MARYLAND DEPARTMENT OF HUMAN RESOURCES
FAMILY CENTERED PRACTICE MODEL

INTRODUCTION

Family Centered Practice (FCP) assures that the entire system of care engages the family in helping them to improve their ability to adequately plan for the care and safety of their children. The safety, well-being and permanence of children are paramount. The strengths of the entire family are the focus of the engagement. The family is viewed as a system of interrelated people where action and change in one part of the system impacts the other. A commitment is made to encourage and support the family’s involvement in making decisions for their children. A climate of community collaboration is nurtured as a way to expand the supportive network available to children and families. Refining the assessment and evaluation of practice standards and promoting performance expectations to assist caseworkers, supervisors and administrators in facilitating child welfare interactions will improve the outcomes for children and their families.

WHAT WE BELIEVE:
CORE BELIEFS, VALUES, AND PRINCIPLES

Place Matters for Children in Maryland

- Children & youth deserve to grow up in a safe and nurturing permanent home with families who will provide an enduring sense of stability and belonging.
- Children and youth voices are engaged in meaningful dialogue about their future.
- Permanency is approached with a sense of urgency because time is of the essence in the lives of children and youth.

Build Upon Families Strengths & Expertise

- Families’ input is not just valuable, but essential in making decisions about safety, well-being and permanence of their children and families.
- Families have the capacity to change. Adversity can present opportunities for growth and development.
- Family involvement is necessary for meaningful engagement and vital to achieving safety, permanency and well-being.
- Family relationships are based on biology, adoption, marriage and emotional connections.
- Families collaborate with a team and decisions are not made in isolations.

Respect Cultural Sensitivity

- Child welfare practice is respectful and responsive to race, religion, ethnicity and culture, lifestyle choice, history, values and traditions of children and their families.
- Child welfare practice acknowledges cultural difference without imposing individual beliefs and value judgments or hindering the engagement of children and families.
**Collaborate with Communities**

- The entire community accepts responsibility for strengthening and preserving connections to support the needs of children and families within their communities of origin.
- Kin, foster parents and other caregivers are important resources in caring for children and partnering in the process to make child welfare decisions.
- The community will be actively engaged to develop resources for children and families.

**Employ Committed and Competent Child Welfare Professionals**

- Skilled and highly trained child welfare staff with manageable workloads and necessary tools that are supported by effective administrators will enhance outcomes for children and families.
- Training and ongoing professional development will support a standard of excellence in performance expectations and accountability.
- Child welfare supervisors and administrators will model excellence by mentoring caseworkers to ensure compliance with the practice and performance standards.

**Manage Using Data Driven Practice**

- Child welfare policies and practice align to engage families and use data to evaluate and refine service in addition to allocating resources.

**Core Strategies**

**Family Involvement Meetings**

Family Involvement Meetings (FIMs) are convened to engage families in making critical decisions for their children. FIMs provide a forum for families to be active partners in discussing child welfare involvement. Families are encouraged to bring members of their support network to the meeting, such as relatives or community members. FIMs are convened at key decision making points, called triggers.

**Key Decision Triggers:**

- Removal or Considered Removal
- Placement Change
- Recommendation for Permanency Change
- Youth Transitional Plan
- Voluntary Placement Agreement

**Community Partnerships**

Local departments will establish relationships with community networks to develop partnerships to support families in being able to safely care for their children in the least restrictive environment.
Recruitment & Retention Support for Placement Resources

Renew commitment to kinship care families and neighborhood based foster family placement resources to enable children to remain in close proximity to their communities when they cannot be protected in their own homes. When more restrictive placement options need to be considered, local departments will develop administrative review panels to assess the placement recommendations and to formalize strategies to transition the children into family and community based settings.

Evaluation

A comprehensive assessment will be used to measure the outcomes for children and families. The baseline information will be used to assess agency performance and develop resources to support children and families.

Enhanced Policy & Practice Development

A continuous review of outcome measures will guide the revision child welfare polices and procedures. A variety of forums will be used to review policies and practice and disseminate information to child welfare practitioners and community partners.

- **Family Centered Practice Policy Integration Committee**
  DHR/SSA convenes an internal policy integration committee to ensure that all statewide programmatic policies are aligned with Maryland’s family centered practice model.

- **Family Centered Practice Oversight Committee**
  DHR/SSA is committed to institutionalizing the values of family centered practice. The Family Centered Practice Oversight Committee will monitor the implementation of the practice model. This committee will include local department administrators, biological parents, relative caregivers, service providers and community representatives. The purpose of this committee will be to make policy and technical assistance resource recommendations.

- **Family Involvement Meeting Practice Support Group**
  DHR/SSA will continue to convene a quarterly Family Involvement Meeting Practice Support Group. At least one representative from each local department will participate to share information and enhance practice and policy related to the family involvement meetings. There will be continuing education opportunities to enhance facilitation skills. Representatives from the practice support group will serve as facilitation coaches support outreach to local departments and community partners.

HOW WE WORK:
THE AGENCY’S MODEL OF PRACTICE

Engagement

- Engagement begins during the first encounter with the family. Meaningful engagement sets the tone for honest, empathetic and respectful interactions during every stage of the child welfare involvement.

- Successful engagement applies to interactions with all child welfare partners, such as extended family members, resource families, service providers and community members.
**Teaming**

- The development of an effective team strengthens the agency’s ability to deliver services to support the interest of children and families.

- Family focused teams build on the development of constructive relationships in the hopes of being less adversarial so that efforts can concentrate on identifying and achieving beneficial outcomes.

- Involving the family and extended support networks as active members of the team empowers the family to accept ownership of the subsequent assessments, service plans and decisions.

**Assessment**

- Ongoing assessment of the family and the child is the global responsibility of the team.

- Utilizing the collective knowledge and wisdom of the team to support the family increases the likelihood of addressing the underlying concerns.

**Planning**

- The family involvement meeting (FIM) is the forum to bring individual families and children together with local department staff and the community support network. The purpose of this forum is to discuss the family’s strengths, assess their needs and devise service plans to enhance the functioning of the family unit without the oversight of the child welfare agency.

- Each FIM participant will be actively involved in establishing service priorities and coordinating resources.

- All FIM participants will be accountable for the outcomes for the service provisions.

**Intervening**

- Planning for service interventions will be formulated to meet the individual needs of the families and children.

- Service interventions should help families develop the capacity and resourcefulness to achieve sustainable independence.

- Services should be coordinated in a way to avoid overwhelming families and unintentionally sabotaging their efforts.

**Monitoring & Reassessment**

- Caseworkers and supervisors will assist families and children as service plans are implemented.

- Although the local departments have the authority to intervene to protect children, engaging children, families and their supportive network is an ongoing process of monitoring and modification of the agreed goals as a way to acknowledge successes and adapt to implementation challenges.
WHY PRACTICE MATTERS: THE CONNECTION BETWEEN SYSTEM PRACTICE AND OUTCOMES FOR FAMILIES AND CHILDREN

• Safety, well-being and permanence are the core outcomes for child welfare agencies. While there are a multitude of factors that affect the core outcomes, quality and consistent practice to reduce the risk of harm is the cornerstone responsibility of local departments when interacting with children and families.

• Achieving core outcomes is approached with a sense of urgency because time is of the essence in the lives of children and youth.

• Consistent implementation and oversight of a concrete practice model improves communication and understanding with community partners. Coordination with families and community partners creates consensus, which generates innovation in the development of resources and the acknowledgement of shared accountability to support families and children.

• A clear articulation and understanding of the practice values and outcomes helps to align policies, practice and the allocation of resources within the child welfare system.

• The quality and consistency of child welfare practice translates into improved outcomes for families and children.

• Being able to measure family, child and system outcomes results in better policy decisions and outreach to educate community partners. This is a crucial step in creating awareness and understanding to facilitate a cooperative spirit of joint responsibility for child welfare outcomes.

• Success for families and children is most likely when responsibility and resources are shared.

• Understanding and respecting the culture of families is an essential step in being able to assess the strengths and needs of the child, family, kinship network or community.

• In the quest to achieve safety and permanency, the well-being indicators must still be addressed to consider the social, emotional, developmental, health and educational needs of children. These are important issues to consider so representatives to join the team should be explored. Representatives from these agencies should be invited to join the team as key community linkages for families and children when child welfare interventions have ended.

• As youth move towards independence, establishing an enduring family connection is vital as these young people exit the child welfare system.

• Youth should be actively engaged in assessing their needs, planning service interventions and identifying supportive community networks. This level of engagement contributes to the development of responsibility and accountability as a life skill.

• Transitioning into adulthood is a trial and error process for most young adults. Youth engaged with the child welfare system are no different. As a result, assessment and service planning must occur in a timely manner so that the youth will have an opportunity to practice and learn from any mistakes prior to exiting the child welfare system.
HOW THE MODEL OF PRACTICE RELATES TO FRONTLINE PRACTICE:

**Intake & Assessment**

- Engagement and teaming begin when the agency receives the call for assistance from the family or the call from a community member concerned about the safety and well-being of a child. Child safety and risk are always paramount in the process of making child welfare decisions.

- The effective use of engagement and teaming helps develop individualized service plans by identifying strengths and assessing needs to develop individualized services plans.

- Input from families and children, extended family members and community support networks should be included in the development of service plans.

- Kinship care resources along with social and community networks are explored as alternative options in developing plans to protect children.

- Teaming fosters an environment for strength based assessments and the development of safety plans to reduce the likelihood of future harm by building a coalition to address the circumstances that contributed to the child welfare referral.

- Community engagement inspires greater confidence in child welfare agencies demonstrating a commitment to be responsive to protecting children.

- Skilled engagement is essential in the assessment of risk and protective capacities. Risk assessment tools guide the planning decisions of child welfare caseworkers and supervisors as part of this engagement process.

- A transparent process that respects and empathizes with the humanity of families and children will yield fuller disclosure of information and enhanced service planning and outcomes for families and children.

- Local departments will have the responsibility of giving families an overview of the child welfare process. This should include an explanation of program, the role of the caseworker, the rights and responsibilities of the families and children.

**Services**

- A comprehensive family assessment that engages families is solution focused and evolves as a result of using teaming strategies. The emphasis is on assessing strengths, identifying needs, analyzing critical information to develop solution focused service plans that sustain the safety, well-being and permanency outcomes for the children and their families.

- Engagement, teaming, assessment, and planning are all ongoing processes that evolve throughout the life of the case. New challenges, opportunities, and transitions may affect the team composition and alter assessments and plans.
• Family driven teams often have high levels of engagement, broadly informed assessments, and are able to find solutions that build on family strengths as plans are developed. Ownership of plans improves the opportunity of success for children and families.

• Every child and youth deserves a family. Child welfare partners have an obligation to maintain a child’s connection to family and community.

• Providing services and supports to a family within the home should be considered first unless this option poses significant risk of harm to a child.

• When engagement, teaming and assessment interventions are unable to reduce the threats of harm through the provision of services to safely maintain a child in the home, safety measures are implemented immediately to protect the child from the risks of harm. Local departments are obligated to address the risk factors by exploring out-of-home placement options while continuing to engage the family to strengthen their functioning and coordinate resources to support the safety, well-being and permanency for the child.

• The family and community support networks are still involved when the decision is made to pursue out-of-home placement. Engagement and teaming relate to assessing the least restrictive options for children and planning to address the factors that necessitated the safety plans. At this point, permanency planning and concurrent permanency planning become a focal point.

• Priority is given to kinship resources or family settings within close proximity to the child’s community of origin when exploring out of home placement options.

• Effective engagement, teaming, assessment and service planning support the exploration and implementation of alternative options that do not require the intervention of the local department of social services.

• All assessments and service plans are documented to highlight the process of making decisions and modifying plans if subsequent services are needed.

• FIMs are part of the teaming process to engage the family at key decision points; however, the mandatory FIM triggers do not preclude coordinating meetings or engaging the family in conversations about other issues. The teaming process is flexible and responsive to the needs of the family and child. Beyond the prescribed triggers, the frequency of meetings is driven by the needs of the family and child rather than by a fixed schedule.

• In addition to the parents or legal guardians, local department staff and the child, teams can be comprised of extended family members, friends, resource families, other child welfare agencies, attorneys, cultural or community resources; as well as specialist partners (e.g., domestic violence, substance abuse, mental health, schools, public health, etc.)

• The team pays close attention to listening and validating the concerns of the family and children when developing service plans to foster a meaningful dialogue even when there is a difference of opinion. Service plans should be integrated in such a way that the family and child feel supported and foresee success.

• Services plans should be individualized and build upon the strengths and needs of the family and child. The service plans should include clear strategies, supports, services, and timelines so that the entire team...
understands their roles and responsibilities. The service plan reflects a long-term view to support the self-sufficiency of a family and to protect the safety, well-being and permanence of a child without the oversight of a child welfare agency.

- The local department of social services maintains the authority to implement, monitor and modify service plans based on the success and the challenges encountered. Although the local department of social services has the designated authority to make child welfare decisions, the process of coordinating the service plans is transparent so that all members of the team have had opportunity to give input and they understand the rationale behind the decisions.

**Case Closure**

- Safety and protection of children guide decisions to close cases and terminate the local department’s child welfare service involvement.

- The goal is to achieve a safe, stable and permanent living arrangement for children.

- Families should not be subjected to unreasonable standards of perfection if the risk factors no longer pose a threat to children and the necessary community supports have been coordinated.

- Decisions about case closure should be made in conjunction with appropriate members of the team based on the assessment of the service interventions and provisions for transitions without local department supervision.

- When the team makes the decision to begin planning for case closure, families and children should be given an opportunity to practice the new situations, to reassess the arrangements and to make modifications in collaboration with the members of the team.

- Ongoing monitoring and reassessment prepares families and children for the transition without local department involvement. Attention to transition preparation and linkage with community support networks will provide families and children with a contingency plan in the event they are confronted with obstacles in the future.

- **WHAT INFRASTRUCTURE AND ORGANIZATIONAL CAPACITY DOES IT TAKE TO SUPPORT THIS KIND OF PRACTICE?**

**Agency Management and Leadership**

- Caseworkers and supervisors play an important role in guiding families and children during child welfare interventions; however, agency management and leadership at the state and local level communicate the vision and mission for family centered practice. As team members, agency management and leadership focuses on the continuous improvement of program, services and resources to support the direct service provisions as a means to improve the outcomes for children and families.

- Agency management and leadership work to align policies with the practice model and promote standards to enhance the functioning of families and improve the safety, well-being and permanence outcomes for children.
• Agency management and leadership actively design and promote opportunities for professional growth and development.

• Agency management and leadership have the responsibility to establish workloads that are consistent with the model of practice and that are in accord with national standards. Workloads are distributed to allow for reasonable management of service provisions for families and children.

*Child Welfare Professionals*

• Child welfare caseworkers and supervisors are competent professional who represent the local departments during child welfare interventions.

• All child welfare caseworkers and supervisors have been trained to be proficient in understanding the core values and principles of family centered practice.

• Caseworkers have access to clinical supervision. Supervisors are able to consistently mentor and support caseworkers in developing skills to engage, team and plan with families and children.

*Policies & Performance Standards*

• The child welfare information system, CHESSIE, provides timely, accessible information about the manner in which families are engaged and generates accurate data to assess trends.

• Performance standards are based on the strengths based perspective of the model. Achieving outcomes become the standard of performance rather than the provision of services.

*Quality Assurance*

• There is a clearly identified quality assurance system that evaluates service delivery and how well front line practice aligns with the practice model.

• The quality assurance system is able to track important trend data and is also able to illuminate the connection between front-line practice and the outcomes achieved for individual families and children.

• The quality assurance system supports continual program and service improvement, not just data reporting.

• The family members and community partners are involved in the quality assurance system in a way that promotes transparency about the strengths and needs within the system, and about the opportunities that exist for strengthening outcomes for families and children.

*Community Collaboration*

• State and local management actively pursue community based service arrays to support the local departments efforts to engage families and children as they come to the attention of the child welfare agencies.
• Collaboration with community partners who are direct service practitioners is an ongoing dialogue to plan and modify based on the assessment of resources and enhancement services to support the needs of families and children.

• Agencies not directly involved in delivering services, such as the legal community, legislative representatives and advocacy groups, have value input to contribute to the child welfare continuum.