

safe children strong families supportive communities



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"We're coming in alongside the jurisdiction to help families get connected in the community and get their needs met while reducing any risk of concern. ... It's relationship-based." - Senior director, Casey Family Programs, Austin Field Office

## Introduction

A young mother in Austin, Texas, delivered triplets prematurely. After a stay in the neonatal unit, two of the triplets left the hospital and joined two toddler siblings at home. The third infant required a feeding tube and remained in the hospital.

When it came time to discuss sending the third infant home, hospital officials and Child Protective Services (CPS) expressed concern about the mother's ability to use the feeding tube. She spoke no English, and officials said she did not visit the third infant often enough. They recommended that CPS take custody.

A family court judge recommended that CPS refer the case to the Austin Field Office of Casey Family Programs, a national operating foundation with a focus on child welfare and safe reduction of foster care. The Austin office has an In Home Services program that partners with CPS to help stabilize caregivers and avoid the disruption and trauma of removal of their children.

A bilingual Casey social worker met with the mother. The worker did not identify any abuse or neglect issues in the home, although the family struggled to care for their two toddlers and two infants. This was why the mother had been unable to get to the hospital to visit the third baby every day. The hospital was correct that she did not understand how to use the feeding tube, but in trying to teach her, they had offered an interpreter over the phone — an ineffective way for this mother to learn.

The Casey worker arranged two overnight stays in the hospital for the mother and an inperson interpreter. The mother learned how to use the feeding tube. The baby went home.

Casey stayed on with the case, helping the mother learn to juggle appointments and care for five young children. The worker explains that the parents were baffled by their experience with the hospital. They kept saying: "We don't understand why you would want to take our baby. We love her."

This family is doing well.

Families like the one above face a host of complex problems, any one of which could spiral out of control and result in removal of the children. Helping these families stay together safely is the norm at Casey's field office in Austin as it deepens a partnership with CPS to prevent foster care and leads a new conversation about parenting and support in the home.

Safe reduction of the need for foster care is one of the core goals of Casey Family Programs. In 2006, the foundation's board pledged to lead a bold effort to safely reduce the need for foster care by 50 percent nationally by the year 2020. Austin is a leader within the Casey network of field offices in building a structure to prioritize the front end, preventing foster care entry altogether. As the senior director in the field office points out, "You can't safely reduce the need for foster care without also manning the front door."1

#### What's in this report?

With In Home Services, Casey staff in Austin are sharpening their focus on the front end and developing a practice approach that responds directly to vulnerable families who, with the right support, can safely keep their families together. Casey put energy, time, talent and funding into the following elements that make up their prevention work and are chronicled in this report. Some of these elements also apply to other cases at the Austin Field Office:

A holistic approach to each family.

Each social worker carries a mixed caseload.

- Small caseloads (approximately 12 families), which allows workers time for family engagement and rigorous support in the home.
- Six social workers, two of whom are Spanish-speaking, an essential asset in Austin.
- One family engagement liaison, who manages and facilitates family group conferences and multidisciplinary team meetings to maintain informed support networks for families.
- Continuing work with the family, even after CPS closes the case, usually for at least six months, more if needed. There is no formal time limit for Casey case closure.
- Flexible funding to help families meet concrete needs.
- Advanced training and skill development for social workers, all of whom are experienced and most of whom worked at CPS before joining Casey.
- Recruitment of private nonprofits in the community to supplement services from public agencies that are underfunded, difficult to access and not available to undocumented families.
- Partnering with, supporting and coaching CPS workers, as well as educating community providers about family strengths and options.
- A supportive collaboration with CPS leadership and with the courts.

This report chronicles the story of Austin's In Home Services program. It is told in the voices of those leading the work. It is a story with multiple participants — parents,

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<sup>&</sup>lt;sup>1</sup> Casey's Austin Field Office used to provide direct foster care services. Over time, it stopped operating as a child placement agency, while continuing its focus on permanency. Workers currently handle three types of cases: permanency support in partnership with state workers to help older youth in foster care find permanent homes and make permanent connections; transition support to help former foster youth ages 18 to 26 make permanent connections and build life skills; and in-home support to keep children safely with their own family.

children, relatives, social workers and managers at Casey and CPS, court officials, public and private providers — all of whom are working together to build a safe future for children and families. It is a story of courage, commitment, resilience, patience and a lot of hard work.

## In Home Services in action

"We can't underestimate the impact of trauma and intergenerational experiences with the child welfare system. If we work with families on prevention and help parents understand their own trauma, there's a greater potential to break the cycle than if we don't intervene until later." - Director, Casey Family Programs, Austin Field Office

Casey's in-home partnership with the Texas Child Protective Services (CPS) system is an opportunity for both institutions to improve practice, support families and keep children safely at home. Texas CPS is like many child welfare agencies across the country. Workers are well intentioned and focused on the safety of the children and families they serve. But the system is often understaffed and underfunded. Until recently, caseloads at Family Based Safety Services (FBSS), the CPS division responsible for referrals to Casey's In Home Services program, were as high as 35 – 40 families.

In 2016, the Texas Legislature responded to well-publicized crises in the system by allocating an infusion of funds to CPS, which increased caseworker salaries by an average of \$12,000. This additional funding also allowed FBSS to hire a new unit, including more workers who speak Spanish. Caseloads dropped to the teens.

As a private operating foundation, Casey has more flexibility with caseloads, focus and use of resources than a state agency does. The transition to In Home Services at Casey's Austin Field Office was a natural one. Like most Casey field offices, Austin provided direct foster care services for years. By the early 2000s, the office was shifting to permanency for youth, adding a broad array of services and an emphasis on placement with relatives. In 2010, Austin phased out its work as a child placement agency, adding more support for kinship families who had welcomed children into their homes. The goal was to stabilize and maintain these placements after the family's CPS case was closed. Over time, the field office shifted its focus to the front end of the system, supporting families where birth parents and relatives lived together in a coparenting role. The next evolution led to what is now In Home Services: Casey staff working directly with birth parents with a goal of safely keeping children in their own homes.

Austin's In Home Services work today is a holistic and comprehensive package of hands-on support aimed at helping parents develop the skills and connections to keep their children out of foster care and in a safe and loving home. There is no standard checklist of required services: the goal is finding the right services and support network for each family.

The work includes addressing basic needs such as rent or food. But Casey also provides assessment, parenting, therapeutic and educational services through contracted community providers. These providers often specialize in particular types of support and are able to fill the gaps in services traditionally offered by CPS. Casey's services are voluntary; families can opt out at any time.

In general, Casey's work is a bigger scan within a more intense set of services and resources than

The Austin Field Office developed a clinical case management approach with four goals:

- Increase the protective capacity of caregivers
- Prevent children from entering foster care
- Reduce risk of repeat maltreatment
- Engage extended family and other natural supports for co-parenting or placement options if removal becomes inevitable

FBSS can provide. An FBSS manager points out that Casey has "more time and availability to do the hands-on work that families need," noting the time demands of state-mandated policies and procedures. Both FBSS and Casey aim "to address the issues that prevent parents from being the best parents they can be," as a Casey worker puts it. This is the promise and hope of In Home Services.

#### Referrals

If a CPS investigation finds concerns but not enough grounds for removal, a family can receive Family Based Safety Services (FBSS) in their home. Referrals to Casey come mostly from this pool. Some referrals are court-ordered if a judge does not see progress in a case and begins court oversight. Court-ordered cases come with an additional set of professionals: attorneys for parents and children and often a court-appointed special advocate (CASA) for children. With court oversight cases, says the field office senior director, "it's almost like families have one foot in foster care and one foot in community services."

FBSS is strategic in choosing which families to refer. Families often have multiple young children and multiple concerns. There is a need for the kind of in-depth clinical case management that FBSS workers do not have the resources, training or time to provide. Casey also has the advantage of being able to continue involvement with families once the CPS case is closed.

Specific issues that lead to referrals often include:

- Domestic violence, especially if a perpetrator is leaving treatment or prison with the possibility of re-entering the family picture.
- Mental health issues. Access to mental health services is confusing in Austin, and most families need extra help navigating this system.

- Families with multiple needs at the same time, such as the threat of homelessness for a family with large sibling groups close in age and young parents who need a lot of support.
- A district judge spoke of "neglectful supervision" as a factor in some courtordered referrals. "Oftentimes Mom doesn't have enough hands," she says, "and we have a lot of single mom cases." It becomes even more complicated when there are numerous young children in the home.
- An FBSS supervisor mentions "hard-to-control children" as a referral factor. "If we have a family where the mom hasn't really done anything wrong per se, but has unruly teens, I feel like Casey can help with that kind of family dynamic."
- FBSS tries not to refer families with substance abuse problems until recovery is sufficiently addressed.

## Intake and the first visit with the family

An FBSS worker asks families in advance if they are willing to work with Casey, explaining the services they will receive and that they are voluntary. FBSS and Casey staff then visit the family together, explaining each of their roles to the parents. This is important given the potential for role confusion among families who have multiple professionals in their lives.

Casey workers frame their first conversation with the family around the end goal: case closure with the children remaining safely in the home. They let parents know they are concerned not only about safety of the children, but also about safety and well-being of the entire family.

A Casey worker says of her initial visits: "I just really want to hear their story, hear their side of things." She asks questions such as: What do you love best about being a parent? What do you love about each of your kids? She tells the family that their work together will be individualized and focused on what each family member needs.

## Family engagement and an action plan

Family engagement is the heart of In Home Services. Casey workers approach each family with respect and a lack of judgment or blame. They are culturally sensitive and base their work on the strengths and concerns identified by parents themselves. Casey staff work very hard not to shame parents for the problems that brought CPS into their lives. "It's a long road if you've had CPS in your life," says a Casey worker, noting that too many of the parents involved with CPS now were involved with the system when they were children.

Casey helps the family understand why CPS is involved in their life, explaining how CPS-ordered services such as parenting classes and therapy can help meet the needs the parents themselves have identified around care for their children. One of Casey's first tasks with the family is to develop an action plan, which outlines what Casey and the family will do together to keep the family intact and the parents and children safe. Each plan is based on the parents' goals for themselves and their children. Each plan outlines the goals and adds action steps and timeframes. These plans complement (but are often different from) the family's CPS service plan.

Casey workers have more time to engage the family than CPS does, more time to build a relationship. FBSS staff interviewed for this report believe caregivers find it easier to talk to Casey workers, since they are not the government. Because Casey and FBSS are in regular communication, they each get an in-depth picture of the family's story, their strengths and potential. Furthermore, FBSS says, families who were initially reluctant to open up to FBSS gain more trust of the system when Casey and FBSS work together to support the family unit.

There is a deep learning curve for parents who are building strength and skills to stand on their own. Casey workers model for parents how they can interact with providers and the

### **Planning for Safety**

A mother in Austin, a victim of domestic violence, did everything she could to protect herself and her children. She contacted the police and got a restraining order. She cut off communication with the abuser and moved three times. He found her and kidnapped the youngest baby, threatening to kill the baby if she called the police. She believed him and did not call. A referral to CPS was made on the grounds that she had put the baby in harm's way.

CPS referred the case to Casey. The Casey worker engaged the mother and convinced CPS that there were no abuse or neglect concerns in the home. Casey helped the mother develop a plan to make sure she had the support she needed and knew where to go if the father got out of jail and threatened her again. The mother's support network is in Austin, and she did not want to move out of the city, but she moved to another neighborhood. The father got out of jail and was deported.

This case is now closed. The mother knows the father may try to get back into the country — he's done that before. But she has new skills now and has people in her life lined up and ready to help.

many professionals in their lives. Engagement continues throughout the life of the case and expands to include relatives and other close connections who can step up and help when needed.

## Meeting concrete needs

"So many of the things that bring a family to the attention of CPS have to do with poverty and not knowing where to get help," says a Casey social worker. "Why wouldn't we want to help parents address those issues and keep kids out of foster care vs. pulling kids out of their homes and families and communities and traumatizing them?"

Poverty is a constant in the life of most families who come to the attention of CPS. If parents are worried that they may not have a place to live in a month or there is not enough food for the family, it is almost impossible to focus on the stages of child development or practice new parenting skills. Addressing the day-to-day needs of parents thus becomes an immediate priority.

Immigration issues can consume and distract family members if they are undocumented residents, especially in the current political atmosphere. Neither CPS nor Casey ever refuses services to families due to immigration status, but families are often afraid, which limits their ability to focus on parenting and safety. The time spent building trust in the Casey/family relationship pays big dividends.

Casey has flexible funds to help with a rent deposit, for example, pay a utility bill, or buy furniture. But these funds are limited, and more importantly, the goal is not dependency on Casey. Thus finding community solutions is critical. As the field office director says, "Our social workers get creative in finding ways to make sure families have a support system within the community to meet basic needs." Teaching parents to coordinate multiple support systems in Austin without being overwhelmed is an important lesson that lasts long after Casey and CPS are out of the family's life.

### The four "buckets" of In Home Services

The Austin Field Office categorizes its prevention practice approach into four "buckets" of work, all of which are equally important and are individualized for each family. Casey's social workers help parents focus on all four areas simultaneously.

Safety and risk awareness	Increase natural support systems and co-parenting	Improve parenting skills through understanding of child development, attachment and trauma	Access resources and advocate for self and children
<ul> <li>Help families understand how the community and child welfare system view safety and risk to children.</li> <li>Build on the family's protective capacity.</li> <li>Enroll support systems to help make the household safer.</li> <li>Teach healthy relationships (e.g., signs of a healthy relationship, communication, boundaries and safe ways to get needs met) and healthy decision-making (e.g., assessing who is safe to be around a child and putting the child's needs first).</li> <li>Increase self-esteem through education, employment and housing to reduce dependency.</li> <li>Coordinate services so that families are not overwhelmed and get the help that is most critical.</li> </ul>	<ul> <li>Encourage healthy coparenting between birth and extended family/fictive kin.</li> <li>Heal family connections that have been damaged through intergenerational trauma.</li> <li>Use Family Group Conferences early on to jumpstart the connections and healing and to create a plan to prevent removal.</li> <li>Explore extended family on both mother's and father's side, including families with background issues (such as minimal criminal history) in case an alternate placement is needed.</li> </ul>	<ul> <li>Make the connection between child development and safety, nurturing and discipline; help caregivers understand the impact of family violence, substance use and trauma on children.</li> <li>Teach and model the pathway to attachment through attention, empathy, nurturing and connection.</li> <li>Teach self-awareness and self-care: helping parents understand how their own adjustment, trauma history and attachment style impacts their ability to meet their children's needs.</li> <li>Provide parent education, role modeling and individualized parent coaching geared to the developmental level of the caregiver.</li> </ul>	<ul> <li>Identify and utilize community resources.</li> <li>Teach advocacy skills, how to navigate barriers prevalent in entitlement programs, and how to communicate with professionals in systems that oversee their children (e.g., schools, juvenile probation, mental health providers, medical and CPS).</li> <li>Role model and ultimately support caregivers to advocate on their own behalf (e.g., how to ask questions, speak up and be heard with respect and dignity).</li> <li>Teach life skills and organizational skills: calendars, maintaining appointments, staying in touch with key professionals, literacy, education and employment.</li> </ul>

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## Training and skill development

Casey invests in the education and skills of their direct service staff, offering specialized training in clinical work. Small caseloads (approximately 12 families) means workers have the time to practice and operationalize what they learn.

A variety of assessment tools and strategies help workers identify parental strengths and areas of concern that guide the work. With every family, Casey uses and adapts the Family Advocacy and Support Tool (FAST), an assessment that structures and quantifies the strengths and needs of the family as a whole.

Many parents currently involved with CPS grew up in the system themselves. Genograms — graphic representations of a family tree — can prompt conversations about those experiences and thus about intergenerational trauma. A Casey worker cites a parent who realized: "Oh, you know this happened with me when I was a kid, and now it's happening with my kid." A supervisor says of a mother: "You could just see something click while she was talking about it, a kind of epiphany."

Many Casey workers are trained in a trauma-focused practice model called Trust-Based Relational Interventions (TBRI), which helps parents understand how their own history of trauma in the past affects their parenting now. When coaching parents to handle difficult children, for example, workers use TBRI strategies such as weighted blankets, nurturing touch, and eye contact. "With TBRI, we don't

#### Helping a parent find compassion for a troubled child

A mother of four young children was struggling with the behavior of the oldest. He was just four years old, but disruptive, out-of-control. He was repeatedly kicked out of day care. He ran into the street. At home, he climbed on cabinets and threw things around the room.

On home visits, the Casey worker observed that the mother tried to discipline him from across the room, never going over to him. When the Casey worker asked the mother about her pregnancies, the mother realized her pregnancy with this child was the only one in which she had used. She was clean and sober for her other children, and they did not have the same behavior problems. This realization led her to new empathy for the little boy. "She no longer saw him as a 'problem child,' " the worker says, "but just 'a child.' " The mother recognized that she was the one who had a problem during that pregnancy. She took responsibility for it and asked what they could do now.

Together, the worker and the mother implemented TBRI strategies: nurturing touch between mother and son, eye contact when she spoke to him, weighted blankets for security. "Pretty soon," the worker says, "the child was able to self-regulate and wasn't getting kicked out of day care." They let his teachers know how to support him as well, which helped.

"Underneath every behavior is a need trying to get met," says the Casey worker. "When parents see that from a different lens, it's very empowering for them."

use the typical 'time-out strategies,'" explains a Casey worker. "We use 'time-ins." Timeouts are isolating for those who have experienced trauma.

Casey workers explain the stages of child development to parents, how children learn and grow, and the appropriate behavior for each age. Tools like TBRI and genograms help parents "gain empathy for why their children have the behaviors they have based on the trauma the parents were exposed to," says a worker. This can include prenatal exposure to drugs, alcohol, domestic violence, or more. "Parents don't realize their own trauma carries through into their parenting."

Each Casey field office also has at least one worker trained in Neurosequential Model of Therapeutics (NMT), which illustrates levels of trauma and helps staff understand how trauma affects the stress response system and corresponding brain chemistry. Staff members find it useful to integrate what they learn from NMT with their use of TBRI strategies.

## Teaming: The power of a support network

Expanding family connections is a critical protective factor when it comes to keeping children safe within the family. A Travis County district judge tells parents: "You need to have 10 people on hand who you know you can call if Johnny spikes a fever and you can't get to him. Who are you going to call? It can't be your caseworker. It's got to be your friends."

Helping a mother identify the people she can call on the spur of the moment is an early set of conversations. Bringing those people to the table in a facilitated conversation with Casey and FBSS is an early activity. In the Austin field office, a family engagement liaison, a master's level practitioner who does not carry a formal caseload, facilitates two types of meetings with and for families: Family Group Conferences and Multidisciplinary Team Meetings.

Family Group Conferences: These are structured meetings with family members and relatives or other close connections, joined by Casey and CPS staff, as well as CASA volunteers, and attorneys if it is a court-referred case. The conferences develop a shared vision of what safety looks like for the family and who might step in if an emergency or temporary placement is needed.

The family engagement liaison contacts family members in advance to find out who they would like to invite. "The more the better," she says, as they widen the circle. Paternal relatives are not always on the immediate radar screen in prevention cases, but the father's relatives are often explored as possible additions to the support team.

that the meeting will be family-driven and that "they will have decision-making power." At the same time, she tells parents what is not

Casey's family engagement liaison assures parents

#### The saving grace of neighbors

Disciplinary practices vary from culture to culture. An Asian family in Austin came to the attention of CPS because of the father's severe discipline of his older son. Casey facilitated a family group conference in their home. The family chose a song to open their meeting. All of the children in the family participated, as did neighbors, who turned out to be their greatest support. They discussed the line between discipline and abuse.

In private time, the family and their neighbors came up with a plan that included the son going to the neighbors' home if a situation threatened to become abusive again. The family engagement liaison points out that "this is a really good example of the family using their natural supports to address the issues and come up with a prevention plan."

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negotiable to CPS, such as children's visits with a relative known to be violent.

Family conferences are often held after work or on weekends. A meal, chosen by the family, is served. The meeting frequently opens with a cultural activity, such as a prayer or some other personal ritual chosen by the family. The first part of the meeting is information sharing, giving the family a chance to talk about their strengths, concerns and needs, and to ask questions.

In the second part of the meeting, Casey and all nonfamily members leave the room, giving family members and their support team private time to develop a plan with specific steps to ensure safety of the children, identify services the family needs, etc. The family then shares the plan with the professionals, along with a timeframe for action. All take home a written copy.

If there are follow-up family conferences, the family begins the meeting with a progress report. Even if the steps are small, a worker says, it's important for a parent "to articulate this in a team meeting. It's important for CPS to hear it from the clients."

Multidisciplinary Team Meetings (MDTs): With MDTs, a team of professionals involved with the family joins the caregivers to consult and plan. These meetings are less family-driven than family group conferences, but equally focused on safety and making sure that professionals and family members all have the same information about services and support. This is important for attorneys in a court-ordered case, for example, who often have a legal focus on compliance. In addition to attorneys, participants in MDTs can include CASA volunteers and their supervisors, FBSS workers and their supervisors, Casey staff and, of course, parents.

Like family group conferences, MDTs "show the strengths of the family," says the family engagement liaison, and illustrate how the family plans to stay safe. This helps when it comes time for attorneys to speak at the family's next court hearing. Sometimes specialized providers also attend MDTs, if there is an education issue, for example, or a specific issue around therapy. An FBSS caseworker says that MDTs can be especially helpful for families with multiple needs. The meetings also help her see the range of community options that can be put in place before a case is closed.

## Mentoring and coaching parents

Parents involved with CPS often have a lot of other systems in their lives as well. Learning to communicate with all of them and advocate for themselves and their children is critical to sustainable independence. At the same time, parents must learn the practical life skills of running a household: budgeting, coordinating appointments for the kids, getting them to school on time, etc. It is a journey for many parents who grew up without advocates in their own families.

Casey's support for parents is hands-on throughout the life of each case. Casey works actively to coach parents as they learn healthy disciplinary strategies and find new ways of relating to their children.

Parents learn how to identify the signs of a healthy relationship and to judge who is safe to be around their children and where and how to set boundaries. This is particularly important for women who have been in violent relationships themselves or who have relatives who are violent. "We help them identify red flags around unhealthy relationships, things they've seen so often in their own families that they may not even realize that it is unhealthy," says a Casey worker. She adds that they work on selfesteem issues too, helping mothers understand that they "deserve someone who's going to treat them well." Self-care is a necessary component of healthy parenting.

Workers also help parents understand how the community and child welfare system view safety and risk to their children. One worker tells her clients, "When you're out in the community, a lot of people you come into contact with have to report if they feel your kids are being neglected or abused."

To teach parents advocacy skills and help build their self-confidence, Casey uses a methodology they call the "three phases of scaffolding": In meetings with educators about a child's Individualized Education Program, for example, Casey workers attend the first session with parents and take the lead, modeling the discussion and asking questions. In the second phase, Casey workers are supportive observers, letting parents do most of the talking and providing feedback later. By the third phase, parents are on their own. They go to meetings without their Casey worker and report back later, asking any remaining questions. This is powerful learning for parents who are building the confidence to stand on their own.

#### Finding what works for each parent

A Casey social worker spoke of a mother who had developmental reading problems and struggled to find a system to keep appointments straight for five young children, all with medical or special needs. They tried a chart using the children's photos, but that didn't work. Numbers weren't easy for her to keep up with either.

She was good with symbols, so they tried adding symbols to a calendar. A day with a box, for example, meant a provider would come to the home. A star meant the mom had to take the children out to an appointment. A colored dot showed the mom whom to call if she had questions about that particular appointment. This system worked.

The social worker says, "Something is going to work. We just have to figure out what it is. It's exciting to see a mom finally say, 'I can do this on my own now. I don't need your help. I've got it."

## Partnering with CPS

The In Home Services program is an excellent opportunity for Casey to share skills and practice with CPS. Casey workers ask their colleagues from the state: Tell me how I can help you, how I can partner with you. Tell me how I can take some things off your plate so that we can work better for this family. FBSS appreciates the support. One caseworker says, "I jump up and down when I know Casey is joining the team, especially when I have a family with multiple needs. I don't feel like I have to do it all by myself. And once Casey is on board they are on board."

Casey consciously models family engagement practices for FBSS caseworkers. Most Casey staff worked at CPS in the past and they understand how agency rules and regulations influence the work. Casey shares information about best practices and family engagement and shows how this can help families meet their CPS requirements. "Most of the CPS workers are new and green like we all were when we did that job," says a Casey worker. Family team conferences are particularly helpful in showing CPS workers

what it looks like to focus on strengths (as identified by family members), concerns and next steps for action.

Modeling empathy is part of teaching engagement skills as well. A Casey worker cites an example of a joint CPS/Casey meeting with a mother who talked about a particularly horrific domestic violence incident. The mother was crying while telling her story, and the Casey worker got teary, too. The CPS worker said later that as a professional, she believed she should not show emotions, but it was everything she could do not to cry. The Casey worker responded: "One of the things we find really helpful with our families is that they know we can feel some of what they're going through. We can empathize with them and that builds trust."

Despite ongoing concerns about high turnover at CPS, Casey is optimistic about their collaboration with the agency. The Austin field office senior director says, "If I had my wish, it would be to engage all new CPS/FBSS staff in our jurisdiction as they are going through their initial training period with the department so we can support them in their practice development." The optimism and wish for more joint communication is shared by FBSS. The staff of Casey's Texas Systems Improvement division is hosting a new FBSS state workgroup, which meets monthly. Although the meetings focus on enhancing the FBSS practice overall and supporting FBSS caseworkers statewide in doing their jobs better, it will clearly help advance the Austin Field Office's In Home Services partnership as well.

# Measuring success: Some good news

"Anecdotally, I don't see a lot of the Casey-involved cases coming back to my courtroom." - District judge, Family Court, Travis County

Casey is tracking progress and there are indicators of success, even though it is too early to measure formally the effectiveness of In Home Services. From 2014 to 2017, the Austin In Home Services program accepted referrals for 127 families. Since referrals and case closures do not follow a calendar year, another way of looking at families served shows that Casey engaged 62 families in 2014, 64 in 2015, 63 in 2016, and 57 in 2017.<sup>2</sup> To put these numbers in the larger perspective of the child welfare department, 345 families received FBSS services in fiscal year 2016.3

Case closure with no repeat maltreatment for families served by In Home Services is a key indicator for the Austin Field Office. Here the news is good. From 2014 to 2017, the latest data available show:

In 2017, 97.5 percent of cases had no repeat maltreatment six months after closure.

(https://www.dfps.state.tx.us/About DFPS/Data Book/Child Protective Services/)

<sup>&</sup>lt;sup>2</sup> Casey data provided by Casey Family Programs.

<sup>&</sup>lt;sup>3</sup> DFPS DataBook:

- In 2016 and 2015, it was 97 percent of cases.
- In 2014, it was 100 percent.4

Austin Field Office leaders would like data on repeat maltreatment a year after case closure to measure sustainability. A district judge would like to see a formal recidivism study of the In Home Services work.

Only a few In Home Services cases are closed at Casey because children need to be removed. But even if removal becomes necessary after in home services are provided, it is usually the best result for the children under the circumstances at the time. Furthermore, the hard work done by Casey and the family before removal is likely to result in a better placement, with relatives or extended family members who have participated in family conferences and share a vision of safety and stability for the children.

The Austin Field Office is looking at another way of using data to improve the practice of social workers. It is called Facilitated Collaborative Inquiry (FCI) and helps workers use data to make better decisions about their practice. One Casey worker, for example, is curious about what specifically makes the in home prevention program work. She had three families with similar problems, and offered each a similar response. Two of the families stayed together. In the third case, the children were removed. The worker asks: Were there factors in the third family's life and their particular set of challenges that made the intervention less successful? Was the third family not ready yet? What did we do differently with the two families that stayed together successfully? This kind of analysis is on Casey's plate for future exploration as staff members use FCI and data to look at protective and risk factors in new ways.

## Beyond data: Steps toward system improvement

Casey's In Home Services involvement with the family usually lasts six to 12 months, a short intervention when compared to the years of stress and crisis that led to CPS involvement. The intensity of the relationship with Casey, however, helps parents push beyond feelings of being overwhelmed and into a positive focus on action. All the Casey workers and supervisors interviewed for this chronicle spoke of parents building resilience and of FBSS colleagues deepening their relationships with families.

Changing the system: With only six social workers, Casey's field office cannot accept a large number of FBSS referrals. But this does not dampen their ambition to work with FBSS and have an impact on the overall system in Austin.

In Home Services carries the promise of practice improvement across the board, even with families who are not part of the program. FBSS has approximately 50 caseworkers in eight counties that have the ability to partner with Casey. An FBSS manager pointed out that her workers have learned from Casey about community resources they didn't even know existed. They have learned to partner with families in new and more strengthbased ways. State workers who attend Casey-facilitated family group conferences see caregivers learning to speak up for themselves and highlighting their own strengths.

<sup>&</sup>lt;sup>4</sup> Casey data provided by Casey Family Programs.

Workers gain new perspective on helping families stay together safely. "This is the shift everybody wants to go to," says an FBSS caseworker.

An FBSS supervisor and former caseworker says it was "life-changing" for her to have Casey as a partner. "Casey does so much for the families that it takes the worry off the caseworker," she explains. "It's no longer a case where you're lying awake at night thinking what might be happening to these kids. You feel some sort of relief." This supervisor also pointed out that less stress on her caseworkers means less turnover among staff, yet another benefit to the system.

Working with the courts: Family court judges are supportive of the Casey prevention initiative in Austin, even though court-ordered cases are a small percentage of overall referrals. There are two judges assigned to child protection in Travis County. Both work with Casey on court-ordered cases. They realize court hearings are stressful for families, so they do what they can to make the court experience as supportive as possible. For example:

- Families stay with the same judge throughout their CPS history (with the exception of contested termination of parental rights cases). This one-judge/onefamily model allows the judge to get to know the parents and children and begin planning case closure from day one.
- Judges do not wait until the first hearing to assign a CASA (for children 4 and older) or attorneys, but send them out to meet the family beforehand. Parents are likely to be more open with their lawyer than with their CPS worker, a judge points out. "Frontloading is a big part of what we try to do," she says.
- Court hearings take place at assigned times, so families, attorneys and caseworkers don't have to wait for hours in cold, impersonal hallways.
- The judges preside over a trauma-informed, child-friendly courtroom. In one courtroom, a stuffed monkey wearing a graduation cap peers over the edge of the bench. Therapy dogs roam the halls on some docket days and can come into the courtroom or the judge's chambers with a child. The office of the district judge interviewed for this report is child friendly, with stuffed animals, children's books and toys lining every corner of the room. When she meets with children in her office, she says, "the kid gets to drive the visit," to say who joins them, even the dog. In one recent case, a middle school child came back from meeting privately with her, a smile on his face for the first time in his hearing. The judge asked for a slight delay before adjourning his hearing so that someone could find him a pair of ear-buds.

This judge would like to channel more cases to Casey. "With Casey's bandwidth and the lack of a box around it," she says, "they can be so creative."

# The challenging news

"We work with a lot of Spanish-speaking families, and for therapy in particular it really needs to be in your first language, even if the family is bilingual. This is especially true when you're dealing with trauma."

Caseworker, Casey Family Programs, Austin Field Office

The Austin Field Office is enthusiastic about the impact they have had so far with In Home Services. There are also challenges, some easier to overcome than others. These challenges, and the resulting opportunities they offer, fall into several categories:

#### **Funding**

It is hard to underestimate the daunting impact of funding scarcity in Texas when it comes to resources to help families. State child welfare agencies and courts rarely have the funds needed to do the job they would like to do for families. Public and private community providers are sorely underfunded. Casey, even with its flexible funds, is not the answer.

Poverty is a common denominator among families involved with CPS. One hears of phones and electricity turned off, lack of adequate food, housing crises and more. Casey's senior director in Austin points out the irony of teaching parents how to advocate for themselves. "That's an intentional shift we have made," he says of their staff and then asks the critical question: What if there are not enough resources, and parents' advocacy is not reinforced with success? "It's 'Do you do more for fewer, or less for more?"

Availability of community resources: A shortage of affordable housing affects many of the CPS families in Austin. While Casey may be able to help with a rent deposit or something short term, they do not have a housing program, and workers report that the community does not have much of one either.

There are therapists and parenting classes in the community, but they can't always deliver trauma-informed services. Some parents need more than traditional therapy, and they need it in their native language.

Accessibility of resources: Even when resources are available, they are not always accessible. If a food bank is across town, for example, how easy is it for a single mother of five who has no car to take her children on three buses to get to the food bank, then pack up the food and the kids and take the same three buses back home? "Sometimes I think we talk about accessibility without talking about true accessibility," says a Casey worker.

Mental health resources are particularly difficult to obtain in Austin, yet most parents involved with CPS need these services. Accessing mental health support is so serpentine that workers and families alike find it challenging to navigate. Often a worker will go to intake appointments with families to help them through this process.

Understanding and accessing Medicaid: Medicaid is an essential support for poor families. If children are in foster care, they are automatically eligible for Medicaid. But children served in Casey's prevention program are not in placement. And some working, low-income families are not low-income enough to qualify. Furthermore, Medicaid has little in the way of services for psychiatric evaluation or treatment for children and youth. And Medicaid does not cover undocumented families at all.

## Finding support in native languages

Austin is a majority minority city, with a large Spanish-speaking population. Casey and FBSS have bilingual caseworkers and that helps. But community organizations do not always have enough bilingual workers to meet the need. Imagine what it is like to receive trauma-informed therapy by way of a translator.

The problem is compounded when the language is other than Spanish. A district court judge has three Burmese-speaking families on her docket, and in one of those families, the parents speak different dialects and need two interpreters in court.

#### Supporting undocumented families

Support for undocumented families is a thorny challenge in the current political climate. Casey and CPS both serve undocumented families. The goal of child safety is the same for any family they serve. But undocumented families are not eligible for most publicly funded programs unless they have children who were born in the U.S.

Some undocumented families are reluctant to give any information to CPS staff because they are government employees. Extended family members hesitate to come to family team meetings. Casey workers are mindful about explaining how relatives can support families and come to team meetings without jeopardizing their immigration status. It helps that Casey is not the government. Casey also identifies and contracts with private nonprofits that can support undocumented families, but there are not enough to meet the need.

# Lessons learned: A work in progress

"Even if parents are not functioning at their highest level, if they have support around them, kids can be maintained safely in the home."

- Caseworker, Casey Family Programs, Austin Field Office

It is early in the history of In Home Services, and Casey workers and managers are learning as they go, refining the practice approach along the way. It is intense social work. Casey is aware that self-care is as important for workers as it is for the families they support. The lessons Casey is learning about implementing In Home Services are sprinkled throughout this report. Field office staff mentioned several additional lessons that deserve highlighting:

#### Timeliness of referrals

Both Casey and FBSS recognize the importance of timely referrals. Sometimes Casey does not get a referral until FBSS workers have tried a range of strategies and are "at their wit's end," says one Casey staffer. "There are times we're brought in too late to have the opportunity to make the difference we could have made if we were brought in closer to the beginning of the case."

Several Casey workers cited a case in which a mother, suffering from mental illness, was overwhelmed with the problems of five children, three of them with special needs. She was making progress and might have been able to cope had intensive support services been put in place earlier. But CPS removed all five children.

The goal for this family remains reunification, but they now have a new CPS caseworker and a more rigid set of requirements to meet because the children are in custody. Casey is no longer involved in the case, but staff members still talk about this family. "Nobody doubted that they were bonded and that the kids loved their parents and that the parents really loved the kids," says the Casey supervisor. "It wasn't a case of abuse. It was one of well-being."

Referrals can also be too early, and parental readiness to engage is another key factor in timing. Casey workers engage and motivate parents, but the family must be ready and willing to do the work. If they are not, or if they are too overwhelmed with survival issues or struggling with serious substance abuse issues, for example, they won't be able to focus on the real work of learning to parent safely.

## Timing of CPS case closure

A related lesson is that CPS should not close the case too soon after referral to Casey. Because Casey's services are voluntary, the family could walk away if CPS closes their case before parents have committed to their relationship with Casey. As the field office senior director says, "After CPS closes their case, we have no authority to persuade a family to stay engaged with us if they don't want to." It takes time to help a family walk a new path. In addition, keeping the CPS case open means more time for partnering between Casey and FBSS.

## Addressing the nuances of cultural and racial differences

In cities like Austin with a large multiethnic population, culture and race play a significant role in family safety and support. Parents who grew up without seat belts or infant car seats, for example, may overlook using them now. Casey workers have to balance respect for cultural differences and at the same time explain the laws to families. This is particularly important if the family is undocumented and would certainly be stopped by a police officer if a child were standing up in the front seat.

A Casey worker cited an example of a client from Africa who did not want his teenage daughter hospitalized for depression. In his country, he said, hospitalization was a form of prison. Casey respected this, found her a private therapist, and the father agreed to treatment.

Another Casey worker talked about communities of color and the challenge of making sure the CPS safety plan and Casey's action plan both take into account the organic functioning of extended families. Many families of color include people with minor, often old criminal records. CPS, she explains, has sometimes been known to "safety plan" relatives away with a blanket exclusion of any contact with anyone with any criminal record, which is neither feasible nor realistic in large families of color. This is why, the worker says, it is so important to help parents learn how to keep children safe in family gatherings "without having to change the whole culture of the family." A bottom line is the importance of helping all children in all families learn how to stay safe, no matter their age or who they are with.

# Conclusion: Looking ahead

"Magic can happen with families when you really invest in their own ability to bring resources to the table." - Supervisor, Austin Field Office

"One of my favorite things is being able to sit down at the last visit and really talk with the family about all the work that they did to get to the point where we're ready to close," says a Casey worker. She celebrates when she sees families build their support system and get help from places outside of Casey that will be there after CPS and Casey are both gone. "Families get kind of broken down as they charge through the system," she adds, "so to see them shift back into a full family unit and feel confident to go forward on their own is great."

In the past, prevention of foster care was not a priority focus in most Casey field offices, including Austin. But now, other field offices are interested in expanding in-home prevention work. Austin may add mentoring other Casey field offices to its repertoire. The Boise, Idaho, office is next in line.

"A lot of people think that there's a special sauce that you need to do this work," says Casey's senior director in Austin, but they had no special sauce. They did not add new staff. They just changed the point at which they engaged with families and expanded the intensity of their work with parents and FBSS.

In Home Services is "real social work," says the senior director. It is walking alongside clients to make sure they learn different parenting skills and develop healthy relationships. In Home Services adds new energy to an expanded partnership not only with parents, but also with CPS, the courts and a wide range of community providers. It is light years beyond compliance-focused services or a summary of reports to file in a CPS or Casey folder.

Casey staff members in Austin are high on In Home Services. They light up when they talk about families who succeed. "I've had the fortunate pleasure of working with parents who are really in their place of readiness," says one, "and they just need the resources and the support. To be that bridge for them, to connect them to those resources, and to see them just thrive has been amazing and encouraging." This is what makes social workers get up in the morning and go to work. "It speaks to the values we have at Casey," says the senior director. "It's why we do the work."











