GPS Guiding Principles and Standards

Better Together: Enhancing Practice, Transforming Lives







Greetings

With great pride and optimism, the SCDSS Child Welfare Division introduces our new practice model, **Guiding Principles and Standards: Better Together: Enhancing Practice and Transforming Lives**. The development of this practice model represents the thoughtful and dedicated work of many professionals on our team who, in the process of its development, recognized the many correlations between an effective practice model and a GPS system.

Like a GPS system requires the user to know their destination, our practice model is designed to help us arrive at our important mission: To serve South Carolina by promoting safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. It outlines the shared values, principles, and core practice skills that are essential markers along the road to better outcomes for those we serve.

I want to ensure that our work as an agency demonstrates a belief that children, families and adults can succeed, that they have a voice and that they deserve our respect. We must engage, encourage, honor and support families, across all program areas at DSS, while continuing to keep the safety and well-being of children at the forefront of our decision-making. Ultimately, we want children's lives to be better and their families stronger after our services and interaction are completed.

We know that being in a family positively impacts a child's development. Children should be raised in a family, and most families can care for their children, though some need the additional support of our child welfare system and network of community partners. When children must be removed from their families, the primary goal is to reunite them with their families where possible. When reunification is not possible, we must strive toward timely development of a permanency plan that best serves the needs of the child. While timeliness should not be achieved at the expense of other priorities, particularly the safety and well-being of a child, problems arise when a child is in the system for too long.

Providing supportive services to our most vulnerable children and families is necessary and urgent. Our success in this is dependent on our ability to engage, plan and team with families so they know they are not navigating this unfamiliar and often difficult path alone. We must strive to fully understand their individual strengths and needs, honor their culture and beliefs, be sensitive to the trauma they have experienced, and collaborate as partners to achieve common goals.

I am encouraged by the competent, courageous and compassionate service I see DSS exhibiting every day. Our new practice model will keep us grounded and guided as we continue to do this important work.

Mike Leach, State Director

Acknowledgements

We are thankful for the wonderful opportunity we have had to engage the community of internal and external child welfare partners in a three-year process to develop the **Guiding Principles and Standards (GPS) Practice Model for Child Welfare Services.** We believe the approach to practice and accountability this document creates is the path for how we do business every day.

The Child Welfare Division used this process to affirm our State's commitment to its overall vision for children and families served by the Agency through:

- identifying the values and guiding principles of child welfare practice that we will uphold
- setting goals and desired outcomes that align with the principles
- describing the core intervention components/skills it wants to practice
- setting standards for skills, behaviors and actions of workers, team leaders, and managers

We wish to thank all the members of the SC GPS Practice Model Workgroups for their contribution to this project and Chapin Hall at the University of Chicago, USC Center for Child and Family Studies and Casey Family Programs for their generous support.



Our Mission

The mission of **The South Carolina Department of Social Services** is to serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability, and strengthening families.

We do this through courage, compassion, and competence.



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GPS Practice Model Guiding Principles and Standards

Better Together: Enhancing Practice and Transforming Lives



GUIDING PRINCIPLES

Family-Centered • Individualized and Strengths-Based Trauma-Informed • Culturally Responsive

CORE PRACTICE SKILLS

- Engagement
- Teaming

- **Planning**
- Intervening
- Functional Assessment Tracking and Adapting

South Carolina has adopted a model of casework practice for Child Welfare Services called GPS (Guiding Principles and Standards). The GPS practice model explains the values, principles, and core practice skills used by staff to empower children and families to achieve the goals of

safety, stability, permanency, and well-being. Inspired by GPS navigation technology, the model will serve as a road map to help practitioners arrive at desired practice model outcomes and to achieve uniform practice within the department.

CHILD WELFARE SERVICES DIVISION

A Framework for Practice Excellence

South Carolina has adopted a model of casework practice for **Child Welfare Services** called **GPS (Guiding Principles and Standards).** The GPS practice model explains the values, principles, and core practice skills used by staff to empower children and families to achieve the goals of safety, stability, permanency, and well-being. Inspired by GPS navigation technology, the model will serve as a road map to help practitioners arrive at desired practice model outcomes and to achieve uniform practice within the department.

The 5 major areas included in the GPS framework for practice excellence:



Vision and Values

Values are the behaviors and qualities we look for in those we hire and expect to be demonstrated in all interactions.





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We treat all individuals with dignity, educate them of their rights and responsibilities, and honor their values and culture.

- > We believe professional demeanor, behavior, appearance, and communication are demonstrations of respect.
- > We believe youth and family voice are central to the teaming and decision-making process.
- > We believe in developing strong and agile teams who are supportive of each other.
- > We believe in diverse, open, honest, and collaborative discussions with families.
- > We believe responsiveness is essential, and we must act with greater urgency.
- > We believe a child's sense of time is paramount and concurrent planning must be discussed with all family members early and revisited if progress is not being made.
- > We believe in being prompt and transparent in our responses to youth, family, service providers, community members, and within our agency and office.
- > We believe families are better supported when we treat each other with kindness and respect.
- > We believe how we treat each other is a reflection of how we treat families.
- > We believe in transparency in our practice and service provision, while preserving client confidentiality.



Our service delivery system and practice is based on our desire to achieve high performance, meet outcomes, and ensure accountability.

> We believe excellence begins with "me."

> We believe people are resilient, and we choose to focus on the positives so we can address the challenges.

> We believe accurate, thorough, and timely assessment and documentation are essential to quality work.

> We believe we must be lifelong learners, committed to growing our knowledge and the skills necessary for excellent casework practice.

> We believe families deserve consistent quality service from all child welfare professionals and embrace a "whatever it takes" attitude.

> We believe children deserve to be safe from abuse and neglect, nurtured by lifelong families and provided with protections and supports.

> We believe services should be data-driven, evidence-informed and culturally relevant.

> We believe staff need to be valued and well-supported in their work for excellence to occur.

> We believe manageable caseloads and access to needed resources are essential components to strong service delivery.

> We believe all staff need to ensure a trauma-informed service array is available to meet the needs of families.

> We believe our workforce must be knowledgeable about the array of community-based services and supports available to meet families' needs.

Community Invested

DSS relies on formal and informal supports throughout each community to promote the prevention of child abuse and neglect, and promote child and family well-being and lifelong connections.

> We believe the community within the child welfare system is made up of families, case managers, team leaders, managers, and state, federal, and local stakeholders (i.e., churches, medical professionals, schools, etc.) who together protect, strengthen, and care for children and families.

> We believe children should be placed in their own neighborhoods and communities whenever possible.

> We believe our collective support of families and children is an investment in the future of our community.

> We believe a strong child welfare system requires collaboration with families and their community.

> We believe sharing our mission, values, and guiding principles with the community is essential to providing quality services.

> We believe families deserve a comprehensive array of evidenceinformed services and supports within their community.

> We believe sharing our expertise is important when supporting children and families engaged with community partners.



When our decisions and actions are transparent and data is utilized to improve our practice, positive outcomes for children and families are achieved.

> We believe South Carolina deserves a public child welfare program with qualified and committed staff who engage families and communities to promote well-being, protect children, and prevent child abuse and neglect.

> We believe families, case managers, team leaders, and community partners deserve clearly communicated expectations, direction, and clarity in standards and practice.

> We believe performance evaluations should be aligned with the GPS practice model and serve as a fidelity indicator.

> We believe our workforce must embrace and integrate our mission, values, guiding principles and integrate the core practice skills into our daily activities.

> We believe in engaging in continuous learning to improve our practice.

> We believe critical decision-making skills and good judgment are essential components of our work.

> We believe accountability begins with a supportive working relationship between federal, state, and local managers, team leaders, and administrators, and includes clear, consistent expectations for staff at all levels.

> We believe in transparency and that our accomplishments and challenges should be regularly shared with the public.

Guiding Principles

Guiding principles are the fundamental truths that serve as the foundation to guide our everyday behaviors and relationships/interactions with clients and each other.







> We believe all families have strengths and the capacity to make informed decisions and drive change.

> We commit to engage, encourage, honor, and support families in all areas, while continuing to keep the safety of children at the forefront of our decision-making.

> We believe families, children, and youth are essential partners and the experts regarding their needs.

Family-Centered Operationalized with Clients

>> Case Managers

Identify parent and children's support system, fictive kin, extended family, and network of support.

> Team Leaders

Identify parent and children's support system, fictive kin, extended family and network of support.

Review the list of family supports with case managers to identify possible additional supports and/or kinship placements if needed.

Keep children in their family home whenever safe to do so. When out-of-home care is needed, seek placements with relatives/extended family and fictive kin. Encourage and educate staff about the importance of identifying and exploring kinship care options when placement is necessary to ensure safety of the child.

Educate staff on the impact placement change can have on children – including kinship care placements.

Invite moms, dads, noncustodial parents, children/ youth, and their support system to be part of the family team, and participate in meetings where the assessment is reviewed and planning decisions are made.

Foster parents and providers can be invited if the parents are open to including them. Ensure families and their network of support are included in the family team, are able to participate in the assessment, and are brought in for case planning.

>> Managers

Identify parent and children's support system, fictive kin, extended family and network of support.

Review data and support staff efforts to identify possible additional supports and/or kinship placements if needed.

Support the practice of empowering the parent as parent — respect their preferences, choices, and input, particularly when it comes to caring for their child(ren). Advocate for the development of a parent advisory board and a youth advisory board to ensure regular communication and feedback.

Advocate for the capture of data and review the data regularly that tracks who participated in the assessment and attended the child and family teaming process.

Review the data regularly and work with teams to improve participation as needed.

Family-Centered Operationalized with Clients

>> Case Managers	> Team Leaders	>> Managers
Keep siblings together. Make concerted efforts to allow siblings to stay together whenever possible.	Support case managers and discuss case dynamics and safety factors that may impact a decision to place siblings apart. Help case managers make a plan that provides safety but allows siblings to visit whenever possible.	Promote kinship and sibling placements whenever possible. Utilize data and case reviews to monitor decision-making regarding sibling and kinship placements.
Find fathers or non-custodial parents and their extended family. (Diligent Searches) Reach out and engage fathers; ensure they are invited to case planning meetings unless safety factors prohibit their involvement.	Review cases to make sure fathers and their families are included in case planning meetings.	Seek out training regarding the legal aspects and importance of non-custodial parent engagement in the child welfare process.
Help children and parents maintain connections to each other and extended family to help provide stability (e.g., child and parent visits and family meetings).	Track documentation of parent/child visits to ensure they are occurring regularly to maintain strong family connections.	Review aggregate data to ensure parent/child visits are occurring regularly to maintain strong family connections.
Build relationships and shared parenting between foster parents and parents to encourage lifelong support during and post care.	Promote shared parenting work to develop relationships between parents and foster parents.	Reinforce shared parenting and case managers' ability to include the parent in activities and further the support system to include foster parents.

Family-Centered Operationalized with Colleagues

>> Case Managers	> Team Leaders	>> Managers
Create a family-centered culture in the office. Get to know your team members' strengths, talents, and interests, and nurture those whenever possible (e.g., Make small gestures to celebrate each other's successes and strengths).	Promote understanding that all children are our children,— it doesn't matter whose case it is; if you can help, jump in. Build relationships and strive to build a family within the workplace. Get to know the personalities of your team and nurture them. Learn from your people and let them learn you; be vulnerable so you can build rapport.	Create an environment that allows staff to feel like they are all members of an extended family. Foster an environment that is genuinely caring and interested. Get to know your staff's strengths and limitations. Encourage team leaders to build teams within their office. Get to know their strengths and challenges so you can ultimately use this information to improve the work and work environment.
Develop cross-county and cross-regional relationships to provide support.	Bring together teams from other program areas to make decisions and determinations.	Build relationships with other counties and program areas on regional and state levels.
Review your metrics that track your efforts to be family- centered and identify ways to improve your metrics over time.	Share family-centered metrics with your case managers and develop action plans to make improvements where needed.	Model transparency by sharing metrics with all teams and set benchmarks to improve efforts to be family-centered. Conduct monthly all-staff meetings to share information with staff as well and hear their voice and feedback in decisions that need to be

made regarding practices, policies, and office issues.



> We create a helping environment that identifies trauma, recognizes underlying causes, incorporates history to provide insight into current functioning, positively manages symptoms, promotes resiliency, prevents further trauma, and encourages healing.

> We assess for trauma reactions and respond by pursuing trauma-responsive interventions.

Trauma-Informed Operationalized with Clients

>> Case Managers

Assess for child/family's trauma history and reactions.

Use trauma screening tools with families to assess for trauma experiences.

> Team Leaders

Encourage staff to use the trauma screens throughout the life of child welfare interaction.

>> Managers

Streamline assessment and screening tools and select a universal functional assessment inclusive of a trauma domain for implementation across all programs.

Look at behaviors through a trauma lens. Be observant and attend to family members' reactions or changes in behavior; let them know you care and you recognize when they are stressed.

Assist parents with identifying their own trauma experiences so they can recognize and better respond to behaviors in the future. Encourage staff to be observant and attend to family members' reactions or changes in behavior; let them know you care and you recognize when they are stressed.

Encourage staff to link parents and resource caregivers (i.e., foster, kin, kin foster, fictive kin, etc.) to trauma training. Provide education and guidance regarding recognition of trauma symptoms.

Ensure availability of trauma trainings for staff, parents, and resource caregivers (i.e., foster, kin, kin foster, fictive kin, etc.).

Understand the array of traumainformed treatment options available and the eligibility criteria for each. Understand and share with staff the array of trauma-informed treatment options available and the eligibility criteria for each. Provide clear information regarding the array of trauma-informed treatment options available and the eligibility criteria for each.

Trauma-Informed Operationalized with Clients

>> Case Managers

Educate foster parents about trauma-informed training being offered by DSS or community organizations.

> Team Leaders

Share list of trauma-informed trainings for foster parents with case managers so they can inform caregivers.

>> Managers

Recommend foster parents to get developmental traumainformed training as part of their annual training requirements to help them recognize trauma reactions and respond in a trauma-informed manner.

Build trauma training to include an understanding of trauma-reactions and teach staff the skills to attend to and deescalate reactions.

Recruit adequate number of traumainformed foster parents.

Connect child with foster families who are traumainformed and able to meet the specific needs of the child entering foster care. Support staff to be able to connect child with foster families who are trauma-informed and able to meet the specific needs of the child entering foster care.

Trauma-Informed Operationalized with Colleagues

>> Case Managers

Pro-actively talk with your team about how you prefer to be nurtured and supported when stressed or overwhelmed.

Remember we are all family be there for each other, be kind, and reach out.

Reach out to colleagues when you are concerned about them, be observant and attend to them, and let them know you care and you recognize stress symptoms.

> Team Leaders

Use trauma-informed supervision. Pro-actively talk with your team about how you prefer to be nurtured and supported when stressed or overwhelmed. Pro-actively ask staff about their own trauma reactions (sleep, eating, repeated thoughts).

Assess your team staff. Be observant and attend to them; let them know you care and you recognize stress symptoms. Connect staff to services that teach improved coping skills and offer stress-relieving opportunities for self-care.

>> Managers

Create an environment that encourages self-care and allows staff to ask for help when needed.

Provide staff training
about the impact of
working a case, especially
for the first time. Reach
out to colleagues when
you are concerned about
them, be observant and
attend to them, and let
them know you care and
you recognize stress
symptoms.

		symptoms.
Make it a practice to emotionally debrief with colleagues and team leaders following a stressful event.	Make it a practice to debrief with staff and fellow team leaders following a stressful event.	Be available to debrief with team leaders and fellow managers following a stressful event.
Remember that everybody is working hard, even if they work differently! Remember this work take a toll.	Encourage staff and colleagues to use clinical support staff when stressed. Offer and encourage rehabilitation to staff experiencing secondary post- traumatic stress symptoms.	Encourage staff and colleagues to use clinical support staff when stressed. Offer and encourage rehabilitation to staff experiencing secondary post-traumatic stress symptoms.

Trauma-Informed Operationalized with Colleagues

>> Case Managers

Utilize the Clinical Teams to seek education about STS.

> Team Leaders

Utilize the trauma response team. Provide information regarding the state trauma response team. Link staff to the trauma response team when needed.

>> Managers

Provide information regarding the state trauma response team. Invite the trauma response team to visit each office on an annual basis to review supports available.

Individualized and Strengths-Based

> We maximize success by identifying each individual's unique strengths and incorporating them into needs-based case planning.

> We value family and youth voices and perspective.

> We celebrate all accomplishments and continually build upon protective capacities.

Individualized and Strengths-Based

Operationalized with Clients

>> Case Managers	> Team Leaders	>> Managers
Identify the strengths and needs of the children, youth, parents, resource caregivers (i.e., foster, kin, kin foster, fictive kin, etc.) and families.	Ask case managers to share individual strengths of family members during case staffing and supervision.	Review qualitative assessment data to ensure individual strengths are being identified.
When first meeting someone, start with strengths. Identify needs that can be addressed and become strengths over time.	Encourage staff to recognize a family of the month in regional newsletters or publications. (Families have to sign a consent.)	Make sure services are available to nurture strengths as well as address needs. Recognize staff who are demonstrating strength- based practice.
Share the family members' strengths with the treatment provider when making a referral.	Encourage staff to share strengths with providers and resource caregivers (ie: foster, kin, kin foster, fictive kin, etc.) so they are not focused solely on the needs.	Advocate for training focused on strengths-based engagement.
Document individual strengths in permanency plans and case notes. Allow families to identify action steps during child and family teaming process to be included in their permanency plan.	Review permanency plans and case notes to ensure strengths are identified and nurtured over time.	Ensure training is available to teach staff how to develop a strength-based plan and document strengths in case notes and teach team leaders and managers how to conduct strengths-based case reviews.
Empathize with the parents' and children's experiences.	Acknowledge when parents have made progress, even if it is small.	Develop opportunities (surveys) for consumers to
Highlight case progress and victories with parents when discussing the case with parents.		provide feedback following case activities about our ability to be individualized and strengths-based.
Acknowledge steps parents have taken to ensure their child's safety.		-

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Individualized and Strengths-Based

Operationalized with Colleagues

>> Case Managers	> Team Leaders	>> Managers
Recognizing each other's strengths and weaknesses and how we can pitch in and help out. (e.g., Provide tokens of appreciation for each other– recognize when a colleague is stressed; do nice things for each other, even little things.)	Recognize the skills, life experiences, and strengths each staff member brings to the table.	Praise staff for accomplishing activities, even when they are mandatory.
Get to know your fellow case managers and their specific strengths and tap those strengths on cases when needed.	Get to know your fellow case managers and their specific strengths and tap those strengths on cases when needed. Be able to recognize your staff's	Get to know your fellow case managers and their specific strengths and tap those strengths on cases when needed.
Start meetings with appreciative inquiry, celebrate each other's successes.	strengths. Know them that well. Build on those strengths and help use those strengths with their colleagues/teammates.	

Encourage case managers' strengths by building an action plan consisting of training and supervision to build capacity. Encourage team leaders' strengths and build an action plan consisting of training and supervision to build capacity.



> We respect differences and work to eliminate all biases and disparities.

> We acknowledge our own cultural biases and commit to respond to individuals of any race, ethnic background, socioeconomic status, immigration status, sexual orientation, gender expression, and faith with full recognition of their equality, worth, and rights.

Culturally Responsive Operationalized with Clients

>> Case Managers

Seek cultural awareness training. Increase our level of understanding of the cultural practices and norms within cultures present in our community.

> Team Leaders

Provide opportunities for staff to increase their level of understanding of the cultural practices and norms within cultures present in our community; set up listening sessions in the churches or community organizations that represent various cultures to learn their values, norms, and traditions.

Encourage families to invite representatives from their community, such as religious leaders or teachers, to be part of their family team and attend the child and family teaming process. Connect families with people of the same culture within their community.

Encourage the agency to engage community representatives from various cultures to educate staff about their cultural norms, practices, traditions, etc.

>> Managers

To enhance cultural awareness and diversity, seek staff that mirror the community.

Recognize that changing one's "implicit biases" takes time. Promote learning opportunities in the office for staff. Have frequent conversations with staff about this issue.

Reach out to community representatives from various cultures and organizations to come in to staff meetings to educate staff about their cultural norms, practices, traditions, values, etc.

Invite foster parents to participate in these presentations as well.

Culturally Responsive

Operationalized with Clients

>> Case Managers	> Team Leaders	>> Managers
Identify the family's culture and language — provide services in their language. Ask parents to educate you on how to best care for their child. Then, educate foster parent with this information.	Ask case managers during staffing to share information about the family's culture.	Foster an environment in which cultural and other differences are appreciated.
Recognize when you or family members are struggling to connect and seek supervision.	Assess and address cultural barriers between families and staff. Encourage staff to communicate with family — don't shy away from difficult conversations; use family as the experts on their own culture. Learn from it.	Consider others' opinions and worldviews when making decisions that affect the entire agency.
Be aware of your own biases and prejudices and how they might impact your work with colleagues, children, and families. Modify your interactions with families.	Listen for and recognize our staff's implicit bias and address it when assigning cases. Recognize your own personal bias and modify your inter- actions with and decisions about families accordingly.	Recognize your own personal bias. Review programs and services for cultural relevancy and modify as appropriate. Share modifications with staff during staff meetings.

Culturally Responsive

Operationalized with Colleagues

>> Case Managers	> Team Leaders	>> Managers
Learn about each other's culture and respect each other's values. Be open to learning other's point of view.	Understand how different generations might prefer to be communicated with and acknowledged.	Model openness to staff's various values and cultural practices.
Celebrate your team members' special occasions, births, weddings, and holidays.	Create an environment that encourages and promotes communicating our differences and preferences.	Encourage staff to share their experiences with each other.
Recognize how cultural backgrounds and life experiences impact the case manager/team leader relationship.	Recognize how cultural backgrounds and life experiences impact the case manager/team leader relationship.	Recognize how cultural backgrounds and life experiences impact the case manager/team leader relationship.

Core Practice Skills

Core practice skills are individualized and integrated activities that drive all phases of our collaborative work with children, youth, and families. Core practice skills are applied based on the circumstances and experiences of the individual. We must plan how we will engage an individual based on what we learn throughout our ongoing assessment. Strengths, needs, culture, and trauma experiences are unique and our approach and use of skills need to be individualized.







Developing a successful working relationship through honesty, respect, empathy, and active listening.

- > Listening to families and recognizing strengths and needs.
- > Being non-judgmental and meeting families where they are.
- > Understanding the role of the family's culture.
- > Facilitating the creation of a child and family team.
- > Including the child, immediate family, and extended family in the case-planning and decision-making process. Child and family voice is paramount.



Creating and sustaining working teams with families, their support system, and professionals who share a common purpose, unity in effort, and a demonstrated effectiveness in problem solving towards safe case closure.

> Families are core members of the team.

> Coordination of the activities of the case planning team is essential and is most effective and efficient when it occurs in regularly scheduled, face-to-face meetings of the child and family team.

> Strengths and needs of the child and family are assessed within the team as children and families are more likely to pursue a plan or course of action when they have a key role in designing their plan.

> Collaboration with informal family supports and community services is the fundamental way to build effective services and support for children and families.

> Communication and interaction with families, the court, and other team members must reflect professionalism: timeliness, preparation, respect, knowledge, and accuracy.

Functional Assessment

The formal and informal process of gathering, synthesizing, and making meaning of information related to underlying needs and strengths to enhance family functioning and promote child safety, permanency, and well-being.

> Assessment is the skill of identifying family functioning, strengths, needs, challenges, protective capacity, and dynamics to determine risk and safety factors that will impact children's safety, permanency, and well-being.

> Assessment begins at intake and continues throughout the life of the case.

> Assessment is a formal and informal process of gathering information regarding child and family factors to ensure child safety and develop a plan to ensure families' success.



Utilizing functional assessments to create individualized plans designed to improve family functioning and promote child safety, stability, permanency, and well-being.

> Assessing family circumstances and identifying family strengths including formal/informal supports and resources needed.

> Weighing options and making decisions together on which direction is best for the family.

> Acknowledging when progress is made and celebrating successes.

> Helping families understand time limits on permanency planning.

> Developing concurrent plans with the family early and revisiting them often.



Encouraging and actively assisting families and children by creating tailored plans and service arrays, providing referrals to community resources, identifying and tapping formal and informal supports, and building safety networks.

> Intervention can include direct provision of services, providing referrals to community resources, identifying formal and informal supports, and building safety networks for children.

Intervention must be utilized to address children's and families' needs identified during functional assessment and case planning to decrease risk, ensure safety, promote permanency, establish well-being for children, and access a continuum of care to support the child and family.

> Interventions must be matched to identified needs.

Tracking and Adapting

Continually monitoring and evaluating the effectiveness of the permanency plan, the services, and the family's progress.

The family is making progress in their permanency plan by demonstrating enhanced protective capacity and behaviorally specific improvements in family functioning such as parenting and demonstrating an ability to meet their child's developmental needs.

> The child is making progress in their permanency plan by demonstrating improved functioning as monitored through the ongoing functional assessment.

> The effectiveness of the plan is being evaluated and changes are made as needed.

> Resources are accessed in a timely manner.

> Barriers are identified and addressed.

The plan is updated as goals are met, additional information is acquired, and new needs arise.

Practice Model Outcomes



The mission calls for:

> Safety Children are free from abuse, neglect, and exploitation. Caregivers provide the attention, actions, and supports, and possess the skills and knowledge necessary to foster feelings of security and to protect the child from known potential threats.

> Permanency Children are living with parents or other caregivers who will provide lifelong legal and relational connections. Permanency efforts ensure that the child will experience enduring relationships that provide a sense of family, stability, and belonging.

> Well-Being Children's developmental status is consistent with age expectations. Children are achieving and maintaining their optimal physical health, mental health, educational outcomes, and social/emotional outcomes.

> Stability Children's daily living and learning arrangements are familiar, stable, and free from risk of disruption.







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