



DCF Strengthening Families Practice Model

The mission of the Department of Children and Families is to protect children, improve child and family well-being and support and preserve families. These efforts are accomplished by respecting and working within individual cultures and communities in Connecticut, and in partnership with others.

The goal of the Practice Model is to provide a framework for how the agency as a whole will work internally and partner with families, service providers, and others to put our mission and guiding principles into action in daily practice and operations. At its core, the model is the description of what we do, how we do it, why we do it and what outcomes we hope to achieve for children and families.

The Department's model of practice is one of direct intervention based upon engagement and assessment. The model emphasizes case supervision which includes administrative, educational and supportive components as one of its primary strategies to improve practice.

Connecticut's Practice Model is implemented through seven core strategies:

- Family Engagement
- Purposeful Visitation
- Family Centered Assessments
- Supervision and Management
- Initial and Ongoing Assessments of Safety and Risk
- Effective Case Planning
- Individualizing Services

The model is grounded in beliefs about how the Department and its partners should work with children and families. These include:

- First and foremost, child safety is assured by all staff.
- Children do best when living safely at home with their family of origin.
- The interactions and resulting relationships of staff with children, parents, family members and foster parents have substantial consequences on the outcomes of our interventions. These interactions must take place with full respect for the individuals, with sensitivity to their perspectives, experiences and culture.
- Safety, permanency and well-being are achieved and considered for all children regardless of how they became involved with the Department.
- To achieve safety, permanency, and well-being of children, the Department must work collaboratively and effectively internally, and with the child's and family's community. This community includes the child and the extended family as well as private service providers, educators, and other public agencies.
- When living at home with a parent is not reasonably safe, the best alternative is to live in the home of another family member that can provide a safe and nurturing home.
- If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate and safe setting until timely permanency can be achieved, including reunification, subsidized guardianship and adoption.
- Services should be individualized and must be based on a full assessment of the strengths and needs of children and families. This assessment must be made together with family members and age-appropriate children. A full assessment is inclusive of safety, risk, domestic violence, substance abuse, criminogenic needs, medical, dental, educational and behavioral health needs.
- The goal of these individualized services is to enable the child to do well and thrive living in the family home of a parent, family member or another permanent family.

PRACTICE PRINCIPLES



Family Engagement

Family engagement is a process that serves as the foundation of the DCF Practice Model. Family engagement begins with the very first contact the Department, its partners and service providers have with a family. A critical component of family engagement is an effort to establish a working partnership with the family in achieving goals and objectives that have been developed together with the family, the child (when age and developmentally appropriate) and service providers. Family Conferencing and Child & Family Teams serve as vehicles for case planning, identifying resources, and problem-solving with the family. In order to ensure effective family engagement, we work to identify, locate and involve children's relatives, including those of non-custodial parents. This engagement also extends to natural community supports such as former foster parents, coaches, mentors, teachers, and neighbors. If a parent is whereabouts unknown, we make ongoing diligent efforts to identify, locate and involve them. If children are in the Department's care, birth parents should be partnering with foster parents in caring for their children and are involved in activities such as medical appointment and extracurricular activities. In cases where the Department only has physical custody of a child due to a delinquency commitment, we should work with the family to ensure they take a key role in the case planning and supervision of the child.

Purposeful Visitation

Every interaction with a child and family should be purposeful and derive from the case plan. This includes visitation and service delivery within child welfare, intervention and case coordination within behavioral health, and supervision and care planning that occurs within the juvenile justice system.

In child welfare and parole services, effective visitation is a primary vehicle for achieving case goals and meeting children's and families' needs. The goals of visits with children and families are to establish a mechanism for ongoing communication between the social worker/parole officer and the family, to give focus to the case plan and discuss progress of service interventions toward meeting the goals, and to create accountability for both the Department and the family in assuring the safety, permanency, and well-being of the children and community safety.

Visits should be scheduled to meet the Department's standards for frequency and the needs of children and families. They should primarily be held in the family home (biological and foster) by the assigned social worker/parole officer and at times convenient for children and both biological and foster parents. Visits should be planned in advance, with issues noted for exploration and goals established for the time spent together. Social workers and parole officers should individualize their visits by providing separate time for discussions with children and parents. This provides the opportunity to privately share their experiences and concerns and to ensure that domestic violence or other issues that might not be disclosed when other family members are present are identified and addressed, as needed. All children in the home should be seen during visits, regardless of the reason for the Department's involvement with a family.

Family Centered Assessments

Family Centered Assessment (FCA) is the ongoing and continuous process for gathering, organizing, and analyzing information for the purpose of informed decision-making and service planning concerning the safety, permanency, and well-being of children, youth, and families. Beyond an assessment of safety, risk and the circumstances leading to agency involvement, the FCA includes a broader focus on the strengths and needs of all individual family members along with underlying conditions affecting the family. The FCA includes assessments of safety, risk, domestic violence, substance abuse, medical, dental, educational, psychosocial functioning, behavioral health needs and criminogenic needs. It also includes an assessment of the family's strengths, protective factors and natural supports. The FCA helps guide the Department's case planning and service delivery process. As such, the process is implemented in all types of care across all settings. It is clearly documented in the record and serves as the foundation for our understanding of the family's strengths and needs. Collaboration with key professionals, both internal consultants and external service providers, throughout the process is critical to a full assessment. The Family Centered Assessment may take different forms depending on the family's involvement with the Department, such as the ConnCAP in Parole Services, but the principles of family centered assessment apply in all case situations.

Initial and Ongoing Assessments of Safety and Risk

Safety and risk assessments are designed to help children remain safely at home whenever possible and appropriate and to inform interventions that maximize functioning and well-being. Assuring child safety begins with the first contact with DCF and continues throughout the family's involvement with the Department and community partners. Assessments inform the development of safety plans, as well as case plans. Safety and risk assessment is the responsibility of staff in Child Welfare, Juvenile Services, and Behavioral Health regardless of the reason for the family's involvement with the Department. Assessments of safety and risk are applicable for all children within a home regardless of how the family is involved with DCF. In cases where Structured Decision Making (SDM) tools are not required, the SDM concepts for how to assess for safety and risk are applied through other formal and informal assessments. Ongoing assessments of community safety must also be considered when the child's needs and behaviors pose a danger to the community.

Effective Case Planning

Case planning is the process of engaging, collaborating and working with families to assess and address their needs in order to preserve their family unit, protect their children from harm and improve their well-being. All families have strengths and the goal is to build on these strengths in order to meet their needs. Family involvement and self-determination in the planning and service delivery process is critical. Reasonable efforts shall be made to engage all family members, both maternal and paternal, regardless of household composition, during case plan development, Administrative Case Reviews, Treatment Plan Reviews and other meetings.

The case plan should be developed using information from safety/risk assessments, family centered assessments, and appropriate input from internal consultants and service providers. Care should be individualized to meet the specific needs of the child and family. Effective case planning principles apply in all circumstances regardless of how a child or family becomes involved with the Department. When a family or child is receiving services from another agency or service provider, the Department will communicate and collaborate with that external partner to ensure the case plan and other service plans complement each other.

Every child is entitled to a safe and permanent home. In order to assure this, decisions should be made in a timely manner and must be based on information gathered from comprehensive strengths and needs assessments, reflect the developmental and psychosocial needs of the child, the cognitive abilities of the parents and the child's legal status and circumstances. Decisions should be made with parental and age-appropriate child input. Major decision points should address safety and risk concerns, appropriate placement decisions, establishment and review of permanency goals, linking services to needs, child and family functioning and well-being, community safety, the goals and preferences of the child and family members, and case closure.

Individualizing Services

Individualizing services is an important strategy for meeting the unique needs of children and families. Services should be designed and delivered pursuant to a Comprehensive Family Assessment of children's and parents' strengths and needs, within the framework of the legal requirements for each case. Children and families are treated as partners to ensure joint decision making about which services can best meet their needs, how those services are delivered, who delivers the services, when they are delivered and that they take the family's cultural background into account.

Systems of Care principles are central in emphasizing services that are comprehensive and incorporate a broad array of supports that are individualized to meet the specific needs of the children and families. An important aspect of individualizing services is ensuring that if children come into DCF care they are placed in the most appropriate, least restrictive setting to meet their needs. Placements should close to their community of origin and support the child's culture.

Whenever possible, programs and interventions should be evidence-based and proven effective for the problem or condition that is the focus of care. In the absence of an appropriate evidence-based practice, efforts should be made to develop and/or incorporate promising and best practices. The use of natural supports that are available within the child's neighborhood and community should be encouraged to promote sustainability of improvements and family self-sufficiency. When existing contracted services are not available to meet the needs of our clients, wrap-around funding should be used to secure appropriate services. The service plan for children and families should be reviewed on an ongoing basis to ensure they are achieving the desired outcomes.