

The Practitioner

A monthly journal of practice tips and tools for child welfare professionals published by the DFCS State Office Social Services Section

What's This In My In-Box?



Welcome to the first issue of *The Practitioner*, a publication of the state office Social Services Section!

The Practitioner is a monthly journal of news, practical tips and tools for child and family welfare professionals. Within its pages you will find —

- **Best Practices** from within the state and across the nation;
- Discussions on issues and events coming *Down the Pipeline*;
- **Q & A** with practice experts ;
- And **Tales from the Front**—experiences and lessons learned from front-line staff.

So, what's in your in-box? News you can use, influence and be a part of. If you have topics you'd like addressed, tales to share or questions, send an email to

ffquestions@dhr.state.ga.us



Faster, Friendlier and Easier: Redesign of the State Office Family Services Section

If the producers of HGTV were really looking for a challenge, they would have participated in the redesign of the state office Family Services Section. This redesign, of course, was more than cosmetic; it was comprehensive. The redesign was based on a desire to better serve the field and provide more direct support in achieving positive outcomes for children and families. Georgia's customer service mantra sums up the ultimate redesign goal: provide superior support to the field through *faster, friendlier and easier* state office services.

The Redesign Process

The effort began by reviewing every aspect of work accomplished by the family services staff. No stone was left unturned in a quest to determine strengths, challenges and needs. The result was the formation of the new **Social Services Section** (formerly called the Family Services Section) and the **Office of Provider Utilization and Outcome Management (OPUOM)**. The Social Services Section (SSS) reports to Deputy Director Kathy Herren and OPUOM reports to Assistant Commissioner Mark Washington.

The Big Reveal

The redesign will result in a stronger connection of SSS efforts with achievement of DFCS' core goals and CFRS outcomes. Field staff and providers will have easier access to resources and support as well. Within the SSS, six units were created. The following information lists the SSS unit names and email address' of the directors.

- ◆ **Administrative Services:**
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OPUOM

The newly developed **OPUOM** is responsible for linking and leveraging contracting dollars. OPUOM will also manage purchase of services for mental health and parental addiction treatment.

OPUOM has four units:

- Home-Based Services
- Technical Assistance
- Network Development
- Contract Monitoring



Questions about **OPUOM**?
Email Yvonne Rodgers at
yvrodders@dhr.state.ga.us.

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Caring for the Triplets: A Fresh Look At Well-Being



Imagine a couple with triplets—two of the triplets have been fussy, demanding and colicky since birth. Family, friends, neighbors, and complete strangers are drawn to these two babies. The third triplet however, is what some would describe as an “easy” child—crying only when distressed, easily comforted and sleeping through the night. Which of the triplets would get most of the couple’s attention? How should the couple balance care of the three?

Safety, Permanency and Well-Being

As the Division of Family and Children Services completes its transition to a family centered practice model and establishes a well-being unit at the state office, it is also a good time to revisit our efforts toward achieving well-being for children and families. We all know the goals of child welfare as they are consistently articulated: achieve safety, permanency and well-being. While the well-being goal has always been a part of the trio, it is often eclipsed by practice pendulums that swing almost exclusively toward safety or permanency.

The trio, as a package deal, makes for the best child welfare outcomes: one without the other always lacks something. The practice that focuses almost exclusively on safety is child-centric, problem-focused and treatment oriented. The practice that focuses largely on permanency incorporates the same and may include more strength-based efforts. A balanced practice approach however, where all three goals are actively pursued, retains the child-centric and strength-based approaches, and also incorporates family-centered foundations and community involvement. A balanced practice achieves safety and permanency *plus* delivers what children and families need to be successful long after the child welfare intervention ends: well-being now, and in the future.

What is Well-Being?

Being well means that basic living needs are met, and good health and functioning are maintained in a range of areas. The Forum on Child and Family Statistics (www.childstats.gov) identifies seven key indicators of child and family well-being: family & social environment, economic circumstances, health, physical environment, behavior, education and health care. For practitioners who complete relative and resource home studies, those indicators probably reminded you of your home study template. That’s no coincidence: the well-being of children is inexorably linked to the well-being of their caregivers.

Two other good sources to learn more about well-being are the Annie E. Casey Foundation (www.aecf.org) and The Search Institute (www.searchinstitute.org). The Casey Foundation produces an annual report card by state on children’s well-being. The Search Institute identified “40 Developmental Assets” that support well-being of children and families. The three primary well-being assets are the [prevention of high-risk behaviors](#) (e.g., substance abuse, violence, school dropout); [enhancement of thriving outcomes](#) (e.g., academic achievement, good health); and [resiliency](#), or the capacity to rebound in the face of adversity.

Practice Reflections

Reflect back on the story and imagine that the triplet’s names are Safety, Permanency and Well-Being.

Are you taking equal care of the triplets? Is the “easy” triplet only getting your attention when there is a crisis? How can you balance your practice efforts? What can you do tomorrow to support thriving outcomes and resiliency with the children and families you support?

Down The Pipeline Partnership Parenting

Shared parenting is a key component in family centered practice. The goal of Partnership Parenting is to bridge communication and relationship gaps between children and their parents and between birth and foster parents or other care givers .

Through shared parenting—

- ♥ Birth and foster parent relationships are enhanced;
- ♥ Birth parents share in parenting responsibilities; and
- ♥ Children may experience fewer behavioral and clinical issues because they experience the security of having **both sets** of parents working together on their behalf.

Partnership Parenting begins with an “icebreaker” called the Parent to Parent (P2P) meeting . The P2P meeting is a discussion between parents to talk about how they will co- parent and work together.

To learn more, join the discussion board at <http://groups.google.com/group/family-centered-practice-learning-collaborative> .

PSSF Grants

The Promoting Safe and Stable Families (PSSF) Request for Proposals is open!



PSSF provides funding, training and technical assistance to community-based, non-profit organizations and county DFCS’ to support services that promote the safety and well-being of children. Information is available at www.pssfnet.com. Proposals are due by 8-31-09.