

Tennessee Department of Children's Services

Guiding Principles for Professional Practice *

Guiding Principle 1: Unified Purpose

DCS' primary responsibilities are to prevent child maltreatment, promote child and family well-being, and aid and prepare youthful offenders in becoming constructive members of their communities.

Guiding Principle 2: Urgency of Child's Needs

DCS practice will be driven by a sense of urgency related to each child's unique needs for safety, permanence, stability and well-being.

Guiding Principle 3: Individualized Planning for Permanency

DCS will provide flexible, intensive and individualized services to children and families in order to preserve, reunify or create families.

Guiding Principle 4: Family-Centered Casework and Case Planning

DCS will utilize a family-centered case planning model that encourages, respects and incorporates input from the children and families it serves.

Guiding Principle 5: Systemic Continuity of Care

DCS will work with communities, organizations, and institutions to build and maintain a seamless and effective system of service delivery that produces measurable, positive outcomes for children and families.

Guiding Principle 6: Constructive Organizational Culture

DCS will model a constructive organizational culture that is culturally competent and will attract and sustain qualified, trained and competent staff.

Guiding Principle 7: Equal Access to Services

DCS will provide the best available and appropriate services to all children in care, without regard to age, race, religion, gender, disability, sexual orientation or legal classification.

* Developed by M & B Consulting.

Guiding Principle 8: Reduction of Trauma to Child

DCS will strive to recognize and minimize the trauma children experience while in Departmental care.

Guiding Principle 9: Best Interests of Child as Paramount

DCS will consider the totality of circumstances to make decisions that are in the best interests of each child and will not apply any single principle or standard of practice if in so doing a negative outcome for the child would result.

Tennessee Department of Children's Services (TDCS) Standards of Professional Practice for Serving Children and Families (Practice Model) encapsulates the Department's ambitions for best practices in serving children and families in Tennessee. These ambitions are based on the fundamental beliefs that all children served by DCS deserve to be safe from harm, nurtured by life-long families and provided with the same protections and supports that any loving parents would expect for their children. The Practice Model provides *guiding principles* and *standards of professional practice* for how DCS will work in partnership with children and families, service providers, State departments, and all other community stakeholders to achieve the *desired outcomes* of *child safety*, *permanency* and *well being*.

Child Safety

DCS becomes involved in the lives of children and their families when there are child safety concerns and/or child actions that result in serious violations of the law.

Achieving the *desired outcome of child safety* means that the child is safe from abuse or neglect and/or the community is safe from delinquent transgressions.

Child Permanency

It is not enough for the Department to address safety issues for children who experience maltreatment or who have committed delinquent acts. In order to thrive, all children need families committed to permanent relationships and stable home environments. From the first contact with a child and family in crisis, the Department begins the process of identifying the child and family's strengths, risks, needs, and wants related to child permanence. *Child permanency* is successfully achieved when the Department expeditiously facilitates the preservation, reunification or creation of lifelong, healthy families that provide safe, nurturing and stable relationships and home environments for the child.

Child Well Being

The Department, while maintaining a primary commitment to safety and permanency, has a broader commitment to the well being of children in its care. *Child well-being* is successfully achieved when a child's current and future physical, emotional, intellectual,

and developmental needs are being met within a familial environment providing consistent nurture, support and stimulation.

The *standards of professional practice* in the Practice Model are grounded in the vision contained in the *guiding principles*. This vision seeks to achieve *child safety*, *permanency* and *well being* by utilizing a holistic approach to Departmental reform. This approach requires:

Employing Family-Centered Practices

Family-centered practices are those that encourage and support children and their families in actively participating in the casework process. These practices are founded on the belief that the best way to aid and protect children over time is to strengthen and support families in understanding and carrying out their responsibilities. The intent of family-centered casework and case planning is to ensure the long-term well-being of children through the provision of resources and supports that complement the family unit's unique strengths, needs, and goals. A strengths-based approach requires the artful uncovering and effective leveraging of resiliencies and resources. This intentional search for and conscious use of strengths is based on the assumption that, in the end, strengths are the primary tools that individuals possess to create real change. Deficits may provide information necessary to diagnose problems, but it is through building upon and helping children and families transfer strengths that challenges are surmounted. The belief in possibility increases both family and case manager engagement in the process and provides fuel through hope. Effective family-centered practice requires genuine engagement and relationship building with children and families. In order to build trusting relationships with families, casework practitioners must have a working knowledge of and sensitivity to the dynamics of ethnic and cultural differences and similarities. Culturally competent practice acknowledges that an individual's culture is an integral part of overall development and selfhood and strives to use concepts of culture in a manner that enhances individual and family functioning. Casework practitioners must be keenly aware of how their personal values, behaviors, and attitudes may affect serving children and families who have different cultural orientations. Given the increasingly diverse service population in Tennessee, developing cultural competency and understanding the cultural norms are casework necessities to authentic engagement with children and families. The family-centered approach to practice is reflected in *guiding principles* 2, 4, and 9 of the Practice Model.

Related Guiding Principles

#2: DCS practice will be driven by a sense of urgency related to each child's unique needs for safety, permanence, stability and well being.

#4: DCS will utilize a family-centered case planning model that encourages, respects, and incorporates input from the children and families it serves.

Providing Service Delivery within a Seamless System of Care

Delivering services and supports to children and families within a seamless system of care minimizes the experienced trauma and disruption by providing comprehensive, accessible, timely, and sequentially appropriate services and supports. A seamless system of care promotes child safety, permanency and well being while engaging individuals, community organizations and governmental institutions in developing and maintaining a range of flexible and effective services. Focused collaboration both on individual cases and on systemic issues and barriers will ensure a responsive and cohesive system that meets the unique needs demonstrated by children and families.

Related Guiding Principles

#3: DCS will provide flexible, intensive and individualized services to children and families in order to preserve, reunify or create families.

#5: DCS will work with communities, organizations, and institutions to build and maintain a seamless and effective system of service delivery that produces measurable, positive outcomes for children and families.

Maintaining one case manager

throughout the life of a case is the key to achieving the goals of seamless service delivery - expediting permanency, reducing transitions and trauma, building effective relationships, and maintaining continuity. The case manager is the fulcrum for case activity, ensuring that children and families are connected to appropriate services, that the Child and Family Team is functioning effectively, that the supervisor is aware of significant case events, and that safety, permanency and well-being are core priorities. The One Worker/One Child model provides necessary continuity and forward movement that keeps pace with the evolution of children and families as they learn, heal, and change. To successfully achieve permanency and healing, children and families must be invested in resolving their underlying issues and building upon their strengths and resources. Meaningful and stable connections encourage children and families to openly participate in and own their assessment processes, development and alteration of their permanency plans, and the ongoing evolution of their cases. Along with the One Worker/One Child model, a seamless system of care requires the ability to provide timely and individualized services. This requires flexible funding pools and access mechanisms. It also requires careful analysis of local needs and available services in order to recognize patterns of and build capacity for needed services. This seamless approach to service delivery flows from *guiding principles* 3, 5, 7 and 8 of the Practice Model.

Embracing and Modeling a Constructive Organizational Culture

A constructive organizational culture supports a system of care that encourages self-expression, innovation, open dialogue, genuine decision-making, shared leadership, and personal and collaborative responsibility and accountability at all levels. A constructive organization promotes positive functioning in its staff, administration, children and families, and community partners. Like a healthy organism, it actively recognizes and fights dis-ease and dysfunction, recognizing them as potential enemies to wellness and hardiness. A constructive organization – which allows for diversity, promotes cultural competence, supports effective collaboration, seeks community partnership, and values children, their families and organizational staff – actively works to attain and maintain strong functioning as a cornerstone of success. The purpose of building a constructive organizational culture is to ensure that organizational functioning furthers, rather than acts as a barrier to, achieving desired outcomes with children and families and recruiting and retaining qualified staff. The Practice Model envisions a constructive organizational culture as one of the core components involved in assuring that the necessary tools, supports and environment exist to prevent child maltreatment, promote family well-being, and aid and prepare youthful offenders in becoming constructive members of the community. This vision is most clearly defined in *guiding principles* 1 and 6 of the Practice Model.

Related Guiding Principles

#1: DCS’s primary responsibilities are to prevent child maltreatment, promote child and family well-being, and aid and prepare youthful offenders in becoming constructive members of their communities.

#6: DCS will model a constructive organizational culture that is culturally competent and will attract and sustain qualified, trained and competent staff.

The *guiding principles* and the *standards of professional practice* direct the selection of the *key indicators* used to measure progress in achieving the *desired outcomes* of *child safety, permanency and well-being*. The Practice Model requires that Departmental progress is measured, in large part, by the outcomes experienced by children and families. Currently, the initial *key indicators* that measure progress in achieving the *desired outcomes* are:

- Reduction in the number of children in placement
- Reduction in the number of children in institutional care
- Increase in the number of children placed in their home counties
- Increase in the number of children experiencing placement stability
- Increase in the number of children who are reunified with their families
- Reduction in the time to permanency for children with permanency goals of reunification

- Reduction in the time to permanency for children with permanency goals of adoption
- Reduction in the overall length of stay for children in custody
- Reduction in the number of children who re-enter custody
- Reduction in the disparities associated with race/ethnicity, gender or age of children in custody

Changes in casework practices, service delivery systems and organizational structures will be informed by the analysis of the *key indicators*. Based on progress in achieving the *desired outcomes*, evolving improvements in state-of-the-art practice, and stakeholder feedback, the *standards of professional practice* and/or the Practice Model implementation plan (Path to Excellence) will be refined. However, while the *standards of professional practice* and the *key indicators* will continue to evolve, the *guiding principles* and the *desired outcomes* will remain constant.