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Informational Letter

Transmittal:	05-OCFS-INF-01
To:	Voluntary Authorized Agencies and Local Departments of Social Services
Issuing Division/Office:	Division of Development and Prevention Services/ Office of Regional Operations and Practice Improvement
Date:	February 17, 2005
Subject:	Safety and Well Being of Children in Congregate Care
Suggested Distribution:	Directors of Services, Foster Care Caseworkers, Executive Directors, Training Coordinators, Social Workers, Child Care Staff
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Attachments:	Suggested Resources and Bibliography
Attachment Available On – Line:	Yes

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
04-OCFS-INF-07			SSL Sections 412, 413		

I. Purpose

The purpose of this INF is to share information and recommendations across the Office of Children and Family Services (OCFS) and with local departments of social services and voluntary authorized

agencies regarding techniques and strategies for improving the safety and well being of children in congregate care. These recommendations are based on the work of the New York State Child and Family Services Review Program Improvement Plan (CFSR PIP) Strategy Workgroup regarding the Safety and Well Being of Children in Congregate Care. This workgroup was comprised of representation from OCFS, local departments of social services and voluntary authorized agencies. Its charge was to identify ways to support staff development and training in order to improve staff/child interactions and reduce instances of crisis intervention. This document will share both recommendations and options available for consideration to enhance the safety and daily well being of those children in the care of local districts, voluntary authorized agencies and OCFS.

II. Background

In 2001, the federal Administration for Children and Families (ACF) conducted the Child and Family Service Review (CFSR) of New York State's child welfare practices and programs. ACF's final report, issued in January of 2002, presented the findings, including areas in need of improvement. The result was New York State's Program Improvement Plan, commonly known as the PIP. The PIP is both a response by the NYS Office of Children and Family Services (OCFS) to the federal review and a blueprint for future action. As a blueprint, the PIP has set forth targeted strategies, each with detailed action steps to achieve ongoing quality improvement in the state's child welfare practices, services and outcomes. Each of the strategies addresses more than one review item, national standard, or systemic factor noted in the federal review. Within each core strategy is a series of action steps designed to achieve the intended impact of the strategy. Strategy #3 focused on the Safety and Well being of Children in Congregate Care. Within this strategy, New York has committed to undertake a set of actions designed to enhance the ability of residential programs to provide the best possible programming and supervision for children and youth, addressing their safety, developmental, and treatment needs. The intended impact of the actions undertaken is to improve the daily lives and well being of children in congregate care, while simultaneously reducing the incidence of maltreatment of children in congregate care. This goal will be achieved by improving the capacity of staff in congregate care agencies to provide supportive supervision and guidance, resulting in increasingly positive interactions, and ultimately fewer crises and confrontations with children in their care.

OCFS, local districts and voluntary authorized agencies continually seek ways to strengthen their partnership in caring for many of New York's most vulnerable yet challenging children. It is of the utmost importance that these children are treated with compassion and respect, and that their needs are met in safe, nurturing and supportive environments. The goal is to help them learn to function as independent and productive members of our families and communities. To that end, this strategy puts forth for your consideration, the following set of integrated recommendations and options.

III. Program Implications

RECOMMENDATION #1:
CONTINUOUSLY IMPROVING COMMUNICATION BETWEEN STAKEHOLDERS

New York State is one of only twelve states that provide child welfare services in a state supervised and locally administered environment. Local departments of social services may provide foster care directly or through contracts with voluntary authorized agencies, provide residential services for an

increasingly challenging population of children and youth in need of congregate care. Communication between stakeholders, including OCFS, local districts, agencies, the children in residential care and their families, must be clear, consistent and ongoing in order to achieve the best possible outcomes for children and families. Several of the CFSR PIP strategies are developing innovative solutions to enhance the ability of stakeholders to share information, and to plan together for treatment goals and successful discharge outcomes for children in congregate care. This INF recommends and supports the following practice guidance documents and initiatives within child welfare practice:

- The Adolescent Services and Outcomes Practice Guidance Paper released as 04-OCFS-INF-07
  This document provides guidance and a recommended framework for practice for child welfare service providers who work with adolescents in foster care. It is essential that local districts and voluntary authorized agencies embrace this tool in treatment and discharge planning guidance for adolescents to assist them in achieving self sufficiency skills and permanency outcomes. The provision of developmentally appropriate programming designed to achieve clear outcomes will enhance the well being and safety of children in congregate care.

- CONNECTIONS Enhancements
  CONNECTIONS Build 18 will provide the framework for improved ease of access to case planning and other essential information by staff that are involved in a case and have a clear need to know such information. As New York moves to full SACWIS implementation, local districts, and voluntary authorized agencies will have immediate shared access to essential case information in order to plan, implement treatment strategies and move forward together to better meet the needs of children and family. Full implementation of Build 18 will be a significant step to improving communication, case planning and shared access to essential information among all stakeholders in the lives of children in congregate care settings in order to improve safety and well being.

- DATA WAREHOUSE
  The development of the DATA WAREHOUSE is a key component to the sharing of essential case information among stakeholders. The DATA WAREHOUSE is an existing electronic resource that facilitates access to child welfare data. The availability of training for this resource, and immediate access to district, agency and case specific reports and information will support informed placement decisions for children in congregate care matching identified needs with available services and thus improving outcomes.

RECOMMENDATION #2:
IDENTIFICATION OF SIX THEMES LEADING TO INCREASED SAFETY AND WELL BEING IN CONGREGATE CARE

The Child Welfare League of America received funding from the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to conduct a multi year research study of the factors influencing safety and well being of children in congregate care. The result was the development of a roadmap to assist agencies attempting to reduce the numbers of high-risk interventions. CWLA presented their findings in an issue brief entitled: *Reducing the Use of Restraint and Seclusion; Promising Practices and Successful Strategies.* CWLA has developed a comprehensive set of resource materials and technical assistance designed to improve practice in the

area of behavior management, crisis prevention, de-escalation and intervention. The Strategy Workgroup embraces the findings and recommendations of CWLA in the identification of the following themes. Additionally, OCFS will take steps to support agencies in their consideration of these themes as a model for organizational development.

1. LEADERSHIP

Supportive leadership is one of the most critical components in aiding the elimination of unnecessary incidents of restraint. To be effective, supportive leaders must identify this endeavor as a top priority, set a tone, take responsibility, maintain accountability and provide modeling and coaching to their staff.

2. ORGANIZATIONAL CULTURE

In order to successfully reduce the use of unnecessary restraint, an organizational culture must be developed where the needs of the client are the priority, staff members are empowered, and families and youth are actively involved in every aspect of treatment and care. This person–centered environment identifies the needs of the resident as the focal point of all aspects of care. The emphasis shifts from control of residents, to collaboration between residents and staff to foster a therapeutic and safe environment.

3. AGENCY POLICIES, PROCEDURES AND PRACTICES

Policies and procedures should prescribe practice for staff, and identify needed resources. Policies and procedures must clearly define what constitutes dangerous behavior, and which emergency situations may be appropriate for consideration of a physical intervention. Policies and procedures must support the need for constant feedback and communication. Mission statements and philosophies must communicate the agency's commitment to eliminating the use of unnecessary physical intervention.

4. STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

Agency staff members are most successful when they are confident that they are receiving adequate support, opportunities for practice, training refreshers, and proper supervision. Resources must be made available to enable staff members to master prevention and de-escalation techniques, provide culturally sensitive care, incorporate trauma awareness into the continuum of case and emphasize teamwork and partnership. Frequent refresher training is essential to minimize training drift. Ideally, training should include:

- Needs and behaviors of population being served
- Relationship building
- Alternatives to restraint
- De-escalation
- Avoiding power struggles
- Thresholds for restraint
- Physiological effects of restraint
- Monitoring physical signs of distress and obtaining medical assistance
- Legal issues
- Positional asphyxia
- Escape and evasion techniques

- Time limits (related to restraint and seclusion)
- The process for obtaining approval for continued restraint and seclusion
- Procedures to address problematic restraints
- Documentation
- Processing with children
- Follow up with staff
- Investigation of complaints and injuries

5. TREATMENT MILIEU

The treatment milieu sets the tone for an agency by establishing an environment that encourages and demands safety, while providing a routine and predictable environment. The milieu should provide children and youth with opportunities for developing the skills necessary to appropriately manage their own behavior. A successful treatment milieu will incorporate trauma-informed knowledge, provide a predictable structured routine, and support the concept of self-management by providing opportunities for the child to learn and practice skills that eventually eliminate the need for external behavioral interventions. Trauma occurs when a child's internal and external resources are inadequate to cope with an overwhelming event. Trauma affects the way a child thinks, learns, and remembers as well as the way the child feels about other people and attempts to make sense of the world around him/her.

6. CONTINUOUS QUALITY IMPROVEMENT (CQI)

Agencies committed to delivery of quality services will establish processes for monitoring performance, reviewing policies and procedures, evaluating services, documenting and examining outcomes and using the results to continuously improve practice.

RECOMMENDATION #3:
IDENTIFICATION OF PROMISING RESIDENTIAL PROGRAM MODELS DESIGNED TO IMPROVE SAFETY IN CONGREGATE CARE

There are numerous variations and combinations of medical, clinical and service needs of children and youth in residential care. However, evidence is growing that shows certain program models to be effective in increasing the safety of both residents and staff at residential agencies. Three of these models are identified for consideration. Any such model implemented in New York State must comply with all applicable statutory standards and OCFS regulations. The identification of these models does not imply a guarantee of success nor does it include a comprehensive cost estimate for implementation. Rather, the models have been identified for their emphasis on shifting the responsibility for residents' behavior away from external control by staff and onto increasing children's ability to make better choices for their decisions and behavior. As an alternative to focusing on staff to provide an external control mechanism for children's behaviors and choices, these models are strength based and place varying emphasis on empowering children in residential care to recognize and make better choices for themselves. (Additional resources for further detail on the identified modes and suggested contact information is contained in the attached Bibliography.)

- THE SANCTUARY MODEL
  Dr. Sandra L. Bloom and her colleagues developed The Sanctuary Model in order to assist people who were recovering from traumatic life experiences. The fundamental component of the

Sanctuary model is the creation and maintaining of a non-violent, democratic community in which children and youth are empowered as decision makers who can influence their own lives and their immediate community or residence unit. Each member of this community shares responsibility for the safety and well being of other residents and staff alike. There is a system-wide commitment to non-violence as an essential component of therapeutic services for people who have experienced the trauma of interpersonal violence. (Traumatic experience could be in the form of child abuse or neglect, criminal acts, medical trauma, catastrophic events or other similar life changing events.) The key tenet is that children are not bad, sick, weak or impaired, but rather that they have been injured and are capable of receiving help, and helping themselves as well as others around them. In this model, individualized safety plans are developed for each child, staff member, and the community as a whole. Each unit or community develops a Mission Statement, and holds regular ongoing meetings to monitor progress, and to support movement through four overlapping stages of recovery. These stages are called SELF and refer to safety, emotions management, loss and future. The ultimate goal of the Sanctuary model is to help individuals prepare for future experiences without resorting to past behaviors that are harmful or destructive to themselves or to others.

The Sanctuary Model has been implemented at several agencies within New York State.

- THE GIRLS AND BOYS TOWN MODEL
  The Girls and Boys Town Model has been developed and refined over a period of more than fifteen years. This model is designed specifically for children and youth who suffer from a combination of behavioral and psychological disorders and is called the Girls and Boys Town Psychoeducational Treatment Model, commonly referred to as PEM. The model combines social skills instruction with traditional intervention methods to improve treatment quality, reduce negative behavior and to build on the child's strengths. The modes focuses on teaching the child social, academic, independent living and self control skills. The model maintains an emphasis on "catching kids being good" and teaches interactions that praise and reinforce positive behavior. The model stresses the need to teach youth how to replace problem behaviors with appropriate ones and techniques to regain self-control during a crisis. The model also offers an opportunity to integrate a structured motivational system into existing programs.

  The Girls and Boys Town Model has been implemented at select agencies within New York State.

- THE NATIONAL CHILD TRAUMATIC STRESS INITIATIVE (NCTSI)
  The National Child Traumatic Stress Initiative is funded through SAMHSA. This initiative defined trauma as a potentially overwhelming psychological condition that occurs when a person has witnessed or been directly exposed to life threatening events, serious harm or relationships in which there is repeated physical or sexual abuse. In children and youth, witnessing violence against family members, and experiencing out of home placements are also traumatic stressors. In response to the challenge of providing comprehensive and effective treatment to children suffering from the effects of trauma, twenty six sites throughout the country have been selected that will identify, adapt, improve and deliver effective treatments and services to traumatized children and youth. A commitment has been made to develop and test a curriculum for individuals providing residential child-care to traumatized children and youth.

Trauma theory and research was instrumental in the development of the Sanctuary Model and holds much additional promise for the future in continuing to improve the safety and well being of children in congregate care.

OCFS and its partners are committed to continue to monitor the emergence of promising practices in the field of residential child-care. Information on evolving program models and practice will continue to be made available through training and other opportunities. The second phase of the CFSR Program Improvement Plan seeks to develop an initiative designed to support agencies in the consideration and possible implementation of the materials presented in this INF.

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