

## Achieving Permanence For Every Child

### *A Proposal: Tools For Permanence For Those at Risk Of Aging Out Of Foster Care.*

**By Robert G. Lewis. MEd, MSW,**

Social workers need new tools that help them achieve permanence with the children and youth who are still without a sense of belonging to a family safely and securely into the future. This is especially needed for older youth in foster care. **The Video Project (one of three) is a great new tool, youth controlled and driven. Using young people's own medium, it focuses on healing, using a step-by-step protocol as a guide. The camera facilitates internal, personal communication. More process than videography, it brings the digital world to the service of healing.**

As with any new tool, training is necessary. But the biggest challenge is in learning to use the tool effectively and with confidence. This proposal offers three tools to social workers as well as a process for implementation that uses training, modeling/demonstration and consultation beyond the days in the workshop room.

**I propose to provide training, modeling and implementation of each/all of the tools for permanence for older youth who would otherwise age out of care without family, safe and secure connections. Or choose one or all.**

- 1. Recasting Our Youth: New roles, different measures.**
- 2. Seeing the voices of children and youth; Setting the record straight: The Video Project.**
- 3. Family Bound Program: A Toolkit for Preparing Teens for Permanent Family Connections.**

**I will train staff in the use of all three tools; using examples, videos and sample videos featuring Kashawn, Gabbi, Porter and Holly who volunteered to illustrate the Video Project.**

**I will coach staff and supervisors as they learn and implement each tool through online meetings. My coaching will include individualized case consultation as workers implement the Recasting, The Video Project and/or the Family Bound Program.**



## I. Need and Target Audience

Children who stay in public care are always in jeopardy despite the “benefits and stipends”. They need to get out into a safe, secure, loving homes where they know they belong, and will belong into the future, as soon as possible. Although they may resist our efforts at times, it is always urgent. It’s urgent even when responsible, conscientious social workers can say, “we’ve tried everything.” Hence the need for new tools.

Most of the tools we now use are for determining the child’s needs when they come into care, virtually all of the records we keep of children in care are negative -- focused on fault and failure, disease and disorder. As a 19 year-old young woman pointed out “You people keep track of all the mistakes we make; you think we haven’t learned anything from them; and you think you have to tell everyone about them.” We call that “full disclosure”.

In this way, youth who desperately need connections are referred to relatives, potential parents and other caregivers represented by “all their mistakes.” They are over-diagnosed with mental illness and over-medicated as a result. Normal developmental challenges and grief responses of youth are categorized as misbehavior and disorder. Their official records are trails of difficulties. “Full disclosure” about a youth is, in fact, only very partial disclosure. Worse still, children in care have often been moved from place to place and their social workers have changed frequently. Many young people are in congregate care.

These factors combine to severely restrict the detail and veracity of the “picture” the child welfare system paints of children and youth in care. It increases the likelihood that they will languish in foster care, sustain the damage that occurs there, and then age out without anyone. Their social workers despair of being able to connect them to people who will love them unconditionally and permanently.

Furthermore, these young people suffer from undiagnosed hopelessness and helplessness and are therefore unprepared to connect with adults who may be interested in developing a permanent loving relationship. They are unable to control the world they live in and are cut off from past connections to whom they have been described in negative behavioral terms. Having heard the negative descriptors repeatedly, they have incorporated them into their one core believes. They are often very wary of ever-changing social workers and caregivers. Given these difficulties, how can we hope to engage them in their own process of achieving permanence before they age out?

## II. The Proposed Tools

“I just wish I could tell that guy [his mental health evaluator], that’s not who I am.” (Blane, a youth who aged out of the child welfare system in Philadelphia, when asked if he wanted to review his written record). The tools begin with wellbeing to achieve permanence and safety.

**Recasting Our Youth: New roles, different measures.** “Who is this young person?” “Who am I?” Recasting works to answer both these questions for the professionals, for the



caregivers and for the young person. Whatever image of recasting one uses, the young people in our care can be recast into a more accurate role, a more faithful mold, seen for who s/he is. Especially for older youth who have done and lived a wide range of experiences, this is not a simple change of language. The professionals have been following the youths with a set of professional tools that record, mistakes, missteps and even misinformation.

“Recasting” takes development, developmental needs, grief, and mourning needs as the standards of behavioral measures. This is not a denial or glossing over process. It is taking a new perspective. Mistakes in achieve the tasks of adolescents are to be expected.

Social workers and others in the training learn to see the youth they serve from the perspectives of developmental tasks, needed developmental assets, the stages of grief, their mourning needs and the consequences of trauma. The training outlines how those around a youth can understand and describe the children they serve using these tools without the usual diagnostic labels and none of the other labels often applied to the children “at risk”. Even terms such as “at risk”, “troubled” and even “foster child” have a negative, but not proscriptive connotation.

Misbehavior and “bad” attitudes once seen in a more accurate light are less threatening, more understandable, and more hopefully communicated to others. Moreover, the descriptions in these terms offer their own solutions. For example, “adjusting to sexually maturing body & feelings” offers a direction and more hopefulness than “sexually inappropriate behavior” which in itself is milder than many of the terms applied to our youth. A description of a young person in these terms of development, trauma and grief offers hope for the future. Once understood in these terms, it presents a more natural course to follow for the young person and his/her caregivers. Grief doesn’t just take time, there is mourning to be done. In development there are tasks to be accomplished and needed resources to assist in that development.

Recasting requires language learning and thoughtful reflection. It is not a simple transliteration. It is a change of view, a different understanding, a fuller picture of the young person.

For the youth this new perspective is not a simple change either. Having been called a “troubled youth” for so long, seeing oneself differently is not something that can be imposed from the outside. Young people are not likely to accept what is now being said for a whole host of reasons. This is where the Video Project comes in.

**Seeing the Voices of Children and Youth: Setting the Record Straight (The Video Project).** The Video Project is a great new tool, youth controlled and driven. Using young people’s own medium, it focuses on healing, using a step-by-step protocol as a guide. The camera facilitates internal, personal communication. More process than videography, it brings the digital world to the service of healing. It’s a new tool that engages, heals & empowers the young person, captures a more realistic and holistic picture of the child or youth on the streets or in custody. It is their own process of accepting and recasting. In that



process it becomes a preparation for permanence. In a reverse of the standard “safety first”, this process works from well being, leading to permanence and therefore safety.

This new tool results in six sessions in which the social worker interviews the child or youth, asking a specific set of questions for each session which are previewed as much as the youth requires so that the s/he can tell his/her own story. The social worker captures the sessions using an inexpensive, readily available video camera (VistaQuest, Kodak, Olympus, Samsung, etc.), and creates the finished video using free, easy to use software.

The Video Project protocol was designed for social workers to use in the normal course of their required visits. The sessions are:

1. Introduction: the camera, the software and permissions
2. Life before (traumatic event) foster care...
3. When (it happened) I came into care...
4. My life (after that) In foster care...
5. And now it's really like this...
6. In the future I hope...

The Video Project makes efficient and effective use of the social worker's time. The process is essentially casework, organized into six sessions and documented on video. It's a therapeutic process that isn't therapy which so many teens refuse. In this process the workers follow a series of structured interviews that assist a young person in telling and thereby owning his/her own story. The process empowers youth in both present and future planning and it guides the young person through the healing process. They have their voices heard and captured for a personally authentic view of what they have been through. For many that means “setting the record straight” by countering the usual preponderance of negative descriptions in their agency records. This healing process also helps them prepare for healthier relationships going forward. The Video Project is a tool for engaging youth on the path to permanence.

Only with the child/youth's permission, and only when it is completed, the finished video or pieces of it may also be used for recruitment for the youth in custody, but it's important to note **that is not its primary purpose**. The decision to use it must come after completion.

Video and pictures are currently used for older child and youth as a recruitment tool. They are usually professionally shot and edited, controlled by someone other than the child or youth and are somewhat stylized. That process is costly and therefore too expensive for all children. **The Video Project** uses tools that are inexpensive and a protocol that is somewhat flexible [“editing in the can”]. Set-ups and software allow for quick and easy production. There is therefore a minimum of later work and a more everyday style to the product. The costs are low enough for use with every child and youth in care and the tool requires skills that are within the capacity of every child welfare social worker. There is a



learning curve, as there would be with any new tool. It also is not limited to those in the care of a child welfare agency, but with some modification is useful for all young people who have “set their record straight”

**The Family Bound Program.** The third permanence tool in this proposal is **The Family Bound Program: A Toolkit for Preparing Teens for Permanent Family Connections** which I developed with three colleagues who wrote it from Boston. **The Family Bound Program** prepares youth for meaningful family connections through nine weekly workshops and five weekend visits with bridge/practice families. It is described on the Website, <http://thetoolkit.org/>.

**The Family Bound Program** has been used by many agencies around the country since it was published in 2002. Social workers who use **The Family Bound Program** for youth in residential treatment centers or foster care, recognize that there are critical issues which are a natural part of attachment in adolescence including grief, ambiguous loss, mourning, development, etc. Rather than view these as evidence of the impossibility or irrelevance of efforts to establish permanency, **The Family Bound Program** seeks to address these issues directly for healing and as preparation for return to family life, birth family, adoption, kin or other committed adults.

**Family Bound** opens the prospects of meaningful family ties for an expanded number of adolescents through group sessions and bridge/practice families. When implemented with teens in conjunction with **Recasting** and **The Video Project**, it can reopen the opportunity for permanence to young people in our care.

<http://www.rglewis.com/FB%20%20Description.htm>

### III. Detailed Proposal

**The overall goal of this proposal** is to provide tools that can be incorporated into the everyday practice of child welfare social workers. These tools can help children into safe, secure, permanent homes more quickly if they are in care; and to make these tools a new resource in an agency work for the youth most likely to age out of care as well as for young people in the community.

**The objectives of these tools** are to:

- Give workers, youth and caregivers new language and new perspectives on the experiences of young people.
- Engage and empower the child or youth, especially in the permanence process; give them opportunities to tell their own stories and “set the record straight;” own their own permanence & live process.
- Help social workers see and hear the child’s genuine “voice” and thereby better prepare themselves to achieve permanence for/with the child.



- Help the child heal from his/her traumas and losses and deal with loyalty issues. These are essential steps in preparing children and youth for connecting with families or re-connecting with their birth families.
- Help youth explore, share and learn with their peers the importance of family in their lives

**I propose the following project activities for agencies interested in all the components:**

**1. Hold a planning meeting with the agency and staff on implementation**

**2. Provide training on recasting their youth, not just for workers, but for all those involved in the youth's care and decision making.**

This works best when all of the people around the youth are involved, i.e. lawyers, CASAs, caregivers, workers, supervisors etc. This day is specifically designed for participants to work on actually recasting the youth in their care. If a general introduction or overview on permanence seems necessary that can be done in a previous day for a wider audience.

**3. Provide The Video Project training**

A one-day workshop on child preparation issues, the video process and actual practice techniques, i.e. dealing with adolescent development, grief & mourning, as well as technical tips in making the videos, adapting the questions, and more for the workers, supervisors and program managers who will learn and implement this tool.

**4. Mentor & coach the use of The Video Project**

Monthly follow-up consultation and support (10 or 12) for the workers, supervisors and program managers on the process and next steps for their individual young people via online meetings using WebEx Meeting (BobLewis.WebEx.com). This is training on the job, "where the rubber meets the road" for both the Recasting, The Video Project and The Family Bound Program.

**5. Provide training for using The Family Bound Program**

A one-day workshop on facilitating and running the Family Bound Program for group leaders and a wider audience.

**6. Assist in identifying, screening and orienting Bridge Families.**

**7. Evaluation of the process**

In consultation with the agency I will evaluate the effectiveness of the program after six months and/or one year. I will survey youth who participate as well as Bridge families, social workers and their supervisors. In conjunction with the agency I will adapt the survey developed for **The Video Project**.

**Take use of the tools to full scale at agency with training and consultation, as desired**

## IV. Project Staff

Robert G. Lewis, who developed both tools, is a well-known permanence consultant, trainer and speaker throughout the U.S. and in Canada. He is the co-author/developer of three books for social workers about permanence for adolescence. He was executive director of a special needs adoptions agency in Boston serving all of Massachusetts from 1978 to 1997.

Please refer to [www.rglewis.com](http://www.rglewis.com) for resume, biography, free materials and three curricula for purchase, as well as training opportunities and other resources.

## V. Working To Ensure Success

**Implementing The Video Project as well as the other tools is more likely to be successful with a commitment on several levels of an organization.** These are some of the critical elements that will make its integration into the agency a success.

Workers, supervisors and administration need to commit themselves to the whole project.

- To optimize the process, the agency will want to ensure that they have the web and video cameras for each worker or worker/supervisor team before the training.
- Participating social workers will be better prepared if they download and preview the description before training  
<http://rglewis.com/Handouts/TVP%20process%20and%20questions%203%2013.pdf>
- Participating social workers will need to take part in at least the one day of training (more is available, especially the Recasting workshop)
- Participating social worker will take part in monthly one-hour team coaching/consultation for workers and supervisors (and optimally for program managers) on WebEx for 10 or 12 months as decided by the program.
- Participating social workers will complete the process with at least one child.
- Participating social workers will complete a brief final evaluation via Survey Monkey as mentioned above.

### V1. The Cost

Payment for each day of training, which may be scheduled and purchased separately (\$2,500 per day) and the 10 consultation sessions (\$2,500 for all ten consultation sessions or \$3,000 for 12) will be due at the conclusion of the on site, all day training session(s).

The total cost for the whole program includes three (or four) days on site, one for a general session on permanence for a wider audience, one day for Recasting, one for The Family Bound Program training and one for The Video Project. Adding the remote consultation



Permanence for every child

days, which are part of the Video Project training, the total is \$13,000 for all of the training and follow-up. Delivery and training can also be configured differently to suit the agency.

As part of the ongoing coaching and mentoring, I will be available by phone, email or separate online meeting to assist in the set up and preparation and ongoing support as well.

Of course, the total cost for the whole program will depend on the number of days scheduled, the components included and the number of follow up sessions via online meetings. Delivery and training can be configured to suit the agency.

As part of the ongoing coaching and mentoring, I will be available by phone, email or separate online meeting to assist in the set up and preparation and ongoing support from the start.

Bob Lewis  
MEd, MSW, LICSW  
[www.RGLewis.com](http://www.RGLewis.com)  
(857) 222-3060