

A Practice Framework for Delivering Services to Families in Supportive Housing



**Child Welfare &
Supportive Housing**
RESOURCE CENTER

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Policy



A Practice Framework for Delivering Services to Families in Supportive Housing

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Published March 2016

Acknowledgments:

This document is a collaboration of the Center for the Study of Social Policy and CSH as the Child Welfare and Supportive Housing Resource Center, the technical assistance center for the Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System, a federally funded demonstration. This paper is made possible by the generous support of the Robert Wood Johnson Foundation, The Annie E. Casey Foundation and The Edna McConnell Clark Foundation. The views expressed here are those of the authors and do not necessarily reflect those of the Foundations.

Center for the Study of Social Policy staff Gayle Samuels and Sarah Morrison authored this document. We are grateful for the important contributions of Alison Harte, CSH; Betsy Cronin, The Connection, Inc., as well as review by Susan Notkin, CSSP; DeQuendre Neeley-Bertrand, CSSP; Francie Zimmerman, CSSP; Nilofer Ahsan, CSSP; Nicole Bahena, CSH, Leah Rhea, CSH; Christine Haley, CSH; Debbie Craig, Four Oaks; Amanda Farley, New Jersey Department of Children and Families; Kelly Sachter, Family Connections; Alexandra Riley, Family Connections; members of the Hennepin County CoC's Family Services Network, Minnesota; and the supportive housing service teams in Broward County, FL; Cedar Rapids, IA; Connecticut; Memphis, TN; and San Francisco, CA. This report is in the public domain. Permission to reproduce is not necessary.

Suggested citation:

Center for the Study of Social Policy. (2016). *A practice framework for delivering services to families in supportive housing*. Washington, DC: Author

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About This Document

This document provides a framework for practice in family supportive housing settings. It is intended to be a capacity-building tool for those who are designing or already providing case management services for families living in supportive housing. However, those in the supportive housing field are encouraged to further enhance this tool with their own experiences and practice protocols.

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.¹ Initially developed and proven effective for single adults transitioning from institutions back into the community, supportive housing has been expanded to serve families as well. These families often face a complex set of challenges, including long-term and repeated homelessness, child welfare involvement, domestic violence and substance abuse and mental health issues. The framework presented here is informed by implementation science², human services work in general, a decade or more of practice model development in child welfare³ and grounded in the practices of existing family supportive housing programs, including those developed as part of the Administration on Children, Youth and Families demonstration project *Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System*.⁴

As a framework, material in this document seeks to guide and support frontline staff in practicing consistently with families by:

- Describing the role of the case manager in family supportive housing⁵
- Defining the values and principles that undergird all interactions case managers have with family members
- Briefly sketching the characteristics of quality service delivery
- Building on the widely accepted four phases of the wraparound services process by specifically identifying the work of case managers with families from “moving in” to “moving on”
- Providing a “practice profile,” which defines the core components of case management practice, requisite case manager skills and knowledge and direction for assessing how well the practice components are being implemented

¹ What is Supportive Housing? <http://www.csh.org/supportive-housing-facts/introduction-to-supportive-housing/#>

² See the National Implementation Research Network at <http://nirn.fpg.unc.edu/>

³ Connelly, M. & Tsujii, E. (2010) Child welfare practice models: Literature Review and Implementation Considerations. Berkeley, CA.; California Social Work Education Center, School of Social Welfare, University of California, Berkeley. Retrieved from http://dcfs.co.la.ca.us/katieA/docs/Practice_Model_LR.pdf

⁴ Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families with Child Welfare Involvement <http://www.csh.org/csh-solutions/serving-vulnerable-populations/families/child-welfare-and-supportive-housing-resource-center/partnerships-to-demonstrate-the-effectiveness-of-supportive-housing-for-families-with-child-welfare-involvement/>

⁵ Throughout the document, the term case manager is used to refer to the person working within a supportive housing program who has direct and primary responsibility for the work with family members. That person's title varies across programs.

- Addressing unique considerations for those families who are involved with the child protection system when they enter a supportive housing program and for those families who are at risk of involvement or become involved with the child protection system while being part of a supportive housing program
- Offering guidance on the program infrastructure necessary to support the important work of a case manager in family supportive housing

A common approach in supportive housing focuses on “*harm reduction*.” Although this remains an important principle when working with families and youth, it is also important to help them build strengths. Therefore, we’ve developed a companion piece to this document titled, “[Welcome Home](#).” The companion document provides practice guidance and tools for addressing family stress and trauma, optimal child and youth development and helping families to strengthen the following protective and promotive factors that help children thrive:

- Resilience
- Social connections
- Knowledge of parenting and child and youth development
- Concrete support in times of need
- Cognitive and social and emotional competence of children and youth

⁶ www.cssp.org

1. The Role of the Case Manager in Family Supportive Housing

Supportive housing for families is different from supportive housing programs for single individuals precisely because there are at least **two-generations in need of support and at least twice the opportunity to change a person's life course**. Case management services for families living in supportive housing can help children thrive by helping parents nurture and support their children and assisting the whole family to increase stability.

The case manager works to engage and partner with family members, meeting them at their home or in the community to assess their strengths and needs, set goals and coordinate services, which may be provided directly by the supportive housing program or another community-based organization. Supportive housing case managers are hired, trained, supervised and supported to:

- assist family members in defining and achieving goals, including meeting obligations of tenancy to maintain their home and reducing risk of harm to themselves and others
- assist families in increasing financial security by accessing, maintaining or improving employment and/or benefits
- provide, either directly or by referral to other agencies, planned and crisis response services to meet the needs of all family members including concrete supports, interventions to reduce stress, mitigate trauma histories and provide for optimal child and youth development
- help parents strengthen their resilience and knowledge of parenting and child/youth development
- facilitate strengthening family social connections through groups and activities and linkages to community opportunities, including the development of family councils, tenant or a program participants' group and other community-building activities
- help parents and youth develop leadership and other skills by taking on roles within the housing structure and/or larger community (tenant, block or neighborhood associations) or elsewhere in the community (parent councils within early childhood centers and schools, youth groups, coaching)
- teach/coach family members to develop communication and self-advocacy skills

2. Grounding Values, Guiding Principles

Practice with families is built on a core set of values and guided by key principles. Organizations and individuals serving families must respect each family member, believe in family voice and choice in decision making, focus on results and being accountable to those they serve. In addition, staff need to be optimistic -- believing in the fundamental resiliency of human beings and their ability to make significant behavioral changes. With families, this means that parents and other adults, when supported, can keep their children safe and meet the needs of their children and family. The building blocks include:

- **Trusting relationships promote positive change and growth in families.** Building and maintaining a trust-based relationship with family members is essential for the case manager when working toward long-lasting change and positive outcomes. Case managers need to encourage open communication and cultivate trust with family members. Families should view all service providers as a source of support and assistance, both for routine services as well as in times of crisis. Every interaction with family members is an opportunity for further engagement and alliance-building.
- **Housing stability is a platform for the teamwork that supports the well-being of families.** Safe, stable and affordable housing provides a foundation for ongoing work with family members to set and work towards goals, including the sequencing of any services. The case manager works with the family towards the overall goal of well-being and enhancing the family's ability to stay safely housed together, including helping family members heal from past traumas, build resilience, maintain the household, build finances and be positively involved in their community. Practices, such as case conferencing and team clinical supervision, allow staff, supervisors and others who support family members and/or the supportive housing case manager to share information, troubleshoot difficult situations and reinforce a non-judgmental, supportive and collaborative culture for the work. Family members themselves are an integral part of the work to set and meet goals. Team meetings and other consistent modes of communication that meaningfully involve family members, can be used to further engage them in the ongoing assessment of progress, formulating goals and identifying when the team should expand or contract based on family functioning.⁷ The team can be composed of professionals, representing formal supports, and non-professionals or informal supporters (relatives, friends, mentors) who are part of the family's circle. The supportive housing case manager helps family members build their circle of support by recognizing when relationships may not serve the family's goals and repairing others, as needed.
- **Strategies are trauma-informed.** Supportive housing practitioners should be aware of the stressors with which many families live and the fact that many family members have been and continue to be exposed to a range of traumatic experiences for example: community violence, domestic

⁷ See *Ensuring Family Voice While Navigating Multiple Systems: The family team meeting strategy* in supportive housing for a brief documenting the use of review and planning meetings with family involvement. Available at <http://www.cssp.org/reform/child-welfare/cwshrc/Notes-from-Field-FTM.pdf>.

violence, physical abuse, and complex grief. Exposure to multiple or prolonged traumatic events, typically beginning in early childhood and occurring within the primary caregiving system, produces complex trauma. Providers should have the skills to identify and appropriately respond to trauma symptoms. Organizations, including supportive housing settings, have become much more aware of how the physical environment of office spaces and even administrative procedures may illicit negative responses related to a person's experiences with stress and trauma.

- ▶ **There is flexibility in time and place for responding to the needs of families.** The strength of the supportive housing model is that it provides unique opportunities to witness and respond to family circumstances in real time, sometimes on a daily basis, depending on the setting. The work of supportive housing case managers goes beyond their desks. Meetings and collaborations with family members and others take place in the family's home, in schools, at local restaurants, or a parent or youth's work places. Often contact does **not** take place within the hours of 9-5.
- ▶ **Services may not have time limits and are voluntary.** The intensity of case management services is responsive to individual family need and circumstances. Families with complex and persistent service needs such as psychiatric or specialized medical care may need ongoing interventions. At times, a case manager will have to "dial up" or increase the frequency and depth of family contact. At other times, the case manager will be able to "dial down" or decrease the frequency of contact, recognizing that family members are making strides on their own. After achieving stability and improved outcomes, some families may no longer need or want as many formal supports or as much contact with service providers, including the supportive housing case manager.⁸ Such decisions should be made based upon mutual agreement between the service providers and family members; acknowledging and being responsive to a family's wishes, needs and progress. A family's trusting relationship with providers should reinforce a culture of open communication where a family's changing needs can be discussed and addressed; leaving the option open to request more help in the future if needed.
- ▶ **Evidence-based or informed strategies have a high probability of producing desired outcomes.** Such strategies should be used when providing services to family members. There are several directories of evidence-based therapeutic interventions and programs that can be consulted.⁹ But any intervention selected, whether it be from one of these directories or from other reliable sources and valid research, needs to be well matched to family strengths and needs in order to ensure its effectiveness. Interventions should make sense in the family's context and be complementary. Strategies are to be evaluated continuously to ensure their efficacy, or lack thereof, in order to make adaptations promptly and to put in place alternative strategies that may be more likely to succeed.
- ▶ **Community support is essential to helping families strengthen their own networks.** Stress and isolation undermine physical and emotional health and positive parenting. Supportive housing case managers actively work to build community and a culture of support and interaction among families involved with supportive housing, as well as with their neighbors who are not involved with the supportive housing program and the community at large. There will be families who have learned not to trust their neighbors and would rather engage in activities outside the immediate community, or not engage at all. Opportunities to connect to other families both in the supportive housing program and in the larger community should be offered on an-ongoing basis.

⁸ Supportive housing programs typically have a minimum contact requirement for participants and the case manager, often termed a "safety" check, and conducted monthly.

⁹ One of the most frequently referenced directories, National Registry of Evidenced-based Programs and Practices, is managed by the Substance Abuse and Mental Health Services Agency and can be found at http://nrepp.samhsa.gov/02_about.aspx

3. Characteristics of Service Delivery to Families in Supportive Housing: What a Family Should Experience

As supportive housing case managers work with families, some characteristics of service delivery are evident, consistent and reflect critical practice components.

1. The case manager **contacts families on a program-prescribed minimum** timeframe each month **but remains flexible about location and timing**. These are opportunities for building relationships, recognizing progress, imparting knowledge and coaching behavioral changes. During these times the case manager can also assess aspects of the household and family members related to safety, functioning, child development and maintenance of the home.

Family members know they can count on seeing their case manager regularly, wherever it “feels right” to them. They know it is their time—a time for them to share how “things” are going, talking about what is going well and what is a concern to them. They know the case manager will listen to them and help them solve problems.

2. **Family** members who decline to participate in services recommended to improve their status are **regularly engaged using motivational interviewing and assertive engagement techniques** in an attempt to increase the likelihood of their participation.

Family members know their case manager will not “give up” on them – any of them. No matter what happens, family members know their case manager will continue to meet with them, listen to them, remind them of their goals and their ability to meet and sustain them. But they also know that the case manager will “talk straight” with them and walk through the options they have and the potential consequences of the different options. They know they are not alone.

3. Case managers **assist family members in identifying and accessing community-based resources** to improve family well-being.

Family members know their case manager is their advocate and coach, helping them to locate and sign-up for the help that is right there in their own community. And they know that is not the end of it. They can rely on their case manager to help them make sure these services are working for them and that they are making healthy new social connections in the community.

4. Services are **well-coordinated with other providers and referrals are documented and tracked** in a defined process. There is **no indication that service participation is required or mandatory by the supportive housing program provider.**

Families served by supportive housing who are involved with multiple systems, such as child welfare, juvenile justice, criminal justice or mental health, know the supportive housing case manager will be the one constant that helps them navigate multiple case managers, plans and service mandates. They know the supportive housing case manager will help them locate, enroll and participate consistently in programs that are a good fit for their needs and meet mandated requirements.

5. A **tenant or supportive housing program participant group meets regularly and is supported** by staff.

Family members know they have options for building up their healthy networks, getting to know their neighbors and neighborhood, becoming involved in their communities and adding their voice to program planning, development and improvement.

6. A **collaborative relationship between case managers and landlords/property management** includes formal communication.

Family members know that their case manager does not want them to lose their home. They know this means that the case manager may need to communicate with their landlord/property manager about concerns that may jeopardize the family's housing stability. But they know the case manager will help problem-solve, remove barriers and identify options that will help them keep their home.

4. From “Moving In” to “Moving On”: Families Have Different Needs at Different Times

The daily work of a supportive housing case manager serving families will vary according to family strengths, needs and goals. But, experience has shown that a case manager can generally expect to emphasize different activities at different times depending on where the family is in the change process. Although it may be useful to think about case management services for families in supportive housing in phases, similar to the four phases defined in the Wraparound Process used in behavioral health programs¹⁰, it is also important to recognize the phases do not represent a linear process.

Figure 1 is a high-level illustration of the activities in each phase. Phases may overlap and are not time-limited. Given challenging circumstances and changing events, families may have setbacks even after significant progress has been made. The work is not necessarily sequential and activities of earlier phases may need to be revisited.

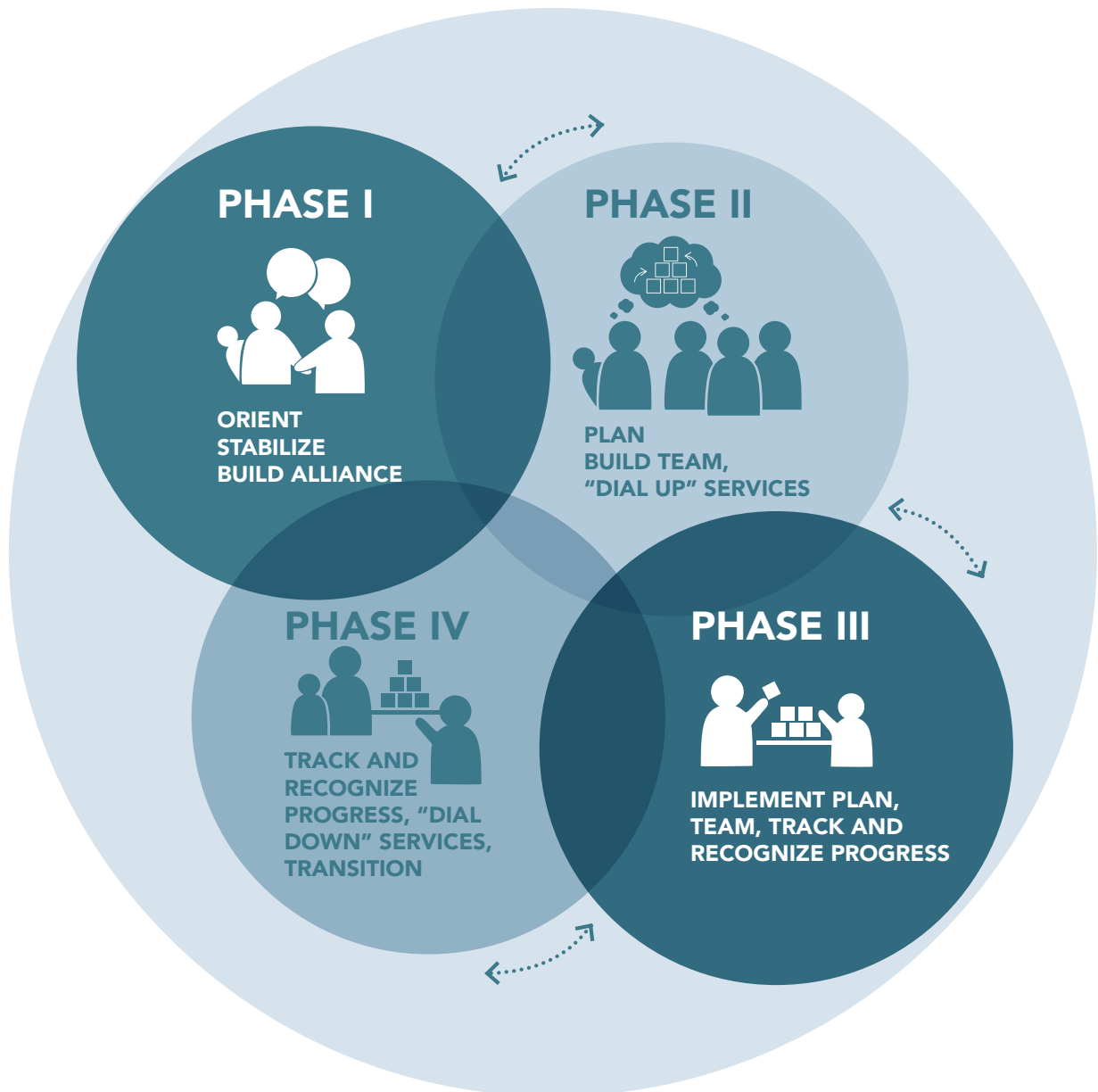
Initially, in **Phase 1**, the case manager focus is on helping the family to locate, become comfortable with and feel secure in their new home and community. This initial phase, whether or not the family is permanently housed at the time services are initiated, can begin to set the tone for the working relationship to come. The case manager begins to get to know the family, responds to their immediate needs and may begin planning to meet longer term need. Case managers guide family members through steps to locate and/or become oriented to their home and neighborhood. Once the family is in a more stable setting, physically and emotionally, more directed goal setting and long-term planning can take place, usually in **Phase 2**. It is also a time when the team might be expanded to include additional resources for meeting family goals. **Phase 3** can be considered the time during which the work is ongoing, services are implemented, networks are expanded, outcomes are tracked, and adjustments are made as needed. Eventually, in **Phase 4**, when the family is ready, the focus is on helping them transition from reliance on on-going case management services to greater reliance on themselves and the networks they have built. It may also be a time of transition to a new home and community. One family supportive housing program refers to this last phase as the “healthy connections phase”. Throughout all the work, the supportive housing case manager is tracking results.

¹⁰ For more information about the wraparound process, see http://www.nwi.pdx.edu/pdf/Wraparound_Family_Guide09-2010.pdf

PHASE I	PHASE II	PHASE III	PHASE IV
1. Get acquainted with family members: Hold conversations, explore strengths, needs, culture, vision, attitudes of family members. 2. Begin to stabilize family members by asking about and addressing their immediate concerns. 3. Assist family with searching for a place to live, as needed, including gathering paperwork and preparing for meeting landlords or property managers. 4. Discuss the family's previous experiences with and current view of seeking help. 5. Gather information from agency representatives and potential team members about concerns and potential crises. 6. If housed during this phase, orient family members to their neighborhood and relevant resources. <i>Explore the neighborhood with family members to "scout out" community resources relevant to the family both in the near and longer term (schools, parks, places of worship, stores, public transportation, etc.). This can be a particularly useful activity in scatter-site housing.</i> 7. If housed during this phase, walk through new living space and discuss how to make it child safe and troubleshoot maintenance issues.	1. Develop or confirm family goals. 2. Form an initial team by identifying with the family who can help them achieve their goals and securing informed consent from family members to allow the identified team members to participate. Make necessary arrangements for team meeting. 3. Convene meeting following a prescribed protocol.¹¹ 4. The result of meeting should be a finalized plan, ensuring that family members have a clear role and voice in its development. <i>A family-involved team meeting for review and planning can facilitate information-sharing and accountability across providers and with families.</i>	1. Take action on each strategy. 2. Measure progress on action steps and evaluate success of strategies. 3. Celebrate successes. 4. Revisit and update the plan; consider new strategies as necessary. <i>Plans should be updated and reflect the fact that families change and evolve.</i> 5. Maintain and build team cohesiveness and trust, communicate and share information. 6. Maintain awareness of team members' satisfaction and "buy-in." <i>Membership on the family's team may change over time and may likely include more professionals than informal supports in the beginning.</i> 7. If holding team meetings, continue to do so periodically.	1. Plan for reducing intensity of case management services. 2. Create a transition plan. 3. Create a post-transition crisis management plan. 4. Modify service approach and intensity to reflect transition. 5. Document the team's work. 6. Celebrate successes. 7. Follow up with family; conduct regular check-ins with family. <i>Given the complexities families involved with supportive housing face, a full transition from a supportive housing program will likely take years. Service provision may both "dial down" and "dial up" as the family's circumstances change.</i>

¹¹ For a description of different approaches to involving families in team meetings see, <http://www.cssp.org/publications/child-welfare/child-welfare-misc/bringing-families-to-the-table-a-comparative-guide-to-family-meetings-in-child-welfare.pdf>

FIGURE 1. Working with Families, From Moving in to Moving on



5. What Directs a Case Manager to Act? Critical Components of Practice

For families to experience supportive housing services as described above, the practice of a case manager must incorporate several critical components. Many of these components are part of standard best practice across all “helping professions”. They include engagement, assessment, teaming, planning and linking to services or interventions, and tracking and adjusting as needed.

Throughout the phases of a family’s involvement with supportive housing, the supportive housing case manager puts these practice components to use on an ongoing bases. Unlike the practice of other case managers, the practice component “advocacy” is a task particular to the supportive housing case manager, given the role that person plays in a family’s life and the overall goals of supportive housing programs. Throughout this section, information is has been drawn from several sources including CSH’s Dimensions of Quality¹², material prepared specifically for the federal demonstration by New York University’s McSilver Institute for Poverty Policy and Research, the Child Welfare Policy and Practice Group¹³ and the California Partners for Permanency¹⁴.

PRACTICE COMPONENTS
Engagement
Assessment
Family-involved Teaming
Planning/Linking to Services
Advocacy
Tracking and Adjusting

The following pages describe each of the practice components, what they should look like in practice and what supervisors and managers can look for to ensure practice meets these standards. Case managers can also use this information for self-assessment. In quality assurance and quality improvement efforts, family members can be asked to provide information about the extent to which these practices are evident in the work with them.

¹² For more information, see <http://www.csh.org/quality>

¹³ For more information about the Child Welfare Policy and Practice Group, see <http://www.childwelfaregroup.org/documents/Framework.pdf>.

¹⁴ For more information, about the California Partners for Permanency see http://cfpic.org/pdfs/capp/CAPP_Practice_Model_LEAN_IN_3_13.pdf

ENGAGING

Asked what allowed them to open up and engage with their family supportive housing case manager, tenants said:

"you were approachable and helped me get some necessities (dresser) so we knew you were there to truly help us".

...

"staff was willing to listen and wanted to help us".

...

"we knew you guys cared and you were ready to do whatever you could to support us".

ENGAGING IS ...

- On-going and never ending. It is a continuous process of staying delicately in step with family members in order to continue to build working relationships to support ongoing assessments, understanding, and service decisions.
- Focusing on the person's immediate, practical concern ("starting where they are") in each encounter.
- Always seeking out family members, building rapport, inviting them into a change process, valuing and making central the power, perspectives, abilities and solutions they and their supportive communities offer.

WE ENGAGE BY ...

- Entering into conversations with cultural humility and respect. In other words, we approach people with an openness and nonjudgmental attitude toward aspects of identity that are most important to the person¹⁵.
- Developing and maintaining a mutually beneficial relationship (whether short or long-term) that is built on respect, trust and genuineness.
- Creating an environment where willingness to plan and act together is the goal.

Specifically, we strive to:

- Actively listen with openness
- Have affirming interactions
- Be empathetic: express kindness, patience, reassurance, calm and acceptance
- Nurture honest dialogue, be genuine
- Demonstrate respect
- Listen for loss
- Recognize and respond to stage of change the family member is in
- Roll with resistance
- Focus on the person's strengths, hopes and aspirations as building blocks for meeting needs
- Employ Motivational Interviewing to identify, examine and resolve ambivalence about changing behavior

WE LEARN AND HOLD OURSELVES ACCOUNTABLE TO THIS PRACTICE BY...

Regularly asking our families about their experience, supervising and coaching the desired behaviors and skills, self-assessing our own individual practice.

1. Getting feedback from family members
 - a. Programs may:
 - i. conduct surveys of family members
 - ii. conduct focus groups
 - iii. seek help from independent parties to observe and assess the quality of engagement
 - b. Supervisors may interview families
2. Supervisors look for opportunities to observe and coach the extent to which the case manager:
 - a. Approaches all interactions with families, with openness.
 - i. Listens without making assumptions;
 - ii. Uses language that everyone can understand;
 - iii. Frequently checks in on communication styles and terms to ensure understanding.
 - b. Consistently models honest and respectful communication
 - i. Introduces self, communicates a sincere desire to be respectful ("I would like to be respectful, how should I address you?");
 - ii. Addresses individuals by the name or title they request;
 - iii. Responds to questions and describes situations honestly, providing relevant facts and information;
 - iv. Makes clear statements about what information or action is being requested of the family;
 - v. Facilitates dialogue regarding how the requested information and actions will affect the situation and support the family.
 - c. Consistently employs active listening skills
 - d. Consistently employs Motivational Interviewing techniques
3. Front-line case managers reflect on their own interactions with family members and seek guidance and professional development in areas they believe they need to strengthen.

¹⁵ Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*

ASSESSING <i>The words we use are more than words...</i> <i>Some examples of 'watch words' that can demean people as we draw conclusions and perform assessments¹⁶:</i> • attention-seeking • manipulative • chronic • treatment resistant • non-compliant • acting out <i>An example of another way to describe people in distress:</i> <i>"Donna appears to have a hard time getting what she needs. She often goes to extremes to get someone to talk to her because she has been so neglected in the past"</i>	ASSESSING IS ... • The ongoing process of acquiring the knowledge to understand strengths and needs of family members for effective decision making with family members and linkage to the most appropriate interventions • Recognizing that mental health, substance use and physical health symptoms may be a person's way of coping or adapting to trauma that has occurred • Identifying where family members are in the change process • Facilitating critical thinking and discussions with family members and their formal and informal team/supporters about the family's underlying needs, how they define problems and what success looks like
	WE ASSESS BY ... • Listening attentively, actively • Using a trauma informed lens when gathering and synthesizing information about families • Practicing cultural humility ▫ Use language and concepts the family uses and incorporate the family's strengths, resources, cultural perspective and solutions in all actions ▫ Check assumptions, listen and communicate understanding during conversations ▫ Record the results of our assessments in nonjudgmental language • Exploring with family members: ▫ Strengths, hopes, dreams, needs, goals, opportunities, solutions • What is important in their present? • Where would they like to be "down the road?" ▫ How and to what extent they identify with traditions of their cultures, communities, Tribes? ▫ Past encounters and experiences with service systems – services received, diagnoses given ▫ What is important in their present? ▫ Where they are in the change process at any given time: - STAGE 1: Not Ready (Pre-contemplation) - STAGE 2: Getting Ready (Contemplation) - STAGE 3: Ready to Take Action (Preparation) - STAGE 4: Taking Action (Action) - STAGE 5: Ready to Maintain Gains (Maintenance) • Administering standardized assessment tools, explaining to the family what we hope to learn • Conducting interviews appropriate to the developmental age and stage of family member • Recognizing and accounting for developmental issues such as those of a child or youth or cognitive delay for an adult • Recognizing and responding to "Change Talk" and, Resistant Behaviors (as defined in Motivational Interviewing)
	WE LEARN AND HOLD OURSELVES ACCOUNTABLE TO THIS PRACTICE BY... Regularly asking our families about their experience, supervising and coaching the desired behaviors and skills, self-assessing our own individual practice. 1. Getting feedback from family members a. Programs may: i. conduct focus groups ii. seek help from independent parties to observe and assess the quality of engagement b. Supervisors may interview families 2. Supervisors look for opportunities to observe and coach the extent to which the case manager: • Uses formal and informal techniques to understand the strengths, interests, goals, needs, risks, stressors, and underlying issues of family members • Understands the findings from formal and informal information gathering within the culture and context of the child and family • Uses the family's perspective and input to develop an accurate picture of the family for planning and decision making 3. Front-line case managers reflect on their own interactions with family members and seek guidance and professional development in areas they believe they need to strengthen

¹⁶ Prescott, L., Soares, P., Konnath, & Bassuk, E. (2008) A long journey home: A guide for creating trauma-informed services for mothers and children experiencing homelessness. Available at: <http://www.familyhomelessness.org/media/89.pdf>.

FAMILY-INVOLVED TEAMING¹⁷

Successful family teaming is not a single event but a process that is dependent on authentic engagement and partnership with the family.

FAMILY-INVOLVED TEAMING IS ...

- A deliberate and structured approach to involving youth and families in decision-making through facilitated meetings of family members, their identified supports and professionals working with the family
- Building a network of support with and for family members that consists of both non-professionals and professionals, as needed, who work together to help family members meet their goals
- Collaborating and coordinating across systems with and for families.
- Recognizing and appreciating the strength and support that a family's community, cultural and other natural relationships, can provide
- Establishing shared commitment and accountability with family members and others taking on their roles and responsibilities, holding themselves and others accountable for meeting goals
- Creating an environment for open and honest communication with the family and their formal and informal supporters, facilitating continuous dialogue about the quality of services and adjustments needed

WE TEAM BY ...

- Demonstrating respect to caregivers by having candid discussions and developing shared understanding with caregivers about their rights, role and expectations as parents and tenants
- Facilitating critical thinking and discussion with the family and their team about family needs, how they define challenges and what success looks like
- Exploring with team members what roles they can play over time to strengthen and support the family
- Establishing and continuously convening, engaging and supporting the family's team and reinforcing their self-identified roles
 - Include natural family, cultural, community and Tribal supports.
 - Include others who are providing services to the family including therapists, counselors, life coach, etc.
 - Follow an established protocol for team meetings.
- Facilitating continuous dialogue with the family and their team members regarding how the agreed-upon supports and plans are working
- Incorporating family strengths, resources, cultural perspective and solutions in all casework, decision-making, case plans, reports, meeting notes and other documents
- Celebrating success and accomplishments

WE LEARN AND HOLD OURSELVES ACCOUNTABLE TO THIS PRACTICE BY...

Regularly asking our families about their experience, supervising and coaching the desired behaviors and skills, self-assessing our own individual practice.

1. Getting feedback from family members
 - a. Programs may:
 - i. conduct focus groups
 - ii. seek help from independent parties to observe and assess the quality of planning
 - iii. survey team participants regarding their satisfaction with the coordination and functioning of the team, including whether communication and collaboration are sufficient to meet the family's needs
 - b. Supervisors may interview families and team members
2. Supervisors look for opportunities to observe and coach the extent to which the case manager:
 - a. Identifies who forms the family's group of formal supporters
 - b. Identifies who forms the family's group of informal supports
 - c. Engages and supports these people in playing a role in helping families meet identified goals
 - d. Adheres to an established protocol for meetings
 - e. Has ongoing communication with family members and the people who support them
 - f. Documents results of communications, used in practice and service adjustments
3. Front-line case managers reflect on their own interactions with family members and seek guidance and professional development in areas they believe they need to strengthen

¹⁷ For more information see <http://www.cssp.org/reform/child-welfare/cwshrc/Notes-from-Field-FTM.pdf>

PLANNING AND LINKING TO SERVICES <i>Some common areas for goal setting in supportive housing:</i> • <i>Maintaining Housing (budgeting, physical maintenance, being a good neighbor etc.)</i> • <i>Being substance-free</i> • <i>Daily living skills</i> • <i>Legal concerns</i> • <i>Vocation/employment</i> • <i>Education</i> • <i>Family/parenting</i> • <i>Childcare/school</i> • <i>Leisure/socialization</i> • <i>Medical/health</i> • <i>Mental health</i> • <i>Spirituality</i> <i>Without agreed upon goals and plans, families may only reach out when in crisis.</i>	PLANNING AND LINKING TO SERVICES IS ... • Co-designing, developing and implementing individualized plans to meet the goals of family members with family members. Specifically, ▫ Working both with the family unit and individuals to develop clearly defined, realistic and measurable goals which address housing stability and other needs ▫ Defining what needs to be accomplished, the steps and resources needed and the timeline WE PLAN AND LINK TO SERVICES BY ... • Clarifying what family members desire for themselves versus imposing our own expectations for family members • Clarifying individual family member goals and collective family goals and attending to both • Using tools that help the family members talk about their goals, such as a “wellness wheel”¹⁸ • Prioritizing family members’ goals by importance and confidence in achieving: ▫ How important is the goal? Make it meaningful. ▫ How confident is the person that they will achieve the goal? Focus on the one the individual believes they could achieve first. (As one achieves simpler goals, it builds confidence and empowers to tackle more difficult ones.) • Connecting or re-connecting family members to formal and informal services and supports, cultural practices and traditions that can assist them with loss, grief, hurt, pain, healing and recovery and meeting other goals • Supporting caregivers in participating in activities unrelated to their role as a parent in efforts to promote self-care and managing stress WE LEARN AND HOLD OURSELVES ACCOUNTABLE TO THIS PRACTICE BY... Regularly asking our families about their experience, supervising and coaching the desired behaviors and skills, self-assessing our own, individual practice. 1. Getting feedback from family members a. Programs may: i. conduct focus groups ii. seek help from independent parties to observe and assess the quality of planning b. Supervisors may interview families 2. Supervisors look for opportunities to observe and coach the extent to which the case manager: • Uses well-reasoned, family-centered strategies to build and sustain protective capacities • Individualizes intervention strategies, actions, and timelines to family members and works towards aligning them across providers • Has constructed a plan for interventions with family members and the plan makes sense to those family members 3. Front-line case managers reflect on their own interactions with family members and seek guidance and professional development in areas they believe they need to strengthen 4. Look at data on progress and results
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¹⁸ For more information about the use of a “wellness wheel”, see <http://definitionofwellness.com/wellness-wheel/>

ADVOCACY

Family members can provide significant and ongoing input to an individual supportive housing program and other intervening systems. They are an important voice in the larger community. Given their experience, they are also experts on the successes and failures of the systems of care that most communities are trying to create in order to address challenges such as homelessness.¹⁹

ADVOCACY IS ...

- Speaking up for families and serving as a role model in order to support them in strengthening their family, meeting their needs, finding their voice and developing their ability to advocate for themselves
- Coordinating with the family's formal and informal advocates to assist the family to find their own solutions
- Encouraging, supporting and providing opportunities for family members to actively share their voice, offer solutions, act as leaders and be central in assessment, planning and decisions about their lives
- Helping families advocate for themselves and others for system and policy improvements

WE PRACTICE ADVOCACY BY ...

- Seeking and providing on-going support and linkages for families to culturally competent and effective services to meet their needs
- Helping family members develop and share their own stories, their "lived experiences". This is critical to reframing public perception and building the public and political will necessary to end homelessness. [²⁰](http://www.csh.org/speakupprogram#sthash.s40RPjZ1.dpuf)
- Linking families with professional or peer advocates when requested and including the family's support persons and advocates on the team
- Providing opportunities for families to participate in organizational and system level advocacy:
 - Reserving one or more seats on the agency board of directors for program participant and support the participants in actively participating in the meetings
 - In single-site programs, creating and providing resources for tenants to form a tenant council
 - Developing a speakers bureau where families learn the skills and are supported in telling their story to policy makers
 - Engaging in lobby days and talk with elected officials about the services that are offered in the community and how to make improvements.

WE LEARN AND HOLD OURSELVES ACCOUNTABLE TO THIS PRACTICE BY...

Regularly asking our families about their experience, supervising and coaching the desired behaviors and skills, self-assessing our own individual practice.

1. To gain feedback from family members, programs may:
 - a. conduct individual interviews or focus groups
 - b. assess supports families receive as result of advocacy
 - c. assess the degree to which families progressing towards independently navigating public systems
 - d. assess degree to which participants are actively lending their voices to program, policy and system improvements
2. Supervisors look for opportunities to observe the extent to which the case manager:
 - a. Supports families members in having a voice in getting their needs met
 - b. Considers family members experts on their families
 - c. Encourages and supports family members to give input and provide feedback on processes and interventions which impact them
 - d. Consider family members experts on the supportive housing program
 - e. Encourage and support family members in taking leadership roles and ownership in the program
 - f. Supports families in identifying and advocating for positive system and policy changes in their community
3. Front-line case managers reflect on their own interactions with family members and seek guidance and professional development in areas they believe they need to strengthen

¹⁹ For more information, see <http://www.csh.org/toolkit/supportive-housing-quality-toolkit/community/tenant-leadership/#sthash.1UKeZy2V.dpuf>

²⁰ For more information, see <http://www.csh.org/speakupprogram#sthash.s40RPjZ1.dpuf>

TRACKING AND ADJUSTING

Tracking and adapting ensures the team's plan is implemented with the necessary people, intensity, and quality to achieve the desired outcomes.

TRACKING AND ADJUSTING IS ...

- Following up on the intervention delivery processes through regular communication with family members and service providers to understand progress being made, barriers encountered and changing family circumstances.
- Regularly updating service needs assessments and individualized service plans to reflect the changing service needs and goals of family members.

WE TRACK AND ADJUST BY ...

- Establishing and maintaining regular communication with family members, informal supports and service providers to assess whether/how the agreed-upon practices, services, supports and plans are working
- Making and gathering progress assessments from all parties
- Reviewing gathered progress information with families
- Identifying and resolving service delivery issues, overcoming barriers and adjusting strategies as needed
- Facilitating adjustments to plans and services/follow-through based on family and support team discussions, assessments, and decisions

WE LEARN AND HOLD OURSELVES ACCOUNTABLE TO THIS PRACTICE BY...

Regularly asking our families about their experience, supervising and coaching the desired behaviors and skills, self-assessing our own individual practice.

1. Getting feedback from family members
 - a. Programs may:
 - i. conduct focus groups
 - ii. seek help from independent parties to observe and assess the quality of planning
 - b. Supervisors may interview families and team members
2. Supervisors look for opportunities to observe and coach the extent to which the case manager:
 - a. Understands and monitor family status in the change process, identifies emergent needs and makes adjustments to plans.
 - b. Addresses known risks to reduce/avert crises
 - c. Identifies unmet family needs and attends to them in planning efforts with all team members
 - d. Ensures safety plans are in place when needed
3. Front-line case managers reflect on their own interactions with family members and seek guidance and professional development in areas they believe they need to strengthen

6. Families Involved with the Child Welfare System

Families are involved in multiple systems and supportive housing case managers should have at least a basic understanding of each of those systems. Many of the systems are designed to maintain or improve family and child functioning and lives. Families readily seek the services of some of those systems; the physical health and educational system, for example. Families may also become involved with other systems and their continued involvement may or may not be voluntary. When families become involved with the child welfare, juvenile justice or criminal justice system, a goal may be to improve their lives and set them on a better path, their involvement is, for the most part, not voluntary. Mandates and timelines may have to be followed. The consequences for not following those mandates and timelines may result in shattered families, the opposite of the primary goals of a family supportive housing program.

Working in partnership with families involved or at risk of involvement with the child welfare system provides both opportunities and challenges for a supportive housing case manager. A family entering a supportive housing program may already be involved with the child welfare system. In fact, in some places, a condition for reunifying with a child or of closing a child welfare case may be that the family be part of a supportive housing program. At times the principles and values of child welfare and supportive housing may seem in conflict. Child welfare, for example, may require that a parent abstain from substance use while a supportive housing case manager may use other harm reduction strategies. In the child welfare field there is increasing understanding that risk will never be eliminated and building and relying on the strengths of individuals and their environment are key. The child welfare and supportive housing caseworker are both interested in the safety of children and reducing risks of harm to children. They can strive to work in partnership, to reduce the risk of harm to a child or youth, even while performing in very different roles from the family's perspective.

There are several steps a supportive housing case manager can take to assist families involved with the child welfare system. To use the language and concepts presented in this guidance, the supportive housing case manager can **engage** the family, gain their consent and begin to understand/assess the family's history and current circumstances with the child welfare system. As well, the supportive housing case manager should understand requirements set by the child welfare system and how the supportive housing case manager can assist with **planning**. Housing and the support of a case manager may likely allow for a safe environment for children and the ongoing encouragement a family needs to have their child welfare case closed. The supportive housing case manager may be the person the family needs on their **team** to serve as the community-based coordinator of needed interventions and to **advocate** on behalf of family members. Child welfare systems often require that parents complete certain tasks or "comply" with court orders or plans despite the actual demonstrated progress of that person. Given the role of the supportive housing case manager and their relationship with the family, he/she may be in the best position to **track**, realize and speak to the progress family members are making.

When families are not making progress and are already involved with the child welfare system, working with the family to convene a meeting or arrange a conversation with the child welfare worker or others working with them, the parent's representative, for example, to problem-solve is a possible step. When there are concerns that a child is not safe or is at imminent risk of being harmed, in some cases the needed response may be quite clear, contacting the police and/or mobile mental health crisis, for example, if available in one's community.

In other situations, the question of when to report a family to child welfare may pose a great challenge for family supportive housing case managers, or for anyone working directly with families. The goals of the child welfare system are to keep children safe, to stabilize families and to strengthen their ability to support themselves and their children but families often experience child welfare involvement as punitive and adversarial. In order to support both staff and families, each program should provide information to staff in advance about local mandated reporting. Programs should have clear internal processes on how to address safety and risk issues, when and how to report concerns to either law enforcement or child protection, how to include family members in the process of making a report, if possible. Guidance for how to continue to support families as they are part of a child protection investigation or even when children are removed from a parent's custody should be available.

7. The Organizational Support for Practice

The work described here will only succeed if the supportive housing case managers receive the support and coaching they need to perform effectively and all system partners have aligned values and practices. As a whole, the organization responsible for delivering supportive housing case management services is also responsible for building staff competencies and creating a supportive organizational environment through policies, procedures and technical capacities.²¹

Building Competencies and Supporting Professional Growth

The supportive housing program or organization is responsible for ensuring case managers have the knowledge and skills to effectively practice engagement, assessment, and teaming. This means hiring the right staff—qualified and committed; compensating them well; providing on-going professional development; keeping their workloads manageable; and supporting them daily with effective supervision and encouraging self-care. Examples of critical competencies and resources for learning more are listed on the following page. The principles and values of the organization should be clearly stated and all efforts made to infuse them into daily practices with family and provider partners. Practice expectations and outcomes should also be clear to all (staff, program management, family members) and all must be held accountable for the role they play in helping to achieve those outcomes. The organization can train and coach case managers in acquiring and developing core competencies.

Creating a supportive organizational environment

A supportive environment for successful implementation includes the leadership philosophy, policies, procedures, and technical capacities for reflection, continuous learning and improvement and accountability. Organizational policies as well as practice policies need to be grounded in trauma-informed principles.²² Policies and procedures can be aligned with the vision of supportive housing, or they can pose challenges to living out the principles and values. From the executive to family member level, having an understanding of the challenges and behaviors exhibited by people who have experienced trauma and possessing an awareness of and skills to address the challenges are needed to help family members heal. Internal administrative policies set the tone and parameters for what case managers believe they can do. Flexibility is needed to allow staff to respond creatively to families needs but procedures must also be clear and fair to assist families. Given the complex needs of the family served by supportive housing programs, clear processes on when and how a landlord or property management, law enforcement, or child protection should be contacted with concerns about a family's situation should be spelled out for both staff and families.

²¹ For more information about critical implementation success factors, go to the resources available through the National Implementation Research Network at <http://nirn.fpg.unc.edu/>

²² For guidance, see <http://homeless.samhsa.gov/Resource/A-Long-Journey-Home-A-Guide-for-Creating-Trauma-Informed-Services-for-Mothers-and-Children-Experiencing-Homelessness-33055.aspx>

COMPETENCIES: KNOWLEDGE & SKILLS	RESOURCES FOR LEARNING MORE: Look for resources offered by community partners and explore these online resources
Understanding child and adolescent development	U.S. Department of Health and Human Services https://www.acf.hhs.gov/sites/default/files/eecd/shelter_screening_guide.pdf The Center for the Developing Child at Harvard has several useful videos and publications for learning about early childhood development and strategies for working with adults and children. http://developingchild.harvard.edu/about/ Center for the Study of Social Policy http://www.cssp.org/reform/child-welfare/youth-thrive/2014/Youth-Thrive_Advancing-Healthy-Adolescent-Development-and-Well-Being.pdf
Principles of Trauma-Informed Care	http://www.samhsa.gov/ntic/trauma-interventions http://www.familyhomelessness.org/media/90.pdf
Motivational Interviewing/OARS	http://www.motivationalinterviewing.org/ http://www.centerforebp.case.edu/practices/mi
Protective and Promotive Factors	http://www.cssp.org/reform/strengtheningfamilies/about/protective-factors-framework
Harm Reduction	http://homeless.samhsa.gov/channel/harm-reduction-273.aspx
Family Team Meeting Facilitation	http://www.childwelfaregroup.org/documents/FTC_History.pdf
Principles of Sensitive Practice	Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse was researched and written by Candice L. Schachter, Carol A. Stalker, Eli Teram, Gerri C. Lasiuk and Alanna Danilkewich
Cultural Humility	http://thesocialworkpractitioner.com/2013/08/19/cultural-humility-part-i-what-is-cultural-humility/
Respond to possible child abuse and neglect	Training from local child welfare agency https://www.childwelfare.gov/pubPDFs/whatiscan.pdf#page=5&view=Recognizing%20Signs%20of%20Abuse%20and%20Neglect
Diffusing Conflict	http://www.schoolhealthcenters.org/wp-content/uploads/2014/03/Trauma-Informed-Strategies-to-Deescalate-Classroom-Conflict.pdf Curriculum for supportive housing, found at https://www.hudexchange.info/resources/documents/SHPCrisisConflict.pdf
Self-care	Ohio Child Welfare Training Program Managing Stress as a Child Welfare Caseworker http://www.ocwtp.net/PDFs/CW%20Readiness/Section%202/Managing%20Stress%20as%20a%20Child%20Welfare%20Caseworker.pdf

A commitment to learning and intentional improvement. Organizations need to focus on the results families are achieving and constantly evaluate the methods and processes being employed to achieve the results. Adaptation and “mid-course” corrections should be expected if the desired results are not being achieved. In a complex environment of multiple systems and changing family needs, implementation of supportive housing may change the problems being addressed and organizations need to be attuned to what new presenting needs emerge. Organizations can develop data dashboards that help them regularly focus on results and a continuous quality improvement process that reflects on what is working and what is not for families. To develop such tools, however, organizations need to have data systems that are capable of capturing and producing reliable, quality actionable data about both the processes being employed and the outcomes being achieved. The self-reflection process needs to be a part of all practice routines.

Provide the space, time and support for staff to practice “self-care”. No matter how capable the staff, families will have crises. Many will take a step backward before they can move forward again. The persons who work closest with them are often those who become the most discouraged. Case managers and other frontline staff should be supported and encouraged to care for themselves in a holistic manner as they conduct this difficult work. Flexible schedules for staff and providing the right balance for autonomy and oversight work best in this environment. A team approach among staff and a culture that encourages giving and receiving support allows for staff to ask for support when needed.

Partners are engaged and held accountable to a shared vision through formal agreements such as a Memorandum Of Understanding (MOU). Families are often engaged across multiple programs and systems. Case managers are expected to identify and interact with staff of those programs. Establishing MOU between the supportive housing program and other programs and systems, gives all participants clearer expectations for interactions with both families and staff responsiveness to family needs. MOUs can also be used to establish arrangements for shared training resources and periodic cross-training for frontline staff and leadership. Many of the systems with which families are involved offer training to their workforce, case managers may benefit from participating.

Leadership must be ready to address challenges and bust barriers. Creating an environment that is trauma-informed and encourages and supports staff self-care and entering into MOUs to build strong partnerships sets the foundation for success. Establishing the foundation is not sufficient. Leadership is responsible for holding everyone accountable for the success of the families. For day-to-day effective operation, leadership should ensure there are clear communication protocols for the families, staff and partners. This includes communication about the effectiveness of policies and procedures as well as challenging issues. Effective communication channels allow leadership teams to be nimble in adjusting or even eliminating policies or procedures that present road blocks to staff and families. Program leaders must be prepared to make the hard decisions when necessary. Some services may not be working effectively for families and MOUs may need to be revisited. Some staff may need to be supported to move on because the work is not for them or they are not able to perform their responsibilities as needed.

