State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

DATE: August 20, 2010

TO: Regional Directors

THROUGH: Pete Digre, Assistant Secretary for Operations
David L. Fairbanks, Assistant Secretary for Programs

FROM: Alan Abramowitz, State Director, Office of Family Safety

SUBJECT: Family Centered Practice Framework
ACTION REQUIRED: Please disseminate
DUE DATE: None

PURPOSE: The purpose of this memorandum is to provide a copy of Florida's Family Centered Practice Framework and information regarding its development.

BACKGROUND: Florida's child welfare community remains committed to implementing Family Centered Practice. This initiative is supported by Florida Statute, is aligned with the 2012 Goal of Safely Reducing the Number of Children in Out of Home Care and is a key strategy in the Department's 2010-2012 Strategic Direction.

One of the key findings of the most recent federal Child and Family Services Review (CFSR) was the need for Florida to design a more clearly articulated practice model. In response, the Department, in partnership with its community-based care providers, Sheriffs' Offices and other stakeholders, developed a Quality Improvement Plan (QIP) to improve the quality and consistency of child welfare practice across the state. A unifying theme of the QIP is the development and implementation of a Family Centered Practice Framework, to be demonstrated in one of the three Innovation Sites and subsequently phased in statewide.

Florida's Family Centered Practice Framework contains a common set of core beliefs, values and principles that are intended to provide overarching expectations on how child welfare services are provided in Florida. This Framework was developed in partnership with the three Innovation Sites and the Child and Family Services Review Sub-committee of the Task Force on Fostering Success. By design, the Framework is intended to recognize and support many initiatives underway across the state. These core beliefs, values and principles are inherent in the expectations defined in Florida Statute, are articulated in the Department's Mission Statement to *Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families and to Advance Personal and Family*

Recovery and Resiliency, and are consistent with the spirit and philosophy of community-based care.

A variety of resources and materials have been developed to support local initiatives regarding Family Centered Practice which are already in use around the state. While strides have been made through local systems of care, effectively engaging families is challenging work and remains an area of ongoing development and refinement. Establishing meaningful partnerships with children and families is one of the most pivotal factors in consistently attaining quality child welfare practice, which leads to better outcomes. As you continue to assess and improve your local systems of care, the Family Centered Practice Framework is offered as a set of core philosophical beliefs and a foundation for child welfare practice in local communities.

ACTION REQUIRED: Please provide the Family Centered Practice Framework to all lead agencies and case management organizations, sheriffs' offices conducting child protective investigations, child protective investigator supervisors, and operations managers with responsibility for child welfare. Since the Framework for statewide implementation is a dynamic document, input is welcome. Please provide any comments you may have on the Framework to Matthew Claps, at the contact information provided below.

The Family Safety Program Office will also be contacting each Circuit for information regarding how Family Centered Practice is being, or will be, implemented within local communities as our Quality Improvement Plan requires such documentation.

Training or technical assistance regarding Family Centered Practice can be requested from the Family Safety Program Office through the provided contact information. The Family Centered Practice webpage on the Center for the Advancement of Child Welfare Practice also offers information and tools:

http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx

CONTACT INFORMATION: If you have any questions on this, please contact Matthew Claps at (850) 922-8779 or matthew_claps@dcf.state.fl.us.

Attachments

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Florida's Family Centered Practice Framework

Overview

The purpose of this paper is to provide a Practice Framework that is family centered for Florida's child welfare system. This overview provides the basic components of the Family Centered Practice Framework. The overview is followed by a more detailed description of values, principles and practice expectations while also offering considerations for implementation.

Florida's Family Centered Practice Framework contains a common set of core values and principles that provide guidance to how child welfare services are to be delivered. These core beliefs, values and principles are inherent in the expectations defined in Florida Statute, have been articulated in the Department's Mission Statement to *Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families and to Advance Personal and Family Recovery and Resiliency,* and are consistent with the spirit and philosophy of community-based care.

Recommendations from the most recent Federal Child and Family Services Review (CFSR) identified a need for a more clearly articulated practice model. In response to these findings, the Department, in partnership with its community-based care stakeholders, has developed a Quality Improvement Plan (QIP) to improve the quality and consistency of child welfare practice across the state. A unifying theme of the QIP is the development and implementation of a family centered model of practice. This federal recommendation was also consistent with work being done in a number of other states to develop practice models. Accordingly, models from Alabama, Utah, Iowa, New Jersey, Washington and Washington, D.C. were reviewed for the early development of Florida's Family Centered Practice Framework.

Family Centered Practice – Defined

Family centered practice is a way of working with families to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and home communities. Family centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal results for children and families. Family centered practice has a set of core beliefs, including:

- Family centered practice focuses on the family as a whole, and not just the individual child, and sees the family in the context of their own culture, networks and community.

- Families are seen as partners in the change process, helping to define problems and identifying solutions through the strengths in their own stories. They are engaged in trust-based relationships reflected genuineness, respect and empathy by child protective investigators and child welfare case managers and other human services professionals.

- A child and his/her family are meaningfully engaged and involved in the assessment, planning, decision-making, delivery and coordination of services when it is safe and in the best interest of the child for his/her family to do so.

These core beliefs are informed by a set of underlying values and are implemented in the day-to-day lives of a child and his/her family by following a set of basic practice principles. Taken together, these beliefs, values and practice principles act as an overarching framework for how child welfare services are to be delivered with each and every child and family served.

Core Values of a Family Centered Child Welfare System

- A child should be safe and protected.

- There is an intrinsic value and human worth in every child and family.

- A child's home should be safe, stable and permanent.

- A child should live with their families/relatives or in their communities with a focus on timely permanency.

- A child should achieve success in school and their medical, emotional, behavioral, developmental and educational needs must be met.

- Families are engaged, involved and are partners in the development of family solutions.

- The first and greatest investment of public resources should be made in the care and treatment of a child in his/her own home and community.

Guiding Principles of Family Centered Child Welfare Practice

- Every child deserves to live in a family which provides basic safety, nurturing and a commitment to permanent caretaking.

- A child's need for safe and permanent family caretaking can be met by providing appropriate and adequate resources in a timely and effective manner.

- If removal of a child from his/her family is necessary, the child should be placed in a

family based setting, with the first priority given to the family of origin and kin, or people with whom the child has a connection.

- The cultural and ethnic roots of the child/family are a valuable part of their identity. In order to understand and communicate with the child/family, cultural sensitivity must be a primary feature of service delivery.

- Our approach to working with a child and his/her family should be family focused, with the needs of the child and family dictating the types and mix of services and supports.

- Services to a child and his/her family shall be individualized based on their unique strengths and needs and should be delivered pursuant to an individualized plan, constructed with the family and their team.

- An array of individualized services is needed to meet a child and his/her family's unique needs.

- Practice is always local: our work with a child and his/her family should be community based with management, services and decision-making responsibility, at the community level.

- Intervention into the life of a child and his/her family should ideally offer as much service as necessary to achieve intended goals, and no more.

- The rights to privacy and confidentiality must be treated with respect.

Practice Framework

A Practice Framework encompasses the range of the major activities of child welfare practice and service delivery at the level of the child and family. The Practice Framework is informed by a family centered set of values and practice principles and includes core practice functions. These core practice functions encompass the major activities of frontline child welfare professionals working with individual children and their family, and include: Family Engagement; Child and Family Assessment; Team-Based Planning and Decision-Making and Individualized Planning; Case Tracking and Adjustment. Ultimately, these core practice functions, and the many initiatives, strategies, steps, interventions, approaches and activities within them, are intended to drive the service delivery process to achieve behavioral change that will reduce future risks and mitigate safety concerns while achieving child and family specific outcomes, such as, safety, stability, permanency, strengthened family functioning, and meeting the child and family's well-being needs.

It is important to differentiate between a Practice Framework and how a local system of care may have been designed. A system of care is the collection of local resources and alignment of processes to manage how a service delivery system operates to meet the need of a child and his/her family within their home environment and communities. The

Practice Framework guides how investigations, case management and the provision of services are to be delivered to meet the individual needs of a child and his/her family within a system of care, such as how a protective investigator or case manager may work with a family, facilitate a team meeting, craft a case plan or access local resources.

Summary

The Family Centered Practice Framework is a collection of beliefs, values and basic practice principles about how child welfare services are to be delivered. The expectation to provide child welfare services in a family centered approach has been established in statute, and the development and implementation of a practice model is a requirement of Florida's QIP. Family Centered Practice is consistent with the philosophy of community-based care and the Practice Framework should provide guidance as to how child welfare services are delivered within local systems of care. Florida's Family Centered Practice Framework is described in more detail in the following paper.

Florida's Family Centered Practice Framework

I. Introduction

Florida has as its mission a commitment to *Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families and to Advance Personal and Family Recovery and Resiliency.* This mission statement was informed in part by the purpose assigned by the Florida legislature related to child protection, permanency and well-being in Chapter 39, Florida Statutes. It binds the Courts and Department to the following principles:

(a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.

(b) To recognize that most families desire to be competent caregivers and providers and children achieve their greatest potential when families are able to support and nurture the growth and development of their children. Therefore, the Legislature finds that policies and procedures that provide for prevention and intervention through the department's child protection system should be based on the following principles:

1. The health and safety of the children served shall be of paramount concern.

2. The prevention and intervention should engage families in constructive, supportive, and non-adversarial relationships.

3. The prevention and intervention should intrude as little as possible into the life of the family, be focused on family strengths and clearly defined objectives, and take the most parsimonious path to remedy a family's problems.

4. The prevention and intervention should be based upon outcome evaluation results that demonstrate success in protecting children and supporting families.

(c) To provide a child protection system that reflects a partnership between the department, other agencies, and local communities.

(d) To provide a child protection system that is sensitive to the social, cultural and economic diversity of the state.

(e) To provide procedures which allow the department to respond to reports of child abuse, abandonment, or neglect in the most efficient and effective manner that ensures the health and safety of children and the integrity of families.

(f) To preserve and strengthen a child's family ties whenever possible, removing the child from parental custody only when his/her welfare cannot be adequately safeguarded without such removal.

(g) To ensure that the parent or legal custodian from whose custody the child has been taken assists the department to the fullest extent possible in locating relatives suitable to serve as caregivers for the child.

(h) To ensure that permanent placement with the biological or adoptive family is achieved as soon as possible for every child in foster care and that no child remains in foster care longer than 1 year.

(i) To secure for the child, when removal of the child from his or her own family is necessary, custody, care, and discipline as nearly as possible equivalent to that which should have been given by the parents; and to ensure, in all cases in which a child must be removed from parental custody, that the child is placed in an approved relative home, licensed foster home, adoptive home, or independent living program that provides the most stable and potentially permanent living arrangement for the child, as determined by the court. All placements shall be in a safe environment where drugs and alcohol are not abused.

(j) To ensure that, when reunification or adoption is not possible, the child will be prepared for alternative permanency goals or placements, to include, but not be limited to, another planned permanent living arrangement, independent living, custody to a relative on a permanent basis with or without legal guardianship, or custody to a foster parent or legal custodian on a permanent basis with or without legal guardianship.

(k) To make every possible effort, when two or more children who are in the care or under the supervision of the department are siblings, to place the siblings in the same home; and in the event of permanent placement of the siblings, to place them in the same adoptive home or, if the siblings are separated, to keep them in contact with each other.

(l) To provide judicial and other procedures to assure due process through which children, parents, and guardians and other interested parties are assured fair hearings by a respectful and respected court or other tribunal and the recognition, protection, and enforcement of their constitutional and other legal rights, while ensuring that public safety interests and the authority and dignity of the courts are adequately protected.

(m) To ensure that children under the jurisdiction of the courts are provided equal treatment with respect to goals, objectives, services, and case plans, without regard to the location of their placement. It is the further intent of the Legislature that, when children are removed from their homes, disruption to their education be minimized to the extent possible.

(n) To create and maintain an integrated prevention framework that enables local communities, state agencies, and organizations to collaborate to implement efficient and properly applied evidence-based child abuse prevention practices.

(o) To ensure that the physical, emotional, behavioral and educational needs of the child are met.

Florida has employed these principles in establishing the following Child Welfare Family Centered Practice Framework, which provides further guidance to the field in translating best practice principles into operational practice with each child and family.

II. What is a Practice Framework?

A Practice Framework (sometimes called a practice model) may be defined as:

Practice – the values, principles, relationships, approaches and techniques used at the system and casework practitioner level to a child and his/her family to achieve the goals of safety, stability, permanency and well-being.

Framework – a structure to hold together or support something; an underlying set of ideas: a set of ideas, principles, agreements or rules that provides the basis or outline for something intended to be more fully developed at a later stage.

Ideally, the Practice Framework provides a unified approach that guides policies, training, composition of the service array, accountability, evaluation and most important, frontline practice. Among the increasing number of states where practice models are in place and improving outcomes are Maine, Utah, Iowa, Indiana, Idaho, Tennessee, Georgia, New Jersey, Alabama and Washington, D.C..

To illustrate the relationship between Practice Framework principles and family centered approaches, a simple matrix is provided at the conclusion of this document, reflecting some of the ways in which family centered practice would support or implement the basic values and principles.

III. Florida's Family Centered Practice Framework

The underlying principles of the Practice Framework are the core of its direction to the field and reflect legislative mandates, evidence-based approaches and promising practices demonstrating results in local and national use. Influencing those principles is a set of practice values, based on successful practice experience in child welfare settings throughout the country. As an approach to practice, those values and assumptions are reflected in the following description of what we believe about children and families and their response to child welfare interventions.

> *Children and families are more likely to enter into a helping relationship when the worker or supporter has developed a trusting relationship with them. The quality of this relationship is the single most important foundation for engaging the child and family in a process of change. As part of that relationship, children and families are more likely to pursue a plan or course of action that they have a key role in designing. When children and families see that their strengths are recognized, respected and affirmed, they are more likely to rely on them as a foundation for taking the risks of change.*

Decisions about child and family interventions are more relevant, comprehensive and informed when the family's team makes them. Children and families should always be core members of the team, "nothing about me without me!" A family team is a gathering of family members, friends, child welfare workers, other professionals and other interested people who join together to strengthen a family and provide ongoing support for the achievement of safety, permanency and well-being for the family's children. The family team conference is often the forum in which the child and family team come together to help the family craft, implement or change the individualized child and family plan. These same principles and values apply to older and transitional youth in foster care, who should also be seen as equal members in the planning and decision-making processes.

Children and families should always be core members of the team. Their informal helping system and natural allies are also central to supporting capacity for behavioral change. Their involvement in the team planning process promotes sustaining supports over time. Team planning and decision-making should be based on assessment that focuses on underlying needs, as opposed to symptoms alone, to provide the best guide to effective intervention and lasting change. Child and family plans should be based on the unique child and family needs identified rather than a fixed set of services in order to achieve lasting safety, permanency and well-being. Coordination of the activities of case contributors is essential and works most effectively and efficiently when it occurs in regular face-to-face meetings of the family team.

Children experience trauma when they are separated from their families. When children must be removed to be protected, their trauma is lessened when they can remain in their own neighborhoods and maintain existing connections with families, schools, friends and other informal supports. Reunification occurs more rapidly and permanently when visiting between parents and children in custody is frequent and in the most normalized (homelike or in the parent's home) environment possible. Office based visits and supervised visits are the least normalized environment.

Success in school is a reliable predictor of child well-being. When the direction of planning for safety, stability and permanency is fully integrated with school needs and plans, children are more likely to make progress in all of these areas. Children in foster care who are transitioning to adulthood are most successful in achieving independence when they have established relationships with caring adults who will support them over time. Older children in foster care and transitional youth should also be provided opportunities for normalcy and be partners with the child welfare system.

The service array should be sufficiently flexible to be adapted to the unique needs of each child and family. Services and supports best meet child and family needs when they are provided in the family's natural setting or for children in custody, the child's current placement. If services are limited to delivery in a particular place, children often have to move to receive them. Services for children should be

flexible enough to be delivered in the setting where the parent and/or child currently reside (parent's home or foster caregiver's, for example). Many of the services and resources that children and families find most accessible and responsive are those established in their own community, provided within their own neighborhoods and culture. Services should also be planned in such a way that relapse is considered and strategies for its prevention are utilized.

These values and assumptions differ considerably from the application of conventional deficit focused practice, as illustrated by the following matrix.

Conventional Deficit Focused Practice	Family Centered Practice
Deficits are the focus	Strengths are recognized and employed in planning
Case manager operates separately from other partners	A child and family team guides planning and decision-making
Assessment focuses on symptoms/incidents and primarily on risk and safety within family functioning	Assessment looks at all aspects of child and family functioning and needs
Case plans are prepared largely by the case manager	Case plans are developed by the child and family team with strong participation by all
Most families get a similar array of services based on what's available	Plans and services are individualized and crafted to match unique needs
Case plans are fixed documents renewed at set intervals	Plans are regularly adapted to meet changing child and family circumstances
Outcomes are poor	Outcomes are improved

Comparing deficit focused practice with family centered practice in this manner illustrates the dimensions of practice change needed to move to family centered practice by all involved in the service delivery process.

Practice Framework Principles

The foundational principles of the Practice Framework are important not just because they identify effective relationships and approaches, they also provide a moral and ethical authority underpinning practice with children and families. For example the principle, "Children belong with their families" is more than an agency rule; it is an important professional value that staff should internalize.

The core principles of the Practice Framework are found below. These principles lead the Practice Framework description as they reflect the outcomes which family centered practice is intended to achieve.

- Every child deserves to live in a family which provides basic safety, nurturing and a

commitment to permanent caretaking.

- A child's need for safe and permanent caretaking can be met by providing appropriate and adequate resources in a timely and effective manner.
- If removal of a child from his/her family is necessary, the child should be placed in a family based setting, with the first priority given to their family of origin and kin, or people with whom the child has a connection.
- The cultural and ethnic roots of the child/family are a valuable part of their identity. In order to understand and communicate with the child/family, cultural sensitivity must be a primary feature of service delivery.
- Our approach to working with a child and his/her family should be family focused, with the needs of the child and family dictating the types and mix of services and supports.
- Services to a child and his/her family shall be individualized based on their unique strengths and needs and should be delivered pursuant to an individualized plan, constructed with the family and their team.
- Practice is always local: our work with a child and his/her family should be community-based with management, services and decision-making responsibility, at the community level.
- Intervention into the life of a child and his/her family should ideally offer as much service as necessary to achieve intended goals, and no more.
- A child should be supported in achieving success in school and in the transition to adulthood.
- A child who reaches adolescence without achieving permanency should be connected to caring adults who can support them over time. Older or transitional youth in care should be meaningfully involved in their planning and decision-making processes.
- The rights to privacy and confidentiality must be treated with respect.

How are Results for Children and Families Achieved?

<u>Through Frontline Practice</u>

- The response to reports of alleged abuse and neglect should be timely and thorough, attentive to the strengths and challenges of families throughout their history, not limited to the current incidence of abuse and neglect.

- A child and his/her family should be engaged in trust-based relationships reflecting genuineness, respect and empathy by the child protective investigator and case manager. Child and family strengths should be recognized and serve as a foundation of system interventions and supports. Where child protective investigations are concerned, respect and empathy for family circumstances should not obscure responsibility for safety as a primary goal.

- A child and his/her family should be meaningfully involved in case planning and decision-making. They should be encouraged to identify their own goals and the strategies which lead to their achievement.

- Planning and decision-making should occur with the input of the family's team. Teams are composed of the family, its informal supports, professionals, substitute caregivers, attorneys and others with a role in assisting the family to achieve its goals. The family should be enlisted in identifying its own team members.

- Assessment should be based on child and family strengths and needs. Need describes the condition or state causing the behaviors (or symptoms) to occur. Needs statements reframe the problem statements we often use to define the underlying need or condition. Assessment is a process that is continuous, not static, necessitating a constant readiness to adjust supports and interventions as child and family circumstances change.

- Planning should be individualized based on the unique strengths and needs of each child and family. Plans should be constructed to permit early success and reflect an understanding of the many competing demands on family schedules. Plans should be adjusted to respond to emerging child and family needs.

- Services and interventions should be coordinated within the team to permit regular exchange of information about issues and progress and assure that supports are effective in addressing child and family goals.

- Engagement, assessment, planning and coordination occur most effectively when they occur within a child and family team that meets regularly face-to-face. Using the team as the locus for these functions not only contributes to success, but also enhances efficiency in performance.

- Where a child is considered for placement, priority should be given to placement with kin, who should receive the same attention and support that non-related caregivers are provided.

- A Child in out-of-home care should be provided the opportunity for frequent normalized visits with family members. Supervised visiting plans are appropriate only when safety risks are present.

- Siblings should be placed in the same setting.

- An array of individualized services is needed to meet a child and his/her family's unique needs.

- A child should be free of excessive or inappropriate psychotropic medication, restraints, seclusion or time out.

Through Community-Based Resources

- Services should be flexible and adaptable to individual child and family needs. If needed services do not exist, the agency should commit to developing them. Flexible services should be available not only to the child and family, but substitute caregivers as well. These services include those provided in the home.

- Placement should be in close proximity to the family and neighborhood from which the child was placed. A child should be placed in settings that permit continued attendance at the school attended at time of placement.

- A children should be placed in family-based settings with the first priority given to families of origin and kin, or people with whom the child has a connection. A child should be placed in congregate settings only when needs cannot be met through the provision of flexible, individualized services in family-based settings.

Through Organizational Action

- The system response to a child and his/her family should be culturally responsive to the ethnicity, religion and heritage of those served.
- Service delivery should be through adequately trained staff whose practice is consistent with the Practice Framework.
- Agency policy should be guided by the Practice Framework and foster practice consistent with the principles within it.
- Accountability mechanisms should include approaches that assess the degree to which local practice is faithful to the Practice Framework.

Through Organizational Culture

The final Practice Framework principle described reflects not just an action on the part of staff in the child welfare system; it reflects a personal commitment and a different way of thinking about achieving the goals for the child and family. Underlying the important principles listed previously is a commitment to pursue “Whatever It Takes” to achieve safety, stability, permanency and well-being. This philosophy shifts the perception of services to families from an agency or systems response to a personal commitment. Through this approach, for example, instability for challenging children is not seen as inevitable, nor is lack of permanency for a youth with prior failed adoptions. The obligation of Practice Framework implementation is to make it possible for staff to do “Whatever It Takes”, by strengthening engagement, assessment and planning skills, ensuring that needed services can be individualized and strengthening community-based resources essential to better outcomes.

IV. Implications for Practice

The adoption of a Practice Framework is a critical step in beginning and sustaining family centered practice. The most challenging task is implementing it. There must be commitment to translating Practice Framework principles into action. The following section identifies key areas of organizational performance that will require examination and in many cases change to faithfully implement the Family Centered Framework of Practice.

Key Practice Functions

Family Engagement – Family engagement, or creating trust-based relationships, is more than developing a friendly relationship with parents. In implementing family centered practice, particular attention is needed in strengthening the practice of case management and protective investigative staff. Trust-based relationships require genuine respect for families, even while focusing on parenting practices that can be harmful. Trust-based relationships also require honesty, especially when truths are painful to confront. And

trust-based relationships require empathy, which many child welfare professionals struggle to experience when children have been harmed by parents. When engagement roles begin in child protection investigations, treating families respectfully and understanding the dynamics of family functioning still should not compromise the honest language needed in determining child safety and risk.

Within a trust-based relationship, there is no better evidence of the strength of that relationship than a high level of family involvement in case planning and decision-making. When fully engaged, the family helps set case goals, identifies its own natural supports as part of their team, contributes to selection of the strategies for achievement of the goal and helps select the service providers needed to implement the family's plan.

Assessment - The assessment of needs in family centered practice is a continuous process throughout the life of each case, starting with the protective investigation. A complete understanding of the family is dependent upon multiple sources, especially the family's communication about its own strengths, challenges and history. Enabling families to honestly discuss their strengths and needs is dependent on the level of engagement and trust reached between the team and family, a key reason why family engagement is so important. Assessment should consider all of the areas of child and family functioning, safety and permanency foremost, but also family and social relationships, culture, health and mental health, economic self-sufficiency and education. Because of the prominence of substance abuse, domestic violence and mental illness among families served by child welfare, particular attention is needed to the presence and causes of these conditions.

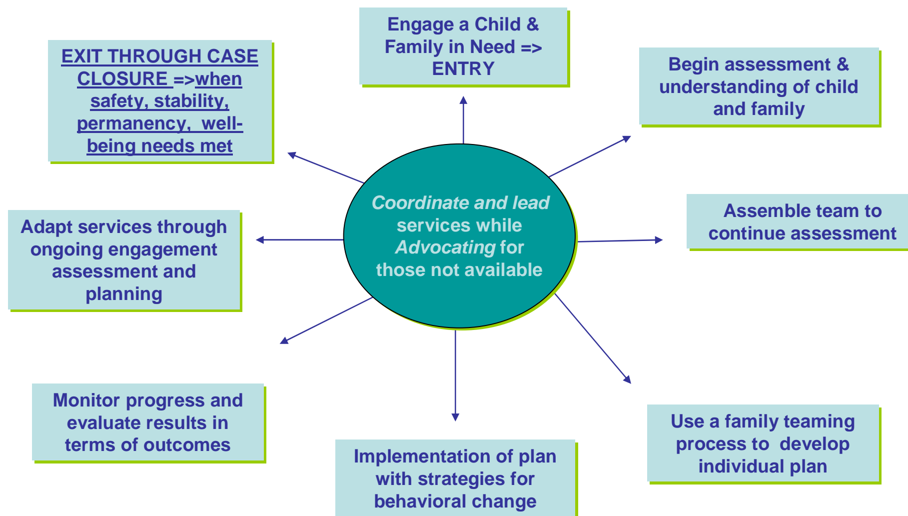
Assessment should identify strengths and underlying needs of the family. Underlying needs are the conditions that cause behaviors that bring families to the attention of child-serving systems. Traditionally, child welfare systems are focused on symptoms rather than needs and for that reason, interventions frequently fail to produce lasting results. When the team is contributing actively to identifying child and family needs, more expertise is available to produce the understanding needed to craft an effective and sustainable plan.

Team-Based Planning and Decision-Making - Child welfare systems face significant challenges in meaningfully involving families in planning, using their informal helping system strategically, integrating assessment information from multiple sources and coordinating service delivery. In many systems, case managers tend to coordinate activities with providers and other partners much as a switchboard operator would, one partner at a time. This leads to fragmentation of the system response and often uncoordinated, misinformed interventions. Face-to-face team meetings are a very effective way to address the barriers referenced above. Team meetings, when they are experienced by families at their meeting, provide an effective and efficient forum for involvement of the family's informal supports and complement collaboration across all professional areas of expertise. Adding the family's knowledge of its own strengths and needs to the expertise of professionals present leads to much better informed assessment of needs and permits direct coordination of the work of multiple participants. An effectively

facilitated team meeting saves time and provides the family a partnership role not often present in more conventional practice.

Individualized Planning – A central feature of family centered practice is individualized case planning. When services and supports are matched to needs, plans take a very different form than the "one size fits all" combination of required services common in many child welfare system plans. Individualized planning produces unique child and family plans that demand flexibility and creativity from the service array. Like assessment, planning is a continuous process, with plans routinely being tracked for progress and interventions adapted to respond to changes in the family's status and functioning.

The Practice Wheel – The following Practice Wheel represents one way of looking at the elements of family centered practice.



The Practice Wheel demonstrates the continuous nature of engagement, assessment, reaming, planning and tracking as well as the relationship of these elements to each other.

Community-Based Resources

A family centered framework of practice requires a diverse array of community-based service resources, with a strong focus on accessible home-based supports and family based placement resources. Rather than requiring children to change placements to access a more intensive, structured or specialized set of supports, family centered practice anticipates those services being flexible enough to serve children where they currently live. Providers should be flexible in their service delivery and have the capacity to tailor their resources to fit the needs identified in an individualized plan. For example, rather than attending a parenting class, parents might improve their parenting skills most effectively through in-home parent coaching involving practice with their own child. For many children

with emotional or behavioral needs, mentoring and behavioral coaching might be more effective than office-based therapy.

In a family centered practice environment, many providers may need to offer an array of services and supports, not a single service. So, a provider of residential services might diversify to provide intensive in-home mental health services as well as therapeutic foster care.

Flexible dollars accessible to the family team are a necessity in family centered practice. Many child and family needs are not easily met with categorical services, necessitating the availability of local funds for use by the family team in creating an individualized service. For example, in the absence of existing capacity, one system used flexible funds to contract with a retired special education teacher as a behavioral coach for a student with disruptive behaviors in the classroom and in his foster home. Prior to adopting family centered services, the system would have looked to a group home placement to address behavioral issues. Not only was this service more effective, it has the potential to be eligible for Medicaid reimbursement and a substantial cost savings in state funds.

Organizational Action

The implementation of family centered services has significant implications for policy, training and accountability. Family centered practice policy should set clear expectations for practice and provide the guidance and structure that facilitates rather than restrains good practice. Systems should be alert for areas of policy that are artifacts of child centered, deficit-focused practice at odds with the principles and values of family centered practice. Examples of such discontinuity might be a risk assessment tool that ignores family strengths, a template permanency planning form that impedes individualized planning, planning driven by attorneys rather than the family team or rigid contracting rules that make effective use of flexible funds difficult.

No system has implemented family centered services with fidelity to the Practice Framework without development of its new staff and existing workforce through training and practice coaching. Much in conventional child welfare training is process and information based, rather than also teaching specific practice skills. As a result participants may know what is to be performed, but not how. Attention will be needed to ensure that staff have the opportunity to see good family centered practice modeled in the classroom and field, can practice it, receive coaching and feedback related to their skills and in the case of supervisors, coach family centered practice at the frontline.

Attorneys representing the child welfare system play a crucial role in the delivery of family centered practice and achievement of better outcomes. Their traditional role in areas such as analyzing case statutory authority, legal precedents, preponderance of evidence and advising on judicial rulings, for example, would not change within a Family Centered Practice Framework. Neither would judges, parent attorneys or attorneys for children experience a change in their primary legal role and obligations. The recognition that the child’s best interest is the primary focus of practice and decision-making remains primary

in a family centered approach. The greatest additional contribution legal partners can make is to within their ethical obligations, be open to a greater degree of family and youth participation in decision making, a less adversarial relationship between families and agency staff, the regular use of family teams to assess, plan and coordinate case activity and highly individualized plans and services different than the "one size fits all" planning approach too common in the field. These approaches are compatible with the mission of the Department as assigned by the Florida Legislature and are increasingly recognized nationally as important contributors to achieving safety, permanency and well-being.

Accountability measures also are likely to need refinement. Many accountability approaches are process oriented and while useful, cannot accurately judge the degree of meaningful family involvement in planning, whether assessment of family functioning is accurate or if services are actually being effective. A combination of process measures, qualitative measures based on interviews with families and other team members and outcome tracking most effectively evaluates practice and system performance. Similarly, performance expectations of staff should mirror family centered practice principles. For example, while it is important to hold staff accountable for meeting expected time frames for action, it is also important to expect staff to engage families and work within a team.

V. Getting Started

Following the creation of a Practice Framework, there is a variety of entry points available to begin implementation of family centered practice. Prior to actual implementation of new practice approaches, some appraisal of the current practice environment is desirable.

Appraisal of Current Practice – Through key informant interviews of agency staff, parents, foster teens and foster parents, gather information about your own culture of practice. Are trust-based relationships with families evident and common? Are families involved in decision-making? Are plans individualized and routinely monitored and adapted? Is team-based planning and decision-making occurring and if so, do families perceive the team meetings as their meeting or an agency meeting? How much does practice need to change?

Identification of Internal Practice Champions – Some staff are already practicing family centered practice based on past training and experience or a natural affinity for family engagement. They can be engaged as practice champions, potential mentors and coaches and work group leaders charged with helping lead implementation of family centered practice.

Assessment of Practice Supports – Assess the congruity of policy, training, service availability and flexibility, supervisory and accountability processes with the family centered practice approach. Where does policy need to change to support the practice change? What is needed in the way of training, both in content and availability? Are providers willing to try adapting services to individualized plans? Are new tools needed to assess

the quality of practice and its consistency with family centered practice principles? How can front line supervisors be developed and employed as practice coaches?

Feedback from Community Partners – Engage community partners in assessing current practice and implementation planning. Providers, youth, family members, foster parents, advocates, educational and legal partners all have important perspectives that need to be considered.

Selection of First Steps – Nationally, systems have chosen different paths to initial implementation. A common first step has been strengthening family engagement expectations and skills, since engagement is so fundamental to the Practice Framework. Many systems began implementation with the use of family teams, an approach already in place in some Florida jurisdictions. Others have begun by focusing on strength and needs-based assessment. Skill-based training and coaching have been used to support these strategies.

Other systems have begun implementation by conducting a practice review, most using a version of the Qualitative Service Review (QSR), a tool and approach already familiar to some Florida child welfare professionals. The Child and Family Services Review (CFSR) case review tool, with modifications, is also an option chosen by states. The reviews have helped identify vulnerabilities in practice quality and pointed to a logical entry point for quality improvement.

Development of an Implementation Plan – To effectively implement family centered practice, an implementation plan is important in assuring that strategies are appropriately sequenced and that responsibilities and timelines are clear.

The Role of Leadership – No single family centered practice initiative can change a child centered, deficit focused practice culture to a strengths-based family centered culture. Different expectations, policy, training, practice coaching, resource availability, quality improvement and accountability all contribute to creation of a new organizational culture. There is a single intangible that is the most essential in changing the culture of practice – system leadership. For family centered practice to be internalized and followed by the work force, its importance has to be a central and lasting focus of both state and local level leadership. Evaluation of the variability of performance among states and counties involved in implementing family centered practice suggests that the most important variable in regard to improved outcomes is the commitment and capacity of system leadership. Florida is fortunate in having leadership positioned to guide this change process. Adoption of the D.C.F Family Centered Practice Framework provides the foundation from which to begin.

Appendix

The following matrix demonstrates the relationship between core Family Centered Practice Framework principles and applicable family centered practices and supports to illustrate the relationship between the two.

Summary of Core Practice Framework Principles	Applicable Family Centered Practices and Supports
A child should be protected from abuse and neglect	Family engagement Intensive home-based services Family involvement in decision making Family team involvement in safety and risk management Thorough strengths & needs based assessment
A child should have timely permanency	Family engagement Intensive home-based services Family involvement in decision making Team involvement Using foster parents as parent mentors Attention to permanency urgency by court and other legal partners
A child should live with family where safety can be provided (including kin)	Family engagement Intensive home-based services Family involvement in decision-making Family team involvement
Families should be engaged in trust-based relationships	Skill-based engagement training and supervision Qualitative assessment of practice
Families should have a meaningful role in planning and decision-making	Family team conferences Participation of informal family supports on family team Qualitative assessment of practice
Case assessment, planning, coordination and intervention should occur through an ongoing family team	Training and coaching in team facilitation, attention to fidelity Appropriate meeting space Flexible hours for evening meetings Child care, where needed Qualitative assessment of practice
Assessment should be strength based and focused on underlying needs	Functional assessment training and supervision Parent and youth involvement in assessment Input from expert team members - case assessment formed by the team, not solely an outside provider Qualitative assessment of practice
Plans should be individualized	Training and supervision in strength & needs based individualized planning

	Responsive case plan and court order formats Qualitative assessment of practice
Services should be flexible and adaptable	Flexible local funds Diversified contract provider service array Simple individualized service contracting process Qualitative assessment of practice
A child should experience success in school	Training of staff in educational rights and advocacy Family teams involving classroom teachers Flexible school supports (mentoring, tutoring, behavioral coaching) Qualitative assessment of practice
A child in out-of-home care should live in close proximity to their family, placed in family settings	Child specific placement recruitment Neighborhood based foster home recruitment Intensive in-home supportive services for kinship placements Intensive in-home behavioral support capacity to avoid distant residential placements
A child should have stability in his/her life	Timely permanency Thorough strengths & needs based assessment Appropriate needs based placement matching Flexible funds and services permitting in-home supports to prevent disruptions
A child should live in the least restrictive settings appropriate to their needs	Thorough strengths & needs based assessment Flexible funds and services permitting supports to address challenges in current placement
A child in out-of home care should have frequent contact with family in the most normalized setting appropriate to their needs	Court openness to review supervised visiting orders Family foster homes as a normalized visiting location In-home supports to supervise visits in-home
Siblings should be placed together	Child specific placement recruitment Neighborhood based foster home recruitment Flexible funds to address foster parent housing constraints
A child should be free from inappropriate psychotropic medication, seclusion, restraints and time-out	Appropriate professional standards and oversight Training of youth and families in informed consent (psychotropic medication) Qualitative assessment of practice
Transitional age youth should be connected to caring adults before independence	Family team meetings offering significant youth opportunities for input/choice Reconnecting youth with family Using family team meetings to involve informal supports