

CHILD PROTECTION BEST PRACTICES BULLETIN

Innovative Strategies to Achieve Safety, Permanence, and Well-Being

Well-Being Checklists

What is my ROLE...

As a **JUDGE**, you would use the Well-Being Checklists to inquire at permanency hearings, judicial reviews, and other events about the well-being issues that concern you. You would direct your questions to caseworkers, advocates, youth, parents, and foster parents.

As **COURT STAFF**, you would ensure that written orders include items from the Well-Being Checklists discussed at Court events.

As a **CASEWORKER**, you would use the Well-Being Checklists as a guide for assessments, planning activities, various interactions with parents, foster parents, and the child or youth, and in preparing reports for the Court.

As a **CHILDREN'S COURT ATTORNEY**, you would use the Well-Being Checklists in your discussions with caseworkers and to present the findings and recommendations about the child's well-being in an informed manner.

As a **COURT-APPOINTED ATTORNEY**, you would use the Well-Being Checklists to ask the appropriate questions and advocate for the services and supports necessary to promote the well-being of your child or respondent client.

As a **CASA VOLUNTEER**, you would use the Well-Being Checklists to guide your advocacy work, identify gaps, and to help link children and youth to the services and supports needed to ensure their well-being. You would use the information gathered in making your recommendations to the Court.

As a **CRB MEMBER**, you would use the Well-Being Checklists to guide those components of your review that specifically concern the well-being of the child and family. You would document your observations and recommendations in the CRB report.

What are Well-Being Checklists?

Of the three outcomes pursued in the realm of child welfare – *safety, permanency, and well-being* - well-being is probably the least concrete and certainly the hardest to measure. For safety and permanency, there is a body of law and policy and a number of concrete performance indicators, while well-being exists in the domain of values and is clearly less well-defined. Engaging in the pursuit of well-being means that first we must articulate and create consensus about the meaning of well-being. Second, we must create tools to assist all participants in the child welfare system to engage in the pursuit of well-being for children and families.

For purposes of creating definition and consensus, well-being in the child welfare system can be understood to require:

- Preserving connections and the continuity of family and other relationships for children
- Increasing the capacity of families to provide for their children's needs
- Ensuring that children receive quality services to meet their physical health needs, including dental and eye care
- Ensuring that children receive quality services to meet their mental health needs
- Ensuring that children receive appropriate services to meet their educational and developmental needs
- Facilitating the transition of young people exiting foster care into healthy adulthood
- Attending to the special needs of children and families when substance abuse is involved

Well-Being Checklists, as proposed here, are tools that list questions related to each of these seven parameters. The Checklists serve to focus attention on key activities and events, and should be used by virtually everyone who works with children and families.

What is *current practice*?

Currently, there is no standardized statewide practice in terms of guiding and reviewing efforts to achieve child and family well-being. There are Quality Assurance Reviews within the Children, Youth, and Families Department that monitor the three well-being outcomes required of the Child and Family Services Review (CFSR). Federal CFSR well-being outcomes are: (1) Families have enhanced capacity to provide for their children's needs; (2) Children receive appropriate services to meet their educational needs; and (3) Children receive adequate services to meet their physical and mental health needs. These three outcomes are included in the Well-Being Checklists. Court Appointed Special Advocates (CASA), Citizen Review Boards (CRB), Guardians ad Litem (GAL) and Youth Attorneys (YA) diligently look after the best interests of children, including their well-being. These efforts, however, are not coordinated at this time; and there is no uniform definition or approach in terms of what constitutes well-being.

What is *best practice*?

Best practice means extending the responsibility for achieving well-being outcomes to the larger community of individuals and agencies involved in the child welfare system. Best practice involves judges, attorneys, social workers, service providers, child advocates, and others who work with children and families, focusing on and diligently tracking the efforts being made to pursue well-being. Best practice means using the Well-Being Checklists to guide our work and to direct our review and oversight in a manner which is coordinated and consistent.

What are the advantages of *Well-Being Checklists*?

The Well-Being Checklists identify key questions to help elicit important information that will benefit the health and well-being of the child or youth. Addressing the well-being of children and youth in foster care early on can help strengthen families and enhance permanency. The Well-Being Checklists allow all participants to work towards achieving outcomes related to preserving connections, enhancing the capacity of families to care for their children, ensuring that services are available to meet the health, mental health, educational and developmental needs of children and families, and securing transitions to adulthood for older youth.

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WELL-BEING CHECKLISTS

PRESERVING CONNECTIONS

- √ Is the child placed in the least restrictive, most family-like setting, appropriate to his/her needs? Is the child placed with relatives?
- √ Is the child living near his/her parents? Is the child living with his/her siblings? Is the child living near his/her school?
- √ Does the child visit regularly with his/her parents and siblings?
- √ What efforts are being made to preserve connections in terms of friends, religious communities, and cultural connections?
- √ Does the foster care provider have the information needed to help preserve connections?
- √ If the child is Native American, is he/she placed in accordance with ICWA (Indian Child Welfare Act) placement preferences?

ENHANCING FAMILY CAPACITY TO PROVIDE FOR THE CHILDREN

- √ Were the parents' and child's needs thoroughly assessed?
- √ Did the parents have an opportunity to participate in treatment planning?
- √ Did the child have an opportunity to participate in treatment planning?
- √ Was the family's cultural background considered in treatment planning?
- √ Have services been identified to achieve case goals? Are they being provided?
- √ Are there any co-occurring problems (e.g., substance abuse, domestic violence, mental health problems)? Are they addressed in the treatment plan?
- √ Are there indications that case goals are being met?
- √ Is the caseworker periodically visiting with the child?
- √ Is the caseworker periodically visiting with the parent(s)?
- √ If the child is nearing permanency, is there a plan to continue needed services for the child (and parents, if appropriate) after custody is dismissed?

SERVICES TO MEET PHYSICAL HEALTH NEEDS

- √ Did the child receive an initial screening (EPSDT)?
- √ Are the child's immunizations up to date?
- √ Has the child received a hearing and vision screening?
- √ Has the child been screened for communicable diseases?
- √ Has the child received regular health assessments?
- √ Has the child received medical treatment, if needed?
- √ Has the child received regular dental care?
- √ Are the child's health records current and in the case record?
- √ Do the foster parents have the child's current health information?
- √ Does the child have a primary care physician or health center to go to for "well-child" care and medical treatment?

SERVICES TO MEET MENTAL HEALTH NEEDS

- √ Has the child had a mental health screening and assessment?
- √ Does the child's treatment plan include mental health recommendations/referrals?
- √ Has the child received mental health treatment, if needed?
- √ Are the child's mental health records current and in the case record? Do the foster parents have current information?
- √ If the child is taking psychotropic medications, do these prescriptions meet red flag criteria for review?

SERVICES TO MEET EDUCATIONAL AND DEVELOPMENTAL NEEDS

- √ Did the child receive a developmental and educational assessment upon entering foster care?
- √ Has an educational decision-maker been designated?
- √ Is the child enrolled in an early childhood program, if applicable?
- √ Is the child eligible for an Individualized Education Program (IEP)? Is the child participating? Are the parents, foster parents, and case worker participating? Is the child receiving special education services?
- √ Are IEP goals being addressed? Is the IEP coordinated with the treatment plan?
- √ Are other education supports (tutoring, after-school programs, speech therapy, etc.) being provided to the child, if needed?
- √ Are the child's education records current and in the case record, including the Individualized Education Program and the Next Step Plan, if applicable?

OLDER YOUTH AND TRANSITION

- √ Is there a Transitional Living Plan (TLP)? Is the young person involved in transition planning?
- √ Does the TLP address education (obtaining a diploma, vocational training, post-secondary education), career exploration, employment, and safe and stable housing?
- √ Does the TLP address possible mentors and other avenues to create a social support network?
- √ If the youth will be transitioning to adult protective services or other adult services are needed, is that addressed in the TLP?
- √ Is the TLP coordinated with the youth's IEP, if applicable? Is the TLP coordinated with the youth's Next Step Plan?
- √ Are independent living services being provided to the youth? Is training being provided in daily living skills; budgeting and financial management skills; substance abuse prevention, and preventive health activities such as smoking avoidance, nutrition education and pregnancy prevention?

PARENTAL SUBSTANCE ABUSE AND TREATMENT

- √ What are the details about the substance abuse problem? Does the parent acknowledge the problem? What is the parent's perception of the impact of the problem on the child?
- √ Are there family members who are available and willing to help? Can they care for the child?
- √ What substance abuse treatment is needed and what is available? What additional treatment and services are needed by the family (housing, transportation, etc.)?