

The Four Phases of the Helping Skills Model

Phase #1: The Preliminary or Preparatory Phase:

The **goal** of this phase is for the Child Welfare Professional to **prepare for the work with the family**. This requires being clear in one's own mind about the specific outcomes that will be achieved in the work and developing a plan for how that work will be accomplished.

During the preparation phase, the Child Welfare Professional fulfills the **mission** in this way:

Safety: Thinking about what sort of safety plan might be needed based on the known referral information and from any past documentation on the family.

Permanency: Making a mental note to collect important demographic information about the birth parent (including absent fathers) and extended kin network resources.

Well-being: Learning/knowing about community resources that are available in the neighborhood which will support the children's physical, emotional and educational needs.

These are the **tasks** we must complete in order to be prepared to begin the work with the family:

- 1) Use Tuning in to Self skills to get in touch with your own feelings about working with this client/family in this context.
- 2) Use Tuning in to Others skills to consider how the client/family may feel about working with him/her as a client in the child welfare system.
- 3) Know the legal mandates, policies and procedures that impact on this case.
- 4) Know how to greet the client, in a way that shows respect for the client's cultural background and traditions.
- 5) Consider safety concerns (own and child's) and develop contingency plans.
- 6) Plan for engaging the client/family from the collaborative, strengths-based perspective and know how to discuss your mandated authority.
- 7) Have supervisory support for proceeding with your plan of action.
- 8) Gather required resources (forms, paperwork, car seats, directions to the home, etc.)

The Four Phases of the Helping Skills Model (continued)

Phase #2: Beginning or Contracting Phase:

The **three goals** in this phase are:

1. **Engage the family in the work by establishing a collaborative partnership** through which we will work together with the parents/guardians to protect the children from abuse and neglect.
2. **Assess the need for behavioral and physical changes (within the family) to provide safety, permanency and well-being for the child(ren).**
3. **Contract with the family about how these changes will be made**, having them agree to be a client and establishing a plan with them to make these changes.

Engaging the Family

During the engagement process in the Beginning Phase, the worker fulfills the **mission** in this way:

Safety: Identifying what the family is already doing to provide safety for their children (using the strengths-based approach); talking to the parents about their responsibility for safety and enlisting them as partners with you in assuring the safety of their children through creating any required safety plan.

Permanency: Stressing the importance of permanency planning with the family, including concurrent planning (creating a “Plan B” which preferably uses kin resources if the parents are unable to assure safety in their own home).

Well-being: Identifying what the family is already doing to meet the needs of their children related to well-being.

These are the **tasks** we must complete to engage the family:

1. Locate the client.
2. Greet the client in a way that shows respect for the client’s cultural background and traditions.
3. Introduce yourself in a way that explains the purpose of the contact and your role in words that are clear, easy to understand and non-threatening.
4. Reach a common understanding (not necessarily agreement) about the purpose.
5. Encourage the client/family to express feelings and concerns about the agency’s involvement and address those concerns.
6. Communicate the commitment to work “with” the parents in partnership to provide timely safety, permanence and well-being for the children.
7. Get client/family agreement to be a client of the agency (or use protective authority as needed to require involvement).

The Four Phases of the Helping Skills Model (continued)

Assessing the need for change

The **types** of assessments include:

1. Safety
2. Risk
3. Strengths and resources
4. Motivation to change
5. Family dynamics and level of family functioning
6. Child development
7. Individual level of functioning

During the assessment process in the Beginning Phase, the worker fulfills the **mission** in this way:

Safety: Carefully assessing threats to the children's safety and creating a plan with the family to eliminate or significantly reduce those threats.

Permanency: Assessing the parent's and extended family's commitment to permanence and their resources to assure it within the kinship network.

Well-being: Assessing where the children's well-being might be at risk as well as the resources within the kinship network and community for meeting those needs.

These are the **tasks** we must complete to assess safety and risk within the family:

1. Identify the types of assessment that are needed (especially safety and risk).
2. Explain the assessments to the client/family in non-technical, easy-to-understand terms.
3. Identify who will complete the assessment (by referral to other professional or by the caseworker?)
4. Get agreement to participate in the assessment or use protective authority as needed to complete the assessment (to assure child safety).
5. Conduct the assessments per protocols:
 - a. Identify what the signs of safety are.
 - b. Identify what the threats to safety are.
 - c. Identify what the risks are.
 - d. Identify what the family's offsetting strengths and resources are.
 - e. Identify what changes are required to assure safety, permanency, and well-being.
6. Refer the family for assessments to be completed by other professionals
7. Receive and review those assessment reports, reviewing the assessment findings with the client/family and checking for mutual understanding and perceptions.
8. Document the assessment findings in the record.

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Planning with the family about how changes will be made

The **types** of planning are:

1. Safety
2. Service Planning
3. Permanency Planning
4. Concurrent Planning

During the planning process of the Beginning Phase, the worker fulfills the **mission** in this way:

Safety: Developing a Safety Plan with the family and reviewing/updating it at every contact, working to assure the child's safety.

Permanency: Developing a Family Service Plan and Child Permanency Plan for each child in placement as soon as he/she is placed; discussing concurrent planning with the family even before placement becomes a need.

Well-being: Including child well-being factors in the Family Service Plan, the Child Permanency Plan and subsequent Plan Reviews.

The **tasks** we must complete during planning are:

1. Explain the mechanics of service planning to the client/family in non-technical, easy-to-understand terms, emphasizing the key role the family has in the process and the outcome.
2. Engage/involve the family in the service and permanency planning process to:
 - a. Decide what needs to be done to address each of the threats to safety identified during the assessment which need to be reduced or eliminated immediately
 - b. Decide what needs to be done to address the on-going risk factors identified during the assessment which could cause a threat of harm to the child(ren)
 - c. Decide how to use the strengths and resources of the family and community identified during the assessment to offset threats to safety and risks
 - d. Identify the case goal(s) for the Family Service Plan
 - e. Identify the required case objectives for the FSP (linking them to risk factors)
 - f. Identify the required steps in the task analysis that tells who will do what by when to complete the activities/tasks which lead to completing the objectives
3. State the plans in words the family understands.
4. Write the plans in the required formats.
5. Secure supervisory approval, reviewing with the family any changes that need to be made.
6. Secure required signatures on the documents.

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7. Distribute required copies to designated parties.
8. File the plans in the case record with documentation of the distribution of copies.
9. Use protective authority as needed to develop the plan when the family refuses to participate.

Phase #3: Work Phase (Middle)

During the middle or work phase of the model, we are **supporting the client/family in making the needed changes**. This phase is sometimes referred to as the **service delivery** phase. It can last for a few days, a few weeks, or a few years.

There are two basic kinds of support offered for making the needed changes:

i. Case Management

1. Referrals to informal services
2. Referrals to formal services
3. Coordination of service delivery
4. Support for solution-finding when problems arise

ii. Casework

1. Provision of direct casework services
2. Use of solution-focused interviewing to implement needed changes

During the Work Phase, the worker fulfills the **mission** in this way:

Safety: Identifying the steps the family has taken and reinforcing the steps they take towards providing safety in their own home for the children.

Permanency: Identifying what has been done to provide a sense of permanency for the children (such as continuity of relationships) and identifying resources within the extended family and community to enhance permanency for the children.

Well-being: Identifying several community resources the family can continue to use to meet their children's well-being needs as they move to the next developmental level, even after the case is closed.

The **tasks** we must complete during the Middle or Work Phase are:

1. Engage the family in the change process.
2. Explain the mechanics of service implementation to the client/family in non-technical, easy-to-understand terms, emphasizing the key role the family has in the process and the outcome.
3. Communicate accurate and useful information to the family to support the change process.
4. Use solution-focused questioning with the family to support the change process.
5. Reach for feedback and inside of silence (as needed) while working with the family to support the change process.

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6. Support the client/family to make the needed changes as described in the Safety Plan, Family Service Plan and the Child Permanency Plan objectives and activities.
7. Use protective authority as needed to require changes in the family to assure safety, permanency and well-being for the children.

Phase #4: Ending or Transition Phase:

During the ending or transition phase, we **evaluate progress and process (with the family)** and **close the work**.

Evaluate progress and process (with the family):

The **types** of evaluation:

1. With the family (formally and informally)
2. With service providers (formally and informally)
3. With the court
4. With state and federal reviewers (licensing inspection, CFSR)

During the evaluation process (the Ending or Transition Phase), the worker fulfills the **mission** in this way:

Safety: Assessing the progress made in “permanently” reducing the threats to safety and adjusting the safety plan that is in place accordingly.

Permanency: Reinforcing what has been done to assure permanency for the children and identifying resources within the extended family and community to continue to support permanency for the children.

Well-being: Assessing how the children’s well-being needs may have changed during the review period and adjusting the Family Service Plan or Child’s Permanency Plans to meet those updated needs.

The **tasks** we complete during the evaluating progress and process are:

1. Engage the family in the review and evaluation process of their progress with the change process connected to their Plans.
2. Involve the service providers in the review and evaluation process of the family’s progress with the change process connected to the plans.
3. Review/revise the steps to be taken to reduce the threats to safety, which need to be completed immediately.
4. Review/revise the steps to be taken to address the on-going risk factors that impact on the child’s living in the home.
5. Review/revise the strengths and resources, which can be used to offset threats to safety and risks to children.
6. Review/revise the case goal(s) for the family (for the Family Service Plan and Child Permanency Plans).
7. Review/revise the required objectives for each the FSP and CPP (linking them to risk factors).

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8. Review/revise the required steps in the task analysis that tells who will do what by when to complete the activities/tasks which lead to completing the objectives (for the Family Service Plan, Child's Permanency Plan).
9. Discuss how the family feels about service delivery and relationships with service providers.
10. State the findings from the service plan review and any revisions in words the family understands.
11. Write this in the required service plan review format.
12. Secure supervisory/court approval, reviewing any changes that need to be made with the family after supervisory review.
13. Secure required signatures on the review document(s).
14. Distribute required copies to designated parties.
15. File the Service Plan Review(s) in the case record with documentation of the distribution of copies to the required designated parties.
16. Used protective authority as needed to evaluate the progress and process without involvement of the family, if they refuse to participate.

Closing the work:

During the process of closing the case during the Ending Phase, the worker fulfills the **mission** in this way:

Safety: Assuring that the family is able to maintain those things implemented in the Safety Plan in place, even though the agency is closing the case.

Permanency: Reinforcing what has been done to provide permanency for the children and identifying resources within the extended family and community to continue to support permanency for the children.

Well-being: Identifying several resources the family can continue to use to meet their children's well-being needs as they move to the next level of child development, even after the case is closed.

The **types** of case closure are:

1. Through court order
2. Through agency decision

The **tasks** a worker completes during case closure are:

1. Complete a Risk Assessment within the 30 days of the closure date, documenting that the risk to the child(ren) is at a level where the case can be closed safely.
2. Secure supervisory/court approval for case closure.
3. Engage the family in a discussion about closing their case.
4. Review and celebrate the successful steps to be taken to address the risk factors and threats to safety that impacted on the child's living in the home.
5. Reinforce the strengths and resources which can continue to be used to offset threats to safety and risks to children.

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6. Identify the informal and formal supports available to the family after case closure and assure that linkages have been made to them.
7. Discuss the family's feelings about case closure, helping them to understand the stages of the ending/grieving process and to identify sources of support to use during this process.
8. Explain the steps of case closure to the family in words the family understands.
9. Document case closure the required format Secure required signatures on the case closure document(s).
10. Distribute required copies to designated parties.
11. File the case closure document(s) in the case record with documentation of the distribution of copies.