

DRAFT

CORE PRACTICE MODEL

HANDBOOK



WHAT IS THE CORE PRACTICE MODEL?

The Core Practice Model is a deeper way to perform our work with families to promote safety and improve outcomes for children. It encourages families to share their experiences in a supportive, team environment to reveal underlying factors while identifying strengths and underlying needs. This method of practice fosters trust, strengthens community support, and generates insights that lead to more effective service plans tailored to the specific strengths and underlying needs of each family.



For more information, visit
www.GetToTheCore.org

DEAR COLLEAGUE,

We are pleased to share this Core Practice Model Handbook to assist you in your work on behalf of children and families in Los Angeles County.

The Handbook is a brief reference tool for social workers, therapists, and other professionals as we continue expanding Core Practice Model implementation countywide. While not a comprehensive manual to the CPM, the Handbook is intended to be a useful guide with reminders, insights, and tips to help you make a positive difference for the children, families and communities we serve.

The Core Practice Model represents a powerful evolution of our child welfare practice. We thank you for your ongoing commitment and dedication to improving our work together.

Sincerely,

Philip L. Browning
Director, Department of Children and Family Services

Marvin J. Southard
Director, Department of Mental Health

HOW TO USE THIS HANDBOOK:

This handbook is designed to be a useful resource as you carry out the Core Practice Model in Los Angeles County. Some like to ponder and reflect on practice while enjoying a little break; this book fits easily in your purse or backpack.



Add your own tips.

Use this book as a starter and then mark it up. A well-used book is much better than the original. Who knows, your contributions may make it into the next edition!



Share your thoughts.

Talk to others about what works for you, both in the book and in the world. Build your own community of practice where you can bounce ideas off one another.

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CORE PRACTICE MODEL

OVERVIEW

An evolution of our current practice, the Core Practice Model **Prioritizes Child Safety** while emphasizing strengths over symptoms, underlying needs over behaviors, and engaging with families over mere compliance.

For social workers and other staff, the Core Practice Model helps **Foster Trust** and enables more ownership of their work. For children and families, it creates the **Opportunity To Be Heard And Empowered** that is grounded in strong community support.

Together, this approach shows great promise in increasing family unity, promoting child safety and permanency, and providing **New Hope For Healing And Recovery.**



CORE PRACTICE MODEL

BUILDING BLOCKS



1

ENGAGEMENT

- Listens with Openness
- Respect, Trust & Empathy
- Honors Voice & Choice

2

TEAMING

- Formal & Informal Support
- Shares Ownership of the Plan for Change
- Child & Family at the Core

3

ASSESSING & UNDERSTANDING

- Strengths, Needs, Skills, Motivation for Change
- Trauma-Responsive
- Encourages Self-Advocacy

4

PLANNING & INTERVENTION

- Services Tailored to Underlying Needs
- Measureable Goals, Understood By All
- Families Own Their Plan

5

TRACKING & ADAPTING

- Right People, Right Resources, Right Timing
- Evolves Over Time
- Plans for Time After Child Welfare System

SAFETY

IN ALL THE WORK WE DO, THE SAFETY OF THE CHILD AND FAMILY MUST REMAIN AT THE FOREFRONT.

Here are some ways that we focus on keeping children safe in all elements of the Core Practice Model:

Transparency and full disclosure. We communicate clearly about worries among the family and the agency. Building our partnership from shared goals helps keep children safe.

Teaming with people who know the child, youth, and family. Building rapport with team members as well as the family means more people are looking out for the children – including those who know the safety issues in the family. Building a ‘village’ and safety net pays off, even when we are not around.

Working the team agenda. The team agenda addresses child safety in multiple areas:

- **Non-negotiables** make clear that child safety is the bottom line, and help the team understand what must happen to keep children safe and families together.

- **Strengths-Worries-Needs.** Focusing on strengths gives hope that the youth or family can overcome this moment in time. Moving on to worries allows the entire team to talk about safety worries for the family. Keeping this element in the agenda and sharing the language of worries also makes it more likely that stakeholders will act if they believe the family is unsafe.
- **The plan.** The plan should be based on the underlying needs in the family (starting with the children) that, if met, would improve child safety and functioning. As part of the plan, teams often spontaneously create a circle of support that gives the family people to call for assistance when things get difficult.
- **What Could Go Wrong?** The “WCGW” part of the meeting focuses on the realities that may prevent the plan from succeeding. In this section of the meeting, the team agrees on how to intervene to keep the child safe.

Ongoing engagement and teaming. This allows the worker and team to track when things go well and when times get tough. Tracking and adjusting is central to our work, so the ongoing meetings – which are always focused on safety – allow the team to deepen their commitment to child safety as well as their ability to support the family after the case is closed.

NON-NEGOTIABLES

Non-negotiables are the most critical and fundamental elements of the Core Practice Model that must be respected throughout every case. These should be minimal to allow the family team to generate ideas within the brainstorming part of teaming and planning work. CSWs and other staff should know the non-negotiables for each case, through consultation with the SCSW and input from any transferring staff (ER, DI, prior worker, etc).

Adherence to court orders is a key non-negotiable. The team or worker or parent may decide or agree to return to court to get court orders changed, but for now the team members must all uphold what the court has ordered for the family. Of particular importance:

- Custody and contact/visitation orders
- Orders related to Substance Abuse and Intimate Partner Violence

When there are no court orders, state the safety standards that the agency is going to set.

These could include:

- The children cannot be cared for by anyone under the influence of drugs or alcohol
- The children cannot be left alone without adult supervision
- The children must be free from physical harm
- The children's medical needs must be met (for medical condition-related referrals)

The final non-negotiable is always, *the children must be safe.* Facilitators should enlist the family and team to support this goal, possibly by saying:

“Can we agree that we will respect these non-negotiables and that we will not make a plan that would endanger these children? At the end of our team meeting, we are planning in a way that meets these standards.” (This can happen during the “What could go wrong?” section of the team meeting.)

UNDERLYING NEEDS

Identifying and addressing the underlying needs of children and families is fundamental to our practice. Underlying needs are what **drive the behaviors** that often worry or challenge us. In many cases, challenging behaviors are the **symptoms of unmet needs**. In order to be effective, case plans must be individualized and directly address the needs of a child and family – not just the behaviors.

WHEN
CONFRONTED WITH
A CHALLENGING
BEHAVIOR, ASK
YOURSELF: "WHAT
UNDERLYING NEED
MIGHT BE AT
WORK HERE?"

Needs often revolve around **SAFETY** (children need to feel emotionally and physically safe), **WELL-BEING** (children may need to talk about their fears or losses) and **PERMANENCY** (children may need to feel like they can stay in their home for good, along with a caring adult.)

NEEDS ARE NOT BEHAVIORS, AND NEEDS ARE NOT SERVICES.

For example, acting out at school is a **behavior**. Addressing an undiagnosed learning disability that prompts the behavior may be a **need**.

In another example, counseling is a **service**. It may help meet a need by giving a child a safe place to express her feelings – **but counseling itself is not the need**.

How can we identify underlying needs? It all starts with **engagement**. Be genuinely curious! **Ask skillful questions** and **listen with openness** – these are key to uncovering the strengths and underlying needs of the youth and family. Exploring hunches to reach a shared view is also important.

Remember: you don't have to have all the answers! When we team with youth and families and their supports, we can *all* work to identify underlying needs, and brainstorm individualized plans to meet them.

By partnering with others to identify and respond to underlying needs, families are more likely to enjoy safer and longer-lasting outcomes that help children thrive.

QUESTIONS TO HELP THE CONVERSATION

QUESTIONS FOR CHILDREN:

Tell me about your best day ever.

What happened that day that was different or better than usual?

Who was there? What was everyone doing? *(Can help identify additional supports)*

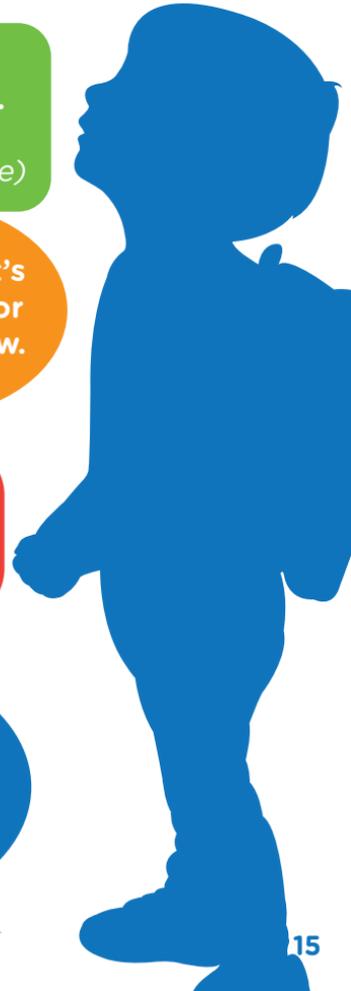
Tell me what you were doing. *(Gets to personal strengths and interests)*

Tell me what you like best about your family. *(Identifies what we want to keep or re-create)*

Tell me what's going well for you right now.

Tell me what you might be worried about right now.

What advice can you give me on how to do my best work with you and your family?



QUESTIONS FOR OLDER YOUTH:

Tell me about what you're best at. How often do you get to do that? Are there ways that I can support you in getting more (training, opportunities, freedom) to keep doing what you love?

Tell me how we can best work together.

You have a lot of responsibility. What would you most like someone to 'take off your shoulders'?

What are some decisions you get to make on your own right now? What decisions, if any, do you think you should be more or less involved in?
(Establishes a discussion about family voice and choice, and opens door to working together on important decisions.)

How do you think adults in your life view you? What else would you want them to know about you? *(Builds to ways that youth can take control of their relationships and network.)*

Share with me who you trust the most to give you good advice. *(Builds to a circle of support.)*

What advice can you give me on how to do my best work with you (and your family)?

If you were to build a team of people to help you, who would you put on that team? *(Builds team list and resources.)*



QUESTIONS FOR PARENTS AND CAREGIVERS:

From your standpoint, what is going the best for your (child) right now?

What has your child told you about what he/she likes about his/her life right now?

Tell me what your child is looking forward to right now.

How does your child seem to be doing with (her/his therapist, her/his school, etc.)?

What are some of the things that are difficult for (him/her) right now?



TIPS FOR WHEN YOU GET STUCK

WHEN A FAMILY IS SO ANGRY THAT THEY DO NOT WANT TO PLAN OR TEAM WITH YOU:

 **First, listen.** Hear their perspective, reflect back to show you are paying attention, and use your best listening skills to help the person or family feel heard. (*Engagement.*)

 **Lower the temperature: talk quietly and at a pace that is calming (not condescending, but calming).** Find points of agreement, ask for ideas, and above all, have your body language show that you are listening openly. (*Engagement.*)

 **Then, listen again. Repeat what you heard as the major points and make sure you heard correctly.** Empathize with the emotions that are expressed and find ways to reinforce that you can see strengths in the youth or family. “I know this must be really frustrating for you and your family. You obviously care a lot about what is happening.” (*Engagement and Assessing & Understanding.*)

 **When the temperature is a little lower, invite the family to think about what help would look like to them.** Bring forward some of the worries they have shared and help them envision having help from friends, family, and professionals in coping with this situation. (*Teaming.*)

 **Leave them thinking about a solution. Give people permission to think about it and let you know how it could work for them.** Empowering people to make decisions that impact their lives is at the core of the Core Practice Model. (*Teaming.*)

 **You have not failed... you have just been temporarily derailed.** Continuing to offer support and empowerment is the key to building trust — allowing people to make their decision in their time is true respect. Keep it going.

 **What's your tip?**

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TIPS FOR WHEN YOU GET STUCK:

WHEN A FAMILY OR YOUTH TELLS YOU THEY HAVE NO ONE TO INVITE ONTO THEIR TEAM, OR THEY ARE TOO EMBARRASSED TO ASK:

 **Empathize with how it must feel to wonder if you have any support or anyone you can trust** – especially in a moment of crisis. Leave room and space for their ideas and thoughts as you speak together. (*Engagement.*)

 **Invite reflection:** When was a time when you *did* have support or people who would come out for you? What was that like? Who was there? (*Engagement and teaming.*)

 **Offer to help them ask their children to think of someone to help, or to reach out to someone where the bridges were burned.**

Emphasize that you will not share case details, but that you will share the family goal and seek some way to get people together for support. (*Teaming.*)

 **Make finding supports a part of your offer to help.** Teaming can be used to identify ways for children, parents and youth to build up a depleted network. It's okay to start with a small team consisting of the individual/ family and a few professionals, and then build up the circle of support. The agencies involved can help, as well.

 **What's your tip?**

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TIPS FOR WHEN YOU GET STUCK:

WHEN YOU ARE COMPLETELY OVERWHELMED WITH THE TRAUMA AND HISTORY AND CIRCUMSTANCES OF THE FAMILY:



Take a deep breath. Oxygen helps.



Listen not only for loss, but for resilience.

Many families tell us of loss and trauma from the past. In telling us these stories, they are also sharing what they have survived.



Remember that although you and the youth cannot rewrite the past, you can help them write the future. With the support of a team that has resources and commitment, this may be the turning point that this child, youth, or family has dreamed of.



Create rituals to return to your own, real life.

When work is done, take a moment to center yourself before returning to your life. This can include working out, yoga, meditation, a walk, a bike ride, music, art or poetry. It can even be as simple as taking the long way home to catch sight of something beautiful to you.



Remember: you are making a difference.

Your presence matters, and you deserve to take care of yourself and your emotional and physical health at the end of a draining day. This is self-care, and will help you as you continue to work with families.



What's your tip?

HOW AM I DOING?

WAYS TO SELF-ASSESS MY WORK WITH THIS FAMILY:

Engaging

- ✓ Did I listen with openness?
- ✓ Did I nurture honest dialogue?
- ✓ Did I help find and build connections to support the child or youth?
- ✓ Did I explore relationships that may impact the child's/youth's safety and well-being?
- ✓ Did I ensure connection and support?

Teaming

- ✓ Did I help the family identify and build natural supports?
- ✓ Was I affirming of the child/family/youth by valuing their unique strengths, experience, goals and culture?

- ✓ Did I link the child/family/youth to supports or advocates?
- ✓ Did I show the caregiver respect and offer resources to assist them in their role?
- ✓ Did I facilitate sharing of important information across all parties?

Assessment

- ✓ Did I promote self-advocacy and empowerment in finding solutions, planning, and decision-making?
- ✓ Did I listen for loss?
- ✓ Did I use the cultural lens to honor the family culture?
- ✓ Did I assess the need this child/youth/family may have for coaching?
- ✓ Did I normalize the family needs and incorporate their perspective in my casework and documentation?
- ✓ Is it possible any biases are impacting this family's service or results?

RESOURCES

TEAM-DRIVEN **STRENGTH-BASED**
FAMILY
CENTERED **SOLUTION**
CULTURALLY **FOCUSED**
SENSITIVE
TRAUMA RESPONSIVE
OUTCOME
ORIENTED



C P M

AN EVOLUTION OF PRACTICE
IN LOS ANGELES COUNTY

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