Creating a Permanence Driven Organization:

A Guidebook for Change in Child Welfare

Anu family services

Center for Advanced Studies in Child Welfare

Forward

Amelia Franck Meyer, MS, MSW, LISW, APSW

Since 2006, Anu Family Services has embarked on a journey to improve permanency outcomes for children and youth exiting treatment foster care (e.g., discharges to adoption or reunification). Through a partnership with the University of Minnesota, Center for Advanced Studies in Child Welfare, and connections with national experts and agencies who are promoting best practices, we have learned an enormous amount about how to improve permanence outcomes for youth. Since 2006, Anu has improved its permanence outcomes by 84% through the implementation of evidence-informed practices, significant cultural and organizational change, and extensive changes in practice. We have learned a great deal about how to create an organization which delivers placement stability and permanence outcomes for youth and believe it is important to share that knowledge in order to maximize each youth's opportunity for permanence, regardless of where they live.

As we struggled to identify existing resources necessary to support this journey, we began to develop our own internal resources and document our processes. Over time, as we have shared our outcomes and our processes through presentations and trainings, we have been asked, "How did you do that?" Because this answer was more complex than could be responded to in the moment, we decided to create a "How to" guide for organizations, public and private, who were interested in improving their permanency outcomes. We continue to learn more about this work each and every day and have advanced significantly in our trauma-effective practices which support permanence, even since this guidebook project began. We have also begun to export our learning to serve youth living in all settings (e.g., other foster homes, group homes, residential, juvenile detention, kin care, etc.), which has produced phenomenal outcomes in relational permanence and opportunities for permanence. As we engage more deeply in this work, it is becoming more evident that our systemic, chronic, extensive disconnection of youth from their kin and fictive kin deeply jeopardizes their opportunities for permanence.

Through these advancements in trauma-effective practices and the implementation of evidence-informed practices and tools, such as the Youth Connections Scale developed by Anu Family Services and the University of Minnesota Center for Advanced Studies in Child Welfare, Anu Family Services is engaged in innovation that advances child welfare practices in a way that *significantly* diminishes the systemic re-traumatization of children and youth that occurs through multiple out-of-home placements and *significantly* diminishes the need for temporary, stranger, or shift-staffed out-of-home care of all types. We hope this guidebook helps you and your organization promote practices that help you to join us on this bold journey, too. It is urgent!

Table of Contents

Authors:

Annette Semanchin Jones, *MSW, PhD Candidate*

Center for Advanced Studies in Child Welfare

University of Minnesota School of Social Work

Traci LaLiberte, *MSW, PhD*

Center for Advanced Studies in Child Welfare

University of Minnesota School of Social Work

Amelia Franck Meyer, *MS, MSW, LISW, APSW*

Chief Executive Officer Anu Family Services

Contributing Authors:

Mechele Pitt, *MSSW, LCSW, LICSW*

Director of Minnesota Programs, Anu Family Services

Erin Wall, *MSW, APSW*

Integrative Practices Coordinator, Anu Family Services

Crystal S. Peterson, *MSSW, APSW*

Director of Partnerships For Wellbeing, Anu Family Services

Stating the Case for Permanency:
A Sense of Urgency

The child welfare system is in need of a change – in focus, philosophy and practice. Change is an ongoing topic of discussion and debate in the profession. However, over 90% of change efforts fail due to a lack of a "sense of urgency" (Kotter, 2008). In essence, people often do not have a compelling reason to do something different than what they are already doing.

In child welfare, we are particularly vulnerable to avoiding or sabotaging change efforts because we rely on proven ways to distance ourselves from the emotional impact of the work as a matter of survival. If we actually felt the all of the pain of the children and youth we are serving, it would be unbearable. Often the impact of the pain of just one child involved in child welfare is agonizing; when you multiply that across an entire caseload, unit, department, organization, or county, it is simply too much for us to feel in its full impact and still be able to function professionally.

If we actually felt the all of the pain of the children and youth we are serving, it would be unbearable.

For this reason, we find ways to distance ourselves from the pain by setting rigid boundaries, by not connecting with our raw emotions and vulnerabilities, by telling ourselves that there's "nothing else to do" or that we are "doing our best" to improve the situation for kids. When workers do act with a sense of urgency, they are perceived by others as "young and naïve," or they are pressured to slow down.

The effect of distancing ourselves from the pain and shrinking back from the challenge of working through this pain with youth is the development of a culture that says we are "doing all we can" and, consequently, placing the blame on the children to "improve their behavior". For example, to do our best according to accepted practices we place children and youth in stranger care, often disconnected from those who are most important in their lives, and then are later these children are at risk of aging out of care with a lack of meaningful connections in their lives. Many people accept this as "the way things are" as if there is no way to change or avoid this outcome.

When a child or youth acts out, workers reach into their toolbox and find: medication (often used to numb the pain or the symptoms of grief, loss and trauma) which may not be intended, developed or tested thoroughly on children; treatment in the form of individual talk therapy; group therapy or day treatment (which are often not trauma-informed); and moves to "new placement settings." When youth act out, we pathologize their grief and loss and begin talking about changing their placement. "Maybe they need residential." "Maybe another foster home could 'handle' them better" (a.k.a. more strictly enforce punishment). This kind of placement move is used as a kind of "relocation therapy." However, we have little evidence to suggest that moving youth will improve their behavior; rather we see the opposite effect, with placement instability increasing negative behaviors and exacerbating their grief and loss.

Highlights

Stating the Case for Permanency

- All youth need supportive, lifelong connections with family and other adults.
- Ensuring children maintain and build these connections is the job of child welfare, while youth are in our care.
- Becoming permanency-driven is urgent, and it is essential for the wellbeing of youth in the child welfare system.
- Everyone in the system (administrators, direct-line staff, foster parents, etc.) needs to feel this sense of urgency as they work to establish permanence-driven organizations.
- This guidebook will demonstrate how agencies can shift from helping youth survive to helping youth thrive through a permanence-driven framework.

Multiple moves result in re-traumatization from systemic abuse and neglect. The trauma compounds, and the youth have no safe place to express their intensive grief and loss or to process their trauma. Still, we continue to blame the youth for their behaviors, which are the result of trauma which we have either inflicted and/or failed to heal. We know more than we have ever known before about the impact of trauma, but we still have entire public and private systems that do not fully understand and, therefore, do not practice, trauma-informed care. Once we **know** better, we must **do** better.

Our systemic inability to apply research and best practice technologies to our current practice has devastating impacts for the youth we serve. The children and families in child welfare systems are facing increasingly complex issues with more difficult challenges and are significantly harder to "treat." The impacts of unaddressed childhood trauma continue to grow exponentially with each new generation and are exacerbated by multiple moves and out-of-home placements in stranger care.

THE CHILDREN AND FAMILIES IN CHILD WELFARE SYSTEMS ARE FACING INCREASINGLY COMPLEX ISSUES WITH MORE DIFFICULT CHALLENGES AND ARE SIGNIFICANTLY HARDER TO "TREAT."

There is compelling research to indicate that a lack of placement stability and permanence leads to highly unfavorable outcomes for youth (Newton, Litrownik & Landsverk, 2000). However, we continue to operate systems which are primarily focused on safety not permanence. Children get shuffled around and lost in our systems, often without attention to healing the primary trauma which resulted in their initial placement. Children sometimes have more social workers than they can count which, along with the instability of their caregivers, leads to a re-traumatization of their primary form of trauma – relational trauma.

We know through years of science and research that children need stability with their caregivers or they fail to thrive. When we repeatedly break connections the youth have made through multiple moves, we create additional relational trauma. Normal, healthy brains shut down their ability to connect after multiple unresolved and un-grieved losses; this is a survival mechanism. It is a basic human need to belong and to be claimed; it is vital to our survival throughout our lifetimes. The vulnerability that we create by disconnecting youth from their families and then repeat through multiple moves is unsustainable and results in adaptations, most of which do not lead to healthy outcomes, on the part of the youth just to survive.

It then becomes urgent that we first identify ways to create safety and permanence for youth as quickly as possible upon initial removal or to find ways to support families to avoid removal entirely. We must then reform entire systems to move youth out of vulnerability and isolation and into a sustainable condition of claiming, belonging and permanence which supports wellbeing and thriving.

In child welfare, we become narrowly focused on our portion of the work, which is the time before a youth turns 18 and ages out of care. However, this portion of time in the lives of youth prepares them for their entire lifetimes and for the chain of reactions that will influence generations to come. If that isn't urgent, what is?

Identifying Compelling Reasons for Change: individual and organizational change

The first step in any organizational change is to acknowledge a more compelling reason to change than to keep the status quo; in other words, to develop a sense of urgency about why change is essential. One of key questions that organizational leadership should ask is what will happen if we don't change? In the case of permanency, an organization might want first to stop and imagine what will happen to the kids and the youth they serve if they do not change. If the organizational staff will make an emotional connection to the impact on individual youth of becoming more and more disconnected while in their care and if staff can look at the data of what happens when we are not successful at identifying permanent connections, then they can find the passion and understanding needed to drive this work forward.

Each child or youth entering care has connections to people – some current, some lost – who are important in his or her life, and we need to do all we can to ensure that each child does not become isolated and lost from those important connections. Children and youth in the child welfare system experience increased trauma, loss, and grief. Within their important relationships children and youth do much of their healing and are best able to reconcile their feelings of grief and loss. Regardless of the permanency goal for the child, regardless of the job each of us has in our organizations, we all have a role and a responsibility to help each child maintain or build those connections to family, kin and community and to honor their cultural and spiritual heritage. Connections to kin help youth form and strengthen their sense of identity. Identity formation is critical to the healing of traumas and working toward wellbeing.

> **The first step in any organizational change is to acknowledge a more compelling reason to change than to keep the status quo**

Another key point for organizational staff members is understanding what happens to an organization if it does not make the shift. As federal guidelines drive child welfare organizations and public agencies to pay increased attention to the legal and relational permanence of youth and the improved wellbeing of children in the child welfare system, organizations will be increasingly required to demonstrate how they achieve these goals. Becoming a permanency-driven organization will soon be an expectation for all who work with children and families in child welfare. As the field advances, there will be increased accountability, and it will be even more important for agencies to effectively gather and track outcome data for the children they serve. This will allow each agency to better understand how they are performing and to benchmark their outcomes with children with against other agencies to inform efforts to improve outcomes. Agencies that do not feel a sense of urgency about permanency for children may simply not survive as the field continues to move quickly in this direction and to advance in its demands for outcomes and accountability.

Organizational Change

Once members of an organization have reached consensus and are ready to begin the change process, the next step is to ask themselves if they know what to do to create the change they hope to see. This guidebook lays out a process that will move an organization through the steps of shifting the organizational culture and philosophy to changing policies and procedures in order to sustain change in practice that is permanence-driven. The diagram below outlines some important shifts that organizations will see in their work.

A Model for Change

From Focus on Safety of Child	To Focus on Permanency	To Focus on Wellbeing of Whole Child
From Seeing Kids as Victims	To Seeing Kids as Survivors	To Seeing Kids as Thrivers
From No Trauma Knowledge	To Trauma Informed Care	To Trauma Effective Care
From Maintaining Children and Youth	To Treatment of Children and Youth	To Healing of Children and Youth

Permanence-Driven Organization

In this guidebook, permanency refers to both legal and relational permanence. Much of the work in a permanency-driven organization is aimed at achieving legal permanence for children and youth in the child welfare system. Legal permanence is defined as the reunification of a child with family, adoption, or transfer of guardianship. The work of permanency-driven organizations also pays particular attention to relational permanence, which means ensuring that each child has an enduring family or family-like relationship that is safe and stable; provides for the physical, emotional, social and spiritual wellbeing of the child or youth; and is meant to last a lifetime. This is often, but not always, attained through legal permanence and, unfortunately, not all youth experience both types of permanence when exiting care. In a permanence-driven organization, efforts to maintain and strengthen lifelong connections to extended kin, fictive kin and other significant relationships are sustained, measured and evaluated. The goal is for youth to have family or family-like, committed relationships that confirm and validate their worth and significance, and for youth to have families in which they are claimed and belong.

What is so different about this approach?
Casework in a Permanence-Driven Approach

THEN	NOW
Worker Perspective	
From blaming the child	To understanding root causes of behaviors as trauma responses
From safety	To wellbeing
From treatment team meetings that focus on what youth need to do or are doing "wrong"	To wellbeing meetings focused on youths' strengths and interventions to promote healing
From "how's it going?" (Unstructured visits)	To intention and purpose-based visits (grief models, activities with purpose) that attend to the emotional needs of the child
From making behavior charts	To modeling behaviors and communicating to the child the impact of their behaviors
From letting foster parents set the tone of the case manager's role in their lives	To fostering healthy trauma-focused relationships with foster parents that align with wellbeing goals
From treatment plans, medication and diagnosis	To healing and wellbeing plans focusing on integrative care and evidence informed practices
Foster Parent Perspective	
From being set in old ways & inflexible	To being open learners & flexible
From control	To empowerment
From children as manipulative & defiant	To kids as hurt & grieving
From time out	To time in
From punishment/reward	To reinforcement of positive behaviors
Form stuck in past behaviors	To visualizing positive outcomes
From telling kids what to do	To asking kids questions and engaging them in problem-solving
From shaming	To healthy accountability
Child and Youth Perspective	
From "I am writhing or just surviving"	To "I am thriving"
From feeling like a guest – I don't belong	To feeling a sense of home and family – I am claimed
Everyone says: What's wrong with you?	Everyone says: What happened to you?
My behaviors are seen as bad and willful, like I want to be acting this way.	My behaviors are seen as trauma-responses. There are deeper reasons why I act this way – let's deal with those.
I am disconnected from my past.	I have re-connected with my past & have a sense of where I came from and who I am.

Child Welfare in America: *A System in Need of Reform*

Each year, children ages 6 or younger make up half of the 300,000 entrants into America's child welfare system (U.S. Department of Health and Human Services, 2012). In 2011, the vast majority of younger children who enter foster care exit to legal permanency, including over 50% who were reunified with their biological family, 20% who were adopted, and 6% who had a transfer of legal guardianship to the new caretaker (U.S. Department of Health and Human Services, 2012). Sadly, many older youth are less likely to exit care to a permanent family, and the chances for achieving permanency decrease with age (Child Welfare Information Gateway, 2006). Nationally, over 20,000 youth age out of or exit the foster care system each year without a permanent, lifelong connection (U.S. Department of Health and Human Services, 2012).

Research findings from the longitudinal Midwest Study at Chapin Hall indicate that youth who age out of foster care are at increased risk of early pregnancy, incarceration, victimization, and poverty.

Research findings from the longitudinal Midwest Study at Chapin Hall indicate that youth who age out of foster care are at increased risk of early pregnancy, incarceration, victimization, and poverty (Hook & Courtney, 2011; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). This study has also shown that youth who aged out of care were more likely to have dropped out of high school, experienced unemployment, had histories of job instability and, on average, were paid less than their non-foster youth counterparts. The Midwest Study also found that these youth were at increased risk of homelessness with as many as 25% of the sample of youth reporting being homeless for at least one night. The overall picture painted by this significant study suggests that the child welfare system is not adequately preparing adolescents to become successful, self-sufficient adults (Hook & Courtney, 2011).

Highlights

System in Need of Reform

- The primary goals of the child welfare system are to achieve the safety, permanency and wellbeing of children.
- In the last few years, fewer children are being removed from their homes and their families.
- In the last decade, many more children who enter foster care are achieving permanency, but this is not the case for all children and youth.
- Older youth in foster care are more likely to exit care without a permanent, family-like connection.
- Youth without the support of caring adults are at risk for unfavorable outcomes, including dropping out of school, unemployment, homelessness and lack of social skill development.
- Efforts are underway to improve these outcomes.
- This guide outlines some of these essential components in creating a permanency-driven organization.

Shifting Focus

The three primary goals of the child welfare system are to ensure the safety, permanency and wellbeing of children who come to its attention. Child welfare has made great strides in working to improve the safety and permanency of children in the child welfare system. Much needed attention continues to be paid to the safety of children by keeping children safe in their own homes with additional efforts to support families and extended kin as well as by ensuring the safety of children in out-of-home placement. Permanence has also improved as national child welfare data suggests that child welfare jurisdictions are more successful in achieving legal permanence for youth (US Department of Health and Human Services, 2010); however, continued focus is needed to maintain permanence and wellbeing of children in child welfare.

As part of the U.S. Department of Health and Human Services, the Administration of Children, Youth and Families (ACF) recently released an agenda to promote the wellbeing of children in child welfare. The administration highlights the need for permanency and safety but clearly suggests that meeting these goals alone will not achieve child wellbeing. In particular, the integrated approach promoted by the ACF aims to improve the social and emotional wellbeing of children in the child welfare system, many of whom experienced trauma and adverse events in childhood (Children's Bureau, 2012).

Permanence and Wellbeing

Although legal permanence is critically important, not all youth in the child welfare system achieve this goal, particularly older youth in out-of-home placement. Qualitative research has indicated that not all youth who experience legal permanence also experience relational permanence (Samuels, 2008). Relational permanence is defined as youth experiencing a sense of belonging and social connectedness and having at least one life-long connection to a caring adult (Jones & LaLiberte, 2013; Samuels, 2009). Working towards relational permanence and youth connectedness also aids in improving child wellbeing, particularly within the domain of social and emotional functioning of youth (Children's Bureau, 2012). Successfully establishing and maintaining social relations is among a person's most fundamental sources of positive functioning and wellbeing (Perry, 2006).

The positive effects on youth of supportive adults include improved self-esteem, financial self-sufficiency and enhanced social skill development (Geenen & Powers, 2007; Massinga & Pecora, 2004; Perry, 2006). Foster youth with caring connections to "natural mentors" tend to have improved mental health and physical health, and higher reported levels of overall life satisfaction (Ahrens et al., 2008; Munson & McMillen, 2009; Greeson, Usher & Grinstein-Weiss, 2009). Former foster youth have noted the difficulties in maintaining these important connections while in care, and many experience feelings of frustration and disconnection when exiting care, which is particularly true when children and youth experience multiple moves and placements while in out-of-home care (Samuels & Pryce, 2008; Ahrens et al., 2011; Lenz-Rashid; 2008).

Successfully establishing and maintaining social relations is among a person's most fundamental sources of positive functioning and wellbeing.

When foster youth had some continuity of relationships with those people most important to them, including siblings, foster parents, and biological parents, they tended to have better adult developmental outcomes than those who lacked these supports (Kerman et al., 2002). The financial, social and emotional supports received from significant others are important throughout an extended process of emerging adulthood, in which youth may leave and return to a family home, or family-like home over a period of several years (Arnett, 2000).

WHEN FOSTER YOUTH HAD SOME CONTINUITY OF RELATIONSHIPS WITH THOSE PEOPLE MOST IMPORTANT TO THEM, INCLUDING SIBLINGS, FOSTER PARENTS, AND BIOLOGICAL PARENTS, THEY TENDED TO HAVE BETTER ADULT DEVELOPMENTAL OUTCOMES THAN THOSE WHO LACKED THESE SUPPORTS.

This safety net of caring adults is not always available to young people leaving out-of-home care, which suggests that child welfare systems are failing to provide the systematic support to assist youth in finding family-like connections. This is leaving many former foster youth without essential social, emotional and financial supports, all of which are crucial resources as youth transition to adulthood (Massinga & Pecora, 2004; Propp, Ortega & NewHeart, 2003). There is a lack of exhaustive and timely searching for family and other caring adults, especially for older youth who are lingering in care.

In earlier decades in child welfare, many policies and procedures were in place that resulted in dissolving these important connections for youth. For example, agency workers and foster parents were encouraged to prevent the child from contact with their family for 30 days to allow them time to "adjust" to the placement. The field is now beginning to acknowledge that child wellbeing is intricately linked to those important relationships and connections. The field is also beginning to use a trauma-informed framework to better help youth address issues of grief and loss about severance from many of these important connections in their lives.

This Permanency Guidebook provides an outline of how a child welfare organization can become permanency-driven without significant additional resources. This process begins by assessing the organization's readiness for change including readiness and preparedness for shifting the values, philosophy and culture of the organization to work that ensures children have lifelong connections to their extended families, siblings, other significant adults, family history and traditions, race and ethnic heritage. By maintaining these connections, organizations can work towards the physical, emotional, social, cognitive and spiritual wellbeing of the child. Many current parenting approaches and therapies with youth are using traditional techniques with non-traditional youth and are not producing the desired results.

The guide highlights specific strategies in implementing organizational change, including the following phases:

(1) establishing a culture and philosophy of permanence;

(2) change on paper;

(3) change in processes;

(4) change in performance; and, finally,

(5) sustaining the change.

Each of these phases are described and illustrated through a case example of a leading permanency-driven organization.

Implementation of Organizational Change

Organizational Readiness

The first question to ask in the change process is: "Is our organization ready for change?" One of the first steps when undertaking a significant shift in operations is to assess the organization's overall readiness for change. Some of the specific questions to explore before becoming a permanence-driven organization include:

- **What are the external pressures to change?**
  - — Current shifts in funding and changes in federal child welfare requirements put increased pressure on organizations to better ensure the legal and relational permanence for children and youth.
  - — The Fostering Connections Act of 2008 put in place guidelines for youth aging out of care and increased resources for supporting kin to provide for the needs of children within their own families and communities.
  - — Federal guidelines and expectations laid out through the Child and Family Service Reviews (CFSR) clearly indicate the need for states to improve their outcomes in achieving permanency and wellbeing of children in the child welfare system (Children's Bureau, 2012).
- **What are the resources necessary to become a permanency driven organization?**
  - — What will we need? Although you do not need new resources to begin the process, you want to consider potential changes in staffing, organizational capacity and training needs.
  - — Are we tracking the right information in our programs? Also consider resources in technology you might need to ensure you have sufficient outcome data to guide your practice and policies.
  - — How are we doing as an organization? Organizations can examine their own past performance in achieving permanency for youth, and use benchmarks to compare to outcomes of other organizations.
- **What is our organizational climate?**
  - — To become permanency-driven, you need an examination of the openness of staff to change and the cohesiveness of the mission and goals with the desired change.
  - — This is a journey and process that takes time and commitment. The organizational leadership must be unfailingly committed to implementing and carrying through the change efforts.

Before successful changes in practice take place, the first step in the process of becoming a permanence-driven organization is to make the necessary changes is norms, language and philosophy. The following steps

Checklist

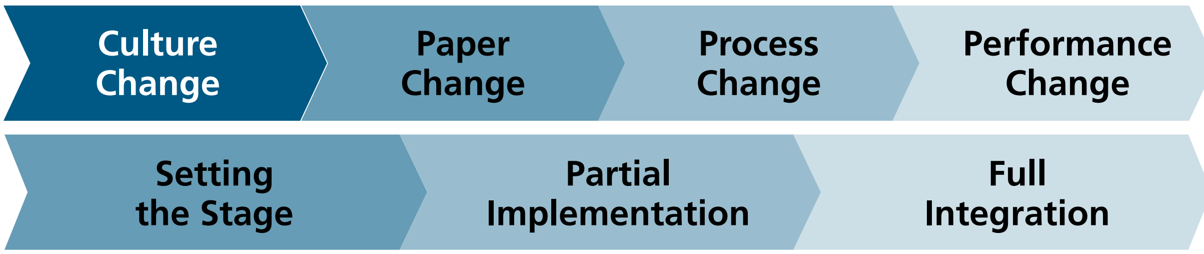
Organizational Readiness

- ☐ Board members understand and support organizational change.
- ☐ Agency leader is a champion of permanence & understands the sense of urgency.
- ☐ Leadership team has a sense of urgency and a thorough understanding of grief, loss and trauma.
- ☐ There is a clearly stated organizational vision and value system which supports permanence (see example on page 13).
- ☐ The vast majority of staff at all levels understands the compelling reason for change and what will happen if change does not occur.
- ☐ The vast majority of staff of the organization understands they have a critical role in creating change and believes that change is possible.
- ☐ There is an internal structure of accountability to outcomes (e.g. a leadership team, a CQI/ PQI team).
- ☐ There is a way to collect, report and analyze data against a stated goal.
- ☐ The organization has common benchmarks to understand where they are and where they want to be.
- ☐ Organization has done a GAP analysis -- a plan to get there.

outlined below follow a framework developed by Fixsen, Naoom, Blase, Friedman and Wallace (2005). (For more information on implementing organizational change, see their full report listed in the reference list). The boxes on the following pages provide a framework of each step in the process. A case example follows that illustrates how one agency successfully became a permanence-driven organization. As you follow this guide and the case example think of where your organization is in the continuum below then you will know where you need to start your efforts.

Becoming a Permanence Driven Organization

A Continuum



Where is your organization on this continuum?

Phase 1: Establishing a Culture and Philosophy of Permanence

The first phase of becoming a permanence-driven organization is establishing a culture and philosophy of permanence that sets the foundation for the work to come. To shift organizational culture you must first establish a sense of urgency. In thinking about the children and youth served in child welfare and in looking at the research, it is clear that ensuring youth maintain and strengthen their connections to supportive adults, and achieve permanence and a sense of belonging are critically important to achieve overall wellbeing.

Ultimately, it is changes in the norms and values that also shift the practices, policies and allocation of resources within the agency.

Once the case for change and a sense of urgency has been established, the organization can begin to shift the culture and philosophy that ground the work. Ultimately, it is changes in the norms and values that also shift the practices, policies and allocation of resources within the agency. Although this change in culture requires strong leadership for organizational change to occur, stakeholders at all levels of the organization must be included and must buy into the sense of urgency early on in the process. Leadership and direct line staff, together, can develop a framework of values to guide the agency. Everyone in the agency may not be on board initially, but at least some people at each level of the organization need to be early adopters and champions of the change to ensure a successful transition. It is critical for agency leadership to be fully invested in this effort.

Checklist

Implementing Change

PHASE 1: CHANGES IN CULTURE

- ☐ Developing a sense of urgency: a more compelling reason to change
- ☐ Developing a goal
- ☐ Establishing a benchmark as a starting point
- ☐ Norms
- ☐ Language
- ☐ Philosophy
- ☐ Values
- ☐ Practices
- ☐ Allocation of resources

Phase 2: Paper Change

After the values and philosophy of an organization have been established, the next phase of implementing organizational change includes putting new policies and procedures in place. This is also called the "recorded theory of change" (Fixsen et al., 2005; Hernandez & Hodges, 2003) or the Paper Change meaning that in this phase the change in the organization is reflected on paper but not yet integrated within actual practices of the organization.

Within this phase, structural supports are put into place. Some of the structural changes include: human resource strategies (i.e., potential changes in job descriptions and hiring new staff), changing staff and board policy manuals, and creating new recruitment material for foster parents. In this phase, you may also change your organization's logic model or theory of change, including changes in input, outputs, and changes in desired outcomes for children. Additionally, data tracking and evaluation questions may be explored to reflect and measure these changes.

PHASE 2: PAPER CHANGE

- ☐ Seek funding
- ☐ Human resources – change job titles, roles and responsibilities and potentially hire new staff
- ☐ New recruitment material for foster parents
- ☐ Changes in staff policy manuals
- ☐ Forms
- ☐ Policies

Some agencies may get stuck at this phase (Fixsen et al, 2009). Change is not always a stable and linear process within an organization. At each phase of implementing change, an organization may experience barriers and challenges to be overcome. At some of these times, it may be helpful to return to the goals and vision established at the outset – to return to dialogue and stress the urgent need for change and promoting the shift in values and philosophy. This sense of urgency keeps the process moving.

Phase 3: Process Change

The phase of Process Change is moving the organization toward changes in actual practice and change in outcomes, which can also be thought of as the phase of "active theory of change" (Fixsen et al., 2005; Hernandez & Hodges, 2003). It is in this phase that new processes are put into place to support the change in practice including training of staff and foster parents, shifts in supervision to support the new work, and changes in evaluation measures and case planning tools and forms (Fixsen et al., 2009). It is in the early phases of implementing change that some individuals may cling to the status quo or lose motivation, and so leadership is key in maintaining the vision and confidence in the change process (Fixsen et al, 2005).

PHASE 3: PROCESS CHANGE

- ☐ Training of staff and foster parents
- ☐ Changes in supervision practices and focus
- ☐ New evaluation and outcome measures and procedures
- ☐ Revised case planning tools and forms
- ☐ Tracking of progress towards goals

The work in this phase is substantial, particularly ensuring that all staff members are trained in the new, permanency-driven philosophy, policies and practices. In this stage, organizations may be successfully shifting their language about permanence, but practice may not yet reflect the strategies outlined in trainings, and supervision and case decision-making may not completely take into account all of the permanence-driven shifts in practice. So, although an important step in the process, initial trainings and process change need to be followed up with fully integrated actions, on-going coaching and consultation, and sustained re-visiting of the new goals and mission of the permanency-driven practices and policies. Goals and measures must be clearly identified and internal structures in place to collect data on progress towards goals as well as structures to evaluate results and create plans for change (a.k.a, Continuous Quality Improvement/ Practice Quality Improvement (CQI/PQI) committee).

Phase 4: Performance Change

The next phase in implementing organizational change is termed performance implementation or an "integrated theory of change" (Fixsen et al., 2005; Hernandez & Hodges, 2003). The key question that organizational stakeholders ask themselves in this phase is how the organizational change is impacting the lives of the children and families served. With the changes in philosophy, values, practices and policies are more children achieving legal and relational permanence? In this phase, new practices are fully integrated by practitioners, supervisors and administrators (Fixsen, et al, 2005).

Now, practitioners have integrated permanency-driven practices into their day-to-day work with clients; supervisors are providing on-going opportunities for coaching and consultation in their permanency-driven supervision; and external stakeholders are providing permanency-driven information on referrals and the recruitment of new foster and resource families utilizes a permanency-driven framework. As new staff members are hired, permanency-driven work has become practice as usual, and the procedures and processes become routinized (Fixsen et al, 2005). Data collected must be analyzed and, accordingly, adjustments made to practice to continue to improve outcomes. During this phase, a combined analysis of best practices and evidence-informed practices should be performed to continue to improve performance.

PHASE 4: PERFORMANCE CHANGE

- ☐ Integrated practices with children and families
- ☐ Evidence of improved outcomes for children and families reflected in quality improvement and evaluative outcome data
- ☐ On-going coaching and consultation in supervision
- ☐ Permanence-driven is "practice as usual" for new staff and foster families
- ☐ Continuous Quality Improvement process for making changes to improve outcomes and integrate new learning

The following sections of the guidebook outline each of these phases of implementation using a case example of an effective permanence-driven organization and by illustrating their strategies and learning as they moved through this process. The case illustration concludes with a discussion about how to sustain these important changes during times of limited resources and financial capital.

Things to Consider

For effective implementation of organizational change to a permanence-driven organization; it is important to keep in mind the following essential components:

- Commitment from all levels of stakeholders, beginning with the initial planning stages.
- Development of an implementation group (committee or task force) comprised of administrators, practitioners, supervisors, foster parents and youth, which meets regularly to analyze data and make improvements to practice to achieve clearly stated, measureable goals. Without intentionality around implementing change, this work may get lost in the shuffle of day to day work.
- Plan for developing resources for implementing changes (financial costs of new staff; training and recruitment costs; and time and effort necessary for implementation).
- Multi-level implementation strategies that align organizational structures and capacity, to integrate planning, training, on-going coaching, and evaluating outcome data of the permanency-driven efforts.
- Recognition for the need for multi-level and sustained, long-term commitment and efforts. Changes in organizational culture and capacity, including practitioner and supervisor skill levels and building resources, take time to develop and fully integrate into the daily business of the organization.
- This process is not always linear, and organizational stakeholders may find they need to revisit strategies in the different phases of implementing organizational change to move the process forward.

Source: Fixsen et al., 2005; Center for Advanced Studies in Child Welfare, 2011

Following a Case Example:
A Permanency-Driven Organization

In 2012, Anu Family Services, a treatment foster care agency, celebrated 20 years of service to children and families across Wisconsin. In 2010, Anu also became licensed to operate in Minnesota. Anu Family Services, Inc. has gained national recognition as a leader in child permanence and placement stability for children in out-of-home care. (See the Permanancy-related Tools section at the end of this guidebook for a timeline of accomplishments.) This case illustration highlights their dedication and commitment to permanence and outlines specific steps and strategies undertaken by Anu Family Services to become an effective permanence-driven organization.

PHASE 1: Setting the stage Establishing a Culture and Philosophy of Permanence

In Phase 1 of becoming a permanence-driven organization, a culture of permanence is established. Organizational culture includes the learned and shared values, beliefs and attitudes of the collective group. Organizational culture guides thinking, behavioral norms and styles of communication. In a permanence-driven organization, the sense of urgency for helping all youth to find permanent connections permeates the entire culture of the organization. An important and concrete first step in changing culture is to develop an agency mission and vision that guides the work and promotes the change in philosophy and focus.

In a permanence-driven organization, the sense of urgency for helping all youth to find permanent connections permeates the entire culture of the organization.

The mission of Anu Family Services is to create permanent connections to loving and stable families. In working towards this mission, one of the first steps to prepare the organization for change was to do a strategic planning session with direct practitioners, administrators, foster parents, board members and administrative support staff. At this early planning stage, Anu developed its mission and values and created its Big Hairy Audacious Goal (BHAG), as discussed by Collins and Porras (1996) in moving organizations from "Good to Great." The established goal was for Anu to be "the last placement prior to permanence for 90% of all youth served." This was a long-term goal that was established to keep the agency striving to discharge as many youth as possible to a permanent, stable and supportive family.

Once the BHAG goal was established, a BHAG committee was developed within the organization to drive the permanence-driven goal forward. Included in this committee were the organization's administrators and representative supervisors, practitioners and board members. The BHAG committee developed a work plan and set specific goals and benchmarks to make sure the organizational change process moved ahead (see below). In the early stages, the organization also developed a written statement of philosophy and values that guided their work. [See the full statement on the next page.]

Establishing Baseline and Benchmarking: A key step in this initial phase for every organization is establishing a baseline of current permanency outcomes. Your organization should have the capacity to do the following at this stage:

- Identify key permanency outcomes to be measured
- Have the ability to collect data on these outcomes on an on-going basis

- Collect baseline data to gain understanding of current permanency outcomes before change efforts begin
- Use benchmarks established within the field to compare your organization's permanency outcomes with similarly situated agencies. For an example, see the Benchmark Project of FFTA, which provided comparative child outcome data for treatment foster care agencies (http://www.ffta.org/benchmark/).
- Do a GAP analysis, by identifying the difference between where you are currently performing towards your goal (point A), where you want to be performing (point B), and a plan of how to get from point A to point B.

Philosophy of Anu Family Services

We pledge that we will no longer participate in the re-victimization of children through:

- physically restraining them in times of trauma
- multiple moves of foster homes or changes in workers
- disconnecting them from those who love them
- asking children to work on treatment goals without giving them a sense of purpose, hope and belonging
- expecting behavioral conformity without understanding trauma-responses
- asking you to bottle up their grief and loss without creating a safe space for them to do their grief work

We believe:

Children are best raised in families, preferably their own, whenever safely possible.
Based on the assumption that our own families have connections to us that are unique to anyone on the planet and children need a sense of where they come from to understand themselves in context.

Every child has a right to a permanent family.
Based on the assumption that permanent families create a sense of permanence, safety and wellbeing like nothing else can, and the lack of a permanent family creates trauma and lasting effects on a child in a way that nothing else can.

There are hardly any children who can't be raised by *someone* in their family.
Based on the assumption that family exists, but we have not looked long and hard enough to find them.

What would be acceptable if this were my own child (niece, nephew, etc.)?
Based on the assumption that the system is not currently set up to do what's best for the child.

Children cannot have too many people who love them.
Based on the assumption that all humans need a network of support, and having only one person on whom to rely or only paid professionals, puts anyone in a vulnerable position.

There is a sense of urgency around connecting children to their healthy, stable people who love them and to permanent families.
Based on the assumption that children are living in trauma and fear one more night in a stranger family is too much.

That children are survivors and incredibly resilient.
Based on the assumption that surviving trauma can actually make a person stronger and more capable in some ways.

That family comes in many forms and permanence can come from many sources including: biological parents, siblings and extended kin, other healthy stable adults who have loved the child (teachers, coaches, neighbors, chosen family, and others).
Based on the assumption that a child has a right to participate in the decision of who their "family" is and with whom they feel safe and loved.

To instill these values and philosophy, the BHAG committee and organizational leadership communicated the strategic changes throughout the organization through an initial "kick off" meeting and then by including them at staff meetings, team meetings, and foster parent trainings and peer support meetings. The changes within the organizational culture were slow at first, but there were a series of steps toward progressive changes. Change was not evenly paced. Some foster parents and staff were very excited about doing permanency-driven work, but others were reluctant to change. Some of the staff who were reluctant to change were working with foster families who were doing great work with children and youth but who also might struggle with some of the new values laid out. Many, but not all, of these staff and families slowly came around and fully bought into the sense of urgency in working towards permanence and connections for all youth. In fact, one of the staff members, who was skeptical early on, later became one of the most vocal and visible champions for permanence-driven work throughout the agency. However, those who do not agree with the agency philosophy may choose to "self-eject" or may not be a good long-term organizational fit.

CHANGE WAS NOT EVENLY PACED. SOME FOSTER PARENTS AND STAFF WERE VERY EXCITED ABOUT DOING PERMANENCY-DRIVEN WORK, BUT OTHERS WERE RELUCTANT TO CHANGE.

Another key piece of the change process was providing the necessary space and opportunity for reflective practice, which was achieved in several ways. The creation of the BHAG committee provided space for the team to talk through procedures, structures and policies that would be necessary to become a permanency-driven organization. Team supervision meetings provided opportunities for supervisors and practitioners to talk about the changing structures and how that would ultimately impact practice and affect the children and families directly. The CEO of the organization also provided opportunities for foster parents to process the changes as well through scheduled town hall meetings in each region of the state or through teleconferences. In addition, a Treatment Foster Parent Council was established, comprised of foster parent leaders. The CEO met regularly with this Council about organizational goals and changes and foster parent roles in those changes.

> **In creating a new identity that was permanence driven, the agency also began to partner with external stakeholders, county agencies, and community based organizations that shared similar values and goals around permanence.**

In creating a new identity that was permanence driven, the agency also began to partner with external stakeholders, county agencies, and community based organizations that shared similar values and goals around permanence. One of the partners that became an integral part of the change to a permanence-driven organization was the Center for Advanced Studies in Child Welfare at the University of Minnesota's School of Social Work. In its early stages, the BHAG committee recognized the importance of learning what current research had to say on best and promising practices in building connections and permanence for youth in out-of-home placement. The partnership with the University allowed the agency to more fully explore these questions; to better understand what the organization was already doing well; what was needed to meet goals; piloting of evidence-informed practices; and how to add extra supports to implement promising and evidence-informed practices to achieve permanence and wellbeing for children.

Things to Consider

Phase 1: Steps to Shifting Culture to Permanence-Driven

- Develop an agency mission with the input and buy-in of all stakeholders in an organization in order to change the agency philosophy and focus of the work with children and families.
- Create a written statement of values with input from people at all levels of the organization and that will be agreed to by all who continue to work within the agency.
- The language used to describe the work with children and families is important. Shifting culture toward permanence-driven efforts will be reflected in change in language you might see on program brochures, websites, mission statements, recruitment material and in team meetings.
- Form a committee or task force, like Anu's BHAG committee to keep a focus on the work of changing processes and procedures to align with the permanence-driven mission. Without this intentional step, with its built-in accountability, many good efforts may just fade away.
- Acknowledge the need for champions of change, including, but not limited to administrators to provide strong leadership in the change process.
- In creating a new identity that is permanence-driven, reach out to like-minded organizations. Consider exploring agency-university partnerships that more effectively bridge research, practice and policy in child welfare.
- Shifting the organizational culture of a permanence-driven agency begins in this first phase, but also requires continued attention to sustain the changes in practice and procedures.

Phase 2: Paper Change

After an agency has made a commitment towards moving children to permanency and has begun to shift the organizational culture towards a permanence-driven approach, then the mechanics must be put into place to support a total practice shift. The second phase of putting new policies and procedures into place is called the "paper change." The policies and structures enacted in this phase will guide the development of permanency-driven practices as well as the necessary training, coaching and supervision to support the effective implementation of these practices. New policies and procedures support a paradigm shift, begun in phase one, to create an identity among staff and foster parents, in which they begin to think about children's placement into foster care as a truly temporary experience with the understanding that is their responsibility and obligation to help the youth on their path to permanency. Foster parents work with families, and with those adults who are most important to youth, to help the youth maintain connections; they also help youth achieve permanence through reunifying with families or providing permanency themselves through adoption. Foster parents also guide healing for youths' grief and loss through their patterned, repetitive response to youths' pain-based behaviors.

NEW POLICIES AND PROCEDURES SUPPORT A PARADIGM SHIFT, BEGUN IN PHASE ONE, TO CREATE AN IDENTITY AMONG STAFF AND FOSTER PARENTS, IN WHICH THEY BEGIN TO THINK ABOUT CHILDREN'S PLACEMENT INTO FOSTER CARE AS A TRULY TEMPORARY EXPERIENCE WITH THE UNDERSTANDING THAT IS THEIR RESPONSIBILITY AND OBLIGATION TO HELP THE YOUTH ON THEIR PATH TO PERMANENCY

CHECKLIST

TIMELINE OF WORK IN AGENCY-UNIVERSITY COLLABORATION

- ☐ **Year I:** Literature review and review of national best practices in preventing placement disruptions
- ☐ **Year II:** Aligning our practices with current evidence-informed practices
- ☐ **Year III:** Pilot project in Family Search and Engagement
- ☐ **Year IV:** Intensive staff and foster parent training in Family Search and Engagement (FSE) and 3-5-7 Models
- ☐ **Year V:** Pilot of *Youth Connections Scale*
- ☐ **Year VI:** *Creating a Permanence Driven Organization: A Guidebook for Change in Child Welfare*

There are a couple of key components of this phase. It is critical to begin seeking funding to support the sustained efforts of moving youth to permanence. Anu Family Services sought funding through private foundations, applied for federal demonstration projects to support youth connections, and worked with public child welfare agencies in the region to further develop the funding and resources needed to do this work. New resources also included restructuring staff positions to include a new category entitled Family Connections Specialists and examining and changing the existing job descriptions of workers' roles and job titles. For example, the change was made from Treatment Foster Care Workers to Permanence Specialists. Another change that was implemented in this phase was revising staff and foster parent manuals and recruitment material for foster parents. As part of these shifts, continued communication about new expectations and new goals were communicated at all levels of the agency through newsletters, all-staff meetings, foster parent monthly support meetings and other sources.

Evaluation and data tracking systems were also put into place during this phase. In keeping with the model of reflective practice, the discussion took place in the BHAG committee to develop permanence outcomes and identify indicators to be measured and collected. Part of this process of identifying outcomes emerged from an extensive literature review that was conducted through the university-agency collaboration. As part of the BHAG committee, a Family Connections work plan was developed that provided a timeline and guided the necessary tasks and steps needed to fully integrate permanence-driven practice. During the meetings, roles and tasks were assigned and followed up at subsequent meetings. Consultation with experts in the field also helped to guide the work plan and lay out the necessary steps.

Laying the formalized foundation for change is an important part of the overall process of becoming a permanence-driven organization. Recording the theory of change creates procedures and policies that outline the necessary changes that will ultimately need to take place. A key piece to remember in this phase is that the work does not stop here. Many organizations implementing changes simply record the desired change in policy and practice manuals without ensuring that the changes are integrated throughout the practice, supervision and evaluation of all agency efforts. So although this step is necessary, alone it is not sufficient to drive integrated change in practice and outcomes for clients. The necessary steps to achieve changed outcomes are outlined in the next two sections of the guidebook. Like any change effort, just knowing what to do is not enough. The change must be implemented, monitored, measured and sustained.

Things to Consider

Phase 2: Steps to Establishing "Paper Change" in Becoming a Permanence-driven Organization

- This phase of change is about putting new policies and procedures into place to guide the future work of changing practice strategies and achieving improved permanency outcomes for children.
- Some of the changes an organization might put in place in this phase, include the following:
  - — Changing the job descriptions and job titles of staff to better reflect the changes in permanence-driven work.
  - — Changes to websites, brochures and other marketing materials to reflect permanence-driven language.
  - — Consult with experts in the field who have already successfully made the shift to a permanence-driven organization.
  - — Continue to seek support, through external funding, grant-writing and developing collaborations to be able to put the necessary resources behind these efforts, including staffing a resource position dedicated to the work of intensive family finding and building family connections.
  - — Integrate findings of research on promising and evidence informed practices to achieve legal and relational permanence for youth in foster care. Consider partnering with local universities to better accomplish this step.
  - — Identifying potential outcomes and specific indicators of the change you hope to see in children and families you work with. What gets measured gets done. Begin to put in place data tracking systems to effectively measure the identified outcomes and indicators.
- In addition to communicating the shift in culture and values around permanence-driven work, it is important in this phase to communicate changes to policies and procedures to staff, foster parents, board members and key stakeholders through staff meetings, team supervision, and agency newsletters and other forms of on-going communication.
- Consider developing a detailed permanence-driven work plan that lays out specific tasks, roles and timelines for moving the permanence-driven work forward.
- In this phase, the organization can also develop a plan for disseminating information to potential partners, such as private or public child welfare agencies, or other potential referral resources through the use of press releases, trainings/presentations, meetings, constant contract, newsletters, etc.

Phase 3: Process change

This phase of implementing change includes putting new operating procedures into place for trainings, supervision, on-going coaching and consultation and new case planning and report forms. Organizations in this phase are ensuring that all practitioners, workers and foster parents understand the key aspects of the new practice strategies and models that are being used to achieve permanency for the youth with whom they work. This section of the guidebook is divided into key components of this phase of process change including:

(1) developing permanence-driven practices;

(2) training for staff and foster parents; and

(3) developing permanence-driven supervision strategies.

This phase can take years as an organization works to deepen its organizational capacities and deepen model fidelity.

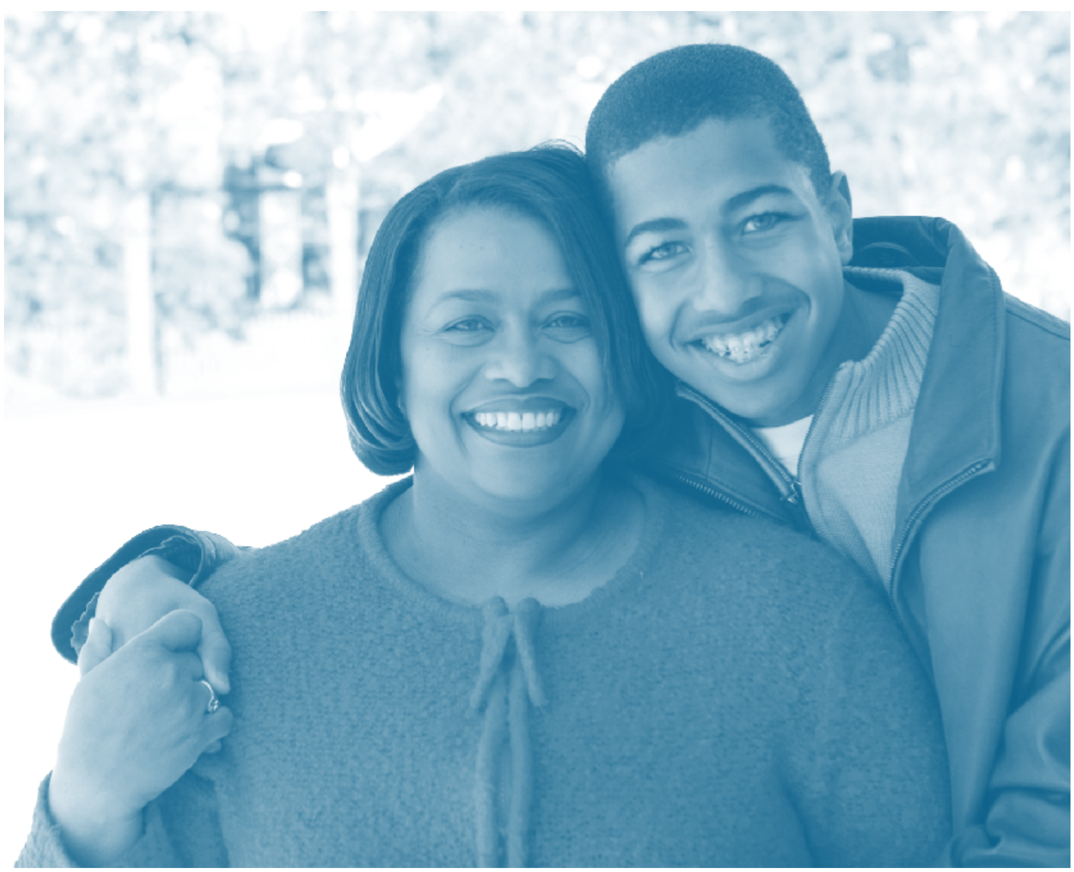
1) Developing Permanence-Driven Practices

Anu Family Services, in this phase of becoming a permanence-driven organization, used information from a literature review on permanence and placement stability that identified promising and evidence informed practices to achieve better permanency and wellbeing outcomes for children and youth (Jones & Wells, 2008). The key strategies for permanence-driven practices include the following:

- **Addressing Grief, Loss and Trauma** – A youth-engaged process to help youth recognize their relational trauma so that they are better prepared to establish and maintain permanent and healthy relationships.

- **Building Networks of Support** – Helping youth connect and re-connect with those who they have loved and lost through their time in out-of-home placement as well as establishing connections to family members they might not have known.

- **Assessing and Measuring Progress** Using on-going and reliable indicators and data to evaluate the work being done with youth and families to ensure permanence and wellbeing outcomes are being met. These measures need to include assessment of youth readiness for permanence and level of youth connectedness with family and other caring adults.



Anu administrators, alongside the BHAG committee, decided to adopt two specific models: Family Search and Engagement (FSE) and the 3-5-7 Model of preparing youth for permanency. FSE is a six-step model to identify and engage family to support youth in their path to permanency. This model utilizes a youth-centered approach in identifying family members who may be permanent resources for the youth (Louisell, 2008). A brief summary of the six steps are outlined in the box on this page. For more information on this model of intensive family findings, please see Louisell's (2008) report or visit the website at: http://www.nrcpfc.org/downloads/SixSteps.pdf.

IT WAS DETERMINED FROM FINDINGS IN THE PILOT PROJECT THAT IT WAS CRITICALLY IMPORTANT TO ADDRESS ISSUES OF GRIEF AND LOSS IN ORDER TO ENSURE THAT YOUTH WERE EMOTIONALLY PREPARED TO ENGAGE IN LIFELONG, SUSTAINED AND CARING RELATIONSHIPS.

After a pilot project of the implementation of the FSE model through the University of Minnesota's Center for Advanced Studies in Child Welfare (CASCW), it was determined that the FSE model alone was ineffective, on its own, in achieving permanence and must go hand in hand with helping youth heal and deal with grief and loss. After repeated losses and relational trauma, normal, healthy brains "turn off" their ability to connect. Therefore, it was determined from findings in the pilot project that it was critically important to address issues of grief and loss in order to ensure that youth were emotionally prepared to engage in lifelong, sustained and caring relationships. Without this piece, agency staff might find family members and other caring adults who were ready and willing to reach out to the youth, but the youth themselves might not be ready and might actually end up "sabotaging" the process if they are not prepared and have not dealt with unresolved grief and loss.

The other model adopted early in the change process to a permanence-driven organization was the 3-5-7 Model developed by Darla Henry (2005) to help prepare youth for permanency by addressing issues of grief and loss. The 3-5-7 Model is outlined on the following page. Please see Henry (2005) for a published article on the model and visit the website of Darla L. Henry & Associates for more information at: http://darlahenry.org/3-5-7Model.html. This model was used as a guide and framework for Anu's work and has been significantly enhanced by additional strategies developed from our own learning and practice experience.

Other general practices that will further assist in the implementation of permanency-driven practice are listed below.

SUMMARY

SIX STEPS TO FAMILY SEARCH AND ENGAGEMENT

1 **Setting the Stage:** Develop the youth permanency team of youth, family, professionals and significant adults. Clarify each person's commitment to the process, and develop a clear understanding among all involved, including the youth.

2 **Discovery:** The worker identifies large pool of family and significant adults, through talking with the youth, doing activities with youth to identify family and other important adults, such as the Youth Connections Scale, eco-maps or connectedness maps, and genograms.

3 **Engagement:** Plans for engagement developed to prepare for contact of youth, family connections and potential caregivers. Social workers assess and screen for safety, motivation and commitment of the family connections in this step.

4 **Exploration and Planning**: Team explores options and takes responsibility for finding permanency for youth. Social worker prepares youth, family and caring adults for participation. In this step, the team clarifies goals, expectations and timelines.

5 **Decision Making and Evaluation:** The team develops a plan for legal and relational permanency, including a timeline and a process for monitoring the plan. The team also develops contingency plans.

6 **Sustaining the Relationship(s):** The team has a plan to support the youth and his or her family in their achieved legal or non-legal commitments; and the team has necessary resources (formal and informal) to maintain permanency.

Source: Louisell, M.J. (2008). Six Steps to Find a Family: A Practice Guide to Family Search and Engagement (FSE). National Resource Center for Family-Centered Practice and Permanency Planning; Hunter College & California Permanency for Youth Project.

Direct Practice Strategies

- Get releases of information signed to allow workers to contact family and non-related persons for the purpose of searching for a permanent lifelong connection for the youth whether for placement or support. In some states this can be a real barrier to successful family search and engagement efforts, and so this may also become a potential opportunity for policy advocacy.
- Utilize the strategies of the 3-5-7 Model and Family Search and Engagement (FSE), including connectedness maps, youth timelines and doing Lifebooks with all foster youth [See above links for more information on these models].
- In case planning, include permanency-driven goals that were developed by engaging members of the child's network and treatment team.
- Include the whole treatment team in joint decision making about children's activities and other activities related to achieving permanence for youth, including foster parents, biological family and the youth themselves.
- Work with other professionals, particularly mental health professionals, so all are aware of process and what is going on with the youth.
- In addition to treatment plans, document workers' efforts in strengthening family connections the case file and keep copies of activities that were done with youth.
- An important role of workers is to educate and motivate foster parents around the goals of permanence and relational permanence. Anu Family Services did this through regular home visits with foster families and at monthly foster parent meetings called Share and Support gatherings.
- Some of these strategies may be met with resistance and barriers that need to be addressed along the way. See a list of some of these considerations in the box on the next page.

Summary

3-5-7 Model

3 TASKS

- **Clarify** – What happened to me and where have I been?
- **Integrate** – Figuring out what families the youth has been a part of and integrate these family memberships.
- **Actualize** – Actualization of belonging to a family. Imagine what it would be like to be a part of this particular family. What are their expectations and visions?

5 QUESTIONS

- **Who am I?** .... *Identity*
- **What happened to me?** .... *Loss*
- **Where am I going?** .... *Attachment*
- **How will I get there?**..... *Relationships*
- **When will I belong?** .... *Claiming/Safety*

7 SKILLS

- **Engaging** the child in the process
- **Listening** to the child's words
- **Validating** the child and his or her story
- **Creating** a safe space for the child
- **Speaking** the truth
- **Allowing** the child to go back in time
- **Recognizing** that pain is part of the process in dealing with grieving children

Henry, D.L. (2005). The 3–5–7 Model: preparing children for permanency. Children and Youth Services Review, 27(2), 197-212..

Challenges to Overcome

- Resistance from other professionals - Some workers, supervisors and foster parents may not want youth to address issues of grief and loss or try to re-connect with long-lost family. Resistance comes from many, often well-intentioned motivations:

  — Protecting the stability of the placement – *Don't rock the boat*.

  — Protecting the youth – *Youth is fine where they are at; why dig up all that pain?*

  — Concern for the youth – *What if their family rejects them?*

  — Feelings of fear – grief and loss are universal, *what will this hard work bring up for me too?*

  — Feelings of guilt – *I should have been doing this work all along.*

  — Lack of understanding of the importance of connections and grief and loss – *Do we really need to do this?*

- It is true that this process may be difficult and upsetting at times, but it is better to do this difficult work when the youth is surrounded by helping professionals, rather than the youth trying to tackle this later – and by themselves.
- Youth may be resistant – Youth are at very different places and stages of readiness to connect or re-connect with family and caring adults. That is why addressing issues of grief, loss, anger and trauma are so very important.
- As you move through this process with youth, it is also important to note that there may be potential differences in youth by gender. Research has indicated that male youth are more likely to show externalizing behaviors (lashing out, becoming angry or aggressive) and female youth are more likely, although not always, to show more internalizing behaviors (becoming withdrawn or depressed).
- Workers helping youth through this process all need to make sure they work through own issues of grief, loss and trauma. If they have not done this, the work will be that much more challenging.

Administrative Practices

- Change in referral forms to include the gathering of names of important connections of youth at the time of referral.
- Include permanence-driven and family connections indicators in staff evaluation processes and staff goals.
- Anu Family Services has a Continuous Quality Improvement (CQI) team, comprised of administrators and regional directors. In monthly meetings the CQI team developed and reviewed permanence outcomes in the agency. This team also developed practices based on reviews of the permanence literature and best practices learned through the BHAG committee and the collaboration with the University and based on learning from trial and error of these practices.
- Seek resources to hire specialist positions to support the permanence-driven efforts. Anu reallocated funds to hire a Family Connections Specialist for outreach and internal development.
- The leadership team may hold a Permanence Staffing with the social worker when a placement is in danger or disrupting to ensure that the agency has provided every possible support and resource so youth avoid unplanned discharges and ultimately are discharged to permanence. This team may also conduct a Permanence Phone Survey at the time of discharge with the foster parent and social worker. This is particularly helpful in those cases where youth were not discharged to permanence to learn what might have been more helpful to achieve better outcomes.

Foster Parent Strategies:

- Foster parents participate fully in all permanence-driven trainings to understand their own role and how they fit into the work of the team working to achieve permanence for all youth.
- Including family members in the treatment team and in the day-to-day life of the child and youth, such as sending copies of report cards to family, inviting family to school activities, and foster parents hosting family of origin for holidays and special events.
- Foster parents being aware of their family culture and how they can be open to the youth's culture.
- Foster parents can share and pass on information about interested family or other caring adults that were gathered in conjunction with the youth and their family and other team members. Provide the referring or placing agency as well as current placement and social workers once the child leaves your charge.
- Recruitment of foster parents:
  - — When you have an interested party:
    - Be honest about the children served and their needs and behaviors
    - Explain trauma and the need to make a commitment not "give it a try" as this may be re-victimizing youth
    - Assess for flexibility and openness rather than rigidity with a tendency towards "shame and blame"
    - Avoid parents who talk about youth as "disrespectful," "manipulating," or other indicators that youth behaviors are "willful."
    - Assess for foster parents' own trauma histories and ensure they have done their own work first
  - — Incentivize your best parents and workers; they are your best recruiters.
  - — Involve your board in recruitment.
  - — Work with counties to recruit their work force to foster with private agencies.
  - — Use recruitment parties (think Mary Kay or Tupperware). Provide small incentives such as – bring a friend and get a $10 gift card
  - — Use technology such as: social media sites, Facebook, Linked-In, Constant Contact
  - — Purchase mailing lists or reach out to professional associations of people you want to recruit: teachers/ special education teachers, nurses, school counselors, social workers, therapists, EMDR therapists, sspeech pathologists, occupational therapists, etc.
  - — Purchase mailing lists or work with professional associations of people you want to recruit in the healing arts: chiropractors, acupuncturists, massage therapists, aroma therapists, sensory integration therapists, traditional Chinese medicine healers/doctors (or other healing professionals)

2) Permanency-driven Training

The primary focus of training for Anu Family Services in becoming a permanence-driven organization was an in-depth overview of the two key models noted in the previous section, the 3-5-7 Model in Preparing Youth for Permanence and Family Search and Engagement (FSE), the intensive family finding model. The training strategy included several training sessions designed for staff and foster parents. The initial session was a joint session, in which all staff and foster parents learned about the overview of these models. All social workers and supervisors then completed two additional all day training sessions on these models, and foster parents completed one all-day session. The message presented throughout the training series emphasized that this process necessitated a team approach in which it was **everyone's** job to ensure that the youth achieved permanency. Having foster parents, workers and supervisors in the initial sessions helped to emphasize this point. The initial training sessions introduced staff and foster parents to the new philosophy and values that were to guide the change to become a permanence-driven organization. The entire training series also outlined the specific practices that would be used to better connect youth with permanent and lasting connections to supportive adults, to help prepare youth for these permanent relationships, and to ultimately help all youth in care achieve legal and relational permanence.

In a permanence-driven organization, supervisors, peer and other consultants provide coaching, assessment and feedback, and emotional support in integrating learning to practice during regular visits to the home, parent support groups and daily/weekly touch-base communications.

However, research studies suggest that training by itself will not result in actual changes in practice or outcomes (Fixsen et al, 2005). In outlining strategies to make training more impactful, Fixsen and colleagues (2005) suggest supplement training sessions with follow-up opportunities to practice new techniques and to receive feedback on those practices. They also suggest integrating the "thinking" of the training material and the "doing" of the actual work by providing concrete examples of when specific strategies are most helpful and by providing opportunities for on-going coaching and consultation on the new practices (Fixsen, et al., 2005). This leads directly to the discussion in the next section, which outlines strategies for permanence-driven supervision. In a permanence-driven organization, supervisors, peer and other consultants provide coaching, assessment and feedback, and emotional support in integrating learning to practice during regular visits to the home, parent support groups and daily/weekly touch-base communications.

3) Permanence-driven Supervision

The provision of permanence-driven supervision is an essential component of the family connections process. Consistent provision of supportive supervision will provide the worker with the tools needed to move forward at a steady pace. Following Kadushin's (1976) well-known framework for effective social work supervision, the supervisor's three main goals are to provide support, tools and accountability. The unique aspects of each of these supervisory roles are outlined below as they specifically relate to permanence-driven supervision.

Support

Assisting youth in establishing family connections is an emotionally exhilarating journey; filled with unknowns and life changing events for youth. Supervision is an investment in the worker and ultimately the youth. Failure to engage in the permanence-driven supervisory process will result in drastically diminished successes. Establishing family connections creates a mixture of emotions for the youth and family as well as the permanency worker. Common emotions experienced by the worker are:

- Uncertainty regarding youth and family responses to creating the connections for the youth
- Frustration related to resistance experienced from other professionals
- Anxiety related to unknown emotional responses of others. This can occur in even experienced-workers.
- Avoidance of anxious situations or unknown territory.
- Jubilation related to successes!

Some specific strategies supervisors can employ in supporting staff include:

- supportive listening
- help with problem solving
- strategizing how to remove barriers to doing the work
- providing positive feedback and expressing appreciation
- encouraging work/life balance
- watching for signs of secondary trauma and for burnout
- role playing potential meetings youth or foster parents

In providing guidance and reassurance, supervisors can be proactive in problem solving with workers about barriers to achieving permanency for youth in care. To diminish anxiety about new tasks the workers may have to use in reaching out to potential family members and supportive adults, supervisors can do role plays and scripting with workers. Permanence-driven supervision is consistent, supportive and provides validation.

Highlights

Permanency Driven Supervision

- is consistent, supportive and provides validation.
- is designed to diminish anxiety.
- is proactive and allows for problem solving.
- provides accountability and maintains the focus.
- is critical to prevent secondary trauma and burnout.

Supervisory tasks and tools

- Rehearsing phone calls and meetings
- Providing opportunities to celebrate successes!
- Allowing for opportunities to debrief emotionally charged responses
- Including role plays and scripting
- Providing opportunities to engage in consultation with the supervisor AND other professionals doing the same work

Tools

In providing tools and educating workers on the implementation of new practices, supervisors may play a coaching role. To be effective coaches, supervisors should have the skills, information, time and energy to work with their staff in implementing new permanence-driven practices (Fixsen et al, 2005). In order to provide both the emotional support and the technical expertise and tools to do the work, it is extremely important that there is a solid supervisor/supervisee relationship, or the permanency-driven practice will be greatly impeded. Some specific supervisory tools are listed below.

Accountability

The final role of the permanence-driven supervisor is to hold staff accountable to achieving permanence outcomes for youth they work with. Accountability can be achieved through individual supervision and group supervision as well as through organizational shifts. Individual supervision provides an opportunity to review cases with each worker to ensure that progress is being made in strengthening family connections and preparing the youth for permanence as well as achieving legal and relational permanency for youth on each worker's caseload. Anu Family Services developed an integrated tool, called the Family Connections Checklist, that can be used in individual supervision to monitor which specific family connections activities have taken place. Social workers may unconsciously delay or avoid this important work because of their own unresolved issues or fears. Permanence-driven supervision ensures that workers continue to make good progress on the case and not become avoidant.

Permanence-driven supervision ensures that workers continue to make good progress on the case and not become avoidant.

Group supervision provides an opportunity to both support workers in implementing permanence-driven practice as well as holding the team accountable for the practices they are using. During group supervision, colleagues can provide case consultation, help address barriers to progress, and share successful and effective activities that were used with youth and families in the family connections work. Organizationally, administrative practices can be put in place to ensure that permanence-driven efforts and family connections strategies are also included in staff performance reviews and staff goals.

Things to Consider

Phase 3: Importance of Supervision in Fully Integrating Permanence-Driven Practice

- Opportunities to share activities, test them, debrief and modify for practice
- Sharing success stories
- Case consultation – both individual and group supervision
- Supervision tools
    - Permanency Driven Practice Activities Checklist – for use by supervisors to hold workers accountable (kept in worker file)
    - Permanency Driven Case Management Planning Guide Sheet – for use by workers to keep track of permanence efforts and activities completed (kept in youth case file) *For an example of this worksheet see the Permanency-related Tools section at the end of the guidebook.*
- Using supervision to reinforce process – workers first build rapport with youth and then move on to do some of the hard work of preparing for legal and relational permanence.
- Group Supervision:
    - Benefits: In effective group supervision, workers are able to process their emotions; build a cohesive team through trust-building processes; team gets support and learns from each other as well as challenge each other
    - Challenges: Workers come to permanence-driven practice with different experiences and readiness. It can be challenging to do group supervision with workers in different places in which they see a continuum and compare themselves. This can still be helpful if workers acknowledge difference, do not feel threatened, and can learn from each other.
- Some trust-building strategies in supervision include using the same permanence-driven activities that will be done with youth, including connectedness maps, timelines, and other activities in the 3-5-7 model. Doing these activities helps prepare workers to do the work with youth, and they also help workers to understand each other which can build trust among the team.
- Permanence-driven supervision also ensures cases continue to move forward and that unconscious fears or barriers do not cause workers to become avoidant.
- Supervision helps address concerns of secondary trauma and burnout.
- Supervision takes the full presence of the supervisor in order to support staff to address deep emotional issues and trauma the kids have experienced. This means supervisors also need to think about their own self-care and do individual supervision with just one or two staff a day.

Phase 4: Performance Change

In this stage, the organization puts procedures and processes into effect so that core components of the permanence-driven approach are fully implemented and integrated into practice and are resulting in positive outcomes for children, youth and families. In this stage of organizational change, the agency has successfully integrated permanency-driven practices, training, and supervision throughout the agency. In this phase, staff and foster parents who were reluctant to change are now integrating the new models of practice and shifting philosophy. It is also true that some staff and foster parents may have chosen to explore other opportunities. However, at this point, new staff members are trained in the new approach so that, for them, being part of a permanence-driven organization is "business as usual." Full implementation of models of family finding and preparing children and youth for permanency requires sustained collaboration of treatment-permanency teams, administrative support, ongoing worker training and consultation, and data-tracking systems to evaluate progress in working to achieve permanence.

Training, Coaching and Consultation

Anu Family Services provides all new staff members and foster parents several training opportunities about being part of a permanence-driven organization. All new staff and foster parents are required to watch a 30-minute orientation video on family connections and then participate in the three-part training series on permanence-driven practices, for a total of 30 hours of training in this area. Anu Family Services also plans to develop a "refresher" training course for on-going staff and foster parents to be implemented annually or bi-annually.

ONE OF THE KEY ASPECTS OF INTEGRATING THIS WORK EFFECTIVELY INTO PRACTICE AND SUPERVISION IS BY MAKING COACHING AND CONSULTATION AVAILABLE ON A CONSISTENT BASIS TO FOLLOW UP ON THE INFORMATION AND STRATEGIES LEARNED IN THE TRAINING SERIES.

One of the key aspects of integrating this work effectively into practice and supervision is by making coaching and consultation available on a consistent basis to follow up on the information and strategies learned in the training series. Anu Family Services accomplishes this through several means. The supervisors play a critical role in providing coaching and consultation as outlined in the previous section. They do this in both individual and group supervision through role modeling, providing information and applying information through different activities, and sharing about progress of practices in group consultation.

HIGHLIGHTS

BHAG AND CQI COMMITTEES

DEVELOPING AND INTEGRATING PERMANENCE-DRIVEN PRACTICES

- Define Permanence
- Develop Training modules for staff and foster parents
- Review of permanence literature and best practices at CQI
- Review of permanence outcomes and practices at CQI
- Monitor outcomes - tracking critical measures
- Provide on-going education, consultation, and resource-sharing
- Invest in a lead connections staff
- Integrate permanence in agency language (e.g., titles, key results, areas of performance, marketing, etc.)
- Disseminate information to county child welfare agencies
- Conduct Discharge Prior to Permanence Staffing
- Connect your strategy to all you do:
  - — Grant applications
  - — New program development
  - — Who you hire
  - — Who you license
  - — What you train
  - — How you market
  - — EVERYTHING

Another role of the supervisor in fully integrating permanence-driven practices is paying attention to secondary trauma of workers. Anu Family Services staff and supervisors address this in individual and group supervision as well as in external training opportunities on self-care and addressing issues of secondary trauma. In individual supervision, workers may also need to address their own issues of grief of loss. In working with youth, workers sometimes might share their own experiences, so conversations about boundaries are important in supervision. For example, asking questions about the aim of sharing: Are you sharing to help the child or to help yourself? Implementation of permanence-driven practices requires healthy professionals to work with issues of grief and loss and to address barriers as they come up.

In working with youth, workers sometimes might share their own experiences, so conversations about boundaries are important in supervision.

In order to develop more skill building in full implementation of the permanence-driven practices, Anu Family Services hired a staff member whose role was to support the work by monthly consultation meetings with each team of treatment foster care workers and supervisors. This position, titled the Family Connections Specialist, enhances the work of the supervisors by providing, demonstrating, and role playing specific activities to support the work of family finding and preparing youth for permanency. While most of these activities are done by the worker and youth or foster parents, the Family Connections Specialist provides assistance and consultation by checking in with each team to identify and address challenges in the permanence-process as well as celebrating and sharing successes. Another key point to remember is that this is a youth-driven process, and workers need to meet youth where they are. Even though the workers are not doing therapy with the children and youth, there are certainly some therapeutic elements involved in their interactions. Through this work, children and youth are often freed to talk about why they have been shut down.

Anu Family Services provides a monthly Technical Assistance call for all social workers in the agency. This allows for case consultation and problem-solving across the entire organization. This internal permanency consultation call is facilitated by the Family Connections Specialist. Anu Family Services has also participated in national consultation telephone calls that were hosted by leaders in intensive family finding. Staff members also participate in permanency roundtables, as promoted by Casey Family Programs.

Administrative Role in Full Integration

Evaluation of permanence outcomes at Anu Family Services happens in a daily report of discharge outcomes and in monthly Continuous Quality Improvement (CQI) meetings, which include administrators, directors and the data management staff and managers. In these meetings, the data drives discussion about areas of strength and opportunities to change or strengthen permanence-driven practices. In addition to tracking legal permanence, Anu Family Services measures the overall level of youth connectedness as a measure of relational permanence by using the Youth Connections Scale (YCS). The YCS is a tool developed by the Center for Advanced Studies in Child Welfare at the University of Minnesota as part of its collaboration with Anu Family Services. *(See a copy of the YCS in the Permanancy-Related Tools section at the end of this guidebook.)*

The Youth Connections Scale is scored from 0 to 100 and consists of four sections which measure:

(1) the number of meaningful connections or relationships the youth has with supportive adults,

(2) the strength of those connections including the frequency of contact and the consistency of the support the adult provides for the youth,

(3) the specific types of supports that have been identified as most important in the literature and feedback from former foster youth, and

(4) the overall level of connectedness of foster youth to caring and supportive adults (Jones & LaLiberte, 2013).

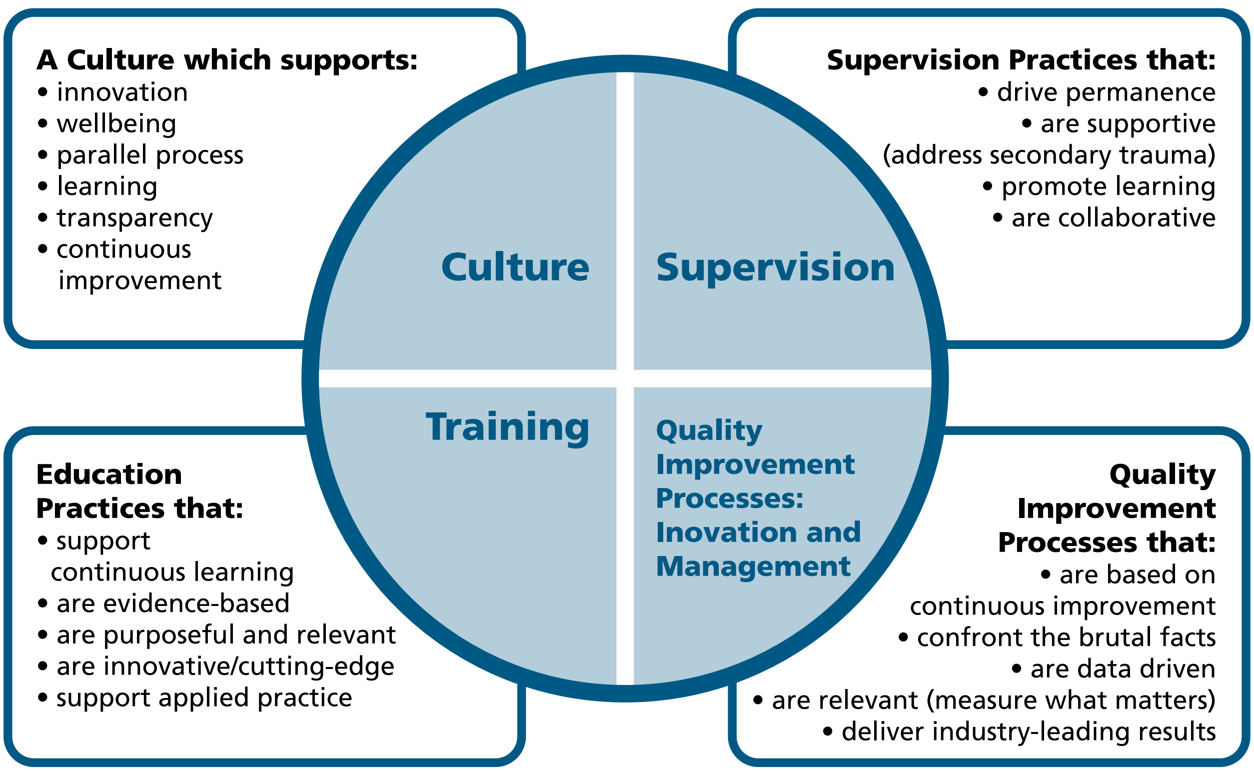
Another administrative role in integrating permanence-driven practices includes providing both internal and external opportunities to celebrate and acknowledge successes. Anu Family Services internally communicates permanence-driven information through electronic newsletters, which include the following:

- Evaluating and tracking results – meeting regularly to review data
  - CQI teleconferences and in-person Meetings
  - Daily Census/Permanence Updates by Region
  - Permanence by Worker Reports
  - Permanence by Treatment Foster Home Reports
  - Results by age, race, and other variables
  - Continued benchmarking – internally and externally
- Daily Census
  - Report of % discharged to permanence
  - Congratulations to workers discharging to permanence
- Newsletter
  - Featuring families having discharged a child to permanence
  - Featuring workers having discharged a child to permanence
  - Articles on permanence
- Permanence Tips
  - Weekly email tips for workers to engage in permanence-driven activities with youth and families
- Anu Blog
  - Information on current best practices and trends

COMMUNICATION ABOUT PERMANENCE-DRIVEN WORK IS CRITICALLY IMPORTANT WITH ANU'S ON-GOING PARTNERS.

Anu also communicates about being a permanence-driven organization to the external community and the larger field of child welfare. Communication about permanence-driven work is critically important with Anu's on-going partners, including public child welfare agencies in Minnesota and Wisconsin. Initially, Anu staff members met regularly with counties to help them understand the framework and strategies being used in permanence-driven work. Anu Family Services also disseminates learning about their change process through trainings and conferences as well as providing consultation and technical assistance to other interested agencies. Anu Family Services also communicates new learning through the Anu Blog (www.anufs.org/blog).

ANU FAMILY SERVICES ORGANIZATIONAL MODEL



Sustaining Change and Innovation with Diminishing Resources

To sustain positive change, organizations must innovate and strive to achieve better outcomes for children and families. As public funds and support continue to diminish for child welfare services, it becomes even more important that providers of services are able to identify which interventions work most effectively and most efficiently and to communicate outcomes of services to funders and the public in general. There is, however, a strong pull towards system homeostasis, and as a result, there is a tendency to "do what we've always done," which can often mean paying for and delivering services that last for longer periods of time and are less effective. In other words, change can be hard and is often met with resistance. Nonetheless, it is important that providers continue to innovate and demonstrate evidence of improved outcomes and financial returns on investment.

In addition, historically, public child welfare systems have been structured and funded on the basis of providing safety services. This means that systems were designed for the protection and care of children after abuse and neglect had occurred. Evolving standards and developments in child welfare are focused on prevention of child maltreatment and on timely achievement of permanence for children who have been removed from the home. In addition, innovations in child welfare are focusing on individual child wellbeing and moving beyond the commoditization of safety services. However, many policies and funding sources have not kept pace with the new demands of prevention, permanence and wellbeing. Therefore, providers who want to develop and research innovative services are often challenged to obtain funding to provide these services and sustained efforts.

Given these challenges, how do providers sustain change and innovation with diminishing resources? Many of the innovations in child welfare involve doing things differently not necessarily doing more. For example, caseworkers have long been required to make home visits to youth in care. New methods of addressing trauma, grief and loss can be implemented during the time caseworkers are with youth on their routine, required visits. Some interventions, such as Family Search and Engagement, do require significantly more resources; however, when these services are utilized, they can significantly reduce the amount of time in care (thus reducing costs, too) and reduce the risk of a youth aging out of care with no significant and supportive adults in their lives which leads to increased risk of homelessness, incarceration, and other undesirable outcomes for youth. So, even if services may cost a bit more in the short-term, these services can reduce costs in the long-term. Providers must track and report outcomes of these services to demonstrate the returns on investment.

In addition, in times of diminishing resources, building internal cultures of change becomes critical. Finding ways to "do what is best for children and youth" as a standard benchmark rather than "doing what's always

Checklist

Keep it going

- ☐ ***Track, Monitor and Move*** Use outcome data to track what is working. Build on what is working and change what is not. Learn from others' successes.
- ☐ ***BHAG Meetings*** Identifying future strategies and examining current strategies to continue to improve Anu's BHAG outcomes.
- ☐ ***Internal Communication*** Using data to track outcomes and communicating this to directors, supervisors and staff. Celebrating successes of workers and foster parents in achieving permanency for youth through newsletters, emails, reports and agency blog.
- ☐ ***Infuse your culture*** Connect your permanence strategy to all that you do.
- ☐ ***Making it work*** Constantly reflect and make changes; dedicate needed resources; expect full participation and attendance.
- ☐ ***Maintain a sense of urgency*** Stay connected to the youth's experience.
- ☐ ***Do what you can do*** Because you cannot do everything, does not mean you should not do something.

Do all the good you can. By all the means you can. In all the ways you can. In all the places you can. At all the times you can. To all the people you can. As long as ever you can.

–John Wesley

been done, just doing it better" is imperative to a culture of innovation. It becomes critical to find new ways to create disruptive innovation – those new techniques which help to create a new market and value proposition and which go beyond just tweaking what already exists. This type of innovation helps to elevate systems beyond their current capacities and to find efficiencies and capacities where they were not previously identified.

Another way to infuse systems with new resources is to clearly articulate your organizational theories of change to private and public funding sources. There is a growing collective consensus that what we are doing in child welfare is not producing the desired results and that something different must be done. However, there is a void in the field about what exactly to do to create the needed changes. If your organization has bold ideas and clearly defined and tested theories of change, public and private partners are willing to fund the development of innovative services. Completing demonstration projects or pilot projects in an effort to fully test and document the outcomes of innovative services is a way to get early seed money to mature a service and demonstrate its return on investment to public funding partners for future growth.

TO NAVIGATE AND SUCCEED IN THESE RAPIDLY CHANGING TIMES, ORGANIZATIONS MUST HAVE THE ABILITY TO TRACK OUTCOMES AND INFORMATION TO MAKE DATA-DRIVEN DECISIONS AND TO UTILIZE EVIDENCE-INFORMED PRACTICES TO MAXIMIZE EFFICIENCIES IN SERVICE DELIVERY.

Additionally, in times of diminishing resources, rethinking roles and finding internal efficiencies in practice and in other operational costs becomes very important. For example, has your organization performed an analysis on paying employees mileage vs. managing agency-owned or leased vehicles? There are hundreds more examples of these types of cost-benefit analyses to be found in every organization's operational costs. Organizations must also maximize the use of technology in the field to gain efficiencies where possible (e.g. What is the cost savings of case managers entering case notes onsite rather than returning to the office to enter notes? Could using virtual meetings substantially reduce travel or meeting-related expenses?).

What savings could be utilized by outsourcing services that have formerly been provided internally such as human resources, information technology or accounting? Innovative use of collaboratives, such as the MACC CommonWealth model in the Twin Cities of Minnesota, is a way to achieve operational efficiencies. MACC CommonWealth is a partnership of twenty member non-profit organizations in the Minneapolis-St. Paul metropolitan area that provides management services to its member agencies in the areas of finance, human resources and information technology. This collaborative approach creates space for shared solutions that far exceed the capacity of any of the individual member agencies (MACC CommonWealth, 2011).

To navigate and succeed in these rapidly changing times, organizations must have the ability to track outcomes and information to make data-driven decisions and to utilize evidence-informed practices to maximize efficiencies in service delivery. Gone are the days of "just trying to help" or "doing what we know." We do not have the extra resources for blind trial and error; we must do what we know works best first. In social services, it typically takes many years to apply learning from research to practice. However, in times of growing intensity of need in the people we serve and diminishing resources with which to perform those services, we must move more quickly, be more nimble and be flexible enough to alter our service delivery to reflect the best of what we know works from current research and other developing promising practices. Changes in resources demand it, and our clients deserve our most expedient and effective responses to their pressing human needs.

Resources & Tools to Consider

Current and Emerging Innovations

- **3-5-7 Model of Preparing Youth for Permanency** – Addressing issues of grief and loss for youth in out-of-home placement.
- **Applying Research to Practice** – Developing an on-going agency-university partnership to better understand and apply the current research on best practices, and to develop and test new innovations that can build knowledge in the field of child welfare and can inform practice and policy.
- **Continuous Quality Improvement** – Using data tracking systems that accurately and effectively measure safety, permanency and wellbeing outcomes for children in care, and developing the infrastructure to use this data to inform agency practices and policies.
- **Diana Screen** – Evidence-informed tool to screen out potential and actual maltreators from foster parent recruitment and new staff recruitment.
- **Family Search and Engagement Model (FSE)** – Intensive family finding to identify and engage family, kin and other supportive adults to help youth on their path to permanency.
- **Permanency Pact** – Developed by the Foster Club as a formalized facilitated process to clarify the relationship between a youth and a caring adult, including clarifying mutual expectations and types of support.
- **Sharing Effective Strategies** – Organizations that innovate, develop, and test new strategies for achieving better outcomes, should share their learning through child welfare conferences, journals and trainings. Anu Family Services has also been consulting with Casey Family Programs on implementing effective organizational change with public partners around the county.
- **Technological innovations** – Using technology to support the work in child welfare, such as virtual visitation to supplement caseworker visits with children and family visits.
- **Therapeutic Crisis Intervention for Family Care Givers** – Moving the entire treatment foster care program to a restraint free program, through a model that stresses crisis prevention, crisis de-escalation and understanding of pain-based behaviors, in ways that help children learn to avoid losing control and regulate their emotions.
- **Trauma-Informed Parenting** – Parent Coaching is utilized, which provides direct instruction to the parents, without the youth present, about how to parent the youth. Present Moment Parenting is the trauma-informed model of parenting used by Anu that moves away from control and behavior management towards positive reinforcement to build connections with the child to support behavior change.
- **Wellbeing Model of Integrative Practices** – Moving from an historical child welfare model to an innovative to a transformative model of child welfare. Focus on keeping youth safe, finding youth permanent families, and ensuring they are healthy in all aspects of their development including: emotional, physical, spiritual, cognitive/mental; applying trauma-informed care with grief and loss through the use of integrated healing services, recruitment and training. *(See copy of the framework in the Permanency-related Tools section at the end of the guidebook.)*
- **Youth Connections Scale** – A measure of youth connectedness as a component of relational permanence, looking at the youth's perception of the number and strength of connections and types of support from family and caring adults.
- **Youth Connections Map and Timeline** – Visual tools that map out different types of connections the youth experienced both currently over time.

Glossary of Permanence Terminology

Adoption
A court action in which an adult assumes legal and other responsibilities for another individual, usually a minor.

Best practice
An approach or procedure that has produced outstanding results in a previous situation or setting and could be adapted to improve effectiveness of clinical practice in a current situation or setting.

Concurrent Planning
A process used in foster care case management by which child welfare staff work toward family reunification and, at the same time, develop an alternative permanency plan for the child (such as permanent placement with a relative, or adoption) should family reunification efforts fail; planning intended to reduce the time a child spends in foster care before a child is placed with a permanent family.

Evidenced-Based Practice
The Institute of Medicine (IOM) defines "evidence-based practice" as a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with patient values (IOM, 2001). These three factors are also relevant for child welfare.
We propose adopting the Institute of Medicine's definition for evidence-based child welfare practice with a slight variation that incorporates child welfare language:
- Best Research Evidence
- Best Clinical Experience
- Consistent with Family/Client Values

This definition builds on a foundation of scientific research while honoring the clinical experience of child welfare practitioners and being fully cognizant of the values of the families we serve.

Foster-Adoption
In this type of placement, foster parents agree to adopt the child if/when parental rights are terminated. Social workers place the child with specially trained foster-adopt parents who will work with the child during family reunification efforts but who will adopt the child if the child becomes available for adoption.

Grief
A multi-faceted response to loss, particularly to the loss of someone or something to which a bond was formed. Although conventionally driven as the emotional response to loss, it also has physical, cognitive, behavioral, social, and philosophical dimensions. While the terms are often used interchangeably, bereavement often refers to the state of loss and grief to the reaction to loss.

Legal Guardianship:
The authority and responsibility granted to a person appointed as legal guardian by the juvenile court pursuant to state Welfare and Institutions Codes (WIC). Legal guardianship suspends, but does not end, the rights and responsibilities of the birth parents. A legal guardian has sole rights to the custody and control. Legal guardianship ends when the child turns 18, marries, emancipates or is adopted. A legal guardian has sole rights to the custody and control of the child and has the legal right to:
- make all decisions regarding parental visitation in absence of a court-ordered visitation schedule;
- establish the child's residence anywhere in the state without a court order;
- make decisions regarding the child's education, sports participation and driver education;
- consent to the child's getting a driver's license; and
- give consent for medical treatment.

Outcome
Changes or benefits resulting from activities and outputs. Short-term outcomes produce changes in learning, knowledge, attitude, skills or understanding. Intermediate outcomes generate changes in behavior, practice or decisions. Long-term outcomes produce changes in condition.

Permanence-driven Supervision
Supervision is the key tool to ensure the implementation and advancement of permanence practices in an agency. Permanence-driven supervision is consistent, supportive and provides validation; is designed to diminish anxiety; is proactive and allows for problem solving; and provides accountability and maintains the focus on youth connections and permanence in both individual and group supervision methods.

Permanency Pact
A pledge with the goal of establishing life-long, kin-like connection and relationship between a young person and a supportive adult (see Foster Club at http://www.fosterclub.com/_transition/article/permanency-pact).

Permanency Plan
A proposal by the juvenile justice or child protective services system to establish a permanent placement for youth in foster care. The goal of the permanency plan is to expeditiously secure a safe, permanent placement for every child in foster care either by making it possible for children to return to their own families or by finding safe adoptive homes for them.

Permanency Planning
The systematic process of carrying out (within a brief, time-limited period) a set of goal-directed activities designed to help children live in permanent families. This process has the goal of providing the child continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime family relationships.

Program Evaluation
Individual systematic studies conducted typically or on an ad hoc basis to assess how well a program is working. They are often conducted by experts external to the program, inside or outside the agency as well as by program managers.

Promising Practices
Clinical practices for which there is considerable evidence or expert consensus and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence.

Reunification
The returning of children to the custody of their family after they have been involved in a period of foster care placement outside their family home.

Termination of Parental Rights
The court ordered severing of all legal rights and responsibilities of birth parents from their biological child.

References

Ahrens, K. R., DuBois, D. L., Garrison, M., Spencer, R., Richardson, L. P., & Lozano, P. (2011). Qualitative exploration of relationships with important non-parental adults in the lives of youth in foster care. *Children and Youth Services Review, 33*(6), 1012-1023.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480.

Center for Advanced Studies in Child Welfare (2012). *National Implementation Research Network: A Framework for Understanding CFA.* Research colloquium presented to University of Minnesota School of Social Work in 2012.

Child Welfare Information Gateway. (2012). Foster care statistics 2010. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Child Welfare Information Gateway. (2006). Enhancing permanency for older youth in out-of-home care. Washington, DC: U.S. Department of Health and Human Services.

Children's Bureau. (2012). Memo: Promoting Social and Emotional Wellbeing for Children and Youth Receiving Child Welfare Services (No. ACYF-CB-IM-12-04). Washington, D.C.: Administration on Children, Youth and Families.)

Collins, J. & Porras, J. (1996). Building Your Company's Vision. *Harvard Business Review, 74*(5), 65–77.

Courtney, M.E., Piliavin, I., Grogan-Kaylor, A., & Nesmith A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80*, 685–717.

Fixsen, D. L., Blase, K. A., Horner, R., & Sugai, G. (2009). Readiness for Change. Scaling-up Brief, 3, 1-5.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

Foster Club. (2006). *Permanency Pact: Life-long, kin-like connections between a youth and a supportive adult.* Retrieved on May 15, 2010 from http://www.fosterclub.com/files/PermPact_0.pdf.

Frey, L., Cushing, G., Freundlich, M., & Brenner, E. (2008). Achieving permanency for youth in foster care: Assessing and strengthening emotional security. *Child and Family Social Work, 13*(2), 218-226.

Geen, R. (2009). The Fostering Connections to Success and Increasing Adoptions Act: Implementation Issues and a Look Ahead at Additional Child Welfare Reforms. *Child Trends Working Paper.* Retrieved on-line on June 10, 2009 from http://www.childtrends.org/Files//Child_Trends-2009_02_10_FR_NewCWPaper.pdf

Geenen, S., & Powers, L. E. (2007). Tomorrow is another problem: The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review, 29*(8), 1085-1101.

Greeson, J. K. P., Usher, L., & Grinstein-Weiss, M. (2009). One adult who is crazy about you: Can natural mentoring relationships increase assets among young adults with and without foster care experience? *Children and Youth Services Review, 32*(4), 565-577.

Henry, D. (2005). The 3-5-7 Model: Preparing children for permanency. *Children and Youth Services Review, 27* (2), 197– 212.

Henry, D. (2011). The 3-5-7 Model Workbook: Supporting the Work of Children, Youth and Families Towards Permanency. Sunbury Press.

Hernandez, M., & Hodges, S. (2003). Building upon the theory of change for systems of care. *Journal of Emotional and Behavioral Disorders, 11*(1), 19-26.

Hernandez, M., & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas Into Action.* Tampa, FL: University of South Florida, The e Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

Hook, J. L., & Courtney, M. E. (2011). Employment outcomes of former foster youth as young adults: The importance of human, personal, and social capital. *Children and Youth Services Review, 33*(10), 1855-1865.

Hyde, P.S., Falls, K., Morris, J.A., Schoenwald, S.K., (2001). Turning knowledge into practice: a manual for behavioral health administrators and practitioners about understanding and implementing evidence-based practices. Boston: Technical Assistance Collaborative.

Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academy Press.

Jones, A. S. & LaLiberte, T. (2013). Measuring youth connections: A component of relational permanence for foster youth. Children and Youth Services Review.

Kadushin, A. (1976). Supervision in social work. New York: Columbia University Press.

Kerman, B., Wildfire, J., & Barth, R. (2002). Outcomes for young adults who experienced foster care. *Children and Youth Services Review, 24*, 319–344.

Kotter, J. P. (2008). A sense of urgency. Harvard Business School Press.

Lenz-Rashid, S. T. (2009). *Developing Permanent, Supportive Connections While in Care: Foster Youth's Perspectives.* Retrieved May 21, 2012, from https://alamedasocialservices.org/opg/documents/PermanencyRptSept2009.pdf

Louisell, M.J. (2008). Six Steps to Find a Family: A Practice Guide to Family Search and Engagement (FSE). National Resource Center for Family-Centered Practice and Permanency Planning; Hunter College & California Permanency for Youth Project. Retrieved online on June 17, 2009 from http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/SixSteps.pdf

MACC Commonwealth (2011). Retrieved on January 4, 2013 from http://www.mcwmn.org/Home.aspx

Massinga, R., & Pecora, P. J. (2004). Providing better opportunities for older children in the child welfare system. The Future of Children, 14(1), 151–173.

Munson, M. R., & McMillen, J. C. (2009). Natural mentoring and psychosocial outcomes among older youth transitioning from foster care. *Children and Youth Services Review, 31*(1), 104-111.

Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. Child abuse & neglect, 24(10), 1363-1374. Perry, B. L. (2006). Understanding social network disruption: the case of youth in foster care. Social Problems, 53(3), 371–391.

Perry, B. L. (2006). Understanding social network disruption: the case of youth in foster care. Social Problems, 53(3), 371–391.

Propp J., Ortega, D., & NewHeart, F. (2003). Independence or interdependence: rethinking the transition from 'ward of the court' to adulthood. Families in Society (84), 259–266.

Samuels, G. M. (2009). Ambiguous loss of home: The experience of familial (im) permanence among young adults with foster care backgrounds. *Children and Youth Services Review, 31*(12), 1229-1239.

Samuels, G. M., & Pryce, J. M. (2008). What doesn't kill you makes you stronger: Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*(10), 1198-1210.

United States Department of Health and Human Services, Administration for Children and Families. (2012). *Children's Bureau Information Memorandum: Promoting Social and Emotional Wellbeing for Children and Youth Receiving Child Welfare Services.* # ACYF-CB-IM-12-04.

U.S. Department of Health and Human Services. (2012). The AFCARS Report. Administration for Children and Families (19).

US Department of Health and Human Services. (2010). Adoption and Foster Care Analysis and Reporting System (AFCARS) Report. Retrieved July 7, 2012, from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.htm

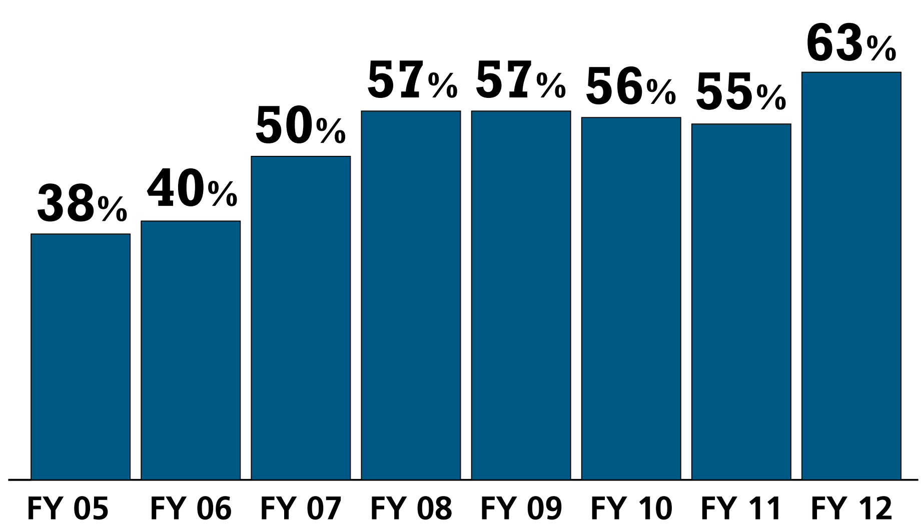
Anu Family Services' Journey to Permanence

YR	Accomplishments	Discharged to Permanence
2005:	Implemented Restraint-free Policy and began using TCIF (Therapeutic Crisis Intervention for Family Caregivers)	38%
2006:	Developed BHAG (Big Hairy Audacious Goal) to be the "Last placement prior to permanence for 90% of the kids we serve."	40%
2007:	Began a Research Partnership with U of MN Center for Advanced Studies in Child Welfare U of MN Project: Placement Stabilization Literature Review and Policy/Practice Analysis	49%
2008:	Family Search and Engagement Training with author Mardi Louisell U of MN Project: Pilot project on FSE (Family Search and Engagement)	57%
2009:	Legally changed agency name to Anu following separation from parent company; hired Family Connections Specialist U of MN Project: Retrospective Study of Emotional Permanence of Youth Discharged from Anu	57%
2010:	Initiated Discharge Prior to Permanence staffings U of MN Project: Homecoming Project and merged agency comparative analysis Youth Connections Scale Developed	56%
2011:	Began full implementation and training of 3-5-7 Model by Dr. Darla Henry; U of MN Project: Pilot of Youth Connections Scale	60%
2012:	Acquired parent coaching agency Center for the Challenging Child; introduced trauma-informed parenting model; launched Intensive Permanence Services U of MN Project: Developed Youth Connections Scale guide and materials	63%

Children Discharged to Permanence**

**Permanency is Family Reunification or Adoption

* 18 Month FY (July 1, 2011 - Dec. 31, 2012)



Anu family services

HISTORICAL CHILD WELFARE	INOVATIVE CHILD WELFARE	TRANSFORMATIONAL CHILD WELFARE
Maintenance	**Treatment**	**Healing**
Safety *Focus on harm reduction in care and preventing further abuse or neglect*	**Permanence** *Focus on keeping youth safe and finding them permanent families through adoption or reunification*	**Wellbeing** *Focus on keeping youth safe, finding youth permanent families, and insuring they are healthy in all aspects of their development including: emotional, physical, spiritual, cognitive, social / emotional*
Writhing	**Surviving**	**Thriving**
Primary Evidence-Informed Technologies: • **Therapeutic Crisis Intervention for Family Care Givers (TCIF)** • **Diana Screen: for potential and actual maltreaters**	Primary Evidence-Informed Technologies: • **3-5-7 Model of Grief and Loss** • **6-Steps to Family Search and Engagement (FSE)**	Primary Evidence-Informed and Promising Technologies: • **Trauma-Informed Parenting** • **Youth Connections Scale**
Behavior Management and traditional parenting techniques used	Behavior Management and traditional parenting techniques used and foster parents are trained in Grief and Loss	Trauma-informed Parenting which understands that all behavior has meaning and parenting is used in the context of trauma, not control
Nothing is wrong with you; you just need love.	What's wrong with you?	What happened to you?
Behaviors seen as naughty	Behaviors seen as symptoms of a diagnosis	Behaviors seen as trauma-responses
No understanding of trauma-impact	Knowledge of trauma-impact	Applied Trauma-informed Care
Primary intervention: love	Primary interventions: traditional individual/group therapy, day treatment, residential and medication	Primary Interventions: grief/loss/trauma work done in the safety of relationship and/or integrative therapies
Foster Parents	Professional Treatment Foster Parents	Foster Parent Healers
Foster Homes	Treatment Foster Homes	Healing Homes
Long-term Care	Focus on shorter lengths of stay	Focus on reduction of entries into care
Multiple moves without regard of impact	Focus on placement stability	Focus on youth connections
Caregivers told: don't get attached	Caregivers told: adopt sight unseen	Caregivers told: heal the bridge back to lost connections & permanence
Youth not allowed to contact family until after 30 days of placement, then only parents, siblings and grandparents (some)	Youth allowed to contact others to connect with those they know in their family	Youth assigned a worker to search for family and important others they have lost through multiple moves
Youth have multiple foster home moves	Focus on placement stability-keeping kids in a single foster home	Focus on keeping kids out of care and/or shortened length of stays in a single family-based setting
Length of stay in out-of-home care is often years (2-18 years in placement)	Length of stay average at 2 years; many still in "Long term foster care" for 5 or 10 or 15 years; Anu averages 9 months	Out-of-home care is seen as temporary and short-term; reducing length of stay becomes a focus
Primary Caregivers: public systems	Primary Caregivers: public and private providers	Primary Caregivers: family, supported by private and public providers
Rescued Youth from their Families	Treated Youth and ignored Families	Engaged Youth and their Families
30-40% discharged to permanent families	50-60% discharged to permanent families	70-80% discharged to permanent families (projected)

Permanency Focused Case Management Planning Guide Sheet

Youth Name:
TFC Permanence Specialist:
Date:

Recipes for Success Workbook[1]						
Activity –	**Date Completed**	**Who? Clarification**	**What? Clarification**	**Where? Integration**	**How? Integration**	**When? Actualization**
Silhouette		**X**				
On The Day That You Were Born		**X**				
Sharing the Medical History		**X**	**X**			
Oh, The Places I've Been		**X**	**X**			
Life Line/Time Line		**X**	**X**			
All in the Family		**X**	**X**			
Sibling Memories		**X**	**X**			
Connecting the Missing Pieces		**X**	**X**	**X**		
People I've Known		**X**	**X**	**X**		
The Walk of Life		**X**	**X**		**X**	
People Who Care About Me		**X**		**X**	**X**	
Safety Nets				**X**	**X**	
Dream A Little Dream		**X**	**X**		**X**	**X**
Family Connections		**X**				**X**
Family Ties		**X**				**X**
Family Collages		**X**	**X**	**X**	**X**	**X**
Thanks for Being Part of Me		**X**				**X**
Time Line		**X**	**X**			**X**
Yellow Brick Road		**X**			**X**	**X**
Sands of Time and Place		**X**	**X**	**X**	**X**	**X**
Understanding and Using the Tasks of Clarification, Integration & Actualization Workbook[2]						
Loss History Chart		**X**	**X**			
Life Map		**X**	**X**			
Remembered People Chart				**X**	**X**	
Water Pitcher				**X**	**X**	
Collages				**X**	**X**	
Chain Link						**X**
All in the Family						**X**
Dream Catcher						**X**
Genogram						
Initial Genogram Completed on: ____/_____/______						
Genogram Updates Completed						
Youth Connections Scale						
Initial Completed on: ____/_____/______						
Comments:						

This Planning Guide was created using activities identified in the Pennsylvania SWAN's Preparing Children for Permanence-Recipes for Success (n.d)[1] and Darla Henry's 3-5-7 Model (2011)[2].

Youth Connections Scale

(A) Tools for Youth Connections

	Yes	No
Has a genogram or connectedness map been completed with youth?	☐	☐
Has a Lifebook been created with or for the youth?	☐	☐

(B) Number of Supportive Adult Connections:

For each category, please write the total number of meaningful relationships that apply for youth at this time.

"Meaningful relationships" are defined by the youth. This would include adults who have some on-going contact with the youth and who can be counted on for some type of support.

	Total # of Adult Relationships for Each Category
Mother (birth, adoptive, stepmother)	
Father (birth, adoptive, stepfather)	
Adult siblings	
Other adult relatives	
Current foster parent	
Former foster parent	
Current or former social worker	
Current or former teacher	
Current or former therapist, counselor or psychologist	
Pastor, rabbi or other spiritual leader	
An adult friend, mentor or sponsor	
Other adults (Please list relationships):	

(C) Strength of Youth Connections:

Indicate the strength of the relationship between the youth and adult right now.

In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows. Circle the best response for each row.

Very Weak: No Contact

Weak: Infrequent contact; youth can't count on this adult for support

Moderate: Some contact with this adult but may not be consistent; youth feels a connection but can't count on this adult all the time

Strong: Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person

Very Strong: Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed

N/A: Not applicable because adult is deceased or youth has no siblings

	Very Weak	Weak	Moderate	Strong	Very Strong	N/A
Parent 1 *(birth, adoptive or step mother or father)*	0	1	2	3	4	N/A
Parent 2 *(birth, adoptive or step mother or father)*	0	1	2	3	4	N/A
Siblings	0	1	2	3	4	N/A
Other adult relatives	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A

(D) Support Indicators: Answer yes or no for each indicator. *These do not have to be from the same adult.*

You have an adult in your life whom you will be able to count on for the following support after you leave foster care:

Yes	No	Indicator
☐	☐	Providing a home to go to for the holidays
☐	☐	Providing an emergency place to stay
☐	☐	Providing cash in times of emergency
☐	☐	Help with job search assistance or career counseling, or providing a reference for youth
☐	☐	Help with finding an apartment or co-signing a lease
☐	☐	Help with school *(homework, re-enrolling in school, help in applying to colleges)*
☐	☐	Assisting with daily living skills, such as cooking, budgeting, paying bills and housecleaning
☐	☐	Providing storage space during transition times
☐	☐	Emotional support – a caring adult to talk to
☐	☐	Sharing in or supporting experiences of youth's cultural and spiritual background
☐	☐	Checking in on youth regularly – to see how they are doing
☐	☐	Assisting with medical appointments so youth does not have to experience that alone
☐	☐	Assisting with finding and accessing community resources.
☐	☐	A home to go for occasional family meals
☐	☐	Help providing transportation *(help with purchasing a car)* or figuring out public transportation
☐	☐	Someone to send care packages at college
☐	☐	Assisting with purchasing cell phone and service *(for example, youth is added to a family plan).*
☐	☐	A place to do laundry
☐	☐	Supporting youth in civic engagement such as voting and volunteering

List has been modified and adapted from the FosterClub Permanency Pact (2006).

(E) Level of Youth Connections: Indicate your level of agreement with the following statements.

Circle the best response.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
While in foster care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections	0	1	2	3	4
An adult has made a commitment to provide a permanent, parent-like relationship to you	0	1	2	3	4
You are living with an adult who has or plans to adopt you or become your legal guardian	0	1	2	3	4
You feel very disconnected from any caring adults	0	1	2	3	4

Office Use Only: Youth Name ________________________ Youth Date of Birth ____________

Worker Completing Form ________________________ Date of Completion of Form ____________

Form Completed: Within 30 Days of Placement ☐ Within 30 Days of Discharge ☐ Other ☐

Form Completed Without Youth at Discharge: Yes ☐ No ☐ If Yes, Explain: ________________________

Anu family services

We encourage your feedback and additions to our continued learning and efforts to improve practice.

Please contact us at:

info@anufs.org • **www.anufs.org** • **877-287-2441**