so you can sit down together and have that discussion and jot some things down together. So hopefully that clears up any confusion on the yes blank plans, no blank plans. What other questions are we getting, Melissa?

(Melissa Flick)

A question that we have was as a placing agency worker, what would you suggest to be the best way to explain your role in the children's lives and/or as part of the service team?

(Lindsay Williams)

So, I am when you say placing agency worker, are you talking about as a private agency, that, you know, your agency is providing the placement for the child or if it is a public agency or are you talking about a public agency caseworker that is going to be doing a removal or something like that? So there is a little bit of different nuances like that.

I think it's a private agency, so I am going to refer that one to our expert here.

(Shannon Harnichar)

So, you know, I work for a private foster care agency so, you know, what we do is one, we always make sure no matter small the child is because we are dealing mostly with the child, not so much the family until we get that go ahead from the custodial agency that “Yes, we want you to work with Mom. We want you to include Mom in therapy...” because you need to you know as a private agency, it is very important that if you didn't receive the case plan for that child and that family that you at least asked the custodial agency where is this going? Because you don't want to be going in a different direction than the custodial agency. That could be a disaster. And very confusing for the child. And so, you know, we always explain to the child, “You know, we are here, you know this is what is going on in your life”. We try to explain as much as possible. We share, you know, what we think they can understand. So we share with the child what our role is as the private agency. “We are going to help you with, you know, so you feel more in control in the classroom. We are going to help you develop ways to deal with bullying. We are going to help you deal with it. And then if Mom or Dad or Grandma, whoever if there is a reunification plan, then we will start placing the child. Okay, so now we are going to help Mom. Mom is going to come in and visit with us today. And explain actually why you are sitting there. If the custodial agency wants you to include Mom or Dad on joint counseling sessions, you know, hey, I am helping your mom because your mom has had a difficult time too. She is a person. She is a human being. You know we all need help with things.”

(Lindsay Williams)

That's a great approach. And you know, as I am listening to you answer, I am kind of thinking, ‘Gosh, you know, especially for young children, they have different caseworkers and judges and different service providers, and you know...’

(Shannon Harnichar)

They are overwhelmed.

(Lindsay Williams)

Agency caseworker and they don't know how it all fits together. I think that is a really good suggestion. You know, even a family team meeting could stop to even go around and explain to the children if they are including them in those meetings, kind of what their role is and what each person can help them with.

(Shannon Harnichar)

Right. And just the last thing I want to say is, also if you are a private agency provider, make sure you are communicating with the county worker. You know even if it is just a quick email: "Hey, Johnny said this today in our session. Or this came up. I wanted you to be aware, you know, don't know if this is true". But you have to always include the county worker in everything and emails are so quick. We have our phones. And you can wait till you get out to the car. Shoot an email so you don't forget.

(Lindsay Williams)

And that is great. Like when you have a public and a private agency involved in my mind, like I am thinking of like that kind of mirror, like you know, you have a child and a family, and it is like Mom and Dad have to be on the same page. So that communication and partnering has got to be there.

(Melissa Flick)

I would just ask you sometimes with a placing agency worker the way I have heard it explained. Like if your agency is the one that is licensing the family, some workers will explain that they are kind of like a child has a caseworker, the foster family has a caseworker, so they will explain that like "I am there for the family to make sure that if they need any help meeting your needs that I am there to help them to do that". I have heard that explanation from not just private agencies, but if you are a public agency that also has foster care, foster adopt workers that also are assigned to families. So they explain themselves that way to kind of delineate those roles.

(Lindsay Williams)

Thank you. Do you have any other questions?

(Melissa Flick)

We do – okay. What do you mean by a trauma-informed lens?

(Sonia Tillman)

So, trauma-informed care is kind of, it has been around for a couple of years now. It originated from the ACEs study, which is the adverse child experiences and what it does that study identified several key areas where kids have been traumatized, and it doesn't necessarily mean that it is every child welfare involved family. Many of us could have had adverse childhood experiences that we did not realize affected us throughout our life, and so from that ACEs study, from that original study, they then developed a way to understand trauma and then help the family deal with that trauma or the individual deal with that trauma so that they can move past and become fruitful in

their other areas of life. Because sometimes we experience trauma and that sometimes staggers our progress or sometimes it completely disables our progress.

(Lindsay Williams)

Right. And so, when you think about it, some of those adverse childhood events are like you know if your parents are divorced. Or you know you don't have both parents in the home. You experience the death of a loved one. Maybe you had a parent that has been in jail. Maybe you have been exposed to substance abuse or domestic violence or child abuse and neglect. You know all of those kinds of things that are common in our families and, you know, I am sure as an adult any of us know those kinds of childhood experiences really help form us and who we are and how we interact with the world and how we see the world and how we relate to others. And that is really the trauma-informed care piece is, you know, being sensitive to that, understanding that, understanding that some of these behaviors that we are seeing. You know, and I think as a system in Ohio, we do a fairly good job being trauma informed when it comes to our youth, understanding the experiences that they have been with. You know, really talking to our foster parents about “Hey, you know, these kids are coming in here and there is some trauma and kind of working with those treatment homes to help, you know, create those linkages between the behaviors that it is not that the child is a bad kid, it is that they are acting out from those behaviors.

(Shannon Harnichar)

At our agency, we always go to our training on foster parents. We try to get them to flip the switch from “Why is he behaving this way” to “What happened to you”? And then it is always important and one of the principals of trauma-informed care and again, something we have to reiterate to our foster parents all the time. If some of these foster parents don't understand. “Well, I don't understand why he doesn't feel safe. I have a safe home. He has been taken away from all of that”. For a kid who has been traumatized, they have this safety zone and these safety reactions. So maybe their reactions don't make sense to you but it is a protective mechanism for them. And, you know, it takes treatment and therapy for that child to start healing. So, you know, it is just important for foster care and workers. You can't take the behaviors personal or the reaction personally.

(Lindsay Williams)

So, a good example of that is with like, food hoarding. So, you know, you might have a child that, you know, has a habit that they went hungry lots of nights and now even though they are in a foster home where now there is food readily available and they are getting three meals a day. You know, you might have to do some additional things because maybe they are still hoarding food. So, I have heard of foster parents who do everything from you know sit down and say “Okay, breakfast is at this time, lunch is at this time, dinner is at this time”. To take the child grocery shopping – to let them pick what foods they are going to have. To even, you know, a situation once where the kids would take like leftover food, then they be up in the room and they would spoil and stuff, so what the foster parents did was got a box and got a lot of non-perishable foods, crackers, cookies, you know, fruit snacks those kinds of things and said “Okay, here, these foods you can keep in your room. You have them. They are yours. You can have them any time you want”. And some of those kinds of things you know lead to that trauma informed plan.

(Sonia Tillman)

So it definitely is a practice that is growing across our state and that is actually one of the revisions that we are making to the practice profiles. We really wanted to make sure that we inserted examples of how to utilize trauma-informed care practices when you are working with families. As we know, many of our families have had trauma prior to our involvement. In addition, I have to give a plug from my other program area. Our transitional youth programs will be having a statewide meeting on May 1<sup>st</sup> and we have a ton of trauma informed related speakers that are dynamic and so I can provide that link out through the mailbox as well. So, if you are interested, it is our statewide traditional youth programs meeting, and it will be on May 1<sup>st</sup>. So, we have some pretty dynamic trauma-informed care speakers and we are also tying in opiates and how the opiate epidemic has created trauma for our adolescents that are in care.

(Lindsay Williams)

I am so glad that you brought up the opiates. So, one thing that I feel like we can't end this conversation without talking about, I think, as a system we do an excellent job being trauma informed for our youth. We also have parents that have experienced lots of trauma and we have this intergenerational trauma that is very inherent to a lot of our families. And I think in an area that we as a system really have an opportunity to grow and improve on is also being trauma informed as we are relating to those adults and to the parents.

(Melissa Flick)

Okay, we have one more question. You mentioned having reunification FTMs due to foster care reentry issues. Since the implementation of these FTMs, have you seen a reduction in foster care reentry numbers?

(Liz Mangon)

We haven't completely studied that yet. I will say that we do know that our recurrent numbers are down. I can't say for sure that that is related, but it could be a possibility. But that is something we are going to be looking at to see if that has had an impact, just have not gotten through that yet.

(Lindsay Williams)

That would be a really good example of, like a CQI experiment; you can use them all over your agency and, you know, with the ROM reports that we have available that show those numbers. You know if you would implement a practice like the family team meetings at reunification kind of look at that.

(Sonia Tillman)

And even if the numbers aren't showing success, it still is best practice, definitely having them present and involved in that family team meeting. It has to be beneficial in producing some outcome, even if we don't have the numbers to crunch.

(Lindsay Williams)

Okay, well, I am going to move the slide over to everybody, well maybe if it lets me, to everybody's contact information. So these are our presenters today. Feel free to reach out to any of us and I will just give it one more minute to see if anybody else has any last minute questions, comments, suggestions. Okay, great. Well thank, you guys. And then we will hopefully see you back here

next month when our practice profile for May is Planning. So, everybody, have a great day. Thank you.