

Teaming Indicator from Pennsylvania's QSR Protocol Version 3.0

Practice Review 2: Teaming

TEAMING: Degree to which: • Appropriate team members have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child/youth and family. • Team members have sufficient craft knowledge, skills, and cultural awareness to work effectively with this child/youth and family. • Members of the team have a pattern of working effectively together to share information, plan, provide, and evaluate services for the child/youth and family.

Note: This indicator is measured over the past 90 days.

Core Concepts

Unity of effort: Commonality of purpose, and effectiveness in problem solving = successful teamwork. This review focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem solving, providing effective services, and achieving positive results with the child/youth and family. There is no fixed formula for team size or composition. Collectively, the team should have the authority to act and ability to assemble supports and resources on behalf of the child/youth and family. Team functioning and decision making processes should be consistent with principles of family centered practice and system of care operations. Unity in effort and commonality of purpose apply to team functioning. Present child/youth status, family participation and perceptions, and achievement of effective results are important indicators about the functionality of the team.

Formation - Team members should include all available family members, the county case manager and supervisor, any contracted service providers, health care providers, educational partners, county, child/youth and parent advocates. When applicable, team members should also include mental health professionals, spiritual leaders, substitute caregivers, and others as identified. Collaboration among team members from different agencies is essential. Team composition should be competent and have the right balance of personal interest in the family, knowledge of the family, technical skills, cultural awareness, authority to act, flexibility to respond to specific needs, and time necessary to fulfill the commitment to the family.

Functioning - Most importantly, the teaming process must develop and maintain unity of effort among all team members. Team members should have a unified vision of what would have to happen for the case to close. The team must assess, plan, implement and prepare for safe case closure.

Guiding Questions

1. Were all available family members, informal family supports, child welfare professionals, and outside stakeholders invited to be part of the team?
2. Do all of the team members feel like they are a part of the team; feel like their input is considered and that they are involved in sharing information, planning, decision making, and evaluating results?
3. Does the family know who the team leader is and is the family satisfied with the functioning of the team? • Can the caregiver or youth request a team meeting at anytime?
4. Does the team have a unified and comprehensive strength based understanding that is working toward common goals and objectives leading towards case closure for the child/youth and family?
5. Does the team have the necessary skills to work effectively with the child/youth and family?
6. Are team members committed to ensuring the delivery of services and resources for the child/youth and family?
7. Are all members of the team kept fully informed?
8. Has the team worked together to create and implement a comprehensive and individualized service plan for the child/youth and family?
9. Does the family team have access to informal resources and flexible funding for concrete family needs?
10. Does the family team have a pattern of effective teamwork, commitment, and good outcomes for the child/youth and family?
11. Are team meetings conducted at crucial points through the life of the case (i.e. new investigations, sexual abuse and/or medical and behavioral health crisis)?
12. Has there been a change in the primary case manager for the family over the past 90 days?

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Description and Rating of Practice Performance

Note: This indicator is measured over the past 90 days.

Optimal Practice (6):

Formation: All of the people who provide support and services for this child/youth and family have been identified and have formed an **excellent** working team. The team has **excellent skills, family knowledge, cultural awareness and abilities** necessary to organize effective services for the child/youth and family. The team has a **clear single** leader who is organized and accountable for ensuring a common purpose and communication between team members.

Functioning: The team has an **excellent** pattern of having a unified and comprehensive strength based understanding that is clearly working toward common goals and objectives leading towards safe case closure for the child/youth and family. The team has shown an **enduring consistency** in their ability to assess, plan, implement and prepare for safe case closure.

Substantial Practice (5):

Formation: Most of the people who provide support and services for this child/youth and family have been identified and have formed an **adequate** working team. The team has **good skills, family knowledge, cultural awareness and abilities** necessary to organize effective services for the child/youth and family. The team has an **identified leader** who is organized and accountable for ensuring a common purpose and communication between team members.

Functioning: The team has a **good and dependable** pattern of having a unified and comprehensive strength based understanding that is working toward common goals and objectives leading towards safe case closure for the child/youth and family. The team has shown a **general and sufficient consistency** in their ability to assess, plan, implement and prepare for safe case closure.

Fair Practice (4):

Formation: Some of the people who provide support and services for this child/youth and family have been identified and have formed a working team. The team is **adequate to fair in their skills, family knowledge, cultural awareness and abilities** necessary to organize effective services for the child/youth and family. The team has an **adequate leader** who is reasonably organized and accountable for ensuring a common purpose and communication between team members.

Functioning: The team has a pattern of having a **somewhat unified and comprehensive strength based understanding** that is working to some extent toward common goals and objectives leading towards safe case closure for the child/youth and family. The team has shown an **adequate consistency** in their ability to assess, plan, implement and prepare for safe case closure.

Marginal Practice (3):

Formation: Some of the people who provide support and services for this child/youth and family have been identified and have formed a working team. The team is **marginal in their skills, family knowledge, cultural awareness and abilities** necessary to organize effective services for the child/family. The team has a **limited and inconsistent leader** who is insufficiently organized and accountable for ensuring a common purpose and communication between team members. Concerted action is needed in this area.

Functioning: The team has a pattern of having a **somewhat inconsistent understanding** that is minimally working toward goals and objectives leading towards safe case closure for the child/youth and family. The team has shown a **limited consistency** in their ability to assess, plan, implement and prepare for safe case closure. Concerted action is needed in this area.

Poor Practice (2):

Formation: There is **little evidence** of a formed family team for this child/youth and family and **interveners are working independently and in isolation** from one another. The **actions and decisions made by the group may be inappropriate and/or adverse**. Persons working with the family are **inadequately organized and not accountable** for ensuring a common purpose and communication between team members. Concerted action is needed in this area.

Functioning: There has not been a **unified understanding working toward goals and objectives** leading towards safe case closure for the child/ youth and family. Persons may often **function independently**. Actions reflect an **infrequent or rare pattern** of team work. Concerted action is needed in this area.

Adverse Practice (1):

Formation: There is **no evidence** of a formed family team for this child/youth and family and **interveners are working independently and in isolation** from one another. The **actions and decisions made by the group are inappropriate and/or adverse**. Persons working with the family are **inadequately organized and not accountable** for ensuring a common purpose and communication between team members. Concerted action is needed in this area.

Functioning: There is **no unified understanding working toward goals and objectives** leading towards safe case closure for the child/ youth and family. Persons are **functioning independently**. There is **no pattern** of team work. Concerted action is needed in this area.

Rating Categories:

Forming
Functioning