What Does Family Centered Practice Look Like?

Note: Family, in the context of this discussion, includes the child and family.

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<tr>
<th>You Are Engaged In Family Centered Practice If:</th>
<th>Family Centered Practice May Need Strengthening If:</th>
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<tbody>
<tr>
<td><strong>Engagement</strong></td>
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<tr>
<td>You treat families with genuineness, respect and empathy</td>
<td>Approaching families who are unable to appropriately care for their children with genuineness, empathy and respect seems like condoning poor parenting</td>
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<td>You demonstrate genuineness, empathy and respect by letting families tell you their story and then you listen attentively</td>
<td>You feel that you do not have time to listen to broader issues and must focus only on the immediate issue at hand</td>
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<td>You believe that families have strengths that can be used to help them improve their parenting capacity and family functioning</td>
<td>You still need evidence that some of the most challenging families have strengths that will be helpful in meeting safety, permanency and well-being goals</td>
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<td>You engage families in looking at how their behaviors have caused harm to their children and their family</td>
<td>The agency focuses on seeing to it that families take responsibility (accept blame) for their situations</td>
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<td>Families have meaningful representation and influence at all levels of the system and are provided diverse opportunities to participate in shared decision-making.</td>
<td>Families are absent from decision-making or have only token representation at any level beyond their own case or in any role other than service recipient</td>
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<td>You develop an initial working agreement with families about the issues to be addressed and what success will look like</td>
<td>You may not be clear with families about what needs to change and what success will look like</td>
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### Teaming

| You ask about the family’s goals before insisting on the agency’s goals | General local practice is driven by agency-determined goals for the family |
| You enlist the family in developing the case plan | Most of your plans are prepared in advance of planning meetings with families |

#### You provide families an opportunity to involve their informal helping systems in addressing the challenges in their life, such as participating in meetings with the agency

| The family has a central role in the identification of a team that is continuously involved in assessment and planning | The caseworker is the primary decision-maker about goals, services and case closure |
| Family team meetings are routinely used to engage the family, assess, plan, coordinate and adapt interventions | Team meetings are not routinely held or if team meetings are held, they function more like agency staffings |
| You prepare families in person, in advance of their first team meeting | You advise the family of when the team meeting will be held and do not meet with them to provide information about their role and what will transpire |

### Assessment

<p>| Your child protective investigations consider past reports of maltreatment and family history to assess risk and safety | Child protective investigations focus primarily on the current incident or report to assess risk and safety |
| You consider the family’s functional strengths in shaping the case plan | Case plans may list strengths like “Mom is cooperative with service participation”, but don't build on what families have been successful at in the past |
| The family is recognized as the expert in the identification and assessment of their own strengths, needs, goals and resources | The family deficits and goals are primarily identified and assessed through specialized tools and professional assessment |
| You are diligent in involving the family in the assessment of cultural beliefs, values and practices that bear upon strengths, needs, goals and resources. | Culture is defined and understood primarily in terms of language, race and ethnicity |</p>
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<tr>
<th>You, with the family's help, understand the family's underlying needs that brought the family to the agency's attention</th>
<th>Plans and interventions tend to substitute services for needs, such as “Mom needs mental health services” rather than understanding why mom needs mental health services – which identifies the need</th>
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<tbody>
<tr>
<td>Your family case plans reflect underlying needs and matches individualized services to them</td>
<td>Most of your case plans prescribe a similar set of the same services and supports</td>
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### Planning and Intervention

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<tr>
<th>You stay focused on achieving safety, permanency and well-being for children</th>
<th>You find yourself having to focus more on compliance with rules or policy than child and family goals</th>
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<td>Your safety plans employ multiple layers of safeguards</td>
<td>Safety plans rely heavily on the willpower of a family member</td>
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<tr>
<td>The case plan is clearly built upon the strengths, needs, goals and resources identified by the family and their team</td>
<td>The case plan is routinely built upon the most common services to which families are routinely referred</td>
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<td>Where sequencing and scheduling of case plan activities are concerned, your case plans recognize and accommodate the other obligations in the family’s life, such as employment, child care, access to transportation or seeking employment</td>
<td>Plans rarely consider the other obligations in a family’s life when scheduling tasks like visits, therapy sessions, classes, etc</td>
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<td>You have given the family input into the services and providers chosen to contribute</td>
<td>The agency chooses the providers</td>
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<td>When appropriate and needed provider services are not available, you work to create them</td>
<td>You don’t feel free to or have the ability to creatively individualize services or to craft new ones</td>
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<td>You routinely track progress and adapt the case plan to respond to changing circumstances</td>
<td>Plans are not revised except at set intervals, regardless of what is occurring in the family’s life</td>
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<td>Your plans anticipate “What could go wrong with this plan”</td>
<td>Plans do not anticipate likely transitions or potential challenges to family functioning</td>
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<td>You do “Whatever it takes…” to help the family achieve safety, stability and</td>
<td>You feel like your role is to follow policy dictates regarding child and family needs</td>
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<td>You carefully match children’s placements to need</td>
<td>Placement decisions are driven by a “first bed available” environment</td>
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<td>You give kin first consideration for out-of-home placement needs</td>
<td>Kin resources may be a last resort when non-relative placement settings are unavailable</td>
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<td>You are able to offer kin caregivers the same level of placement supports as non-relative licensed caregivers</td>
<td>Kinship caregivers receive a second tier of support, less intensive than non-relative licensed caregivers</td>
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<td>You provide children in out-of-home care frequent visits with parents and siblings in as normalized setting as possible</td>
<td>You offer children in out-of-home care minimal contact with parents and siblings and visits tend to be supervised long after parents are judged no longer to be a safety risk</td>
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<td>You consider visits with parents and siblings a right, essential for the child’s emotional development</td>
<td>You consider child visits with parents and siblings a privilege that can be withheld as punishment or a consequence for misbehavior</td>
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<td>You consider placement disruptions a failure of the system (due to poor matching, inadequate placement supports, frequent prior disruptions, lack of a plan for permanence, etc.)</td>
<td>You think that placement disruptions are often the fault of the child</td>
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<tr>
<td>Services follow the child and can be accessed within any settings</td>
<td>The child has to change placement settings to access different or more intensive services</td>
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<td>You place children in congregate settings only when a congregate setting is the only environment in which needed services can be provided</td>
<td>You consider congregate settings a natural placement for children with behavioral issues</td>
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<td>Any use of congregate care is clearly focused on providing services that prepare the child and family for living together in the community</td>
<td>Much of the focus in congregate care is on promoting adjustment to the requirements and environment of the facility</td>
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<td>You offer youth in out-of-home care early individualized planning for both independence and the re-establishment of connections with family or development of relationships with other caring adults</td>
<td>Youth in out-of-home care receive mostly referrals to “programs” for instruction on living independently, often near exit from care and inattentive to building lasting adult relationships</td>
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<td>You work with the potential adoptive family to think about future needs of the adoptive child over the course of their childhood, including their possible need for connections with members of their birth family.</td>
<td>There is rarely a time when you would consider whether connections with birth parents/family members is an adoptive child’s need that should be considered</td>
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