

Role and Voice and Assessment and Understanding

Practice Indicator 1b: Role and Voice

ROLE and VOICE: Degree to which the child/youth, parents, family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child/youth and family strengths and needs, goals, supports, and services.

Note: This indicator is measured over the past 90 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, or the agency located them but the mother/father refused to have any involvement in the case, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."

Core Concepts

The family change process belongs to the family. The child/youth and family should have a sense of personal ownership in the plan and decision process.

Service arrangements are made to benefit children and families by helping to create conditions under which the child can succeed in school and life.

Service arrangements should build on the strengths of the child/youth and family and should reflect their strengths, views and preferences. The parent and/or caregiver (as appropriate) have a central and directive role, providing a voice that shapes decisions made by the team on behalf of the child and family. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning interventions, provider choice, monitoring, modification and evaluation.

The child/youth and family should have an active role and voice in developing goals and objectives, as well as in the development and implementation of plans. This includes, but is not limited to:

Knowing and explaining their strengths, needs, preferences, and challenges so that others may understand and assist.

- Understanding, accepting, and working toward any non-negotiable conditions that are essential for safety and well-being.
- Attending team meetings and shaping key decisions about goals, intervention strategies, special services, and essential supports.
- Advocating for needs, supports, and services.
- Doing any necessary follow through on interventions.
- Providing quality and frequent visits between the agency worker, the child/youth, mother and father.
- When ICWA (Indian Child Welfare Act) applies, active efforts are required to assure a role and voice for the tribe.

Child/youth and family satisfaction may be a useful indicator of participation and ownership.

Role and Voice and Assessment and Understanding (continued)

Guiding Questions

1. To what degree does the family influence all phases of service?
2. To what degree is the family change process owned by family members and led by the birth parent(s) or substitute caregiver(s)? • How well does the agency encourage family member participation?
3. Do the child/youth and family routinely participate in the assessment, planning, monitoring/modification of child/youth and family plans, arrangements, and evaluation of results?
4. How involved are the child/youth's parent(s)/caregiver(s) in the child/youth's medical, educational and behavioral health meetings/appointments?
5. Are the quality of the visits between the caseworker and the child/youth, mother and father sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and promote achievement of case goals (for example, did the visits between the caseworker and the child/youth focus on issues pertinent to case planning, service delivery, and goal achievement)?
 - Consider both the length of the visit (for example, are they of sufficient duration to address key issues with the child/youth, mother and father, or are they just brief visits) and the location of visits (for example, are they in a place conducive to open and honest conversation, such as a private home, or in a more formal or public environment, such as a restaurant or court house).
 - Consider whether the caseworker sees the child/youth alone or whether the parent or foster parent is usually present during the caseworker's visits with the child/youth. If the child/youth is older than an infant, the caseworker should be expected to see the child/youth alone for at least part of each visit.
 - Consider the topics that are discussed during the visits and if they pertain to the child/youth's needs, services, and case goals.
 - Consider whether the visits between the caseworker and the father and mother focus on issues pertinent to case planning, service delivery, and goal achievement
6. Are worker contacts with substitute caregiver(s) of sufficient frequency and length with focus on service needs of child/youth and family? Are substitute caregivers provided an environment for unrestricted participation and open discussion?

Practice Indicator 1b: Role and Voice Description and Rating of Practice Performance

NOTE: This indicator is measured over the past 90 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or

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parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, or the agency located them but the mother/father refused to have any involvement in the case, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."

Optimal Practice (6): Practice is reflective of key family members being **full and effective partner(s)** on the team, **fully** participating in **all** aspects of assessment, service planning, implementation and monitoring, and evaluation of results for the child/youth and family. The parent(s) and/or caregiver(s) (as appropriate) have a **central and directive role**, providing a voice that shapes the decisions made by the team on behalf of the child/youth and family. Caseworker visits with the child/youth, mother, father, and/or substitute caregiver are of **excellent quality** to move the case forward. Visits are of optimal length, conducive to private conversations, when appropriate children/youth are interviewed alone, conversations are service need and goal focused.

Substantial Practice (5): Practice is reflective of key family members being **substantial and contributing partners** on the team, **generally** participating in **most** aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent(s) and/or caregiver(s) (as appropriate) have a **present and effective role**, providing a voice that influences the decisions made by the team on behalf of the child/youth and family. Caseworker visits with the child/youth, mother, father, and/or substitute caregiver are of **sufficient quality** to move the case forward. Visits are focused, of sufficient length and location that provides for open and honest communication.

Fair Practice (4): Practice is reflective of key family members **moderately** participating in **some** aspects of team decision making, minimally participating in some assessment, service planning, implementation and monitoring, and evaluation of results. The parent(s) and/or caregiver(s) (as appropriate) have a **minimally effective role**, providing a voice that suggests and affirms the decisions made by the team on behalf of the child/youth and family. Caseworker visits with the child/youth, mother, father, and/or substitute caregiver are of **adequate quality** to move the case forward. Visits routinely allow for focused and individualized discussions.

Marginal Practice (3): Practice is reflective of key family members having **limited or inconsistent** participation in **few** aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent(s) and/or caregiver(s) (as appropriate) have a **marginal role**, providing a somewhat passive voice that acknowledges or accepts decisions made by the team on behalf of the child/youth and family. Caseworker visits with child/youth, mother, father, and/or substitute caregiver are of **inadequate quality** to move the case forward. Visits are not routinely of a service needs or goal oriented focus and are not provided an environment that permits free and open input. Concerted action is needed in this area.

Role and Voice and Assessment and Understanding (continued)

Poor Practice (2): Practice is reflective of key family members **rarely participating** in **any** aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent(s) and/or caregiver(s) (as appropriate) have a **missing or silent role**. Caseworker visits with child/youth, mother, father, and/or substitute caregiver are of **substantially insufficient quality** to move the case forward. Visits are brief in duration and conversation is unrelated to service needs or goals for child/youth and family. Concerted action is needed in this area.

Adverse Practice (1): Key family members have **not participated in any aspects** of assessment, service planning, implementation and monitoring, and evaluation of results. The child/youth may be receiving services in a placement setting, or alternative educational placement situation and is **detached from all previously established connections**. Caseworker visits with child/youth, mother, father, and/or substitute caregiver are of **no assistance** in moving the case forward. Concerted action is needed in this area.

Rating Categories:

Child/Youth

Mother: If the child/youth has been adopted, the adoptive mother is rated as the mother

Father: If the child/youth has been adopted, the adoptive father is rated as the father.

Substitute Caregiver: For out of home cases, this would be the resource parent(s) or for children/youth in congregate care, the residential treatment provider is considered as a whole rather than an identified staff person.

Other: A stepparent, domestic partner, grandparent or other extended family member who is involved in the family's life.

Not Applicable by Rating Category:

Child/Youth: Child/youth is unable, because of age and/or developmental stage, to have a role and voice at this time.

Mother: Mother is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate her, or the agency located her but the mother refused to have any involvement in the case.

Father: Father is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate him, or the agency located him but the father refused to have any involvement in the case.

Substitute Caregiver: There is no substitute caregiver or congregate care provider.

Other: There is no person who would be considered as "other".

Role and Voice and Assessment and Understanding (continued)

Practice Review 4: Assessment and Understanding

ASSESSMENT AND UNDERSTANDING: Degree to which the team: • Has gathered and shared essential information so that members have a shared, big picture understanding of the child/youth's and family's strengths and needs based on their underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and dreams. • Has developed an understanding of what things must change in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. • Is evolving its assessment and understanding of the child/youth and family situation throughout the family change process. • Is using its ongoing assessment and understanding of the child and family situation to modify planning and intervention strategies in order to achieve sustainable, safe case closure.

***Note:** If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father." This indicator is measured over the past 90 days.*

Core Concepts

Assessment involves understanding the core story of the child/youth and family and how the family reached its present situation. This story provides a framework for the child/youth/family's history and is supplemented by the assessment/evaluation of the child/youth and family's current situation, environment, and support networks. Members of the child/youth and family team (including family and other interveners), working together, assemble and interpret their collective knowledge and wisdom to form a shared big picture view that provides a common working understanding of the child/youth and family's situation and what must be done to reach sustainable, safe case closure. This common understanding sets the stage for unified change efforts so that the team can plan joint strategies, share resources, find what works, and achieve a good mix and match of supports and services for the child/youth and family.

As appropriate to the situation, a combination of formal and informal assessments and evaluations should be used to determine the underlying issues, needs, strengths, risks, interests, and future goals of the child/youth and family. Assessment and screening techniques should be appropriate for the child/youth and parent's age, capacity, culture, and language or system of communication.

Once the information is gathered, it is analyzed and synthesized to form an ongoing functional assessment and big picture understanding of the child/ youth and family. Ongoing assessment should be performed throughout the life of a case (i.e. when planned goals are met, when emergent needs or problems arise, or when changes are necessary). Ongoing assessment findings stimulate and direct modifications in strategies, services, and supports for the child/youth and family. Monitoring and evaluation results are used to update the big picture view of the child/youth and family to maintain situational awareness.

Role and Voice and Assessment and Understanding (continued)

Guiding Questions

1. What are the critical issues (i.e. strengths, needs, safety threats/factors, risk factors, caregiver capacities, behaviors, underlying issues, etc.) that exist for the child/youth and family?
2. What information, observations, formal assessments, or evaluations have been obtained to further understand the child/youth and family? • Are the assessments appropriate and adequate for the child/youth and family's age, capacity, culture, and communicative abilities?
3. How well did the team analyze the assessments and draw their conclusions? • Did the information, observations, assessments and evaluations inform a big picture, common working understanding of the child/youth and family?
4. How well does the team understand what things must change in order for this child/youth and family to live safely together, achieve timely permanence, and achieve adequate levels of child/youth and family well-being and functioning? • How well does the assessment and understanding process reveal the big picture situation for any substitute caregivers and permanency resources (e.g., relatives and foster parents who may become the permanency caregiver for the child/youth)? • If there are different views of the child/youth, family and/or substitute caregivers/permanency resources, what would it take for them to form a common vision and understanding?
5. Is there evidence that the child/youth and family assessments evolved over the course of the life of the case and impacted decision-making and planning?

Role and Voice and Assessment and Understanding (continued)

Practice Review 4: Assessment and Understanding

Description and Rating of Practice Performance

NOTE: *If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father." This indicator is measured over the past 90 days.*

Optimal Practice (6): Assessment of child/youth and family functioning, life circumstances, underlying issues and support systems are **comprehensively and progressively** understood by the team, as evidenced in practice. Knowledge necessary to understand the child/youth and family's strengths, needs, and context is **constantly** updated and used to keep the big picture understanding current and comprehensive. Past maltreatment, current safety threats/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency are **fully** recognized, understood and applied.

Substantial Practice (5): Assessment of child/youth and family functioning, life circumstances, most underlying issues, and support systems are **generally and progressively** understood by the team as evidenced in practice. Knowledge necessary to understand the child/youth and family's strengths, needs, and context is **frequently** updated and used to keep the big picture understanding recent and useful. Past maltreatment, current safety threats/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency are **substantially** recognized, understood and applied.

Fair Practice (4): Assessment of child/youth and family functioning, life circumstances and support systems are at least **adequately identified and periodically** understood by some participants of the team as evidenced in practice. Underlying issues are at least **reasonably** understood. Information necessary to understand the child/youth and family's strengths, needs, and context is **periodically** updated and used to keep the big picture understanding somewhat useful. Some past maltreatment, current safety risks/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency are **minimally** recognized, somewhat understood, and applied to some extent. The current level of team understanding is **adequate** for meeting near-term needs.

Marginal Practice (3): Assessment reveals only a **limited** understanding of the child/youth and family functioning, life circumstances, and support systems by some members of the team as evidenced in practice. Information necessary to understand the child/youth and family's strengths, needs, and context is **limited and occasionally** updated. Assessment and understanding of family is focused on presenting problem. Some past maltreatment, current safety risks/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency are **partly understood on a limited or inconsistent basis** by some of those involved. The current level of team understanding is **somewhat minimal** for meeting near-term needs. Concerted action is needed in this area.

Role and Voice and Assessment and Understanding (continued)

Poor Practice (2): Assessment is **insufficient and/or inconsistent**. Understanding of child/youth and family functioning, life circumstances and support systems may be **obsolete, erroneous, or inadequate** as evidenced in practice over the past 90 days. Information necessary to understand the child/youth and family's strengths, needs, and context is **poorly and inconsistently** updated. There is a lack of analysis of information gathered. **Uncertainties exist** about past maltreatment, current safety risks/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency. Necessary changes and behavioral conditions may be **missing, confused or contradictory**. Dynamic conditions may be present that could require a fundamental reassessment of the child's and family's situation. Concerted action is needed in this area.

Adverse Practice (1): Current assessments are **absent or incorrect** and miss critical events and decisions as evidenced in practice. Child/youth and family functioning, strengths, life circumstances and support systems are unknown or misunderstood. **Glaring uncertainties and conflicting opinions** exist about things that must be changed for needs and risks to be reduced and for the child/youth and family to function adequately in normal daily settings. A **completely new assessment would be required** for this case to move forward in positive change process. Concerted action is needed in this area.

Rating Categories:

Child/Youth

Mother: If the child/youth has been adopted, the adoptive mother is rated as the mother.

Father: If the child/youth has been adopted, the adoptive father is rated as the father.

Substitute Caregiver: A substitute caregiver should be rated if the child/youth in care is currently residing in that family home. This does NOT include congregate care providers.

Not Applicable by Rating Category:

Child/youth: can NEVER be rated N/A

Mother: Mother is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate her.

Father: Father is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate him.

Substitute Caregiver: Child/youth is at home OR in an out of home placement in a congregate care setting. (Reviewers should NOT rate congregate care providers in this indicator.)