



BETTER, BRIGHTER FUTURES FOR KIDS

# Supporting Youth Permanency Post- Discharge

A Family-Focused, Culturally Sensitive  
Intervention Strategy

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1. Describe the importance of cultural humility in Permanency Best Practice.
2. Practice thinking systemically about contributing factors to a crisis.
3. Describe the theory and principles behind Permanency Practice
4. Identify the four core concepts of Permanency Best Practice
5. Use specific tools for Family-Focused Safety Planning
6. Describe the Signs of Safety and their role in Permanency Practice.

An enduring family relationship that:

1. Is safe and lifelong
2. Offers the legal rights and social status of full family membership
3. Provides for physical, emotional, social, cognitive and spiritual well-being
4. Assures lifelong connections to birth and extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion, and language

## Ruling in vs. Ruling out

Supporting families in responding to mental health crises in a way that:

1. Embodies cultural humility
2. Strengthens the family's existing internal and external resources
3. Keeps young people in their communities and/or minimizes the duration of out-of-home placement

1. Commit to lifelong self-reflection
2. Be sensitive to power imbalances, work to fix them
3. Develop “mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations”

Tervalon, M., & Murray-Garcia, J. (1998). Cultural Humility Versus Cultural Competence: a Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved*, 177-125.

Cultural Humility is an ongoing process and a commitment to self-reflection and evaluation ... [that] is about being open to other aspects of people’s experiences and identities and what is most important to them, even if it is something that doesn’t resonate with you personally

– Youth MOJO

## Who defines safety, and where is “safety” located?

Historically, child welfare systems have focused on “risk management.”

This focus, combined with racial and class bias, has meant that “safety” gets defined as something that providers bring to a family, or that is established outside of the home (in a hospital or group home setting).

Often these are majority white spaces and/or they operate according to white cultural norms.

## Who defines safety, and where is “safety” located?

### Signs of Safety:

- All families have signs of safety
- Always search for more detail
- Small changes lead to bigger changes

We look for where safety already exists, and we build there.

## Who defines safety, and where is “safety” located?

We are working to keep kids safe within the context of their family

vs.

safe from their family or keeping their family safe from them.



# Our Intervention Model



FAMILY SEARCH AND  
ENGAGEMENT



PERMANENCY  
READINESS AND  
RESILIENCE



YOUTH-GUIDED,  
FAMILY-DRIVEN  
TEAMING



FAMILY FOCUSED CRISIS  
RESPONSE

**Practical Strategies** to help youth and their caretakers/kin assess what is going well and what barriers exist, to demonstrate safety in multiple settings:

- programs or out of home settings while preparing for a return to family living
- during and after home/family visits
- in school settings
- in a community setting

## Clinical Engagement

- with youth and their family/kin members
- address attachment, loss, and trauma
- allow a path forward for healing relationships.

## Highlight Strengths and needs of Kinship Group

- Identify practical, family and youth driven interventions needed to reach goals for family living (building on existing safety in natural networks)

## Advocacy

- Family system: deepens family engagement and buy-in for planning that highlights client voice
- Professional/child welfare/juvenile justice: allows system folks to see signs of safety and strengths within families

## Intake

- Assess the current team
- Assess barriers to family membership / living at home

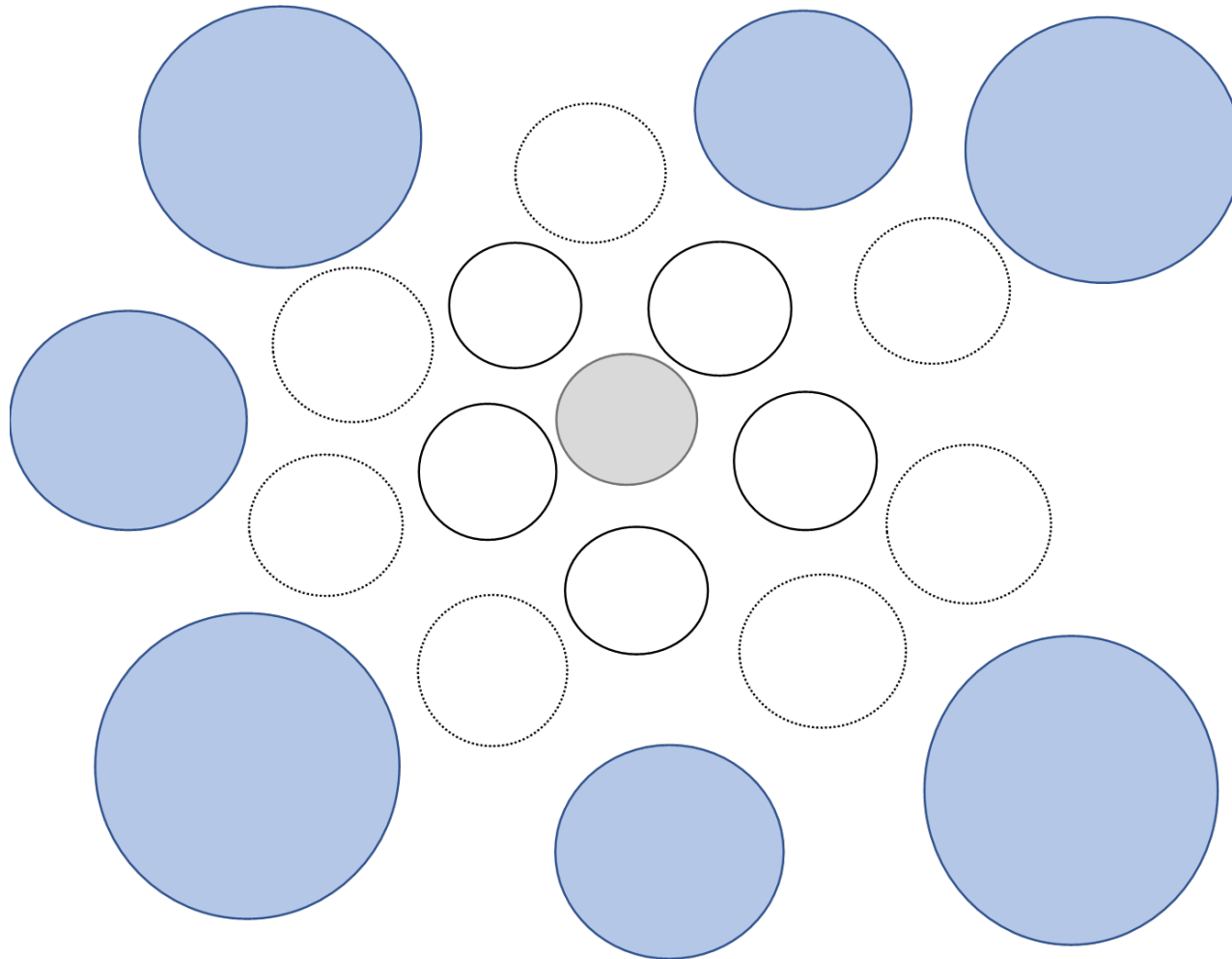
## Middle of treatment

- As a youth spends more time with support network, reassessing natural supports
- Reassessing barriers to family membership / living at home
- Activity Analysis to look at factors contributing to increased safety or increased crisis

## Discharge

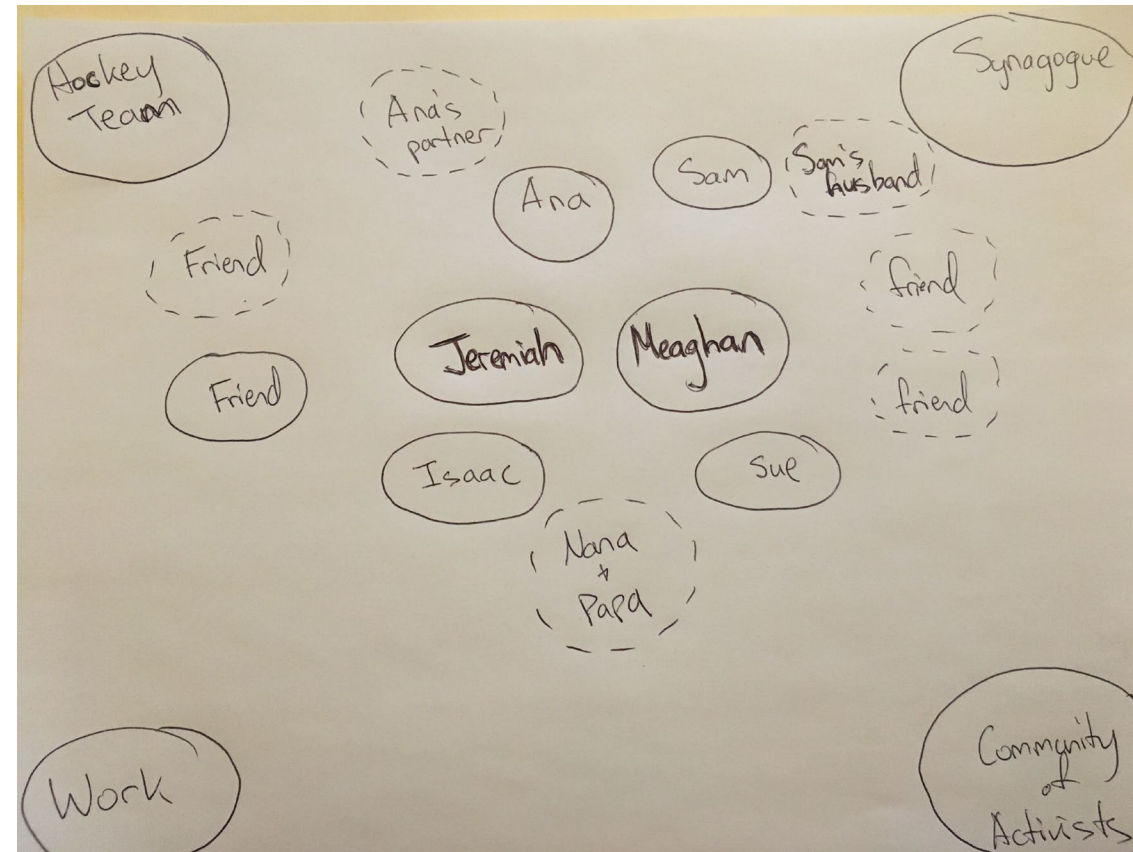
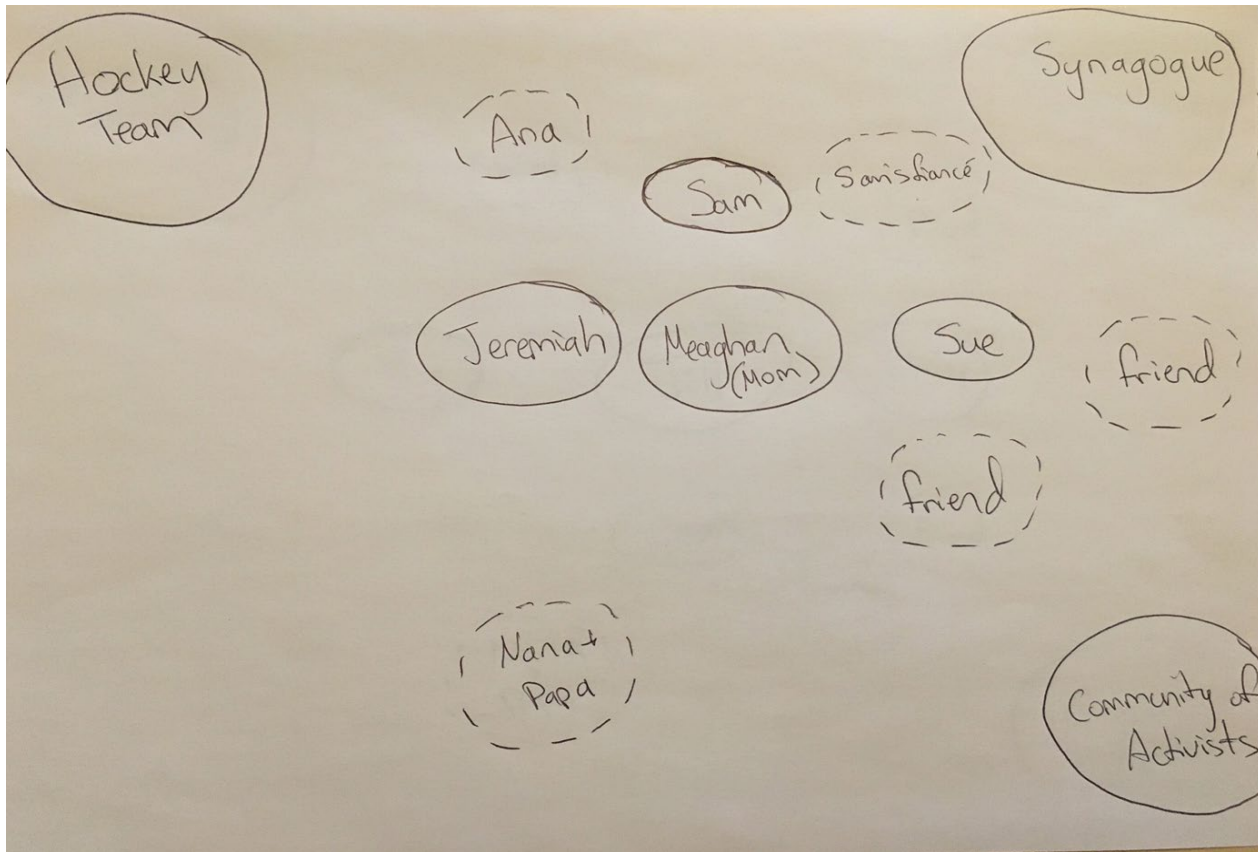
- Reassessing natural supports
- Solidifying plan for support network to step in when new crises arise

Permanency work begins at intake.

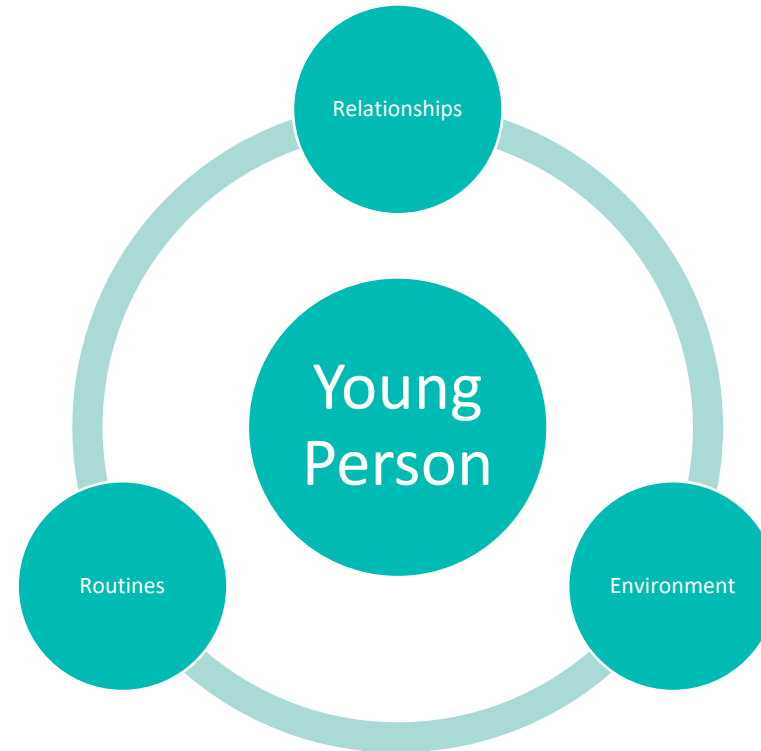


1. The middle grey circle is for your name (can also make circles grouped together for each family member, or one circle with all the household names in it)
2. The circles immediately surrounding this one are for people who can help you and your family stay safe, or who you can turn to if you or your family are in crisis. They can provide concrete help and/or accountability
3. Circles with dotted lines are for people who don't know everything that's going on, but could provide distraction or emotional support outside the crisis. If needed, they may be pulled closer with some work to build trust or strengthen the relationship.
4. Large blue circles at the edge are for communities, groups, or other networks that could provide you with support

# Safety Map



Many of our treatment plans focus solely on the young person and their self-regulation skills or behavior. This is only one small piece of increasing stability for a young person and their family. We get a richer understanding of the factors that contribute to Permanency Readiness when we also consider the relationships surrounding a young person, the environments in which they live, and the routines that occupy their time.



# Practice

Time to Practice! Think about a family you're working with (or family who's working with someone you supervise). Your partner will interview you about the family and help you fill out either a Safety Map, or an Activity Analysis. After 7 min, switch roles.





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