



## **Family Team and Youth Transition Decision-Making Standards**

Family Team Decision-Making (FTDM) is both a philosophy and a practice strategy for delivering child welfare services. The Department of Human Services (DHS) child welfare focus is on serving families with children at serious risk of harm from abuse and neglect. Building teams at the time of crisis to support families where there is a risk of serious harm to the child has been identified as a means to address the factors that:

- Threaten the child's safety,
- Establish permanency for the child, and
- Promote well-being which are central expectations in the provision of child welfare services.

The FTDM process can be used to enhance the core strength based casework functions of:

- Family engagement,
- Assessment,
- Service planning,
- Monitoring, and
- Coordination resulting in a FTDM family plan.

When properly applied, the FTDM process:

- Supports a trust-based relationship,
- Facilitates family engagement, and
- Sustains the family's interest and involvement in a change process.

Within the context of practice, family team meetings allow for:

- Regular monitoring of the case plan,
- Ongoing evaluation of benchmarks and goals,
- What is working and what is not working so that intervention strategies can be changed or modified as circumstances change.

The outcomes of the family team meetings are:

- Child and family stability,
- Safety,
- Permanency, and
- Well-being during the family's involvement with the Department and following case closure.

The FTDM process promotes unity of effort and provides an opportunity for all helping professionals to develop a shared understanding of the family's situation, which are critical elements in attaining positive results. The FTDM process should be a proportional response to the needs of the child and family that is coordinated across systems involved with the family. The FTDM process provides an opportunity to build an informal network of friends and family that can provide support during and after the family's involvement with DHS.

For those youth transitioning into adulthood the Youth Transition Decision-Making (YTDM) model will be used. The model has two key components: Engagement/Stabilization and the Dream Path process to promote self-sufficiency.

YTDM applies the FTDM process, philosophy, and practice strategy for youth transitioning into adulthood. Building teams to support youth and young adults who are at risk of homelessness, unemployment, and poor health has been identified as an effective means to address the factors that threaten a successful transition.

YTDM can be used to enhance core casework functions of:

- Youth engagement,
- Assessment,
- Service planning,
- Monitoring, and
- Coordination.

When properly facilitated, the YTDM planning process:

- Supports a trust-based relationship,
- Facilitates youth engagement, and
- Sustains the youth's interest and involvement in a successful transition process.

YTDM provides a positive and action-oriented response by caring adults and professionals to address the needs and desires of the youth. The YTDM planning process will help the worker complete case plans through a youth-adult partnership approach. Planning for education, employment, health, support networks, and housing will all be addressed throughout the process.

In order to achieve positive results associated with the FTDM and YTDM process; this set of standards and practice guidance was developed in collaboration with the Department of Human Services (DHS) and external stakeholders to ensure that every family is offered the opportunity to participate in the FTDM and YTDM process unless the family is unwilling or to do so at this time would place a family member in danger.

*\*\* All standards are applicable for FTDMs and YTDMs; however, some of the standards require specialized attention when facilitating a YTDM. When YTDMs require specialized attention, those will be italicized and starred (\*\*).*

**Standard 1: Team members keep personal and private details of the family confidential to ensure privacy and demonstrate respect for the family.**

Creating a safe environment in which personal information may be shared without fear of dissemination is a critical element in building trust and openness in the FTDM process. The facilitator discusses privacy and confidentiality with the family and participants during the preparatory phase. All team members must sign a confidentiality agreement before participating in the meeting. The facilitator explains the importance of privacy and confidentiality at the start of the meeting, and stresses this again at its conclusion. All team members are informed of the following exceptions to maintaining confidentiality that would be reported as mandated by law:

- New allegations of suspected child abuse or neglect;
- A belief that the individual intends to harm himself; or
- A belief that a person intends to bring harm to others.

Founded child abuse report information shall not be shared at family team meetings due to child abuse confidentiality laws. {Legal reference: Iowa Code Section 235A.15(2)}. A person who receives child abuse information may not give that information to another person unless permitted by law. {Legal reference: Iowa Code Section 235A.17(1)}. The purpose of the FTDM process is not to discuss the details of the *Child Protective Services Assessment Summary* but to address underlying needs and build on strengths.

The family signs an acknowledgement that the FTDM family plan developed at the family team meeting will be shared with DHS and its contractors, the juvenile court, and legal parties to the Child in Need of Assistance (CINA) case. The family is given the option of permitting the facilitator to share the FTDM family plan with others who are present at the meeting. When the family does not permit dissemination of the FTDM family plan to those who have identified responsibilities in carrying out the FTDM family plan, the facilitator ensures that the individuals understand what their role is in supporting the family as described in the plan.

*\*\* For YTDM, the facilitator will make sure the youth understands that their YTDM plan may become a part of their Case Permanency Plan. \*\**

**Standard 2: Preparation of all participants including children and youth when appropriate, custodial parents, noncustodial and parents not residing in the home, as well as, other key identified supports is required for successful family team decision-making (FTDM).**

The initial phase of the FTDM process is to support the development of a positive, trusting working relationship with family and other team members. The preparation phase of the FTDM process is separate from actual facilitation of the family team meeting. The time necessary to complete preparation will depend on individualized family needs. The facilitator preferably begins the preparation process through a face-to-face visit, whenever feasible or appropriate, and at a minimum through, phone calls. Advance preparation is necessary for successful family team meetings. Participants are more effective in raising their concerns and proposing solutions when they understand the purpose of the meeting, and have time to prepare for their role in the meeting.

Through preparation for the family team meeting, the facilitator learns more about the family and their strengths, as well as, their desired outcomes for the family team meeting. The facilitator is a carrier, not creator, of information.

The facilitator will address any needs for the family at the meeting such as:

- The need for an interpreter,
- Including participants through a conference call,
- Transportation assistance,
- Child care during the meeting, or
- To exclude certain individuals from part or all of the meeting (for reasons such as domestic violence).

### **Outline of Facilitator's Roles and Responsibilities in Preparation**

The facilitator shall discuss the following with the parents:

- Confidentiality and privacy with the participants;
- The philosophy and purpose of the FTDM process;
- The reason for the family team meeting, which could include family interaction planning (ensure that the family understands);
- The family's perspective on what brought them to DHS attention;
- The family's strengths and challenges;
- The family dynamics to understand and respect the unique culture of the family;
- Identification of formal and informal supports who will assist in achieving outcomes; and
- The location and time for the family team meeting.

The facilitator shall discuss with the social worker:

- Any other potential participants for consideration;
- Their desired outcome of the meeting; and
- Potential conflicts and any non-negotiables.

The facilitator shall discuss with other participants:

- The philosophy and purpose of the FTDM process;
- Their role within the FTDM process;
- Potential conflicts; and
- The value of their participation in the FTDM process.

*\*\* For YTDM, the preparation process shifts from the family and parents to focus specifically on the youth in transition to adulthood. The youth partners with the facilitator in a leadership role. The preparation interview is used to:*

- *Explain the mission and principles of the YTDM planning process,*
- *Explain the various planning tools used, and*
- *Establish a list of individuals that the youth feels close to and may want to invite as part of the youth's team while including the Department worker, juvenile court officer, and guardian ad litem.*

*This preparation process also supports the youth as they begin to prepare an "All About Me" or youth story that highlights the youth's strengths and interests.*

*The facilitator shall discuss with the youth:*

- *Which tools they wish to use and the parts of the gathering they wish to lead,*
- *How the team should be assembled to provide support during youth transition, and*
- *How the action plan will be developed with identified roles and responsibilities.*

*YTDMs may also require determination of what the youth needs to fully participate in the meeting, such as:*

- *Additional face-to-face preparation,*
- *Transportation,*
- *Child care,*
- *A reminder call,*
- *An interpreter,*
- *A peer support, and*
- *Other related supports. \*\**

**Standard 3: The family is engaged throughout the family team decision-making process with focus on case planning, coordination, communication, and accountability.**

Family engagement is the ongoing process of developing and maintaining a mutually beneficial, trust-based relationship that empowers and respects the family and sustains their interest and participation in a necessary and time-limited change process. Diligent effort is made to join with the family and the family's natural supports throughout the FTDM process to ensure that needs are met and child safety and well-being are assured. Successful and productive relationships with families are earned over time through repeated, positive contacts that develop trust. Family members should be allowed opportunity to define who their family team meeting includes so that the circle will be widened as completely as possible to include those with a relationship with the child or with other members of the family team. This process begins at the preparation meetings and is ongoing.

The facilitator is responsible for implementing family engagement strategies, including the following:

- The family is treated with genuineness, empathy, and respect;
- The Department's concern and reason for involvement is stated clearly, directly, and honestly;
- The family has an opportunity to tell their story of "what brought them to the attention of the Department";
- The team engages the family around a shared concern for the safety of the child and well-being of the family;
- The family achieves a clear understanding of the safety and risk issues for the child;
- The family is empowered to identify and define what it can do for itself and where the family or individual members need help;
- The team focus is on family strengths (e.g., culture, traditions, values, and lifestyles) as building blocks for services and family needs as a catalyst for service delivery; and
- The family develops natural supports that will enhance the family's capacity and build a circle of support that will see the family through difficult times.

The 'art' of practice within the FTDM process is a careful balance that includes a demonstrated respect for the family, the expectation that change will occur, and overseeing accountability for that change.

The FTDM process engages the family in the process of identifying and establishing supports, both formal and informal to help the family achieve outcomes. For a family team meeting to be successful the child, the family, its informal supports, and all involved helping professionals must be viewed as full, participating team members, further increasing the family engagement into the process. By having all services and supports present at family team meetings, all contributors are aware of and in agreement with the plan, understand their role and how it relates to that of other contributors, and know what others expect of them. This mutual understanding helps to assure unity of effort and improves the effectiveness of team functioning.

All team members should be present whenever major decisions are made. All team members should commit to attendance for the entire length of the family team meeting, which is usually on average 90 minutes to 2 hours, but the length of time may vary depending on individualized family needs. Periodic assessment of the team composition should be made to determine if the composition is adequate to meet the planning and resource needs of the family.

The focus of family team meetings is to enhance the core casework processes of:

- Family engagement,
- Communication,
- Functional assessment,
- Service planning,
- Monitoring,
- Evaluation of results, and
- Provide input into key decisions affecting child safety, permanency, well-being, and sustainable family changes.

The family team is the framework for child welfare and child protection resolutions, rather than the Department of Human Services. The FTDM process promotes a spirit of shared responsibility to the safety and well-being of children and families by engaging extended family, kin, professionals from other disciplines, and other community members.

Family team meetings are formed, convened, and function to produce the FTDM family plan and the family case permanency plan. Family team meetings are reconvened throughout the duration of DHS involvement with the family. Families remain engaged throughout the process. Using the FTDM process the team works to determine behavior changes within the family that will assist in determining when goals have been met and when conditions for safe case closure exist. This will be planned and discussed with the team members early in the process.

Family team meetings provide an opportunity to regularly assess and monitor the effectiveness of services and interventions while continuing the ongoing process of family engagement and assessment. If services or interventions are found to be unsuccessful or unresponsive, the family team has an opportunity to modify the FTDM family plan to meet the family's changing needs. When progress is slow or the prognosis for reunification is declining, the family team can play an important role in helping families understand, accept, and participate in concurrent planning and the necessary permanency decisions.

The above strategies can help to build accountability while maintaining a balance between family-centered practice and the necessary protective authority of DHS and the juvenile court system in ensuring child safety, permanency, and well-being.

While services may not always be delivered as requested by the family, services are to be delivered in a manner that reflects partnership between DHS and the family.

Family team meetings should occur at critical junctures throughout the *Life of the Case* (LOC). These include:

- The development of the FTDM family plan for each case;  
**NOTE:** In cases where removal has occurred, efforts will be made to hold a family team meeting before or directly following the date of the removal;
- When case progress indicates a need for concurrent planning;
- When benchmarks and goals are not achieved (determine a need to reassess services and supports, interventions, etc.);
- When placement changes, level of care changes, or permanency decisions are made;
- Youth led team 90 days before turning age 18 in addition to any other meetings held; and
- Before safe case closure to plan for sustainability.

In addition to the above, there may be requests for a family team meeting to be held to address a specific issue. Every attempt should be made to accommodate requests as possible.

The team helps the family identify, develop, and sustain informal supports. The process of recruiting and maintaining informal supports begins at the case onset, is ongoing, and should be reassessed periodically by the team. The core principle is that the FTDM family plan is a collaborative plan between the family system and the child welfare system that both have agreed will address the issues and both will collaborate to implement.

*\*\* For YTDM, engage the team around a shared desire for supports and services to be in place when formal services are no longer provided. This provides an opportunity for a successful transition into adulthood, including the safety, well-being, and happiness of the youth. Discuss the critical issues that the youth wishes to address. Help the youth and team achieve a clear understanding of the steps that need to be taken to assure a safe and successful transition and stability in health, housing, employment, education, and supportive relationships through establishing team member's responsibilities and timelines.*

*Youth should be encouraged to invite a peer who is able to advocate for the youth to be a part of the team. Critical junctures as to when YTDM are appropriate include:*

- A youth in care reaches age 16 and a referral is made to begin transition planning; or*
- A youth is between age 16 and 21 and an YTDM has not yet been established, but the youth agrees to participate in the process and a referral is made. \*\**

<p><b>Standard 4: Cultural dynamics of the child and family are identified and accommodated through adjustments in strategies, services, and supports for the family in the family team decision-making process.</b></p>
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Cultural competence means the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.

Successful cultural competence includes:

- A basic understanding of the values and beliefs within the culture coupled with eliciting information from the child and family about traditions, cultural beliefs, behaviors, and functioning;
- Demonstration of values and attitudes that promote mutual respect;
- Communication styles that reflect sensitivity and competence to the values and beliefs of others;
- Accommodations in the physical environment including settings, materials, and resources that are culturally and linguistically responsive;
- Acknowledgement of the role of race, ethnicity, economic status, spirituality, and culture play in families lives; and
- Demonstration of a genuine interest in the family's culture and an understanding of how that culture has been historically treated by the dominant culture.

The facilitator of a family team meeting should possess a level of competence and understanding of the culture in which the family has gained its understanding of child rearing practices. Families who speak languages other than English may require greater preparation in advance of meetings and cultural accommodations such as through the use of interpreters or co-facilitators who speak the language to ensure their full participation in a family team meeting.

Accommodations should be made to meet the special needs of the child or family through the team formation. Examples of such circumstances include cases where the family does not speak English or is not part of the majority culture. Additional team members may be needed to provide support to a child or to help team members manage behaviors and make a positive contribution. When special circumstances exist, it may be necessary to involve an individual who has specialized knowledge and skills. For example, someone who is a member of the family's culture or ethnic group could be a team member, co-facilitator, or as a support person for a team member.

**Standard 5: Family team meetings are facilitated by a person who has the training, knowledge, skills, and abilities to guide the family team.**

The facilitator may be a:

- DHS staff member, case manager or supervisor;
- Provider staff;
- Community partnership staff;
- Family support staff;
- Parent partner; or
- Others trained to facilitate family team meetings.

Efforts must be made to maintain continuity of the facilitator in successive meetings.

It is important to select the most appropriate and effective facilitator for the family based on the presenting circumstances and is best to use a neutral facilitator. There may be some situations where a positive, trusting relationship exists, and the family may be comfortable and agree to someone associated with the case (case manager, supervisor, provider, etc.) conducting the family team meeting. Each situation should be considered individually to ensure the choice of facilitator is respectful of the family's needs and wishes.

Initial classroom training establishes the foundation for FTDM implementation and facilitation. There will be one approved standard three day curriculum for facilitators to complete. Approved trainers may include supplemental training as appropriate.

FTDM facilitator skills are enhanced by:

- Continual classroom skill based training;
- Facilitation coaching and evaluation; and
- Formal approval of Iowa FTDM facilitators.

A critical component supporting the development of the FTDM process is coaching, mentoring, and supervision. Coaches, with FTDM experience, knowledge, and approved FTDM status will serve in the role of supporting the development of newer facilitators through co-coordinating family team meetings and serving as mentors when challenges and issues arise. Those aspiring to become an approved facilitator will take the initial FTDM facilitator training and be coached and mentored by an approved coach or mentor. A specific training is required to become an approved coach or mentor. Facilitators should have access to quality supervision.

The competency of a facilitator is determined by demonstrated knowledge and skills. At a minimum, facilitators are approved by DHS when they:

- Understand principles and purpose of the FTDM process.
- Demonstrate the skills to prepare for, facilitate, and complete follow-up family team meetings as a means for creating sustainable family change.
- Set and maintain the environment: Facilitate in a manner that:
  - Supports a trust-based environment,
  - Assures and monitors conditions of safety;
  - Encourages openness,
  - Enhances a nonjudgmental environment;
  - Assists team members to be respectful, attentive, friendly, and culturally competent.
- Manage the facilitation process:
  - Introduction,
  - Purpose,
  - Confidentiality,
  - Set ground rules,
  - Set the stage for the family to tell their story,
  - Keep people on track and manage group dynamics,
  - Encourage equal participation,
  - Value contributions,
  - Demonstrate reframing,
  - Summarizing,
  - Acknowledging,
  - Building consensus,
  - Manage power and control issues,
  - Provide consultation to the family, and
  - Set the stage for family time, if used.
- Facilitate discussion leading the team to develop a FTDM family plan for the family during a family team meeting that accurately identifies the strategies and agreements made during the family team meeting. The plan should include strengths that relate and can be directed at the:
  - Needs,
  - Concerns,
  - Supports,

- Outcomes,
  - Behavioral results action steps,
  - Safety plan,
  - Crisis plan,
  - Re-evaluation,
  - Agreement, and
  - Next steps.
- Develop or update the *Family Interaction Plan*.
  - Conduct and manage follow-up meetings.

Facilitator approval is accomplished by:

- Completed DHS approved three day classroom facilitator training;
- Completed classroom training on family interaction as part of the FTDM course or through a separate learning opportunity;
- Completed a family team meeting as co-facilitator with an approved coach and mentor;
- Completed a family team meeting as lead facilitator with an approved coach and mentor;
- Received completed evaluation form on demonstrated facilitation skills and meeting outcomes as the co-facilitator and lead facilitator; and
- Evaluation forms are submitted to Service Area and approval number is received.

Approved facilitators will be required to complete a minimum of three hours of continuing education on an annual basis.

The competency of a coach and mentor is determined by demonstrated knowledge and skills. At a minimum, coaches and mentors are approved by DHS when they:

- Completed the required training on coaching and mentoring;
- Actively facilitated family team meetings for two years; and
- Submit at least two recommendations with an application to be a coach and mentor.

*\*\* YTDMs are facilitated by a person who has completed the YTDM facilitator approval process.*

*YTDM facilitation requires an additional training as well as coaching and mentoring in the YTDM process, including demonstrated use of a Dream Path tool with an approved facilitator who has provided coaching and written feedback. \*\**

**Standard 6: A quality assurance and improvement process is used to assess and improve the quality of the family team decision-making meeting and each facilitator.**

It is part of ongoing practice development and improvement to assess the effectiveness of family team meetings in regard to engaging families, conducting assessment and planning activities, and determining service interventions.

The measurable indicators of family team meeting effectiveness include the following for each FTDM standard:

- **Confidentiality and privacy:** The family's privacy and confidentiality is maintained by team members based on the family's report of such.
- **Preparation:** Specified preparation is completed with participants in advance of the meeting.
- **Engagement:** Family engagement is reflected in their active participation in the case planning process and as reflected in the family's case plan.
- **Cultural:** Appropriate integration of cultural accommodation in the meeting process is acknowledged by the family.
- **Training and skills:** The facilitator demonstrates knowledge and skills sufficient to professionally facilitate the meeting and ensure the meeting's goals are achieved and reflected in the family's case plan.
- **Quality assurance and improvement:** One standardized measurement process is used statewide to assess and maintain quality of all family team meetings and facilitation. When issues are identified, adjustments and adaptations are made to improve the process and results. The inability by a facilitator to adhere to the FTDM standards after adjustments or adaptations have been attempted will ultimately result in loss of facilitator approval status.
- **Participants and voices:** Involvement of the child's parents, custodians, the child, any noncustodial parent and informal supports is demonstrated through preparation before the meeting and participation in the meeting unless there is an identifiable reason for this not to occur.
- **Family interaction:** A thorough *Family Interaction Plan* is developed, written, and initiated for out-of-home placements. If a *Family Interaction Plan* is in place, the plan is reviewed or modified at all subsequent family team meetings.

**Standard 7: The preparation and decision-making process will, at a minimum, incorporate the voices of children and youth when appropriate, noncustodial and parents not residing in the home, as well as, other identified key family supports.**

Family team meetings are about creating viable, workable, mutually agreed upon plans with families to achieve safe case closure. It is necessary to give a voice to children and youth concerns, wants, and needs. Children and youth have voices that must be heard in the planning and decision-making process.

According to Iowa's Blueprint for Forever Families, not only do youth need to have a voice in the FTDM process, but also immediate and extended family members, both maternal and paternal. This must occur not only when it is convenient or when most parties are in agreement, but when there is conflict, confusion or uncertainty. When barriers are identified, strategies must be implemented to ensure key players' voices are heard:

- Spending quality preparation time with family members so that the facilitator can include the voices of youth, custodial and noncustodial parents, and other important family members;
- Youth or other family members who are unable to be present need an opportunity to still be heard, either over the phone or by providing written information to the facilitator to be shared during the meeting;
- Using peer support to assist youth in finding their voice. Examples include: Iowa Foster Care Youth Council and Dream Teams;
- Providing parents and youth appropriate materials about the process and their rights within the process;
- Being mindful that children benefit from the active positive involvement of both mothers and fathers. The FTDM process is designed to support the inclusion of both parents. Efforts to engage noncustodial parents and parents not residing in the home, as well as, incarcerated parents needs to occur from the beginning and throughout the *Life of the Case*; and
- In situations where a meeting may place the child or other team members in danger (such as families who experience domestic violence), explore other options for including all team members. For example: separate meetings, conference calls, or written representation.

*\*\* Informal, natural supports, if developed effectively, can help support and sustain a positive transition for a youth over time as the formal system moves out of the youth's life. These supports can also help the youth deal with future challenges without the need for system intervention. The team provides informal supports, as well as, helps the youth connect with additional community members and others that may assist the youth with attaining life goals. When preparing for YTDM, ask the youth about what role parents will play. \*\**

**Standard 8: Family interaction planning is discussed and a *Family Interaction Plan* is developed or reassessed during every family team decision-making meeting involving a child who is placed out of the home.**

The philosophy of family interaction is a different way of thinking about how children who have been removed from the home continue to have meaningful interactions with the people who care about them in the least traumatic way possible. All children who are placed out of the home need to have a *Family Interaction Plan* in place to ensure this occurs in safe and healthy ways. The most effective way of developing a *Family Interaction Plan* is during a family team meeting. Family interaction philosophy is based on the following foundations:

- **Children and parents have a right to spend time together.** Interactions between parents and children should only be limited when there is some threat of harm that makes it necessary to do so. **NOTE:** Interactions with siblings should be considered when applicable.
- Family interactions should be a planned intervention central to the reunification process. When interactions need to be monitored by others, there should be clear goals set that identify for everyone what has to be different in order for interactions to move to a less restrictive plan.
- These goals should be identified when developing the *Family Interaction Plan*. The plan should be developed during a family team meeting by the entire team, and a deadline to review progress should be set at the initial meeting.
- Interactions between parents and children should be in the most homelike setting possible so the child can feel safe. This means we should strive to use the parent's home when possible, relative's homes, foster homes, and as a last resort, a neutral setting that is as homelike as it can be.
- Interactions should be built around meaningful activities: mealtimes, bathing, naptimes, homework time, doctors' appointments, school activities, sports activities, and should be geared towards the child's developmental abilities.
- Family interactions are the responsibility of the entire team working with the family.
- A written *Family Interaction Plan*, tailored to meet the safety needs of the family is developed during or reassessed during family team meeting involving a child who is placed out of the home to assure family interaction begins as soon as possible after removal from parental custody. These must never be used as a threat or form of discipline to the child or to control or punish the parent.
- The written *Family Interaction Plan* may be incorporated as a part of the family team meeting notes or identified separately on a *Family Interaction Plan* form.
- Research tells us that successful reunification can be achieved more timely when we closely team with birth parents and involve them as full partners in their plan.

Family interaction planning, in addition to the above foundations, should always focus on the safety concerns. The elements to explore in assessing safety include three basic constructs: threats of maltreatment, child vulnerability, and caretaker's protective capacities.

- **Threats of maltreatment** mean the aggravating factors that combine to produce a potentially dangerous situation.
  - Situation (unsafe home, criminal activity)
  - Behavior (impulsive actions, assaults)
  - Emotion (immobilizing depression)
  - Motive (intention to hurt the child)
  - Perception (viewing child as a devil)
  - Capacity (physical disability)
- **Child vulnerability** means the degree that a child cannot on the child's own avoid, negate or minimize the impact of present or impending danger.
  - **Present danger** means immediate, significant, and clearly observed maltreatment which is occurring to a child in the present or there is an immediate threat of maltreatment requiring immediate action to protect the child.
  - **Impending danger** means a foreseeable state of danger in which family behaviors, attitudes, motives, emotions, or the child's physical environment poses a threat of maltreatment.
- **Protective capacities** mean family strengths or resources that reduce, control, or prevent threats of maltreatment.

*\*\* Facilitators should recognize that the desire of a youth may be to reconnect with their birth family regardless of the permanency goal and the team should be prepared to address and support this in their transition.*

*When considering family interaction planning with youth consider all supportive relationships, which could include community connections, mentors, caring adults, extended family, siblings, peers, etc. \*\**