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The Plummer Youth Promise: Infusing Permanency in Residential Care

by James Lister and Nicole McLaughlin

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Ten years ago, Plummer Youth Promise's residential programs did not apply intentional practices to help youth in child welfare achieve permanency. Although permanency goals were referenced in our Department of Children and Families (DCF) contracts, those contracts didn't require specific interventions, and we weren't using any. It wouldn't be a stretch to say we didn't think permanency was possible for many of the teens we served.

Instead, we naively believed that if we could provide the best possible group care experience, that would be enough. So we made sure that the young men we served (ages 13 to 21) had access to lots of opportunities. We capitalized on deep community support to provide mentors, jobs, athletics, and music opportunities. We taught daily living skills. We provided tutoring. We went camping and did yoga.

None of this was enough. Although we weren't collecting data, we knew anecdotally that many of our clients were struggling as young adults. We knew that many left to couch-surf with friends, and some spent their nights at the local homeless shelter. We knew that some were becoming parents at a very young age. We knew they had trouble holding jobs.

Beginning a Paradigm Shift

For obvious reasons, our floor staff was discouraged and morale was low.

They wanted more for the young men with whom they worked. They spoke of their hopes for our youth, and their heartbreak at the reality. Sparked by their voice, we were compelled to think differently. We needed to rethink our practices, be open to new approaches, and find a systematic way to evaluate whether our work was effective.

In 2010, we adopted a strategic plan

articulating three things we believed our young people needed to succeed as adults: permanency, preparedness, and community. We recognized the need to develop more deliberate clinical practices in these areas, and the need for data that would enable us to continually analyze our work and improve outcomes. Finally, we determined that the development of our practice and evaluation tools would require funding beyond what was reimbursable through state contracts.

Looking back, four things stand out as critical in our transition: humility, curiosity, transparency, and patience. We started by acknowledging that our work was not as effective as we wanted it to be, and that we needed help to figure out how to do things differently. We asked questions and sought advice: academic, clinical, and practical. We were honest with our stakeholders about the strengths and weaknesses of our work. And we took it slow, reflecting on the results and making adjustments, one step at a time.

Testing the Waters

Believing that permanency was the most elemental piece of the Plummer Intervention Model, we prioritized that work and started small. We convened a monthly advisory committee that included our clinical staff, national permanency experts from 3P Consulting, a foster parent, a social worker with some experience in measurement, and the supervisor

of a local DCF adoption unit.

We reached out to DCF partners on a local and statewide level, explaining how we were changing our practice, and why. This laid the groundwork for powerful collaboration between residential and state partners to achieve permanency and led to additional start-up funding. We also talked with our philanthropic supporters, being transparent about our frustrations and our desire to do better. This too led to some financial support. As we started to shift our practice, we recognized the importance of having board members and funders internalize a commitment to permanency, so we kept them up to date on our progress and invited them to staff trainings.

After consideration, we decided that three permanency best practices (described in more detail below) would form the core of our work:

1. family search and engagement
2. youth-guided, family-driven teaming
3. permanency readiness

Because we didn't have the in-house knowledge to do this work, we hired two seasoned permanency practitioners to help. We started by piloting four cases involving young men 14 or older. Ultimately, all of them left our care with more family relationships than they arrived with. One was reunified with his birth mother, and one was adopted by a family identified by us. The third aged out at 22, connected to half-siblings he had been unaware of and with a mentor who committed to their relationship through a permanency pact. The fourth left to live with a foster family, later spending time in detention and in another residential program. He is now doing well, living with or near family members

we had located while he was living at Plummer, including an aunt, his father, and two sets of grandparents.

Although we were still learning and had yet to systematically apply the practices, the power of the work was apparent. So we made a commitment to immediately use these practices with all the young men in our residential programs. At the same time, we committed to figuring out how to collect data that would measure both practice implementation and outcomes.

Solidifying Our Approach

Today, each young person in our therapeutic residential programs has specific treatment goals designed to help that young person achieve permanency. Progress toward these goals is driven by application of three best practices.

Family Search and Engagement

Using family search and engagement techniques, we locate and reach out to anybody who is important to or could become important to the youth. We start by asking for suggestions from the young person as well as the adults who know the youth best. Sometimes we make suggestions. This work starts immediately and is ongoing. Initial engagement questions tend to be open-ended, asking youth: "Who is most important in your life?" or "Who cares about you?" When we reach out to relatives and other adults, we ask things like "What's your favorite memory of this young man?" or "What do you wish for him?" If the young man named the person as someone important, we might point that out. The goal is to convince people to be on a team that will help figure out family and future for the youth.

Team Building

Next, guided by the young person, we build a team. This team—which includes the youth, family members and other caring adults, our state partners, and key professionals—is responsible for coming up with a realistic, individualized, timely plan for permanency that includes at least one back-up plan and person (we firmly believe in concurrent planning). The team is informed wholly by the youth's needs, which often allows people who've been in conflict to put that conflict aside for the purposes of working on the young person's permanency plan. Plans must always drive toward safe, supportive, lasting family relationships, and often also toward living with a family.

Through this process, we have been able to engage a variety of people who care about the youth to craft a solution that will work. Plans often rely on involvement by more than one person. For example, a grandmother might indicate that she's willing to have the young person live with her, but that she'll struggle on the days that she needs medical treatment.

At that point, another person might volunteer to care for the youth on those days. Still another might take responsibility for getting the youth to and from school or athletics.

Preparation for Permanency

Finally, we help young people and their families get ready for permanency, so their relationships can be successful and lasting. To do this, we prioritize family contact, providing plenty of visits and time to strengthen relationships and practice being a family. We never limit family contact as a result of a young person's behavior. In fact, we place

a huge priority on making family visits happen, spending a lot of our discretionary funds on things like plane and train tickets, Uber, hotels, and meals. Readiness also involves individual conversations between and among a permanency social worker, the youth, and family members. It's important for everyone to talk about what it will take for this relationship or living situation to be successful, what the challenges might be, and what type of support is available.

Nurturing a Committed Staff

To build a staff committed to permanency, we ask job candidates questions to elicit information about whether they're likely to embrace permanency work. For example, we might ask a candidate how she would feel if a young person wanted to explore a relationship with biological parents whose rights had been terminated after a series of supported reports for abuse and neglect.

To build staff competencies, we provide training not only in the three core best practices outlined above, but also on topics such as:

- including youth and family voices
- talking to kids about permanency
- working collaboratively with state partners on progress toward permanency goals
- resolving ambivalence and conflicting family loyalties
- blending a youth's multiple family relationships

Finally, our clinical supervision includes competencies that tie directly back to our practice. For instance, during supervision, we will ask things like "How is youth and family readiness being addressed?" or

"Who has the youth identified for his team?"

Collecting Data

Before our shift in practice, we weren't really collecting data. To the extent we were tracking even the simplest information, we were doing it on index cards. To get an aggregate picture, we hand-counted the cards.

One of the things we've learned is that collecting and reviewing data is not the same as developing an evaluation and measurement system. A robust outcome measurement system should reinforce your clinical model; therefore, they should be developed in tandem. It's not that hard to count an outcome at discharge. It's another thing entirely to implement a system that provides ongoing information such that, if necessary, you can change your approach to particular situations almost immediately.

Today, on a shift-by-shift basis, direct care staff and social workers enter data about interactions with and behaviors of each young man. Each piece of information tracks to treatment goals that are aligned with our model. During meetings, staff can see from reports what services have been provided, and whether the young man is moving closer to or further from a permanency outcome. This internal feedback loop drives next steps.

We've also learned that, just like the commitment to permanency, the commitment to data collection and evaluation must be championed by leadership and embraced organization-wide. Our system counts on everyone who works with young people to understand the elements of our model, use the practices that are part

of the model, document their interventions, and participate in evaluating whether a young person is progressing toward his goals.

Importantly, when someone doesn't document their work accurately, data for the entire organization can get skewed, making it very hard to judge our work.

Implementing such a system takes patience and ongoing training. Social workers and direct care counselors must learn data and computer skills that may be new to them. Evaluators must understand that it can be hard for staff to find the time to input data when their primary responsibility is caring for and being present for our young people. Leadership needs to understand that long-term impact can only be understood after years of systematic and thorough data collection designed to help answer carefully considered questions.

Evaluating Based on Data

Today, every treatment goal for each young person in our residential programs is connected to advancing permanency. The primary permanency domain areas for which we collect data and monitor indicators are "family and parenting" and "safe, stable family living environment."

We use a variety of assessment tools and techniques to assign a 1 to 4 rating in these domains. Each quarter, we review services and behaviors to determine whether a young person has moved either forward or backward on the 1 to 4 permanency continuum. For example, a 4 in the "family and parenting" domain indicates the presence of an emotionally secure, legal parent-child relationship. A 4 in "safe, stable family living environment" indicates

that a young person is safely living with a family.

In fiscal year 2016, 66 percent of youth left our care with safe, emotionally secure parenting relationships. This means they had either a 3 or 4 rating in the family and parenting domain area described above. Some of these young men went to live with family or kin; others went to their own apartments, to college, to a foster family, and in one case, into juvenile detention. Of the 66 percent, 71 percent discharged with a legal parenting relationship

through reunification, adoption, or guardianship.

The Plummer Youth Promise of Today

Today, permanency infuses everything we do. The board knows it, the staff knows it, and our young people and their families know it. Staff are energized and determined. The board listens intently to the stories, and continually asks about outcomes. And the youth and families know we are serious about

this approach and will work in partnership with them.

Our state partners are excited, as they see hope for young people previously thought to have little or no chance for safe, secure, permanent family relationships. Our private funders are highly engaged: they often ask how the permanency work is going and respond positively when we ask for help with seemingly mundane expenses like transportation and meals for family visits. Our work is becoming more visible, and potential employees interested in our approach are reaching out to us even when we aren't advertising for help.

As you can see below, our organizational vision in 2009 centered on community. Today our vision revolves around family.

2009 Vision

A community committed to providing all children the support necessary to successfully navigate to adulthood.



Today's Vision

Every young person has a family unconditionally committed to nurture, protect and guide them to successful adulthood.

In 2017, to better reflect this vision, we changed our name and tag line from The Plummer Home for Boys to Plummer Youth Promise: Family for Everyone. Perhaps our work is best summed up by the spontaneous statement from one of our 19-year olds: "Kids need families. That's just what they need."

Tips for Getting Started

If you're unsatisfied with your residents' outcomes, start by being brutally honest with yourself and your stakeholders about what's working well and what isn't. Ask questions. Look to others for guidance, both research-based and practical. Keep all of your stakeholders informed: board, staff, public agencies, and private funders.

While private funding is helpful, it's not necessary. Within your existing budget, decide to prioritize any expenses that advance permanency. This could mean decreasing your maintenance budget while increasing your transportation budget to pay for family visits. If you have a staff training budget, it could mean directing those expenses to permanency-specific trainings. There are many creative, cost-neutral changes that can pay big dividends, including:

- recognize that family contact is a right, not a privilege
- never use family visits as incentive or punishment for particular behaviors
- recognize that the longer young people go without living with their families, the more we are adding to their layers of trauma
- when a young person mentions someone important to them, follow up right away
- use casual circumstances, like car rides, to introduce conversations about family, and to ask questions
- use a permanency-focused agenda rather than a behavior-focused agenda when reviewing a young person's treatment plan
- direct staff training dollars to trainings with a permanency focused curriculum

As you decide to implement new practices, create a system for tracking them. Make sure everybody has a full understanding not only of the practice, but of why it's important, and how to document it. Let them know they will be supported in this work, and also held accountable to it.

Finally, recognize that deep organizational change takes time and flexibility. Nobody gets things perfect right away, so be open to recalibration as your process unfolds. And while you recalibrate, celebrate and showcase the small successes. Together they make a big difference for everyone.