

THE  
PUBLIC CHILDREN SERVICES ASSOCIATION  
OF OHIO



PRESENTS:

*FAMILY-CENTERED,  
NEIGHBORHOOD-BASED SERVICES*  
PERFORMANCE-BASED BEHAVIORS  
FOR THE CHILD WELFARE PRACTITIONER  
AND COMMUNITY PROVIDERS

Revised February 2003

FAMILY-CENTERED, NEIGHBORHOOD-BASED SERVICES  
PERFORMANCE-BASED BEHAVIORS  
FOR THE CHILD WELFARE PRACTITIONER  
AND COMMUNITY PROVIDERS

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FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*INTAKE DEPARTMENT*

**The following items outline specific behaviors that the Intake Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. Gathers complete information from the referent, collaterals and agency records and reviews same.
2. Maintains and utilizes a Community Resource Directory with information about community services within the family's neighborhood.
3. Establishes professional relationship with the contact person in each Community Resource Center/Community Agency and schedules a formal means of securing program service updates. Where a community center does not exist, establishes relationship with other neighborhood resource/s for same.
4. Is available to the contact person in each Community Resource Center/Community Agency to help determine if a referral to the agency is necessary.
5. Educates service providers in the neighborhoods and schools about the process the agency uses to screen referrals.
6. Follows up with mandated reporters to share information on steps taken to address concerns.
7. When screening a referral, identifies community services that could assist family in building on family strengths, reduce the presenting concern and provide information to the referral source on the family's progress.
8. Documents community information and referrals made, neighborhood from which concern came, etc., to educate community planning groups, politicians, and others on services gaps and need for potential future services.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*ASSESSMENT DEPARTMENT*

**The following items outline specific behaviors that the Assessment Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. Establishes formal relationship with Community Resource Centers/Community Agencies for giving and receiving information on needs of children and families residing in the neighborhood.
2. Contacts Community Resource Centers/Community Agencies to see if the Center/Agency has knowledge of the family as part of the collateral contact activities.
3. Completes a full paternal and maternal search to gather complete information to determine resources that the family may utilize.
4. Secures a signed release at the initial or second contact so that staff consistently contact neighbors, teachers, pastors, law enforcement officials, etc., for information on available informal and formal resources that may support child safety and the stability of the family.
5. Completes a genogram and ecomap with the family when it is determined that a case will be opened (custody, non-custody cases).
6. Conducts family risk assessment in the family's home and with the family vs. judging the family based on sketchy information and completing it in the agency's office.
7. When transferring the case, the Assessment social worker and Family Services worker always conduct a joint home visit (minimum of one home visit apart from the Team Decision Making meeting for both custody and non-custody cases).
8. Once the determination has been made to open the case, the worker sets up a Family Case Conference (for both custody and non-custody cases) to discuss the case. If a possible removal is involved, a Team Decision Making meeting is scheduled.
9. A safety plan for the child is developed in the Team Decision Making meeting or Family Case Conference with family, extended family, and family supports from the community.

10. If the Assessment social worker sets up initial services, initial services should be set up within seven days of the case opening.
11. If the case is not opened, the Assessment social worker should document that linkages were made between the family and community service providers (community linkages are always made regardless if case is open or not – when warranted). The neighborhood and the referred services should be documented.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*FAMILY SERVICES DEPARTMENT*

**The following items outline specific behaviors that the Family Services Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. When transferring the case, the Assessment social worker and Family Services social worker conduct a joint home visit (minimum of one home visit with all relevant parties apart from the Team Decision Making meeting).
2. The risk assessment is updated with the family at the time of each major life-changing event (i.e., marriage, baby, (un)employment, securing and losing housing).
3. The case plan is written with the family, as well as other stakeholders, and is always directly related to the strengths and challenges section of the risk assessment. This is done within the Family Case Conference. In the case of placement related decisions, planning may occur at the time of the Team Decision Making Meeting.
4. Staff always ask (age appropriate) children, as well as parents, their perceptions of the issues and what they need during the case plan process.
5. The Family Services social worker involves the Community Center/Agency in supporting family case plans, goals, and objectives. If a Community Center is not available, other resources are located in the neighborhood for the same purpose.
6. Staff look first at neighborhoods and culturally appropriate resources, supports, etc., to provide for the family's needs.
7. Direct family contact (with the children present) is made weekly with families who are identified with children at high risk, twice monthly where there is moderate risk, and once a month where there is low risk.
8. The case plan goals and objectives are reviewed with the family, progress is checked and celebrated, and plans for reducing barriers are made at every face-to-face contact and documented.
9. The Family Services social worker makes phone contact once a month with the family to see how things are progressing (on moderate and low risk cases).

10. The safety plan is updated at the time the case is transferred and at the time of each major life-changing event. It is written with the involvement of family and family stakeholders.
11. Formal quarterly reviews of case plan progress are conducted with the individuals who participated in the initial plan. These are scheduled in conjunction with Team Decision Making meetings or Family Case Conferences.
12. Family Case Conferences and review sessions are held at the Community Center/Agency closest to the area in which the family lives.
13. Staff arrange for a pre-placement visit even on emergency placements.
14. The Family Services social worker secures monthly reports on the family's progress from community providers.
15. When PC is initiated, the concurrent plan is provided to the adoption department to assist in identifying potential adoption resources.
16. When child removal is necessary, Family Case Conferences occur with the Placement social worker present.
17. When placement is necessary, the Family Services and Foster Care social workers conduct joint visits during the first month of placement (a minimum of two visits at the foster home).
18. Upon removal from the home, children are routinely asked what they need, fear, and want, and are told what is going to happen. Children are routinely asked what they want to take with them. Staff asks the parent(s) to reassure the child and to provide the child with any favorite toys. For young children, a garment of the parent is provided.
19. Staff talk about the placement with the birth parent(s) and any significant person whom the child mentions.
20. Within 3-5 days of the placement, a Family Team meeting is conducted, which includes the Family Services social worker, Foster Family social worker, family and foster family.

21. Staff have a picture of the parent taken at the Family Team Meeting for the child to take with him/her and a picture of the child is taken for the birth family. Staff discusses school issues: what's best, worst, inquire about the child's relationship with the teacher. They discuss the child's bedtime, favorite story, snack, parental concerns, medical issues, etc.
22. Parents are routinely called between visits to see how things are going and to provide encouragement.
23. Staff checks with the neighborhood/relative supports for progress and concerns.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*COMMUNITY DEVELOPMENT DEPARTMENT*

**The following items outline specific behaviors that the Community Development Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. Provide assistance and services to children, families, parents and caregivers to ensure that children successfully reunite with their primary family.
2. Provide support to relative caregivers to increase the likelihood that the placement will be stable.
3. Participate in the Team Decision Making meeting and Family Case Conference and assist with the development of the case plan to “power-up” a family-centered, neighborhood-based approach to services.
4. Assist the family in securing safe, stable, affordable housing.
5. Provide parent education in the community.
6. Schedule visits in the community.
7. Work with the child’s social worker and foster care social worker to review progress on case plan goals.
8. Meet primary parents at the Community Center/Agency to introduce family to Center/Agency staff and encourage linkages.
9. Encourage primary family to participate in Center/Agency activities and, when appropriate, in activities at local church, community functions, etc.
10. Work with primary family to identify local resources that can assist the family in creating a network of support, coordinates linkages as appropriate and as agreed to in partnership with Family Services social worker.
11. Meet with program social workers to provide progress reports on family functioning and advocate for less restrictive visitations, etc., as family is ready to take on more responsibility with less involvement from the agency, documents and reports on same.

12. Meet with staff from primary public child and family serving agencies (e.g., MRDD, MH, HUD, Child Support, etc.) to collaborate on shared cases.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR THE  
*RESOURCE SERVICES DEPARTMENT*

**The following items outline specific behaviors that the Resource Services Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. Caregiver pre-service and all subsequent training includes FCNB content appropriate to the workshop curriculum.
2. Caregivers receive training with staff on FCNB approach.
3. The agency puts policies and procedures in place (and regularly reviews these to assure...) that reinforce the FCNB approach and support caregivers in embracing this approach.
4. Whenever meeting with the caregiver, staff always discusses the importance of contact between the birth family and children – determining where the caregiver will be on the “BRIDGE”.
5. When the child removal is necessary, Team Decision Making meetings occur with the Placement social worker present.
6. When removal is necessary, a neighborhood-based home is identified.
7. When placement is necessary, the Family Services and Foster Care social workers conduct joint visits during the first month of placement (a minimum of two visits at the foster home).
8. Foster families are recruited in targeted neighborhoods, utilizing the developed FCNB collaborative (agency creates with community stakeholders).
9. Agency finds creative strategies for waiving foster care licensure rules that prohibit a FCNB approach within the confines of the Rules (i.e., caregivers are illiterate- next door neighbor provides for this).
10. Support services are developed, evaluated, and maintained by agency for caregivers (i.e., caregiver support group, monthly neighborhood caregiver coffees, reimbursement for all FCNB expenses, 24 hour access, respite).
11. Caregivers are provided with a written schedule (parent/child visits after consultation with the caregivers).

12. Caregivers are included in the development of the case plan and are written in as mentors, role models, etc., per the care givers level of comfort in supporting the birth parent for reunification.
13. Caregivers always receive copies of the case plan and all case plan amendments. The case plan is reviewed at the first scheduled visit following the mailing or delivering of the case plan.
14. Caregivers are invited to, and given sufficient warning of, Team Decision Making meetings and Family Case Conferences.
15. Caregivers are informed of the case plan progress and the planned date for reunification.
16. Caregivers are expected to attend and participate in the Family Team Meeting within three to five days of the child's placement. The birth parent and child's worker and foster care worker are in attendance with the caregiver.
17. Caregivers work with the agency in the development and maintenance of the child's lifebook and with the birth parents at the appropriate phase of the relationship.
18. Birth parents are always involved in the decision-making process. Family members and people who know the family well are involved with the decision-making process.
19. The agency sets up parent/child visits in the most familiar and natural environment where the child can be protected.
20. Caregivers are routinely called between visits to see how things are going and to provide encouragement.
21. Agency uses Framework for Relating: A Guide to the Foster Parent, Birth Parent Relationship. To the extent the foster parent is comfortable, the agency holds the caregivers accountable for participating in some level of FCNB activities (no relationship is unacceptable, low relationship is).

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*CAREGIVERS*

**The following items outline specific behaviors that Caregivers should strive to consistently demonstrate for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. Caregivers support family-centered, neighborhood-based practice as demonstrated by their participation in FCNB activities.
2. Caregivers attend and participate in the Family Team Meeting for every child in their care.
3. Caregivers attend and participate in Family Case Conference – Team Decision Making meetings.
4. Caregivers participate in the case planning and review process.
5. Caregivers work with the social worker and family, using the Bridge Document to identify and implement appropriate Bridge activities to support child and family.
6. Caregivers talk with, meet and share information with the birth parents regarding the child's progress, news, etc.
7. Caregivers work with birth parent, as identified in the case plan, acting as a role model and a support.
8. Caregivers transport child to visits, appointments, etc., and, when identified as appropriate, to the birth parents.
9. Caregivers attend family counseling sessions, parenting classes, etc., with child and family as recommended by the counselor.
10. Caregivers assist the child in their home and maintain regular contact with the child's siblings that may be placed in other homes.
11. Caregivers participate in reunification planning to assist with the smooth transition from caregiver's home to birth home.
12. Caregivers provide phone and other support to birth family after reunification.
13. Caregivers provide respite support to birth family following reunification.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*INDEPENDENT LIVING DEPARTMENT*

**The following items outline specific behaviors that the Independent Living Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. The Self-Sufficiency Assessment is completed with the Independent Living worker, the youth, and significant individuals (in youth's life) in a face-to-face interview occurring in a comfortable setting identified by the youth within 3-5 days of Independent Living case assignment.
2. The Independent Living worker shares the results of the Self-Sufficiency Assessment with the youth and significant individuals (in youth's life) in a face-to-face meeting occurring in a comfortable setting identified by the youth within 3-5 days after the assessment is completed.
3. Based on the results of the Self-Sufficiency Assessment, the Independent Living worker, the youth, and significant individuals (in youth's life) develop a mutually agreed upon Independent Living Youth Contract.
4. With the youth and significant individuals (in youth's life), the Independent Living worker revises the Independent Living Youth's Contract every ninety days or earlier if needed.
5. The Independent Living worker, along with the youth and caregiver, identifies the Basic Life Skills Training that is needed for preparing the youth for adulthood.
6. The Basic Life Skills Training Sessions will be offered to the youth in the community. The Independent Living worker notifies the youth of the location of the training in the community.
7. The Independent Living worker ensures that the youth has the proper transportation to attend the sessions.
8. The Independent Living Worker will assist the Youth in identifying community-based services that the Youth can access and possibly rely on as a natural support system.
9. Before closing the case, the Independent Living worker assures that the youth is connected in the community.

10. When identified as important for the youth's stability, a community mentor is identified and a mentor relationship is established with the youth.
11. The Independent Living worker, the youth and significant individuals (in youth's life) work together to identify services that the youth is in need of and make appropriate referrals to the services and follow service providers' recommendations.
12. The Independent Living worker, youth, and significant individuals (in youth's life) identify appropriate housing that matches the youth's needs and the youth moves into the housing 6 months prior to emancipation, which is supervised by the Independent Living Worker and other individuals (i.e., landlord, neighbors, etc.) up to emancipation or further.
13. The Independent Living worker assists the youth in identifying and participating in community sponsored activities.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*ADOPTION PLACEMENT DEPARTMENT*

**The following items outline specific behaviors that the Adoption Placement Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. Staff work with foster care and ongoing departments to identify adoption resources that are kin (blood-relative or non-blood relationship).
2. Staff work with the social worker of record to develop a plan for assisting the child and family to separate in an empathetic manner when PC is imminent.
3. Staff encourage open adoption.
4. Staff work with the Foster Care Placement social worker in assessing placement resources identified by the family as part of the concurrent plan process.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*DAYCARE DEPARTMENT*

**The following items outline specific behaviors that the Daycare Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. Recruit and license Daycare Providers within targeted neighborhoods utilizing the developed FCNB collaborative.
2. Provide daycare for the child in the child's own neighborhood so that the child can remain safe in his/her own home.
3. Daycare is provided to local relatives in the relatives' neighborhood to maintain the Kinship Care Placement.
4. Work with the parent to help the parent identify a daycare provider.
5. On a monthly basis, the Parent, the Daycare Provider and the Daycare Worker meet in the neighborhood to update the progress of the child and assess future child needs.
6. Daycare Providers have a foundation and understanding of a family-centered, neighborhood-based approach to service delivery for children and families.
7. Parents have unlimited access to the Daycare Provider's home where childcare is being provided to ensure that the child is being cared for appropriately.
8. Daycare Providers are invited to, and given sufficient warning of, Team Decision Making meetings and Family Case Conferences as appropriate to decision making and planning interventions.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*SCHOOL-BASED SOCIAL WORKERS*

**The following items outline specific behaviors that the School-Based service system should strive to consistently integrate into their daily approach for excellence in family-centered, neighborhood-based practice. *These behaviors are not in order of importance.***

1. Provides parent education in the community.
2. Links and encourages primary family to participate in school activities and, when appropriate, in activities at local church, community functions, etc.
3. Works with primary family to identify local resources that can assist the family in creating a network of support and makes linkages as agreed to in partnership with Caseworker.
4. When in receipt of a referral for services, contacts other providers who may need to be involved and conducts a joint family assessment to determine what services are needed, within 2-5 days of the referral.
5. Schedules and conducts, at minimum, quarterly reviews with all service providers on family case. The review identifies progress that the family and child have made and identifies next steps.
6. Makes arrangements to attend, and participates in, meetings called by other service providers to avert a pending or anticipated crisis.
7. Eco-maps and genograms are completed on families the social worker is working with to avert CPS case opening.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*THE COUNTY COMMUNITY SERVICE SYSTEM*  
*SERVING CHILDREN, ADULTS, FAMILIES*

**The following items outline specific behaviors that the Community Service system should strive to consistently integrate into their daily approach for excellence in family-centered, neighborhood-based practice. These behaviors are not in order of importance.**

Service providers across systems are urged to consider the extent to which these behaviors are being (1) fully addressed now; (2) partially addressed now; (3) have been discussed and are seen as important, but have not been addressed and implemented cross systems as yet.

1. When in receipt of a referral for services, contact other providers who may need to be involved - conduct a joint family assessment to determine what services are needed within 2-5 days of the referral.
2. In collaboration with identified service providers as a result of the joint assessment, develop a single family and child case plan within 21 days of the assessment, that addresses how each service provider will assist the family and work together to provide "seamless" services.
3. Find ways to share resources, and cooperate in maximizing available resources, to respond to the family and child's needs.
4. Develop a single County Confidentiality policy and procedures for all child and family service providers. Train all service provider staff and implement quality assurance checks and reporting to assure use.
5. Provide monthly written progress reports to service providers with primary responsibility for child/family case using an agreed upon report format.
6. All service providers on family case meet at least quarterly to review the family and child's progress and identify next steps (as appropriate).
7. When called to attend a family and child meeting because of a pending crisis, make arrangements to attend.
8. Conduct quarterly brainstorming sessions with direct service professionals from the major service areas (e.g., child welfare, mental health, MRDD, health care, education, alcohol and drug, etc.) to identify ways to work more closely together and set plan for doing so.
9. Conduct semi-annual cross training experiences for service providers.

10. Define high-risk families and the process for making referrals to each other when high-risk cases come to a provider's attention.
11. Share a list of staff and their phone numbers among providers for easy look-up and access when needed.
12. When a provider loses a staff person responsible for a program service, alert the other providers of whom the interim staffer is and develop a process for alerting each other.
13. Develop process and priority listing for service provision. Identify ways to manage waiting lists and how this will be handled.
14. Conduct an annual child and family service fair in high-risk neighborhoods to introduce, share information, and educate community citizens on County service availability of both traditional and non-traditional services.
15. Document referrals to other agencies listing the caller's:
  - a. zip code (or street address);
  - b. problem;
  - c. type of services needed;
  - d. agency referred.
16. Provide summary report to Family and Children First Council on a quarterly basis to establish pattern of service gaps and plan for a targeted response in the areas where the identified services are needed. Accompany a glossary with any initials submitted by an agency.
17. Develop an ongoing community needs assessment to help determine the weaknesses and strengths of the community.
18. Provide interpreters for other languages.
19. Provide a service directory that is sent to all counties.
20. Engage local government staff, churches, ministers, and faith-based organizations.

<p>FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE PERFORMANCE BEHAVIORS FOR <i>DIRECT SERVICE SUPERVISORS</i></p>
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The following items outline specific behaviors that the Supervisors who support and assist child welfare caseworkers should strive to consistently integrate into their daily approach for excellence in family-centered, neighborhood-based practice. *These behaviors are not in order of importance.*

## **EMPLOYEE SUPERVISION**

1. The supervisor discusses the value-rich importance of service within the context of a family-centered, neighborhood-based approach to child welfare when reviewing the employee's job description with the employee (at the time of hire and annually thereafter as part of the performance review process).
2. The supervisor provides new employees with a formal mid-probation performance review, examining the employee's ability to perform in the new position and should document progress. Specific details should be given to the manner of client engagement and interpersonal helping skills. If a problem is identified, the employee and supervisor should develop a corrective action plan.
3. The supervisor provides new employees with a final probation performance review, which examines the employee's success in adapting to the new position. The supervisor documents the employee's progress. Attention is given to the manner in which the employee approaches and engages clients, the employee's attitude and aptitude for using a family-centered approach/family-friendly approach.
4. When the final probation review finds the employee successful in meeting job expectations, the supervisor and the employee, again, review the job description and, based on the employee's strengths and weaknesses, develop performance objectives for the next review period. The goals include opportunities to skill build in the area of family-centered work and in working with neighborhood supports to assist families in building a network of support.
5. The supervisor orients the employee to family-centered, neighborhood-based services, involving Unit staff and others in the agency and community to do so. Completed training should be documented by the supervisor/PCSA for the duration of the employee's tenure with the agency.

6. The supervisor, during each annual performance evaluation, identifies skill deficits regarding the employee's ability to successfully engage families, work with extended family, involve community supports and work with providers, and develops performance objectives for supporting the development of the employee for the next reporting period.
7. The supervisor provides regular constructive feedback, both positive and negative, on employee job performance and the annual performance objectives. Feedback should be provided during weekly supervision, midyear and during the annual performance evaluation. The supervisor should document having provided performance-based feedback to the employee.
8. The supervisor holds Unit employees accountable for meeting the FCNB performance based behaviors, as described, for their program area.
9. The supervisor conducts Unit meetings at least monthly. A monthly agenda item includes a Unit review of one live case in the Unit to identify what is family-centered and neighborhood-based and to generate ideas for the worker of record regarding additional activities that would be beneficial in supporting the family using a FCNB approach. The worker of record follows up with the supervisor to share what s/he has done as a result of the case review.
10. New employees receive twice weekly face-to-face supervision with their supervisor during the first six months of employment for direction, support, and to review cases within the framework of family-centered, neighborhood-based practice. The supervisor documents the twice-weekly meetings to provide the employee with feedback regarding job performance during the mid- and final probationary reviews.
11. Supervisors accompany new employees on one home visit per month for the first six months of employment. The supervisor documents the employee's ability to conduct family-centered casework practice.
12. The supervisor, or appropriate staff designated, attends a minimum of three adjudicatory and dispositional hearings with new employees during the first six months staff are on the job.
13. The supervisor provides scheduled weekly conferences for each employee, reviewing the entire case load at least monthly (following the probationary period), to assure a family-centered, neighborhood-based approach and movement of the family in meeting their case goals and objectives.

14. Following the probationary period, the supervisor accompanies the employee on two home visits annually to observe the extent to which the employee is able to engage and work with families (although employees may request additional home visits of the supervisor).
15. The supervisor encourages employees to work together, and with others in the agency, to assure the case plan and case movement are founded on FCNB principles and documents in the employee's file when this occurs.
16. The supervisor provides consultation on cases that the worker is unsure of as to the readiness of the family in having visitation in the community (rather than in a more restricted setting, such as the agency).

## **STAKEHOLDER RELATIONSHIPS**

1. The supervisor develops and maintains relationships with the neighborhoods in which the Unit employees carry cases by meeting with community representatives conducting Unit meetings in the neighborhood, attending neighborhood meetings, etc.
2. The supervisor knows the organizations and foster homes in the neighborhoods in which the Unit employees carry cases.
3. The supervisor works with Unit members to develop relationships with local church groups, community centers, recreational facilities, etc., to identify individuals and groups who may be able to assist families in developing a network of support.
4. The supervisor holds staff accountable for conducting visitation in the neighborhood when appropriate to do so (case by case determination).
5. The supervisor assures a Family Team Meeting is held with the birth family, caregiver family and worker of record, within 7 days of placement.
6. The supervisor assures every case opened in the Unit includes a family case conference to develop the family case plan with the family, extended family members, and community stakeholders who can support the family in successfully meeting case plan goals.

7. The supervisor assures a Team Decision Making meeting is held whenever a placement decision is needed.
8. The supervisor reviews the case plan with the worker to identify the community and neighborhood based supports that are put in place to assist the family, and identifies barriers to the successful completion of the case plan and what community resources and supportive services are needed to remove these and plans accordingly.
9. The supervisor works with the worker or the FCNB coordinator to identify with the neighborhood collaborative the asset building needs of the neighborhood and plans accordingly.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*LEADERSHIP (ADMINISTRATORS)*

**The following items outline specific behaviors that the agency Leadership/Administrators should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

*Reforming the local PCSA for integration of a family-centered, neighborhood-based approach to child welfare is a long-term process, which requires adapting current practice. It requires the commitment and long-term vision of the local child welfare leader. We should think of the process as similar to that of running a marathon rather than a sprint, or as an evolution rather than a revolution (although, to some, it can feel like a revolution). The following behaviors are not in rank order. These behaviors provide insight as to how the leader demonstrates a family centered, neighborhood based approach to service delivery in daily practice.*

1. In the first 24 months of the initial startup effort, administrators are actively involved in, and maintain primary responsibility, for the planning effort while building a team to respond to issues and craft "workable solutions" and to champion the reform.
2. The administrators hold management accountable for "living" the philosophy and key concepts in decision making, planning and interventions with families, in-house and with providers.
3. The administrators elicit the direct support of the community to begin the process of creating sustained reform.
4. The administrators actively seek assistance from staff to understand the community and in identifying its formal and informal leaders. The administrators bring in both staff and community leaders very early in the process to share ownership in decision making on how to transform the system.
5. The administrators develop and execute a plan to establish relationships with legislators, commissioners and the judiciary early in the process to garner support for budget needs, changes in legislation, etc., that will be necessary in the later phases of the work.
6. The administrators work with, and actively involve, key providers and organizations that represent providers to move the system forward in embracing this approach. The administrator understands how imperative it is that strong working relationships be established and maintained with public and private providers. Partnering with providers to establish hours for the agency to use the center in the targeted neighborhoods is critical to the success of neighborhood-based services.

7. The administrators develop a mechanism by which key political leaders can be kept informed of the implementation effort.
8. The administrators develop a structure that can endure change in agency leadership. For example, if a structure is in place and the members and leaders have been properly prepared and engaged, the community board can be instrumental in staving off attempts to reverse the progress made in transforming the system to be more family-centered and neighborhood-based.
9. The administrators anticipate resistance from staff and make a plan to inform, educate and reinforce FCNB expectations with staff on a consistent and regular basis through meetings, forums, newsletters, events, etc.
10. The administrators plan the time necessary to prepare staff prior to taking the FCNB approach and concepts to the community.
11. The administrators familiarize all staff members with FCNB work, how it responds to and addresses agency goals, and the ways in which children and families will be served more effectively. Administrators should emphasize that this approach will take all hands working together, from the security guards and maintenance staff, through and including the director's office.
12. The administrators involve staff in developing an orientation and training plan to actively and planfully assist staff in understanding how FCNB practice relates to what they do, why it is mission critical and the difference it will make in the lives of the children and families they serve. Staff must receive timely and planful training customized for different staffing levels and groups. Administrators must prepare their supervisors to support their staff in the field vis-à-vis individual cases.
13. The administrators reinforce the change in ways that are visible to staff. For example, hang poster size "Waiting Children" in the lobby, create a Good News Board that is updated weekly with data, information, and success stories of how implementation is going. Post the Mission and the Values of this approach to service delivery throughout the agency as reminders to keep this approach to service delivery in the forefront of everyone's minds.

14. The administrators understand that this approach to service delivery is a series of interlocking strategies (community development, foster parent recruitment and retention, team decision-making and self-evaluation) that must be implemented throughout the agency to achieve system-wide reform. For this reason, the administrators understand that separation of this approach into a pilot project will compromise the agency's success with system-wide transformation.
15. The administrator early on in the process plans for a phased rollout. *Some activities, such as recruitment and training of caregivers, can be implemented early in the rollout; other activities may need to begin as small projects. For example, geographic assignment of cases may begin in one region of the county and rollout from there.*
16. The administrators recognize the importance of celebrating accomplishments, milestones and small successes to help build support for this work amongst staff. The administrators sanction celebrations and "success-getting" into the fabric of the organizational culture. For example, publishing success stories in the agency newsletter, recognizing staff and caregivers at annual banquets and at monthly staff meetings, having carry-ins to celebrate successful problem solving or policy implementation, etc.
17. The administrators incorporate a family-centered, neighborhood-based approach to service delivery into the culture of the organization as evidenced through the policies, practices, training, and quality assurance reviews of the agency must be part of the planning process. A cross-section of agency staff is recruited to review policies and practice; the same group can amend or revise existing review mechanisms. To be truly family-centered, consider utilizing families (current and/or past) and caregivers in reviewing programs, new policies and procedures, and in crafting strategies to being more responsive to their needs
18. The administrators recognize that the influence of race, culture and power in the implementation of a neighborhood-based approach to service delivery must be acknowledged and addressed in the planning and implementation effort (please see the Leader's Primer for more information regarding FCNB and staff with regard to Race, Class and Culture).
19. The administrators hold management accountable for implementing and maintaining the four CORE strategies and the two primary meeting interventions for successful FCNB transformation of the system.

FAMILY-CENTERED, NEIGHBORHOOD-BASED EXCELLENCE  
PERFORMANCE BEHAVIORS FOR  
*TEAM DECISION MAKING FACILITATORS*  
*QUALITY ASSURANCE DEPARTMENT*

**The following items outline specific behaviors that the Quality Assurance Department should strive to consistently integrate into their daily approach for excellence in Family-Centered, Neighborhood-Based practice. *These items are not in order of importance.***

1. Invite Community Resource Center/Community Agency staff to Team Decision Making meetings when the family lives in the area served by the Resource Center/Community Agency (with permission from the family).
2. Schedule the Team Decision Making meeting in partnership with the worker of record.
3. Assure that supplies, meeting room, etc., are secured for the meeting.
4. Works with agency staff to identify and remove barriers (transportation, child care, time of meeting, etc.) to assure participation of the family members and key stakeholders.
5. Assists agency staff with the coordination of the Reunification Celebration.
6. Is trained on Team Decision Making facilitation and demonstrates best practice facilitation.
7. Ensures that quality decisions are made in the Team Decision Making meeting that reflect the philosophy and values of a family-centered, neighborhood-based services approach.
8. Facilitates the review of the case for the life of the case.
9. Documents data as related to the decision making process and provides regular reports on same to management and the direct service departments.
10. Schedules Case Reviews in Neighborhoods, in Provider Agencies, etc., to increase likelihood of attendance.
11. Is available to staff to review individual cases and brainstorm strategies and interventions to increase the worker's family-centered, neighborhood-based approach to assisting the child and family.

12. Identifies patterns of system strengths and areas for improvement and articulates these to management, advocating for tools, training and services needed to assist families and staff in making quality decisions.
13. The agency puts policies and procedures in place (and regularly reviews these to assure...) that reinforce the FCNB approach and support staff in embracing this approach.