

Arlington County
Child and Family Services Division

Child Welfare Services Practice Model



DEPARTMENT OF HUMAN SERVICES

December 2010



DEPARTMENT OF HUMAN SERVICES VISION

Arlington is a vibrant community with the courage and compassion to intentionally and vigorously tackle tough social, economic and health issues so every person can thrive.

DEPARTMENT OF HUMAN SERVICES MISSION

We make a real difference in people's lives by promoting and providing outstanding human services.

To do this we:

- Meet people where they are, wherever they come in, and go the extra mile to get them what they need.
- Join with the community to champion and cultivate a world-class human service delivery system.



CHILD WELFARE SYSTEM VALUES, PRINCIPLES, AND CORE BELIEFS

EXCELLENCE

- We set the standard for quality and innovation.
- We provide high-quality, customer-focused services.

DIGNITY

- We listen and respect the right to make choices.
- We recognize and build on strengths and appreciate differences.

INTEGRITY

- We adhere to the highest standards of conduct.
- We demonstrate personal and professional ethics.

ACCOUNTABILITY

- We take responsibility for our decisions and actions.
- We use resources responsibly.

DIVERSITY

• We seek diversity and celebrate differences among our staff and those we serve.

COLLABORATION

• We use a team approach that emphasizes strengths and shared responsibility.

RESPECT

• We treat others with respect and support one another in the performance of our duties.

INCLUSION

• We include family members, foster parents and out-of-home care providers in planning and implementing strategies.

CULTURAL RESPONSIVENESS

• We respect cultural values and perspectives, and understand our own values and biases.

SAFETY

 We strive to ensure that Arlington children are free from harm and are protected from abuse and neglect, and that staff are safe as they perform their duties.

PERMANENCY

• We promote lifelong family connections, including kinship outside of the immediate family, for children, and the opportunity for them to remain with their family of origin whenever safely possible.

RECOVERY AND RESILIENCY

• We believe that people can and do recover from trauma, abuse, and illness.



STANDARDS OF PRACTICE: PROFESSIONAL AND ORGANIZATIONAL CAPACITY

Management is committed to creating a productive work environment that supports the values, principles, and core beliefs, and working toward the common mission of successful outcomes for children and their families. The success of the mission depends upon strong partnerships with families, communities, and other agencies and a work climate of mutual respect and trust.

MANAGEMENT

- Managers provide leadership to create, affirm, and sustain organizational culture, structure, and policies that support strengthsbased, family-centered practice.
- Managers provide honest, fair, and clear leadership for their staff, and opportunities for direct feedback from staff.
- Managers set and incorporate standards for staff that are consistent with recommended national best practices, including caseload size.
- Managers recognize the importance and complexity of entering accurate and timely data in multiple information systems, and provide training to build staff competencies.
- Managers actively engage state and local information technology system administrators to champion staff needs and concerns, and implement solutions that increase efficiency and streamline data processing.
- Managers inform the community about program outcomes.
- Managers use financial and program resources responsibly.

TRAINING AND DEVELOPMENT

- Staff has access to an overall training plan which provides for initial and ongoing training, and addresses the skills and knowledge needed to perform duties related to safety, permanence, and well-being.
- Current and prospective foster and adoptive parents, interns, students, and volunteers have access to training that addresses skills and knowledge base.

CLINICAL SUPERVISION

- Supervisors meet weekly with each employee and are available for supervision and support as needed.
- Supervisors remain abreast of best practices and incorporate them in clinical supervision.
- Supervisors provide staff with opportunities for professional development.

QUALITY IMPROVEMENT AND ACCOUNTABILITY

- Managers promote a culture that values service quality and continuous improvement to achieve positive results for children and families.
- The quality improvement system focuses on how well practice aligns with standards, identifies strengths and needs, and includes input and participation at all staff levels.



STANDARDS OF PRACTICE: SERVICE DELIVERY

Arlington County has in place an array of services that assesses the strengths and needs of children and families and determines service needs, both initially and on an ongoing basis. These services address the needs of families as well as individual children, and are designed to create a safe home environment, enable children to remain with family, and help children in foster and adoptive placement achieve permanency.

OVERARCHING STANDARDS OF SERVICE DELIVERY

- Engagement is the central theme of practice throughout service assessment, planning and delivery. It begins during the first encounter with the family and sets the tone for honest, empathic, and respectful interactions during every stage of child welfare involvement.
- Services incorporate best practices.
- Services are individualized and family-centered to meet the needs of each child and family.
- Child welfare processes from screening through case closure are open, clear and transparent so the community is aware of how decisions are made.
- We acknowledge and celebrate successes of children, families and staff.

INTAKE, ASSESSMENT, DOCUMENTATION

- Intake serves the community as a single point of entry and effectively responds to reports.
- Staff evaluates all available information, which leads to effective screening of incoming referrals and proper triage and response.
- Assessment is a dynamic, ongoing process throughout the life of the case. Safety is continuously assessed to ensure that the child and family's ongoing needs are met.
- Documentation is factual, accurate, clear, timely, nonjudgmental, objective, and client-centered throughout all stages of service. Service plan objectives are clearly documented in behavioral terms and are accessible for evaluation.

COLLABORATION

- Family engagement includes all team members in the planning and service delivery process. Team members include but are not limited to birth parents, foster parents, adoptive parents, the juvenile court, public and private schools, mental health providers, and community service providers. The team works together to identify and prioritize the needs of children and families and to ensure that appropriate services and interventions are in place.
- Staff and community partners routinely review progress and services delivered in consultation with community stakeholders.

FAMILY EMPOWERMENT IN SERVICE PLANNING

- Staff works collaboratively with families to develop a comprehensive service plan that is child-centered, family-focused, and strengths-based.
- Regular family involvement meetings take place and provide a forum where progress is reviewed and service plans are modified.
- Case closure occurs when the family has achieved clear objectives and is able to provide for the safety, permanence, and well-being of the child.

OUT-OF-HOME PLACEMENT

- Out-of-home placement is used as a temporary measure as a child moves toward safety and permanency.
- Kinship is the preferred out-of-home placement option.
- Concurrent permanency planning begins at the time of placement. It involves identifying and working toward a child's primary permanency goal, such as reunification with the birth family, while simultaneously

- identifying and working on a secondary goal, such as guardianship with a relative. This practice shortens the time to achieve permanency because progress has already been made toward the secondary goal if efforts toward the primary goal prove unsuccessful.
- Staff is committed to maintaining connections with birth families, including parents and siblings, and all potential sources of support for children in out-of-home placement, and reestablishing connections with birth families for children if those ties have not been maintained.
- Family visitation is viewed as a strategy that supports child well-being and increases the opportunity for reunification.

FOSTER AND ADOPTIVE PARENTS

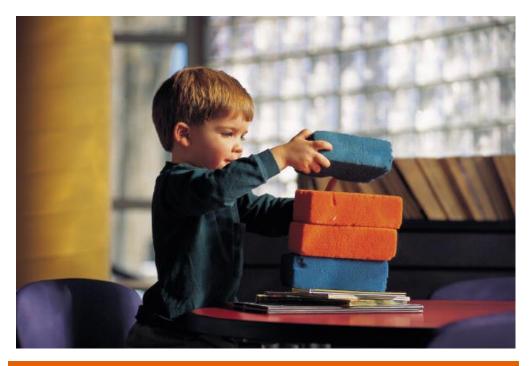
- To promote stability, foster and adoptive families are recruited from communities in which the children reside.
- Foster parents' skill level and family composition are matched to the needs of the child.

DEPARTURE FROM FOSTER CARE

- Each child leaving foster care is provided with vital records, such as birth certificates, medical and educational records, and Social Security cards, to help navigate systems upon their exit from care.
- Staff assists children leaving foster care in developing formal and informal supports to improve transition outcomes. Transition planning begins at the point of entry into foster care and continues throughout the child's involvement with services.

ADOPTION

- Adoption is considered only after other permanency options have been explored.
- Therapeutic and educational services are provided to the child and family as they explore the adoption process.
- The stages leading up to an adoption are planned and methodical, with full disclosure of the child's profile to the prospective adoptive parents.
- Families must be together for six months prior to the finalization of the adoption, and are offered an array of post-adoption support services.



SKILLS

ENGAGEMENT

• Engagement is demonstrated through active involvement of the family as experts regarding their own needs, and staff joining with the family to establish and achieve common goals.

ASSESSMENT

- Assessment involves gathering information about concerns and family needs, evaluating critically the relevance of that information, and identifying family strengths and community resources that may be applied to address these concerns and needs.
- The team is responsible for ongoing assessment of the family and the child. Using the collective knowledge and wisdom of the team to support the family increases the likelihood of addressing the underlying concerns.

PLANNING

 Planning consists of setting goals, developing strategies, and outlining tasks and schedules to accomplish the goals derived from the engaging, assessing and partnership process.

COMMUNICATION

• Communication involves effectively sending and receiving information within the appropriate cultural context. Methods include verbal, non-verbal, electronic and written communication.

MONITORING

 Monitoring is used to evaluate the progress and outcomes of services and to determine if the desired goals are being achieved, and if not, to re-assess and modify the services provided to meet the goals and needs of the child and family.

STRATEGIES

- Use of performance data to support practice
- Service integration/case coordination
- Differential response a tool that helps determine the level of intervention
- Bridging the Gap foster parent involvement with birth parents
- Family Partnership Meetings stakeholders take part in planning for the child
- Structured decision-making a tool that validates abuse/neglect
- Transition planning

OUTCOMES

- Children are safely maintained in their families and communities with connections, relationships, and social supports in place.
- The needs of children and families are met, barriers are removed, and those served are supported until they achieve positive sustainable change, and are able to access and use resources on their own. As a result of this work, family stability will be increased including emotional and economic self-sufficiency.