

GEORGIA DEPARTMENT OF HUMAN RESOURCES

Division of Family and Children Services (DFCS)

Family-Centered Case Practice Model

(Rev. 2/28/2009)

I. Introduction

The Division's case practice model is intended to define the expected outcomes of the services, which we provide, as well as define the guiding principles and expectations for direct practice and program and organizational capacity. A clearly defined set of outcomes ensures that case practice is results-driven; clear values and principles emphasizes that case practice is more than a regimented set of functions designed to simply move a child and family "through the system." A focus on outcomes helps establish an organizational culture that not only directs how children and families will be treated but also how they and their natural support networks will be engaged in the decisions affecting their safety and well-being. This document has been developed to define, guide, and support our strengths-based and family-centered model of practice at all levels of the Division of Family and Children Services.

II. Mission and Outcomes

The Division of Family and Children Services is committed to help children, and families in Georgia achieve safe, stable, and healthy lives. The Division's child welfare practice seeks to achieve three primary outcomes for children and families: increased safety, permanency, and well-being. These outcomes are based on what the professional research supports as the most critical outcomes for our work and include the seven outcomes for which the federal Child and Family Services Review (CFSR) holds us accountable.

Better results for child	Child and Family Services Review
Safety for Children	<ul style="list-style-type: none">✓ Children are, first and foremost, protected from abuse and neglect.✓ Children are safely maintained in their homes whenever possible and appropriate.
Permanency	<ul style="list-style-type: none">✓ Children have permanency and stability in their living situations.✓ The continuity of family relationships is preserved for children.
Well-Being	<ul style="list-style-type: none">✓ Families have enhanced capacity to provide for their children's needs.✓ Children receive adequate services to meet their physical and mental health needs.✓ Children receive appropriate services to meet their educational needs.

III. DFCS Values and Principles

The foundation of a case practice model is a clear understanding of the values and principles we hold and that we expect to be reflected in day-to-day practice:

Core Values

- Children need and deserve to grow-up safe, free, and protected from abuse and neglect.
- Children do best when they have strong families, preferably their own and when that is not possible, a stable relative, foster or adoptive family.
- All families need community support and genuine connections to people and resources.
- Families have the capacity to change with the support of individualized service responses.
- Government cannot do the job alone; community partnerships are essential to ensure child safety and build strong families.

Principles

- In making determinations about plans and services, we consider the child's safety and health paramount.
- We must provide relevant services with respect for and understanding of children's needs and children's and families' culture.
- No child or family will be denied a needed service or placement because of race, ethnicity, sexual orientation, physical or emotional handicap, religion, or special language needs.
- Where appropriate, families will be provided with the services they need in order to keep their children safe and at home in order to avoid the trauma of removal.
- Understanding the disproportionate representation of children and families of color among those supervised by DFCS, we will continually assess our tools, services and strategies to prevent racial and ethnic bias.
- Foster care will be as temporary an arrangement as possible.
- If at all possible, children in out-of-home placements will be safely reunified with their families within 12 months. Families will be provided with the services they need to allow for safe reunification whenever possible.
- If a child cannot be safely reunified within timeframes established under federal and state law, DFCS will find a permanent home for the child, using child-specific recruitment plans when necessary, preferably with an appropriate relative or an adoptive family.
- We must work to ensure children in out-of-home placement have:
 - Stable placements that promote the continuity of critical relationships, including with their parents, siblings and capable relatives, to achieve a sustainable permanent family setting.

- Placements in settings that are the least restrictive and meet their individual needs.
- Decision-making that is informed by a long-term view of the child's needs, informed by the family team, and is consistent with federal and state timelines about achieving an exit from care to a sustainable, safe permanent home.

IV. How We Work

Reflective of these values, the practice model is a continuous set of activities that every worker will apply in practice, including those responsible for the assessments of reports of suspected child maltreatment. Our practice model focuses on outcomes and emphasizes: quality screening, individualized case planning, and decision-making.

- Quality screening,
- Engagement of youth and families,
- Working with teams,
- Development of quality assessments,
- Individualized planning and relevant services,
- Continuous review and adaptation, and
- Safe and successful transition from DFCS involvement.

DFCS policies and practices are rooted in the commitment to a strengths-based, positive youth development, and family-centered approach that guides our work with; children and families at every stage, with each other, and with the community.

V. Essential Practice Functions and Strategy

1. Quality Screening

All workers must treat colleagues, the community, and the families and children we serve with courtesy and respect in order to translate our values and principles into practice. Screening is usually the initial point of contact between the community and the Division.

Day-to-day practice with families will include but is not limited to the following:

- Respond to all callers promptly with respectful, active listening skills.
- Gather essential information including the beginning identification of all individuals who are parents and other important family members.
- Screen referrals using uniform instruments that structure the process of assessment and response to information related to child safety.
- Screen referrals uniformly.

2. Engaging Youth/Families to Build Trust

- Engagement is the foundation to building a trusting and mutually beneficial relationship between a youth/family member, the staff, and DFCS. Engagement

begins with the first contact and continues throughout the Division's involvement with the family.

Day-to-day practice with families will include but is not limited to the following:

- Respect, active listening skills, cultural competence, and an awareness of the power differences between the Division and the family. This involves providing family members with complete information not only regarding their situation but also full disclosure regarding laws, regulations, and policies which impact their life situation.
- Child safety, risk and protective factors, and family issues are always identified, discussed and prioritized with the family.
- Whenever safe and appropriate, youth and parents are included in decision-making about the services and supports they need and be active participants in finding solutions to family issues and concerns about child safety.

3. *Working with Family Teams*

Building a support team or a network around a youth/family has multiple benefits. Teams are useful for gathering important information about strengths and needs of families that contribute to the overall functional assessment of a family's situation. This support network is available to assist the family throughout and after the involvement of the Division. This family team includes other family members, neighbors, and friends as well as representatives from other formal systems such as schools, therapists, and substance abuse treatment providers. Parents, when possible, children, when age appropriate, youth, and team members are active participants in making decisions about what services and supports are needed, how and who should deliver the services, and how to identify success. Adolescents can have their own family team meeting if not living with other family members which may include those adults who are significant to their life.

Day-to-day practice with families includes but is not limited to the following:

- DFCS case managers, supervisors and other applicable staff will perform diligent searches for immediate and extended relatives through the use of tools provided by the Division and community resources.
- Each youth's or family's support network, including relatives, friends, neighbors, and other lay and professional helpers are involved to help resolve current issues of concern.
- Utilizing a team approach to consultation, planning, and decision making are used. Family members are key participants in the process. Family teams will be provided with relevant information including an understandable explanation of the laws, regulations, policies, and practice that guide both the Division and the Court so that they can operate as productively as possible.
- Community and support network resources to promote family preservation and family reunification are identified and reviewed with the family.
- DFCS convenes Family Team Meetings regularly, including when a team member, such as parent or youth, requests such a meeting.

- DFCS will convene a Family Team Meeting prior to or within 72 hours of a child's out-of-home placement. The purpose of this meeting is to continue the family engagement and full disclosure process, to review the time frames, as delineated under the Adoption and Safe Families Act, the child's need for permanency, and the practice of concurrent planning.

4. *Individual and Family Assessments*

Assessment starts with the Division's initial contact with the family or with the individual who is calling on behalf of a child and is a continuous process for the life of the family's involvement with DFCS. Assessment is not the completion of forms but rather it is an ongoing process, which addresses the safety of children by "gathering and analyzing information that supports sound decision making." (U.S. Division of Health and Human Services, Rethinking Child Welfare Practice under the Adoption and Safe Families Act of 1997: A Resource Guide, Washington, D.C., U.S. Government Printing Office, 2000, p. 33). The assessment determines strengths, skills, and concrete and immediate needs. It explores the underlying causes of child maltreatment or the risk of child maltreatment and the factors that prevent parents from making the necessary changes to keep their children safe. The availability of supports and services is a critical factor in the assessment. Assessments are not done in a vacuum or solely by the Division's representative. It is work that is done with the family team and it is a continuous process.

Day-to-day practice with families and planning for children includes but is not limited to the following:

- Begin the initial assessments of suspected child abuse or neglect reports timely and complete this work within 30 business days, absent exceptional circumstances, using uniform instruments to make decisions about child safety.
- Assess and document the child's safety at every contact with the child and family.
- Develop safety plans with the active participation of the family if the immediate safety of the child is in question at any time during the initial assessment process.
- Family members' strengths and needs are assessed within their social and cultural environments.
- Assessment information and observations are openly shared with the family.
- Services are matched to the family's needs and capabilities. Planning is focused first on the family's highest priority needs and seeks to capitalize on its strengths.
- Children's safety and well-being are assessed on a continuous basis.
- Ongoing assessment provides the information needed to make service strategy and permanency decisions.

5. *Individualized Planning and Relevant Services*

Planning is neither a separate process from assessment nor an exclusive activity of the DFCS. Generally, our work involves families and/or youth committed to a plan, including decisions regarding needed services and supports, goals are behaviorally specific, realistic, time-limited, measurable, and clearly understood and agreed upon by the family. Similar to assessments, planning evolves in order to be responsive to a family's emerging or changing issues or needs. Family engagement strategies will be used to regularly review the child and family's status, service progress, and results to

ensure that the service plan maintains relevance, integrity, and appropriateness. Planning with the family includes concrete ways and strategies to sustain success beyond the Division's intervention.

Day-to-day practice with families and planning for children and youth includes but is not limited to the following:

- Service plans divide long-term goals into short-term behaviorally specific objectives that are measurable and achievable.
- Expectations, incentives, and consequences, which are delineated in plans, are realistic and appropriate to the family's strengths and needs.
- Plans always address children's safety, needs, permanency goals, and ways to enhance their well-being. If a child is placed in out-of-home care, a realistic concurrent permanency goal will be established.
- Concurrent Planning: a strategy used in working towards reunification while at the same time implementing an alternative permanency plan. This approach is child and family – focused, meant to minimize placement trauma and repetitive moves, while promoting expedient positive permanency outcomes.
- Service plans are developed with the family and members of the family's support network and are updated at critical points to address changing circumstances. When it is necessary for a child to be placed in out-of-home care, a planning meeting with the family team is held before non-emergency placements or within 72 hours after emergency placements.
- Services are provided that are connected to the reason the child is in out-of-home care as well as any other service needs that arise or are later identified.
- Progress and planning reviews are essential and are conducted with the family and the family's team members on a frequent and consistent basis in order to achieve best results.
- A permanency goal of "another planned permanent living arrangement" is not used for any child under the age of 16 and only after other more permanent goals have been actively pursued and appropriately ruled out.
- All youth, aged 14 and older, know of the educational, training, housing, and other transitional supports and make appropriate and timely referrals.
- All youth are encouraged and provided the opportunity to complete high school and given opportunities to learn a trade or apply to college.
- Children, aged 14 and older, have written plans that include connections to a caring adult, services, and supports to help the youth live safely and function successfully as adults.

6. *Continuous Review and Adaptation*

The Division's practice model seeks to monitor results, not just family compliance or service quantity. Ensuring that the family's plan is implemented with the appropriate people, intensity, quality and determining whether supports and services are meeting the needs identified in the plan are critical to achieving the desired results of safety, permanency, and well-being. A successful plan is neither a checklist of services nor monitoring. When working with a family in which child maltreatment occurs, the

fundamental benchmarks of success are the safety, permanency, and well-being of the children. Success also includes those steps toward the achievement of safety such as the formation of viable and mutually respectful partnerships with families and other stakeholders, facilitating change when change seems unlikely, and promoting mutual accountability for outcomes.

Day-to-day practice with families and planning for children includes but is not limited to the following:

- Decisions and planning will be based on concerns about the child's health, safety, permanency, and well-being.
- The child and child's parents will be engaged and involved in planning activities unless the child is not old enough or is incapacitated or parental involvement is contrary to the child's safety or permanency goal.
- Team meetings and other processes will be used to regularly review the child and family's status, service progress, appropriateness of permanency goal, and results to ensure that the service plan maintains relevance, integrity, and appropriateness. The plan will be modified as goals are met and circumstances change.
- Staff will use full disclosure in discussing progress towards outcomes.

7. *Safe and Successful Transition from DFCS Involvement*

Ending the family's involvement with the Division will be the focus of collaboration from the beginning of the relationship and will be supported by actively partnering with the family or adolescent. The decision to transition from DFCS involvement will be driven by the achievement of the appropriate levels of safety and permanency as defined by the behavioral goals in the plan. For young adults, who may be exiting the out-of-care system, this transition will include a plan for his/her future and life-long supports and connections to meaningful adults and resources.

Day-to-day practice with families and planning for children includes but is not limited to the following:

- Safety and risk of harm will be assessed prior to transitions and closure.
- The decision to end a family's involvement with the Division will be made jointly, by the worker with the family or the worker with the older youth.
- Services and supports will be in place to assure the child and family a smooth, timely, and successful transition when changes occur.
- All families whose children are reunited will receive transitional supports that enable them to safely sustain their children in their home.
- All families and young adults will be connected with informal supports to assist them to function independent of outside supervision upon closure.

VI. Practice Protocol Related to Program and Organizational Capacity

The following standards apply to program and organizational capacity, including required resources, organizational and staffing capacity, and the level of collaboration and public/private partnerships that are essential to realize positive outcomes. The executive leadership of the Division recognizes that it is their responsibility to demonstrate the

same values and practices as we interact with employees as workers demonstrate with families.

Day-to-day practice with employees, communities, and other stakeholders includes but is not limited to the following:

1. *Agency Management and Leadership*

- Managers at the state and local level will work together to focus on the continuous improvement of programs, services and staff, relying on authentic performance data, to meet the needs of the children and families we serve and produce positive outcomes.
- Managers and supervisors will view employees as capable and committed professionals and focus on promoting the ongoing development and growth of the work force.
- Managers and supervisors will provide leadership and support in order to create, affirm, and sustain an organizational culture and structure that supports a strengths-based family centered model of practice.
- Managers and supervisors will provide honest, fair and clear leadership for their staff and provide opportunities for honest and direct feedback from staff.

2. *Policies and Standards*

- The agency will continue to develop and implement policies and standards consistent with the model of practice that help children and families access quality services that promote their safety, health, permanency and well-being of children. Standards related to practice with individual children and families will be incorporated in agency manuals for staff.
- Policies and standards will be congruent and support this model of practice.

3. *Qualifications, Workload, and Professional Development of Staff*

- Employees will have workloads that enable practice to be consistent with the model of practice. Supervisors will have 5 workers each and will not carry cases.
- The agency will have and implement an overall training and workforce development plan. Initial and ongoing professional development opportunities will be available to employees in order to address the skills and knowledge needed to carry out their duties related to safety, permanency and well-being and reinforces the standards delineated in the practice model.
- Training for agency staff will be standardized, field tested, evaluated, and competency-based.
- The outcome of professional development offerings will be evaluated to assess the skill acquisition and competency of all participants. The results of these assessments will be used to develop individualized training plans for employees.
- The agency will provide training for current or prospective foster parents, adoptive parents, and employees of licensed agencies that address the skill and

knowledge they need and support their work in achieving the standards of this model of practice.

- The agency will provide training opportunities where agency staff, parents, and stakeholders participate together.
- Staff will have access to supervision, coaching and mentoring which supports ongoing learning, skill acquisition, professional development, and accountability from supervisors.

4. *Array of Services*

- Success for children and families means the Division will have in place an array of services that assesses the strengths and needs of children and families, addresses the needs of families and children to create a safe home environment, enables children to remain safely with their parents when reasonable, helps children in foster and adoptive placements achieve permanency, and helps youth in foster care prepare for independent living and to make the transition to adulthood.
- Relevant services that meet the identified needs of the child and family will be accessible and provided to families and children within the state.
- Services will be individualized to meet the unique needs of children and families.
- Services will be culturally responsive to the community's children and families.

5. *Information Systems*

- The statewide information systems, as it is modernized, will readily identify the status, demographic characteristics, location and goals for placement of every child who is (or within the immediately preceding months, has been) in out-of-home care.
- Information that helps them do their work will be accessible to frontline staff, supervisors, managers, and administrators on a timely basis.
- The information system will serve as an efficient and effective tool to help frontline staff manage their s and supports their work.

6. *Agency Coordination with the Community*

- Employees at the state and local level will engage in ongoing consultation with consumers, service providers, foster care providers, the courts, and other public and private child and family-serving agencies.
- Employees at the state and local level annually will review progress and services delivered, in consultation with community representatives.
- Employees at the state and local level will work in partnership with services or benefits/programs serving the same population – including public health, mental health, substance abuse, education, medical services, food assistance, and financial and work supports – to ensure effective and efficient coordination of programs and services to achieve positive outcomes for children and families.
- Employees at the state and local level will work in partnership with community based providers and agencies to use organizational and community cultural

strengths to develop more responsive services and supports to the community's children and families.

- Employees of the Division will be co-located in community-based agencies.

7. *Quality Assurance*

- The Division will rebuild and maintain an adequately staffed quality assurance system that continually and according to a regular schedule evaluates the quality of services and how well practice aligns with standards, identifies strengths and needs, and provides relevant reports.
- There will be a process in place for continual quality improvement that uses quality assurance information to identify and implement improvement in policies, training, clinical supervision, and collaboration across systems as well as practice.
- The quality assurance system will evaluate the extent to which the Division is achieving the standards of the practice model and will minimally address the following areas of work:
 - Family engagement teams;
 - Resource families;
 - Utilization of community-based services and supports;
 - Inclusion of children and parents in decision-making;
 - Cultural competence;
 - Individualized and strengths-based service planning; and
 - Collaboration
- The Division will share this information about its performance with its staff, stakeholders, and the general public through quarterly dissemination of data and reports and the convening of public forums.