

NYC ADMINISTRATION FOR CHILDREN'S SERVICES

ENHANCED FAMILY CONFERENCING
INITIATIVE

(EFCD)

INTERVENTION
MANUAL

On this day March 8, 2016, this final draft manual was approved by:

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Section 1. Background

1.1. Introduction and Purpose of the Manual

The purpose of this **Enhanced Family Conferencing Intervention Manual** is to provide a step-by-step guide for child welfare professionals and Parent Advocates implementing the Enhanced Family Conferencing Initiative (EFCI) model in the ACS Bronx Zone E. This Intervention Manual serves as the foundation for guiding EFCI practice components, curriculum development and training plans, and is used as a day-to-day resource by EFCI meeting facilitators, DCP workers and supervisors, Parent Advocates, and service providers. The operationalized components as specified in this Intervention Manual also serve as the foundation for fidelity criteria (see below) and that practice happens as intended.

1.2. Statement of the Problem

In New York City, one of the most intrusive and potentially traumatic safety decisions made during the process of an investigation is the removal of a child from his/her parent/permanent caregiver when the child is deemed to be in immediate or impending danger of serious harm. Such placements, while addressing immediate concerns for safety often times result in traumatic stress and jeopardize the achievement of permanency and wellbeing for the child. It may be possible in some instances to avoid placement and reduce placements overall by considering alternative safety plans that keep families together.

The New York Administration for Children’s Services (ACS) has implemented a program in which Parent Advocates work with families whose children are in immediate or impending danger of serious harm and are at risk for removal. In this current program model, the Parent Advocates’ primary tasks are to:

1. Participate in the ICSCs with ACS, parents, caregivers and community partners;
2. Provide advocacy on the parent’s/guardian’s behalf;
3. Help families negotiate the system; and
4. Help facilitate the use of resources to support families to keep children safe.

However, the current program has limitations that constrict the extent of its impact, and with additional resources, more families could benefit from the enhanced model based on Family

Group Decision Making (FGDM) principles. ACS desires to compare performance of its existing approach with this enhanced model.

The goals and objectives of the Enhanced Family Conferencing Initiative (EFCI) are to:

- (1) Improve and/or maintain the safety of the children and youth in Zone E of the Bronx who are the subject of an ACS Initial Child Safety Conference (ICSC);
- (2) Reduce the out-of-home placements for children and youth in in Zone E of the Bronx who are subject of an ACS Child Safety Conference;
- (3) For children in foster care, increase the achievement and maintenance of permanency for children and youth in in Zone E of the Bronx who are subject of an ACS Child Safety Conference;
- (4) Increase family involvement and improve protective factors that are tied to child well-being for the target population; and
- (5) Build credible evidence of the effectiveness of an FGDM initiative to improve child welfare outcomes for children and youth in the target population and contribute new knowledge to the child welfare field.

1.3. Theory of Change

The theory of change for the EFCI model is as follows:

Families with children who are in immediate or impending danger of serious harm will receive an Enhanced Initial Child Safety Conference and an Enhanced Follow-Up Child Safety Conference

So that

Parent Advocates are better positioned to provide enhanced advocacy for these parents/caregivers and their children

So that

Families, and/or caregivers, with support of their extended family, will be more successfully engaged with appropriate service responses, demonstrate increased positive emotional response, are satisfied with the intervention, and participate in services to reduce the likelihood of future child maltreatment and out-of-home care.

And

When circumstances make it difficult for families to initially build capacity to keep their children safely at home, kin will be more often engaged to support in-home safety plans and/or offer temporary placement to children to avoid formal foster care placement.

So that

The Enhanced Family Conferencing Initiative will reduce out-of-home care placements with non-relatives, maintain safety for children in their own homes or those of their relatives, and increase safe and timely reunification for children who are in out-of-home care.

1.4. Parent Advocate Program and Prior Intervention Research

Parent Advocates, a term used synonymously with parent mentors, peer mentors, parent representatives, and parent partners (Berrick, Young, Cohen & Anthony, 2011; Lalayants, 2014, 2012; Rauber, 2010, 2009; Summers, Macgil, Russell & Wood, 2011), are parents who have had personal experiences with the child welfare system and offer advocacy and support to parents/families involved in the child welfare system (Cohen & Canan, 2006; Berrick et al., 2011; Lalayants, 2014, 2012).

ACS's Parent Advocate program also meets the linguistic and cultural needs of participating families in the Child Safety Conferencing process. Parent Advocates are hired from the local community, and most have been involved in the child welfare system prior to their employment. Families report a high level of trust in Parent Advocates. Of the 316 cases handled by the Zone E field office in CY 2014 that had an Initial Child Safety Conference (ICSC), 47 percent had a Parent Advocate in attendance to support the family, and at the Follow-Up Child Safety Conference (FCSC), only 3.5 percent had a Parent Advocate in attendance. The low percentage of Parent Advocate attendance at the FCSC reflects the fact that, until the EFCI pilot, there has not been a policy that has encouraged their participation at that follow-up conference.

Since most parents/caregivers suspected of child maltreatment are unfamiliar with the process of child protective investigation and placement, reluctance to engage in cooperative decision-making about their case, and often lack family support, Parent Advocates can potentially provide such support during a family's involvement in the child welfare system, encouraging engagement in case decision-making and participation in services and acting as a connection between professionals and stigmatized parents and as a positive social comparison (Summers et al., 2011).

A recent qualitative study of the parent advocacy model in New York City revealed that due to their personal experiences and successes in the child welfare system, Parent Advocates helped other parents navigate the system, educated them, and provided guidance (Lalayants, 2014). Acting as role models to parents struggling to cope with their realities, Parent Advocates exhibited a unique ability to understand the parents' perspectives, to which it was often impossible for professionals to relate due to varying personal and professional experiences and beliefs and the overburdened nature of the system. Because Parent Advocates had been through the child welfare system, struggled with substance abuse, and felt the stigma, social isolation, and the range of emotions related to the child welfare system involvement, they could relate to their client on levels that child protection staff could not and were able to promote family engagement (Lalayants, 2012). Parent Advocates occupied a unique space between a friend and professional (Featherstone & Fraser, 2012). While they had specialized knowledge about the child welfare and legal systems, they were not affiliated with statutory entities, which afforded them the opportunity to develop a trusting relationship with parent clients (Lalayants, 2014; 2012). Furthermore, Anthony and colleagues (2009) found that parents who received support

services from other parents with similar but successful child welfare histories were more than four times as likely to achieve positive reunification outcomes as parents in a comparison group.

1.5. The Purpose of the ICSC and the Follow-Up CSC

A Child Safety Conference (CSC) is a decision-making meeting that takes place when a child is deemed to be in immediate or impending danger of serious harm and a removal from their caretaker is a possible outcome recommendation or the child has already been removed. A CSC brings together all of the parties who have a responsibility and an interest in protecting the child and who will come to a decision that will keep the child safe. It is a collaborative process designed to produce the best decision concerning a child's safety and placement (when necessary). This conference provides for the joint contributions of family members, ACS staff, individuals chosen by the family to support them, community partners, service providers and foster parents, and anyone else who can contribute information and resources that will ensure the safety of the child. The factors that place the child in danger are considered during the CSC. All participants work together in the CSC to create a plan for safety that is tailored to the individual needs of the child and resources of the family. There are six possible outcomes from an ICSC, which are:

1. Preventive Services
2. Family Preservation Services (FPP)
3. Court Ordered Supervision
4. Voluntary Placement
5. Foster Care
6. Return/remain at home with an order of protection or services required

If a child is deemed to be in immediate or impending danger of serious harm, and the child's safety cannot be secured within the home, a removal may be one of the options considered. While the agency and family create recommendations during the ICSC, the Court is the final decision-making authority. All decisions regarding Court Ordered Supervision and removal from a family are made in a CSC. The CSC is facilitated by a Child and Family Specialist who works with the group to consider everyone's perspective and help the group reach consensus. While the goal is for the entire team to reach a decision by consensus, parents may disagree when the recommendation is to remove a child. However, there is an expectation that ACS staff will reach agreement on a Court Ordered Supervision or a placement recommendation. In the rare cases when that is not possible, the Child Protective Specialist and Child Protective Specialist Supervisor II will make the decision along with the Child Protective Manager.

Follow-Up CSC

The FCSC is a core component of the EFCI model and is generally held within 20 days of the ICSC to revisit the safety plan and assess the feasibility of reunification in the event that a child has been removed from the home. In the current CSC model, the Parent Advocates do not attend the FCSC, but in the EFCI model, the Parent Advocates will attend the FCSC and will engage in

more robust family outreach between the initial and follow-up conferences. In some cases, families may have both a Parent Advocate and a Bronx Defender. While there is a willingness on the part of Bronx Defenders to see the CHDFS PA as a resource in cases to which they're assigned following the ICSC, when this does occur, the PA and Bronx defenders will need to negotiate their roles so that they are not overwhelming the family and not duplicating efforts. Further description of the Parent Advocate role between the ICSC and Follow-up CSC is described in Section 4.

1.6 Practice Principles

The EFCI model, like many other family meeting approaches, is grounded in practice principles that are intended to guide implementation. ICSCs and Follow-up CSCs are fluid processes, which require flexibility and forward thinking, particularly when conference processes occur differently than planned. Implementers of EFCI are encouraged to use these practice principles in their work with families.

Safety is paramount. Child safety is the core reason an ICSC or Follow-up CSC is being held. The principle associated with the EFCI model is that family groups, communities and child welfare agencies are all committed to keeping children safe.

Capitalize on strengths and protective factors: Families are more than the presenting concerns that child welfare agencies have identified. It is imperative for child welfare agencies to use solution-focused and strengths-based practice strategies to identify strengths and protective factors that can shore up child safety.

Widening the family and community circle is necessary: Children are nested in a larger family system consisting of their parents, guardians, siblings, extended family members, fictive kin and community supporters. Decision-making should be inclusive of this caring circle, because who takes part in these meetings has the possibility of impacting children's lives.

Finding family is critical: It's not a family meeting unless family are present. Time and resources to seek out family members and prepare them for decision making processes signifies the agency's acceptance of the families' role in creating safety plans.

Families are capable of planning: Once the agency provides their concerns regarding child safety and well-being, family groups know their own histories, and they use that information to construct thorough plans. The family group, rather than the agency, is the context for child welfare and child protection resolutions.

Blending the expertise of child welfare and family group members improves plans: Professionals including the CPS, supervisors and others play a critical role in assessing and explaining to family members the issues of child safety. Families have wisdom, knowledge and

experience not held by child welfare agencies. Blending these perspectives will support more realistic, attainable, comprehensive plans.

Advocacy can enhance the families' participation: In the recognition that power imbalances between family groups and child protection agency personnel, Parent Advocates play an important role supporting the family network as they participate in these conferences.

Inclusive racial-equity decision-making processes can help child welfare systems address racial and ethnic disproportionality and disparities. In the New York City child welfare system, African American children are disproportionately over-represented and have poorer outcomes compared to all other racial or ethnic groups.¹ We are committed to working as an organization to recognize and correct this problem. ACS is committed to recruiting and training life-experienced community members who are engaged in mindful practice that includes being consciously aware of systemic and institutional racism as well as implicit bias and its intersection with other forms of oppression in child protective decision-making.

People are more likely to support what they create: When individuals help create a plan or at a minimum believe that their opinions were taken into account, it is believed that they will be more invested in implementing the solution or plan.

Kinship and cultural connections are essential for children: Children's identities and sense of self are interconnect with their cultural identification and their kinship connections. Given this, through EFCI, family and community networks are leveraged.

Respect for the process and one another: Child welfare agencies implementing conferencing processes make an extra effort to convey respect to those who are poor, socially excluded, marginalized, or lacking power or access to resources and services.

1.7. Overview of the EFCI intervention and Fidelity Criteria

In summary, there are 6 Core Elements of the EFCI Model. How the following six elements are integrated into the EFCI process is explained in Sections 4 and 5 of this manual.

- (1) An independent facilitator. In the EFCI model, this will remain the Child and Family Specialist (CFS).
- (2) Family as a key decision-making partner, including through finding family members and preparing them to participate.
- (3) Family caucusing is encouraged, whereby the family meets on their own to process information and develops a plan to address identified safety concerns.
- (4) Preference is given to the plan developed by the family as long as child safety concerns are met.

¹ Race/Ethnicity and Path Through the NYC Child Welfare System, 2014

- (5) Services, resources and supports are provided to implement the agreed-upon plan. One NEW resource in the EFCI model is the Parent Advocate. They will spend approximately 10 hours per family between the ICSC and the FCSC.
- (6) The FCSC with the presence of Parent Advocates.

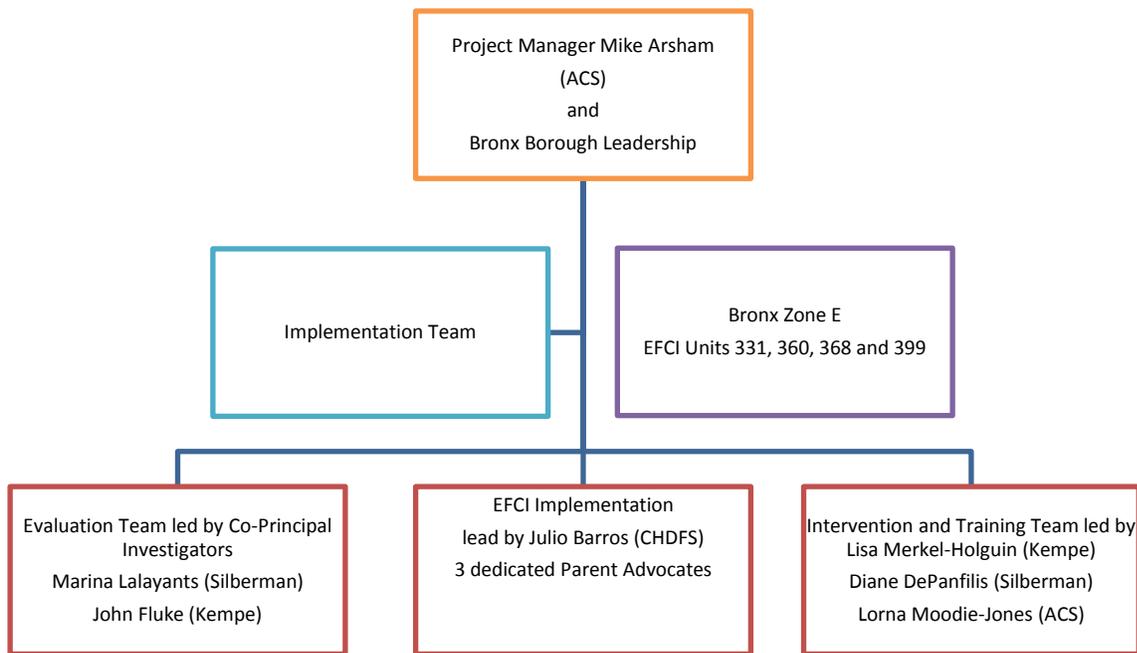
Section 2. Administration and Operations

2.1. Credentials and Training

All Parent Advocates currently receive an initial comprehensive training, as well as a required ten-hour in-service training each year, which includes ACS rules and regulations, record keeping, government and human services resources for families, and legal resources. Additionally, EFCI Parent Advocates are required to complete a Mandated Reporter training and an overview of New York State Safety and Risk. EFCI Parent Advocates receive training that includes an in-depth exploration of the EFCI model and the importance of FGDM; a family-finding and support network engagement module; an interpersonal communication and conflict resolution module; a supportive services module; and information related to the EFCI evaluation. Child and Family Specialists (CFS), Child Protective Services (CPS) workers and supervisors in the Bronx Zone E field office who are participating in EFCI attend a one-day training that reviews and reinforces the core changes/enhancements in the new model. Included in this one-day training are the EFCI Parent Advocates and their Supervisor.

All curricula are written from a racial equity lens. The racial equity perspective increases one's humanity and helps staff to be conscious of institutional and unconscious biases which are often unconsciously replicated as part of the routine work. All classroom training includes lecture, group activities and presentations, culminating with a demonstration of learning through role plays. Ongoing refresher trainings are offered to sustain model and fidelity of practice.

2.2. Organizational/Initiative Structure



The EFCI framework features the use of an implementation team to oversee and guide all project work. The implementation team is convened by the project director and includes the Parent Advocates and the project leads from CHDFS, Silberman, and Kempe. The team meets each month to gather and document feedback on program implementation, review implementation metrics, apply CQI process review, and address operational issues as they arise to improve program quality. During meetings, the implementation team reviews the effectiveness of the CSC referral criteria, identifies unmet staff and Parent Advocate training needs, addresses any staff workload and cooperation issues, and discusses data collection efforts. The implementation meetings are also an opportunity to review the program’s progress toward its safety, permanency and well-being outcomes, and to address any challenges to implementation.

The project team will not have direct supervision of the ACS child protective staff, including CPSs, CFSs and supervisors.

2.3. Supervision and Coaching

ACS staff are supervised and coached by their direct supervisors and managers. Some areas in which coaching will focus on are engagement, motivational interviewing, safety assessments and meeting and facilitation skills. EFCI Parent Advocates are supervised by a Parent Advocate Coordinator. The Parent Advocates receive ongoing coaching from the Kempe Center. This coaching supports the PAs in performing their roles more successfully, and to support them in

achieving fidelity to the core components of EFCI. This will occur through telephone calls and in-person meetings, when possible.

2.4. Units to Implement the EFCI Model

The following four units will implement the EFCI model:

- Unit 331 and Unit 360 supervised by Desiree Berkley
- Unit 368 and Unit 399 supervised by Georgette Lawrence

2.5. Parent Advocates

In the EFCI model, three full-time Parent Advocates will be hired to conduct outreach and provide support to families throughout the conferencing process. Each full-time Parent Advocate will be assigned to two of the four total Protective Diagnostic (PD) units that will initially implement this new model. The services are voluntary and provided by two community-based organizations that secured contracts through a competitive solicitation. Parent Advocates encourage parents, guardians and extended family members to participate in the conference, explain terminology and procedures, answer questions, provide emotional support, and suggest resources from the parent's home community. Many of the Parent Advocates employed by the two contract agencies have been the subject of child protective investigations in the past, or have been child welfare system service recipients.

Section 3. EFCI Process for Families Receiving ICSCs

3.1. Eligible families

According to existing policy, the following are triggers for holding an ICSC:

1. When the child protective specialist (CPS) and his/her supervisor have determined that child is in immediate or impending danger of serious harm and that legal intervention of some kind may be necessary to keep a child safe;
2. When an emergency removal has already been conducted (by Emergency Children's Services ECS, NYPD involvement, or borough office staff), the law requires that a petition be filed in Family Court no later than the next court day after the removal if the child is not returned (FCA §1026(c)); thus, an ICSC should be held as soon as possible after the emergency removal to determine if the child should remain in placement and a petition be filed on the next court day after the emergency removal and/or if other legal intervention is required.
3. When a parent or caretaker expresses interest in voluntarily placing a child.
4. On behalf of a newborn in the following circumstances:
 - When a parent has a child who is currently placed with ACS or is released to the care of a non-parent and the mother has given birth to another child.
 - If the parent tests positive for an illegal substance during the third (3rd) trimester of pregnancy or at the time of the child's birth.

- When there are other indicators that a mother may not be able to care for her child at birth.
- 5. When a fatality of a child has occurred, and there is a surviving sibling(s).
- 6. When the CPS team assesses that the Family Preservation Program (FPP) is needed to work with a family to prevent children from going into care.

3.2. Exclusionary criteria

The following are types of cases that are excluded from participating in EFCI:

- a. Sexual maltreatment, including hospital sex abuse referrals. If sexual abuse disclosure occurs after placement and prior to the FSCS, the case will be removed from the EFCI evaluation.
- b. Respondent parents who have a parent advocate from an institutional legal provider at the ICSC.

Cases involving domestic violence are NOT excluded and will continue to be facilitated, paying attention to ACS’s policy and best practice.

3.3. Referral processes for the ICSC

The ICSC must be held as soon as possible and generally within one business day after a referral has been received.

ICSC Trigger	<p>The referral process for an ICSC begins when a case meets the eligibility criteria (see Section 3.1), including:</p> <ul style="list-style-type: none"> • Child in immediate, impending danger of serious harm and legal intervention may be necessary (includes court-ordered supervision) • Emergency removal • Voluntary placement • Parent in third trimester of pregnancy with positive toxicology; newborn with positive toxicology; or newborn with sibling in foster care placement or released to the care of a non-parent • Fatality with surviving sibling • Planning for Family Preservation Program
Applications	<p>Cases are assigned to Units by the Applications Unit. Those cases assigned to Units 331, 360, 368 and 399 that meet these eligibility criteria are included in the EFCI evaluation.</p>
CPS and/or CPSSII	<p>Sends the ICSC referral to the CFS Manager.</p>

CFS Manager	<ul style="list-style-type: none"> • Reviews the ICSC referral and assigns the facilitator (CFS). • Holds discussion with CFS. • Oversees the CFS assignment and rotation chart for CSCs.
CFS Clerical Staff	Emails conference invitation to Parent Advocate and FCLS staff.
CFS Facilitator	Speaks to CPS supervisor/CPS for clarification on case demographic information.
CPS	Invites the parents/caregivers and provider agency professionals to participate in the conference. The CPS encourages the parents/caregivers to invite their family, community members and other supporters to the CSC.
CFS Facilitator	The CFS Facilitator books/sets up a two hours room for CSC, then alerts unit of the room number.
Parent Advocate	<ul style="list-style-type: none"> • May receive a phone call from the family, if the family requests their number and the CPS provides it to them (based on the amount of time between a referral and the meeting). • May have conversation with CFS and/or family before the CSC. • Arrives at the location of the ICSC 30 minutes ahead of time, to allow for a meeting with the parent(s)/caregiver(s) and any other family members to: introduce themselves and their role to the parent; explain their role in the ICSC in assisting the caregiver in advocacy, support and participation in referral for services; support for kinship identification; and to answer any questions they may have preceding the ICSC.

3.4. The EFCI ICSC Process

The next part of the manual identifies the flow of the ICSC. Because the EFCI model builds on the existing ICSC structure, some of the information is taken directly from the ICSC Intervention Manual (dated 6/12). The enhanced components of the EFCI model are demarked to highlight the changes to existing ICSC practice. Under each Stage, the role of the Parent Advocate is noted.

Stage 1. Opening the Meeting: Introductions and Guidelines

The CFS Facilitator opens the meeting, welcoming everyone and inviting all participants to introduce themselves and their relationship to the child(ren). The Facilitator reiterates the CSC process and the purpose and goals for the meeting. S/he directs the process and structure of the conference, creates the ground rules to be followed with the participation of all present, establishes a safe climate and, sets a tone of inclusion. The CFS also informs the family in the welcome and introduction that their ideas will and must be expressed throughout the conference and that they will be encouraged to do so. The Facilitator ensures that all opinions and ideas are

considered, explains what consensus is and clarifies that if group consensus cannot be achieved, the agency will need to exercise its responsibility to make the final decision.

Role of the PA:

- *Introduces his/her role in the EFCI process, explaining his/her role in the Conferences and between this Conference and the follow-up CSC. The PA is encouraged to highlight their experience in navigating the child welfare system and their knowledge of resources. In addition, the PA explains that s/he will be working to widen the parents' family circle for any upcoming meetings with CPS.*
- *PA discloses that their relationship with the parent is not the same privileged relationship that would exist if the PA were a member of a legal team, that the PA will respect the family's privacy but is working in cooperation with ACS, will share information with ACS in the interest of working effectively with the family, and does have an obligation to report any suspicion of child maltreatment*

Stage 2. Identification of the situation

The assigned CPS or ECS CPS presents the case facts to all participants. While s/he does not read the SCR report to the group, s/he discusses in detail (but with full respect) the concerns that led to the recommendation that there is a need for legal intervention. The family members and other professionals are invited to share their perspectives and understanding of the family's current situation and the reason for ACS involvement.

Roles of the PA:

- *To ask clarifying questions of the CPS or CPS Supervisor to ensure that the information presented is clear and understandable for all participants, but particularly for the family.*
- *To watch for non-verbal cues from the family that indicates that the family understands what is being said.*
- *To ask the CFS to check-in with the family when it appears there is an insufficient understanding on the family's part.*

Stage 3. Assessing the current situation

Building on the information presented previously (in Stage 2), the CFS invites the CPS to explain and review the Safety and Risk Assessment tool in language understandable to the family, sharing first the safety concerns. Service providers discuss prior service plans, successes, barriers, and what may be needed as a result of changing circumstances. Family members have an opportunity to question others and discuss their perspective.

Next, the CFS invites all participants to identify the strengths and protective factors that can be used to offset the safety concerns.

Roles of the PA:

- *To ask solution-focused questions that help the parent and other family members identify strengths in their family and community networks.*
- *To encourage the parents/family to be forthright about their needs, including access to community resources.*
- *To be present for verbal and non-verbal cues of the parent or other family members that indicate minimal understanding or disagreement.*
- *To ask the CPS to re-explain the information, if necessary.*

Stage 4. Brainstorming and Idea Development

The CFS facilitates the group (family and professionals) to brainstorm a list of ideas to address the safety concerns and continued safety and protections of the children. The intent of the ICSC process is to create child safety and protection in the least restrictive/least intrusive manner. The following are the five possible outcomes from an ICSC:

1. Preventive Services
2. Family Preservation Services (FPP)
3. Court Ordered Supervision
4. Voluntary Placement
5. Foster Care

In the brainstorming session, the CPS needs to explain what each of these outcomes means in layman terms so that the PA and family understand the possibilities. While there may be five possible outcomes, the CFS explains that there are many ways and different strategies, supports and services that tie to the feasibility of the outcomes. The CFS works to have all participants share their perspectives, asking everyone to refrain from evaluating the options until later. These options are identified so that when the family proceeds to caucusing they have full information and discuss the outcomes that are possible.

Roles of the PA:

- *To check in with the family to ensure they understand the possible outcomes.*
- *To watch for verbal and nonverbal cues that might signal family disengaging from the process.*
- *To ensure that any outcomes that the agency wouldn't approve are identified before the caucus.*

Stage 4.1. Caucus between PA and Family

The caucus between the PA and family provides family groups with time to meet with their Advocate to discuss the information presented by the agency professionals. Acknowledging the importance of the caucus and taking active steps to encourage family groups to plan in this way signifies an agency's acceptance of its own limitations, as well as its commitment to ensuring that the best possible decisions and plans are made. The caucus enables the family to apply their knowledge and expertise in ways that are consistent with their ethnic and cultural decision-making practices and possibly decreases the pressure that the family is feeling in the moment. The CFS finds another meeting room for the professionals not participating in the caucus, leaving the family and the PA (if agreed to be the family) in the meeting room to begin the caucus. With attention to time, the CFS indicates that there is approximately 15 minutes allotted for the PA-family caucus. On a case-by-case basis, and used sparingly, the CFS can elect not to offer the family the caucusing time. This should only be for reasons of participant safety or possible recantation based on behaviors that inform the CFS's determination that caucusing would be detrimental to the individual participants and the process. If the CFS determines that caucusing will be detrimental to the participants and to the process, the CFS should explain to the conference participants why caucusing cannot take place.

Roles of Parent Advocate in the Family's Decision to Caucus:

- The first role is to encourage the family to take part in a caucus, explaining the potential benefits. The family has three options: 1) they can meet on their own—solely as a family group; 2) they can include the PA in the caucus; and 3) they can elect not to caucus.
 - If families elect to meet independent of the PA, then the CFS and/or the PA will need to explain the information that they should be ready to present at the conclusion of the caucus.
 - For families who decide to include the Parent Advocate, they will benefit from the experience of other parents who have successfully navigated the child protection system, who has knowledge of how to construct plans that will meet the agency's concerns, and who has knowledge of services in the community. However, it is imperative for the PA to explain that their relationship with the family is not privileged, meaning that any new information that is disclosed that is related to child safety may require them to report it to CPS.
 - For families who elect not to caucus, the ICSC transitions to the Stage 7.

Roles of Parent Advocate if the caucus proceeds and they participate in the caucus

- To support the family in thinking through the options presented, staying in a supportive but not decision making role.
- To clarify any of the information presented in the previous parts of the meeting.
- To encourage parents and other family members to think about resources within their family network and community to address.
- To seek clarifying information from the CPS/CPS supervisor, if needed.

- Write down any information (either on note-paper or the flipchart) that the family indicates could be helpful to the decision making process.

Roles of CPS, CPS Supervisor, CFS and Other Service Providers if the caucus proceeds:

- The CFS has found another room nearby for the Professional attendees to wait while the caucusing is occurring.
- During this 15 minute caucusing period, the service professionals (CPS, CPS Supervisor, CFS and others) refrain from discussing the case or the family.
- The CFS checks in with the family after 15 minutes, and invites the other service providers to rejoin the family (and PA) in the meeting room.

Stage 4.2. Presentation of the family’s preferred plan to child welfare agency

After the PA-family caucus, a family member presents its initial or preferred plan to the CFS, CPS/CSP Supervisor and other service providers who participated in the previous parts of the conference. The CFS creates a safe environment that allows the family to present their ideas in full, asking service providers to refrain from asking questions until they are done.

Roles of the PA:

- *Support the family in presenting their thinking to the agency professionals which may include.*
- *Co-present, with the family, if requested.*
- *Provide emotional support to the family; presenting their ideas to professionals may be intimidating.*

Stage 5. Reaching a decision/recommendation: consensus-building

After hearing from the family, the CFS begins by facilitating a conversation between all participants to discuss the plan developed in the caucus. All of the professionals are asked to put forth additional resources, services and ideas that will concretize the plan developed in the caucus. The CFS is mindful that if the initial plan can be sufficiently fleshed out to meet the previous safety concerns outlined by the CPS, then that meets the intent of family group decision making. However, at times the CFS will recognize that even with expert facilitation and the identification of resources that gaps exist with the initial plan developed by the family in the caucus. The CFS will then proactively guide and assist the assembled group to produce a safety plan that reflects the family’s strengths and incorporates community resources to secure the safety and well-being of the child, whether at home or in out-of-home placement. These plans should detail who is doing what by when. If conflict arises, the CFS manages the group by using their conflict-management skills.

If it appears that reaching consensus is unlikely, the Facilitator reminds the group that ACS maintains its legal responsibility to make the final decision if agreement by the team cannot be achieved. If a full group consensus cannot be attained among all participants, the Facilitator will seek consensus among the ACS staff present. If ACS staff cannot agree, then the attending CPS and Supervisor make the decision. If other ACS staff cannot support the decision made by the CPS because child safety is jeopardized or policy and procedures are violated, they must request a review.

The CFS reviews the decision and safety plan with the group, checking for understanding. The parties to the plan should be clear about their respective responsibilities.

Roles of the PA:

- *Advocating for the plan developed in the caucus, as long as it appears to meet the pre-identified safety concerns.*
- *Encouraging the family to collaborate with ACS to develop details to the plan.*
- *Asking for clarification from ACS staff about services and supports that will meet the safety concerns.*
- *Asking questions that create a transparent atmosphere to support family group decision making.*
- *Offering input in the development of the safety plan; for example, recommending community services which are culturally appropriate and approved by the ACS team.*

Stage 6. Recap/Evaluate/Close and Next Steps

At the end of the CSC, the decision is reviewed, and the CFS ensures that the plan has specific details as to who will do what by when. ICSC plans should specifically address the behavior that needs to change and the specific actions that will keep the child(ren) safe.

The CFS Facilitator prepares the brief “CSC Decision Summary” which details the safety/action plan, the names of the CSC participants, the decisions made at the meeting, and makes sure that the mandatory clearance procedures for all placement referrals to the Office of Placement Administration are upheld. The Facilitator provides a copy of this form to all participants prior to their departure from the CSC. Parents/caretakers who did not attend the CSC are also entitled to receive copies of the “CSC Decision and sign it to show that they have received a copy.

If the outcome of the ICSC is a remand, at court, the judge has the final decision. If the judge grants ACS the final remand order, then both the Facilitator and the CPS also inform the family that when the child is placed with the foster care provider, the foster care agency case planner assigned to them will contact the parent/caretaker to schedule the following meetings that are set up to aid both the child and the family in the transition to foster care:

- a. Transition Meeting: The parents/caretakers are advised of all information regarding the foster family where their child is/will be located and what is going to happen next.
- b. Parent-to-Parent Meeting: The parents/caretakers will meet the foster parents and exchange information about the child.
- c. First visit between the parent/caretaker and the child

In addition, the family is also provided with the Foster Parent Handbook. All of these must occur within two (2) business days of the court hearing or assignment of the foster care agency, whichever is later.

The assigned CFS and CPS will then make an appointment with the family to meet again (irrespective of whether the decision was for the child to be in-home or out-of-home), at a Follow-Up Child Safety Conference, which should be scheduled no later than twenty (20) days after the first Child Safety Conference.

The Facilitator ends the meeting by thanking the participants for their contributions. The stakeholders, including the Community Representative/Parent Advocate debrief, briefly on the ICSC process and may arrange a follow-up meeting if necessary to resolve process issues that may have surfaced during the ICSC.

The recommendation made in the conference then becomes the agency's official position, binding upon and fully supported by all ACS staff.

Roles of the PA:

- *Exchanges contact information with the Parent/Caregiver*
- *Explains his/her role between the ICSC and the Follow-up CSC*
- *Encourages the family to access any community and supportive services identified in the safety plan and to prepare for the FCSC.*

Section 4. The Process between the ICSC and the Follow Up CSC

The most significant difference between the EFCI model and current practice is the role undertaken by the Parent Advocate between the two conferences. Unlike in the existing Parent Advocates model, the EFCI Parent Advocate will continue to support the family by phone, text messaging or in person in between the ICSC and the Follow-up CSC. EFCI Parent Advocates, per family, will spend on average ten hours engaging with a family between the ICSC and FCSC. From their work, it is expected that the Parent Advocates will: increase the number of family participants attending the Follow-up CSC; identify local community services and resources that support the family in achieving the agreed upon plans; and help the parents to navigate the child welfare system and other systems, based on their experiences and knowledge. A key consideration remains the need for culturally and linguistically appropriate and sensitive services

that will be provided. Providing empathy to families and at the same time giving insight on current safety concerns.

Regardless of the outcome of the ICSC, the Parent Advocate works with the parent/caregiver to ready them to more fully participate in the next decision making forum, being empathetic while also providing their insight on current safety concerns. Each of their roles are more fully described in this section:

4.1. Finding Family, increasing kinship resources

Based on the principle of inclusion, the Parent Advocate works with the parent/caregiver to widen their family circle to be included in the Follow-up CSC. The family group may include maternal and paternal relatives, stepchildren, half-siblings, friends, community supports, neighbors, religious leaders, tribal elders and other natural supporters who have a significant relationship with the child, parent or other family member. It is the Parent Advocate's responsibility to ask about both paternal and maternal family members.

There are many processes coordinators can use, including a variety of methods, strategies and tools that rapidly help family group members and service providers identify and locate familial and other relationships. Investing in these methods to quickly find and understand relationships between children and the extended family system will result in a larger pool of family resources that can be tapped for the FGDM process. Identifying and then locating family are the initial steps to engaging them in the FGDM process. Some strategies to find family may include: asking the family for any information on their family constellation; reverse phone look-up; ecomaps and genograms; social networking sites; other internet-based technologies; and asking parents and family members basic questions such as “who comes to family gatherings?”, “who attends the children's birthday parties”, and/or “who do you call when you need advice?”

4.2. Visiting with Families in their Homes

Parent Advocates may visit with the parents/caregivers in their homes between the ICSC and FCSC. The purpose of these meetings will be to engage the parent/caregiver in the process of identifying other family and community members who can participate in the FCSC and to get their consent to proceed in contacting these individuals. The Parent Advocates are not to interfere with ACS' ongoing investigation, and as such, are not in the home to gather information about safety and risk concerns or to be an extension of the CPS in the investigation process. However, as noted previously in this manual, since the Parent Advocates attended the Mandated Reporter and Safety & Risk training, they must report safety concerns per protocol. During the initial implementation of EFCI, and as part of their training process, the CHDFS PA supervisor will accompany the EFCI Parent Advocates on their first visit to any family home to support their building their engagement efforts, and support the demarcation of the unique roles of the PA and CPS. In addition, the family may encounter other child welfare providers, such as a foster care agency worker or preventive service provider, in their home. If this is the case, the

Parent Advocate is careful not to interfere with the services being provided by these professionals.

4.3. Inviting Family to the Follow-Up CSC

Once the Parent Advocate has found family, with consent of the parents/caregivers, s/he moves into the role of encouraging family members to become involved in the follow-up CSC, which may also result in their playing a longer-term role in supporting their family members. At a minimum, family members need to know why they are being invited to participate in the follow-up CSC, which includes the reason for the meeting and the reasons the family has become involved with the child welfare system. The Parent Advocate asks the parents to sign a release of information that allows them to share information about the child, ICSC, and the agency's concerns with other family members. The Parent Advocate can relay the decision at the ICSC and the information that the agency holds. This allows the family to respond to process the information, both emotionally and pragmatically. They may also talk amongst themselves, and be ready to ask clarifying questions of the agency representatives. Lastly, it will be important for the Parent Advocate to describe the Follow-up CSC process and what they could expect from the participation.

4.4. Preparing children and adolescents to participate in decision making about their lives.

There are 4 key principles around involving children and youth in decision making. According to the Kempe Center (2013), these include: 1) Children have the opportunity to work with their family members to plan for themselves; 2) children have information about the public agency's concerns that have resulted in their involvement in the child welfare system and understand the information provided by others and the decisions made (all delivered in a way consistent with the child's developmental stage); 3) it is necessary to give voice to children's concerns, wants and needs; and 4) children have voices that must be heard in the planning and decision-making process.

The Parent Advocate uses his or her judgment and skills to engage children in conversation. These are a few questions that others in the role of the Parent Advocate have found helpful in engaging children:

- What would the child need from family members to feel comfortable and safe to participate independent of who was in attendance?
- How does the child want to participate in the family meeting?
- What does the child want to tell the family at the meeting?
- What does the child want to see happen at the meeting?
- What does the child want to get out of the meeting?
- What kind of plan would the child like to see?

4.5. Supporting the family in navigating the systems with which they come into contact

This includes reminding caregivers of court dates and appointments, communicating with the family about the safety and well-being of children, and encouraging them regarding the tasks they need to complete.

4.6. Communication Structure

Given that the parent/caregiver has an ongoing relationship with both the CPS and the Parent Advocate, it is important for these two service providers to be in communication as needed. The Parent Advocate receives supervision from their agency, reporting on service activities and seeking guidance as needed. Given that the PAs are regularly in the Borough offices, communication between the CPS and PA can be done in person, by phone or through email. Between the ICSC and FCSC, if the Parent Advocate believes there are safety concerns that place the child in immediate or impending danger of serious harm, s/he must report them to the CPS **AND** to the State Central Registry Hotline immediately.

During the FCSC, the Parent Advocate may present on: the activities they have completed since the ICSC; barriers the family encountered in accessing services; and the identification of community and family resources.

4.7. Identifying community-based services that meet the needs of the family.

Given that the Parent Advocates are nested in the local communities and are well networked within their communities and neighborhood, they are well positioned to identify and help the family access local resources. In addition, since the services identified in the Interventions identified in CSC must off-set the safety concerns. At times they may not be readily available or for whatever the many reasons, parents are unable to access, then the Parent Advocates can be supportive in reconstructing a different service array, in coordination with CPS.

Section 5. The Follow-Up CSC

6.1. Referral processes for the Follow-up CSC

The CFS and CPS inform the family and community providers of the follow-up child safety conference (FCSC) on the day of the ICSC and will confirm within 10 days. On the 10th day after the ICSC, the CFS sends out invitation letters for the FCSC, and the CPS and case planner (if child is in foster care) engage and encourage all parties to attend. For children in foster care or a group home, the Parent Advocate can also facilitate their participation in the FCSC.

As the Parent Advocate identifies additional family and community members to attend the FCSC, s/he shares all of the contact information with the CFS who sends a formal invitation. However, it is anticipated that the Parent Advocate may continue to find and engage other family and community members up until the FCSC, and that they too can extend invitations via text,

email or phone to these individuals. Those identified do not need a formal invitation from the CFS to participate in the FCSC.

6.2. Stages of the Follow-Up CSC

Stage 1. Opening the Meeting: Introductions and Guidelines

The CFS Facilitator opens the meeting, welcoming everyone and inviting all participants to introduce themselves and their relationship to the child(ren). The Facilitator reiterates the CSC process and the purpose and goals for the meeting. S/he directs the process and structure of the conference, creates the ground rules to be followed with the participation of all present, establishes a safe climate and, sets a tone of inclusion. The CFS also informs the family in the welcome and introduction that their ideas will and must be expressed throughout the conference and they will be encouraged to do so. The Facilitator ensures that all opinions and ideas are considered, explains what consensus is and clarifies that if group consensus cannot be achieved, the agency will need to exercise its responsibility to make the final decision.

Stage 2. Identify the situation

The CPS describes the safety plan that was developed at the ICSC to address the safety concerns. Then, the safety concerns that led to the initiation of a Court Order for Supervision and preventive services, or to foster care placement are identified. This is particularly important for the individuals who did not participate in the ICSC, so that they are fully grounded with this information.

Stage 3. Assess the situation: Case discussion

All participants gathered at the FCSC (family, fictive kin, community and service providers) discuss the plan developed at the ICSC, including any successes and challenges with implementation. All participants discuss any new developments in the past month. For children in foster care, the participants are asked to discuss the visiting plan. As part of this stage, the CFS encourages a discussion of family strengths, resources and sources of support. In addition, there is an assessment of the degree to which the services families are receiving are meeting their needs. Parents/caregivers will specifically be asked to share information on their engagement in services, barriers to service referrals, and progress they have made. Parent Advocates may also provide any additional information.

Stage 4. Develop Ideas for the Service Plan

The CFS will then lead the participants in a conversation about:

- What are the safety, permanency, and well-being goals for the child(ren) and family?
- What behaviors or conditions does the family need to exhibit to achieve the goals, and who within the family needs to make behavioral changes and by what date?

Stage 4.1. Family Caucusing

The caucus enables the family to apply their knowledge and expertise in ways that are consistent with their ethnic and cultural decision-making practices and possibly decreases the pressure that the family is feeling in the moment. The CFS finds another meeting room for the professionals not participating in the caucus, leaving the family to caucus. With attention to time, the CFS indicates that there is approximately 15 minutes allotted for the family caucus. On a case-by-case basis, and used sparingly, the CFS can elect not to offer the family the caucusing time. This should only be for reasons of participant safety.

The family is encouraged to discuss the following:

- What services are needed to help families make the desired changes to meet their goals?
- What additional services does the family need to meet their goals?
- Are there any changes to the children’s living situation or placement that need to be made?
- For children in foster care, is the current level of care appropriate?
- Is there the possibility of kinship placement?

Stage 4.2. Presentation of the family’s preferred plan to child welfare agency

After the family caucus, a family member presents its initial or preferred plan to the CFS, CPS/CSP Supervisor and other service providers who participated in the previous parts of the conference. The CFS creates a safe environment that allows the family to present their ideas in full, asking service providers to refrain from asking questions until they are done.

Stage 5. Reaching a decision/recommendation: consensus-building

After hearing from the family, the CFS begins by facilitating a conversation between all participants to discuss the plan developed in the caucus.

The CFS sets the expectation that the team is capable of reaching consensus for this decision, and notes that consensus occurs when:

- All participants accept the service plan derived from the discussion
- The service plan is developed and signed by at least the child protective service staff and the parents/caregivers
- No one is coerced into accepting and signing the service plan.

All of the professionals are asked to put forth additional resources, services and ideas that will concretize the plan developed in the caucus. The CFS is mindful that if the initial plan can be sufficiently fleshed out to meet the previous safety concerns outlined by the CPS, then that meets the intent of family group decision making. However, at times the CFS will recognize that even with expert facilitation and the identification of resources that gaps exist with the initial plan developed by the family in the caucus. The CFS will then proactively guide and assist the assembled group to produce a safety plan that reflects the family's strengths and incorporates community resources to secure the safety and well-being of the child, whether at home or in out-of-home placement. The service plan must be SMART (Specific, Measurable, Attainable, Realistic, Timely) and include clear ways to achieve the safety goals, permanency goals, and well-being goals. These plans should detail who is doing what by when. If conflict arises, the CFS manages the group by using their conflict-management skills.

With consensus reached, the CFS informs conference participants that the next step is that the service plan reached at the FCSC will be presented to the attorneys for submission in Family Court (if the case is in court) and incorporated into the Initial FASP which is to be completed within the 30-day regulatory timeframe and/or the next service plan (subsequent FASPs).

In the rare event that the group does not reach consensus, Children's Services staff and agency planner will jointly own the decision. If during the discussion, there is no consensus among the Children's Services staff and the agency planner, the final decision is with the CPM. The FCSC decision becomes the Children's Services and the provider agency's official position regarding the family's service plan. Any Children's Services staff member involved in the case (including the FCLS attorney) and the case planner, have the right and responsibility to request an administrative review of the conference decision should they feel that the plan places the child(ren) in danger or violates agency policy. When family members do not agree with the service plan, they are encouraged to present an alternate service plan to the court, with the support of their attorney and family members.

Stage 6. Follow-Up CSC Conclusion

The CFS reviews the service plan with the group, checking for understanding. The parties to the plan should be clear about their respective responsibilities.

Activities that Happen After the FCSC

1. The CFS sends the FCSC Service Plan Agreement to the following people, if not already provided in person at the conference:
 - Parents/caregivers
 - Children
 - Children's Services staff

- Preventive/Foster Care staff
 - FSU worker
 - FPP worker
 - FCLS attorney
 - Case file
2. The FCLS attorney will in turn share the service plan agreement with the parent's attorney and law guardian for review as applicable. If there is no objection from either attorney, the signed service plan agreement is shared with the court for consideration.
 3. If parents/caretakers do not attend the conference, the CFS sends a Notice of Conference Held (No Show), with the Children's Services recommended service plan developed in their absence. Additionally during home visit, the CPS will discuss the plan with the caretakers who did not attend the conference and they will sign as having received it.
 4. The case manager and case planner must bring a copy of the service plan to the next court hearing and the next service planning conference.
 5. The information from the FCSC Service Plan Agreement is incorporated into the Initial FASP or any subsequent FASPs or SPRs.
 6. The completed FCSC Summary Report must be provided to: the child protective staff, preventive/foster care staff, case file (hard copy).
 7. The CFS must record the appropriate information from the FCSC Service Plan Agreement in CONNECTIONS in the Family Service Stage and the FTC's Child Safety Conference Tracking System. For each conference, all applicable data fields must be entered. Hard copy of the plan is filed accordingly.

Section 6. Summary of Roles

All the individuals who can provide critical information for proper assessment of the situation and who can participate in the decision making are invited to participate. Each participant is present because they were invited, their participation was agreed to by the birth parent(s), or because they are involved with ACS.

Parents/Caregivers

The presence and involvement of parents and other caretakers is integral to the CSC as they bring knowledge and expertise on their family system that is typically unknown to the child welfare agency professionals and can be used to identify their needs. All parents/caretakers must be invited even if the case involves a single parent/caretaker household. Efforts must be made to contact, encourage, and facilitate the participation of non-household parents/caretakers to the ICSC and Follow-up CSC. However, a parent's or caretaker's absence or non-participation must not cancel or postpone a scheduled ICSC because the Child is in immediate or impending danger of serious harm and requires an immediate decision. Because of strictly enforced mandatory court case filing deadlines, staff must use their best judgment in deciding when to begin a conference if a parent or caretaker is significantly late in arriving or not present. If one parent/caretaker is available for an ICSC, but another is not able to physically attend because of incarceration, hospitalization, or out-of-state location, all efforts must be made to include him or her via video or telephone conferencing. If this is not possible (i.e., identity unknown, whereabouts unknown, incarcerated in a facility that does not provide video or telephone conferences, etc.), the ICSC should go forward without the unavailable parent. **When neither parent is available, the CSC must last no longer than 45 minutes.** A parent or any other adult who is visibly under the influence of drugs or alcohol and/or mentally incapable of participating in the CSC cannot be allowed to participate in the CSC.

Children/Youth

All children who are part of the household and are 10 years and older should participate unless there is a specific decision made that participation would be detrimental to the child's wellbeing. The CPS will assess the appropriateness of a child's physical attendance at the ICSC based on that child's maturity, cognitive-emotional status, and the anticipated topics to be discussed at the ICSC. The decision about children's participation at the Follow-up CSC is made jointly by the CPS and Parent Advocate. Children/youth should be encouraged and empowered to present their view of the situation and actively participate in service planning for their own needs at the ICSC and Follow-up CSC. Children/youth may choose not to attend the CSC if they feel they would be uncomfortable in participating. If they do not occur, it is strongly encouraged for the CPS or family member to bring their perspective into the meeting. If appropriate, a child may attend only a portion of the CSC. For the ICSC, the CFS will need to manage the children's limited participation; for the follow-up CSC, this role is that of the Parent Advocate.

Extended Family and Non-Relative Supports

Parents/caretakers should be encouraged to invite anyone to the ICSC that they consider a resource. For the Follow-up CSC, the Parent Advocate will conduct active family finding efforts to bring family into the decision making process. These could be relatives; family friends; the family's support network including religious leaders the family turns to for advice, neighbors, teachers and other school staff; doctors and nurses that are familiar with the situation; service providers who work with the family either presently or potentially; child advocates, community partners, and anyone else the birth family considers important. They can provide support to the family during the conferencing processes and are a source of additional information, options, and resources. It is anticipated that with a wider family circle the principle of family-led decision making can be further actualized in these conferencing processes.

Child Protective Specialist (CPS)

The CPS is required to attend the CSC. The CPS is the content expert and an essential part of the discussion. S/he is responsible for presenting safety and risk issues at the conferences. The assigned CPS and his/her supervisor make the request for a CSC and are key participants at the conferences. The CPS maintains receptiveness to the ideas expressed by the parents/caregivers and extended family that were formulated during the caucus time. With other participants, they engage in the formulation of the plan. The CPS also remains open to the possibility of modifying earlier assessments and recommendations as new information surfaces during the ICSC. If consensus cannot be reached, the CPS makes the final decision jointly with the attending Supervisor and CPM and is responsible for the implementation and monitoring of the Safety Plan. In the absence of caretakers, it is the role of the CPS to inform them of the outcome of the ICSC and follow up safety plan for the children.

CPS Supervisor II (CPSS II)

The CPSS II is required to attend the CSC. The CPSS II has a key responsibility to ensure safety, timely permanency, and child/youth well being. Prior to the CSC, the CPSS II must hold a consultation meeting with the CPS to jointly determine if and when a ICSC should be convened, to identify safety and risk factors, the family strengths, and other issues concerning removal, placement or court intervention. The CPSS II, like other ACS staff, allow the family and parent advocate to generate the initial solutions to the safety concerns identified, remaining receptive to new information, opinions, and ideas offered by other participants during the CSC that might change the assessments and options discussed prior to the conference. This reinforces the parent/family's leadership role in decision-making as well as an atmosphere of shared decision-making. The CPSS II assists the CPS in presenting the case information at the CSC. The CPSS II may also be appointed as a designee to appear on the CPS's behalf. The CPSS II makes the final joint decision with the CPS at the conference when consensus of the entire team is not reached.

In cases involving domestic violence, the CPSS II ensures that the issues and coordinated efforts with other systems have been adequately explored and addressed prior to the CSC.

Child Protective Manager (CPM)

The CPM attends the CSC at his/her discretion under the following circumstances:

- High profile cases; i.e. where the media is involved, there is stakeholder interest, complex cases, etc.
- Cases where additional support for the CPS team is needed.

The CPM is required to attend the CSC on all child fatality cases.

The CPM is available to consult with the assigned CPS and CPSS II to identify risks, family strengths, and other issues concerning removal/ placement, when appropriate. S/he may assist and consult with the CPS team to determine critical safety factors that must be presented during the CSC (leaving the parameters as expansive as possible when appropriate).

Child and Family Specialist (CFS) Facilitator

Each CSC requires a CSC Facilitator to be present. The Facilitator is a CFS, a Master's level Social Worker who is trained as a process expert to work with the CPS team in order to lead the group through a solution-focused process and is responsible for guiding the conference participants in making high quality decisions. The Facilitator is immediately accessible and does not carry a caseload. The Facilitator's priority is to bring the CSC team to the best possible decision based on a viable safety plan for the child. As an ACS employee, s/he ensures that there is an effective process and is expected to become involved in content issues if his/her voice is needed to ensure the best decision. The Facilitator is expected to maintain a broad knowledge of ACS policy, procedures, and agency resources available to children and families. The Facilitator exercises the responsibility to intervene in the meeting process to ensure that DCP policies are addressed in the safety plan. S/he attends regular program and zone debriefings.

CFS Manager

The CFS Manager oversees the CSC Facilitators and manages the day-to-day implementation of CSC procedures. S/he serves as a back-up Facilitator when necessary. S/he attends regular zone debriefings. S/he validates conferencing data in the FTC database ensuring the accuracy of entries by the CFS.

DCP Zone Deputy Director

The Deputy Director ensures that CSCs are held on all eligible cases and that the safety plans developed at each CSC are complied with. S/he presides over CSCs when a review has been requested and strives to achieve consensus from the group.

ACS Emergency Children's Service (ECS) Child Protective Specialist

The ECS CPS is encouraged to attend the CSC. The role of the ECS CPS is the same as that of the Borough Office CPS when notifying and preparing a parent/caretaker regarding a removal and convening of a CSC. The ECS CPS worker must discuss the case with the borough CPS worker prior to the CSC in preparation for the CSC.

Family Preservation Program (FPP) CPS

The FPP CPS may attend a CSC as a possible source of services that could lower risk and avert placement. S/he can provide input regarding child safety and discusses whether FPP services can adequately reduce risks and ensure the child's safety. When a CPS determines that a family is in need of a CSC, and the family is already receiving FPP services, the FPP CPS will take the lead in sharing information. S/he will present his/her history of working with the family and identify the safety concerns during the course of the intervention.

Social Workers/Parent Advocates Affiliated with Counsel for Children or Parents

A social worker/parent advocate affiliated with counsel for the child or the parent may attend the CSC (regardless of whether any child or parent is present at the CSC). These advocates provide a voice for the child or parent and often have critical information that can inform the recommendation and service plan reached during the CSC. The CPS must confirm with the assigned FCLS attorney whether the social worker/parent advocate represents the parent or child.

Attorneys

Attorneys do not attend the CSC since its purpose is solely to make a social work assessment based on the child's safety. However, the CPS must provide notice of a CSC via the assigned FCLS Attorney to all currently assigned attorneys for the parents or children. The CPS should document this notice.

Community Representatives/Advocates/Resources/Service Providers

This includes a network of community residents, leaders and service providers who are participating in the ACS-led Community Partnership Project (CPP) established in various Community Districts (CDs) throughout the city. These representatives/advocates attend CSC meetings with the support of all the community partners, which are the home base for pre and post-meeting discussions and ongoing support for the families in need. Community Representatives/Advocates are invited to all CSCs (in those CDs where they are available) where the potential removal of a child from his/her parent/caretaker or other legal intervention is discussed so that every effort can be made to have all types of contributors at the meeting who can assist in keeping the child safe and support the family. The Community Representative/Advocate attends the conference as an invitee of ACS and as a potential ally for the family at the CSC table. The Community Representative/Advocate attends CSCs only if the parents/caretakers agree to their participation at the conference.

Section 7. Recordkeeping

7.1. Referral Log

In order to track referrals of cases to the intervention group, we anticipate implementing a referral log that tracks referrals, meeting dates, and other information related to whether or not the follow-up conference occurred. Used in prior Family Connections grantee projects, referral logs provide the agency and the evaluation team a valuable reference that identifies and tracks which cases were assigned to receive the intervention. Data elements in the log may include the case ID, the referral date, the date of the ICSC, the date of the follow-up conference, whether or not the follow-up conference occurred, why it did not occur if it was supposed to, the name of the PA assigned to work with the family, which agency staff participated in the meeting, and so forth.

7.2. Forms/Checklists

During the formative evaluation stage, fidelity instruments will be distributed by the PAs at the Follow-up CSCs in the treatment and control units. There will be three different versions of the fidelity instrumentation: one for the CFS; one for the PA; and one for all other participants (family members, CPS/CPS Supervisor, and other service providers). Completion of these fidelity assessments will provide the evaluators with information related to the degree to which the Follow-Up CSC is being implemented as intended. The PA will distribute the fidelity paper instrument at the conclusion of the FCSC, collect the forms, and place them in a sealed envelope at the conclusion of the FCSC.

Section 8. EFCI Evaluation

8.1. Evaluation Design

Four of the 14 mainstream PD units (there are 18 total units in the zone, including specialized units) will be established as EFCI units throughout the span of the project. As described above the EFCI PD units will be supported by coordinators whose sole function is to work with ACS staff in the PD units to implement the EFCI model. Investigations assigned to these units will be intervention group families. Investigations assigned to the other units in the office will be control group families. To maintain the distinction between the EFCI model versus usual practice random assignment first to unit must occur. Then usual business practices for determining which of the investigations get routed for a team meeting will keep the family within assigned intervention to restrict any cross-over. As stated above, randomness of the assignment to work

units is based on the ACS standardized rotation process. Of these assigned investigations approximately 10% will meet the criteria for an ICSC meeting.

8.2. Evaluation Questions

This evaluation is structured to answer the following implementation and outcome study questions:

Implementation Study Questions and Outcomes
What are the essential elements of EFCI as operationalized in the intervention manual?
What is the level of organizational readiness, culture, and climate prior to implementation and how do these constructs change over time? What contextual factors (e.g., staffing, policy changes) impact project implementation?
How does the implementation team use findings from organizational assessments to guide implementation plans and activities? What activities are employed to build competency, focus leadership, and build organizational drivers to guide implementation?
What are the EFCI outputs compared to usual child safety conferences? (# of conferences, # and type of meeting participants, etc).
How well are families engaged in EFCI compared to usual child safety conferences and how does the level of engagement affect ongoing participation with services?
How well is EFCI implemented with fidelity? What factors influence high, medium, or low fidelity over time?
What are the perceptions about EFCI by children, parents, and other relatives about EFCI compared to perceptions of usual child safety conferences? (interviews, fidelity surveys)
What are the perceptions about EFCI by workers, supervisors and managers at two points during implementation (six months and eighteen months post initial implementation) compared to perceptions of usual child safety conferences? (fidelity surveys and general staff survey)
Initial Outcome Study Questions
Are families who experience EFCI processes more engaged with child welfare compared to families in the control population?
Do families who experience EFCI processes more often form a positive emotional response compared to families in the control population?
Are families who experience EFCI processes more often satisfied with their intervention experience compared to families in the control population?
Are families who experience EFCI processes better connected to services compared to families in the control population?
Are children in families in the population of focus who experience EFCI interventions less likely to experience placement compared to children in the control group?
If children are placed out of home, are they more likely to be placed with relatives compared to the control group?
Are families in the population of focus who experience EFCI interventions as likely as families in the control group to experience child maltreatment re-reports or re-reports with substantiation?

Section 9. Works Cited

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