



Practice Model Framework:

A Brief Overview

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Introduction

The adoption of a practice model is not a new concept in child welfare; every child welfare agency has some form of a practice model, even in cases where it is embedded in its policy and not clearly communicated to agency staff. Agencies that use their practice model to achieve system-wide advancement, however, have a transparent and well-articulated practice model that guides the daily interactions among employees, children and families, community partners to achieve defined outcomes. This brief report will provide an overview of the essential components of a practice model based on the current research and highlight the experiences of three child welfare jurisdictions when developing, training, and implementing their own practice model.

Definition

*A practice model is a conceptual map and organizational ideology which describes the values and principles underlying the agency's work with children and families, as well as specific approaches and techniques they consider basic to achieving desired outcomes. It should make an explicit link connecting the agency's policy and practice with its mission, vision, and core values.*ⁱ

The practice model includes guiding principles and standards of professional practice which provide a blueprint for how the agency will work in partnership with families, service providers, other departments, and community stakeholders to achieve defined outcomes.

Core Components of a Practice Model

Practice models vary in their scope, from those focused primarily on values and principles to those that seek to formalize the process through an organizational focus. Recommended elements of a practice model include the following:ⁱⁱ

- Core principles, agency values, and standards of professional practice.
- Strategies and functions to achieve the core principles, values, and standards.
- Plan for assessing service needs and engaging families.
- Strategies to measure family outcomes and agency outcomes.
- Plan for supporting organizational practice change.

At the very least, a practice model should include a set of values to guide the agency, a well articulated practice which moves the work forward and adheres to its values, and outcomes in which to measure the effectiveness of the work.

Values

An effective practice framework provides staff with moral guidelines for practice that goes beyond policy and procedures. When internalized, these principles underlie the approach to working with children and families that is consistent across the agency and partnerships. The values establish a moral authority guiding expected practice.

Practice

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, values and principles cannot stand alone. In addition to practice principles, the organization needs to provide for discrete actions that flow from the principles. An effective practice model includes specific

approaches and techniques considered imperative to supporting the agency's value system. They may include promising practices, evidence based approaches, and also practices that the agency found to be effective. The practice should be revisited and revised in the field with greater levels of consistency. Family group decision making, for example, would be one practice component that would support a value of family engagement.

Outcome Oriented

In order to measure whether or not the agency is meeting specific performance goals, explicit and defined outcomes should be included in the practice model. The outcomes should be measured in terms of the practice model's expectations and should motivate a standard of practice consistent throughout the agency.

Benefits of Practice Model

Many of the jurisdictions identified in the literature emphasized the critical role that a practice model played in their reform efforts. According to the Child Welfare Policy and Practice Group, some benefits of a practice framework includeⁱⁱⁱ:

- Provide a moral authority for practice.
- Force attention to how children and families should experience the system.
- Promote consistency in approaches within the agency.
- Guide the content of policy.
- Inform the design of training.
- Shape the design of the quality assurance process.
- Clarify employee performance expectations.

Development/ Training/Implementation of the Practice Model: Examples from the Field

In recent years, agencies have begun using the development of a practice model to guide their system-wide reform. Tennessee, Utah and Alabama are all examples of jurisdictions that have tailored their practice model to the unique needs of the agency and used it to drive their transformation efforts. It is of interest to note that in all three examples a lawsuit settlement was the main impetus for the creation of the practice model.

Practice Model Development Tennessee: *Effecting Change*

In 1996, the consolidation of children's services programs from six separate departments led to the creation of the Department of Children's Services (DCS). The goal was that this reorganization would give the agency the ability to control services, clarify goals, and provide services more efficiently and effectively. To accomplish this, DCS contracted with the CWLA to develop a three- year reform plan, which included the creation of a practice model.

A class action lawsuit filed in May 2000 also contributed to the development of a practice model. As part of the lawsuit settlement, a statewide needs assessment was conducted by independent experts. A primary finding was that DCS needed a clear model of practice in order to guide DCS staff in their relationships with families and community partners, and to delineate agency expectations for case management. DCS contracted with M&B Consulting to work with DCS staff and the community to develop the practice model.

The development of the practice model took about one year to complete. The steps in the development process included:^{iv}

- The consultants reviewed practice models from other jurisdictions and proposed a format and framework that was adopted by DCS senior management team.
- The Commissioner invited community members to serve on the stakeholder advisory groups. The group consisted of caseworkers, private providers, legislators, foster care youth, GALs, parent attorneys, and birth and resource parents.
- The consultants presented a draft of the practice model to DCS advisory and stakeholder advisory groups for review, comments, and suggestions. Feedback from groups was incorporated in the final product.
- A working draft was presented to DCS management team, Technical Assistance Committee (TAC) and the independent case monitor and the consultants met with each of the twelve DCS regional administrators to review the draft.
- The DCS management team made final edits and revisions to the working draft. These revisions were integrated and presented to the Commissioner and TAC in August 2003 and the first edition of the practice model was released.

The process of the practice model development is ongoing; the standards for professional practice continue to be reviewed and addressed by DCS.

Practice Model Training: Utah: *Turning a Vision into Action*

In 1998, negotiations to settle the longstanding lawsuit against Utah Department of Children and Family Services led to the requirement of the development and implementation of a practice model. The practice model was to be a set of core values to drive the practice of the caseworkers. The practice model design team involved front line staff and contracted with foster and birth parents, university and community agency staff. The new practice model incorporated family centered practice emphasizing strong relationships with families.

All DCFS staff members received extensive training in the new direct-practice framework. The training was provided locally within each region, allowing for less time away from the office. The initial training sessions were held for groups of no more than 20 individuals. The training included five modules that were each four days long and focused on the following: Information, Model, Practice and Feedback. A training coordinator was located in every district, and a new cycle of training is offered every 45 days. The model was implemented over time, allowing staff to become “champions” and then trainers, rather than just using supervisors to train. This training has expanded to include a modified version for community service providers, non case carrying staff, and foster parents. In addition, a statute was put in place for new caseworkers that require three months of job shadowing other experienced caseworkers before taking on a case.

The content of the new training curriculum focused on skill development for those that provide direct services to families. The goal was to foster better interviewing skills and methods for engaging children, families, foster parents, and community partners. A major component of this training was to equip staff with the skills to conduct comprehensive family assessments that provide significant information about a family’s history, current functioning, and capacity to ensure child safety and well being.^v

Practice Model Implementation Alabama: *Creating a New Culture of Practice*

Similar to Utah, Alabama has focused on practice change as the core of their reform efforts. As part of the negotiation of a two year class action litigation, the Alabama Department of Human Resources began the settlement with an agreement on a set of best practice principles that would govern the implementation. These

principles would describe the practice to which each county was expected to convert within the term of the decree. A set of goals was also included in the principles, intended to strengthen clarity about the Department's mission.

Stage One: Pilot Counties

Initially, six counties were chosen to be in the first implementation stage of the new practice model. Each county was assigned an external consultant to help them organize their approach, mentor the use of family meetings, and to assist counties in changing their service array. The external consultants were paired with state child welfare consultants who would eventually take over the technical assistance piece. The consultants visited their county 3-4 days per month or more.

In addition, the Department committed additional revenue during the implementation to train the workforce in the new practice model and also provide flexible dollars to use in building capacity of service providers. Training for the practice framework was designed to follow the natural process of casework, with week one devoted to engagement, week two to assessment, week three to strengths based planning, and week four to intervention.^{vi} Later an additional module was devoted to child and family team meetings. The content of the training was practice rather than procedural oriented. DHR attributes the effectiveness of the training to the structure; it was in residential settings with participants remaining in the same cohort. As staff completed training and returned to front-line practice, they soon joined an entire local work force united in values, goals and approach and skills.

Stage Two: Statewide Implementation

By the time planning for stage two implementation occurred, the lessons from stage one provided better structure for the next phase. Even though each county in stage one approached the practice framework differently, a specific order of events to the change emerged that appeared most effective in implementing the new practice model.

Key Contributors to Success

The Alabama DHR noticed a cultural shift in their organization as caseworkers began to internalize the principles of the model. There were also improved outcomes for children in care. DHR attributes the following factors to their success^{vii}:

- The principles selected served a prominent governance role in the approach to practice.
- Leadership fully supported the new practice model.
- Phased implementation permitted the delivery of intensive technical assistance, which couldn't be accomplished in a statewide approach.
- Training was matched to the principles, designed to develop skills, and delivered by skilled trainers.
- External consultants had abilities and skills desired by counties.
- Flexible dollars used correctly changed outcomes.
- Smaller caseloads made consistent high quality work more achievable.

Examples of Practice Model Principles

The research supports the concept that in order for a practice model to truly be effective, it must be tailored to the unique needs of the agency. Although most models have commonalities between them, there is not a "one size fits all" model. Often it is the process of creating and refining the practice model helps the agency better clarify their mission, identify how to approach their practice and the desired outcomes. The following table lists the principles that seven different states have adopted to guide their practice.



Table 1: Examples of Practice Model Principles

State	Guiding Principles*
Utah	<p>Protection- Children’s safety is paramount.</p> <p>Development- Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.</p> <p>Permanency- All children need and are entitled to enduring relationships.</p> <p>Cultural Responsiveness- Children and families are to be understood in the context of their own family rules, traditions, history, and culture.</p> <p>Partnership- The entire community share the responsibility to create an environment that helps families raise children to their fullest potential.</p> <p>Organizational Competence- Committed, qualified trained and skilled staff helps ensure positive outcomes for children and families.</p> <p>Professional Competence- Children and families need a relationship with an accepting, concerned and empathetic worker.</p>
Alabama	<p>Children should live with their families when they can do so safely.</p> <p>Comprehensive services should be provided to families.</p> <p>Regular family planning meetings with the family and individualized community support teams should be held.</p> <p>Reports of child abuse and neglect should be investigated timely manner.</p>
D.C.	<p>Children First: Child safety, permanence and well being are our top priorities.</p> <p>Respect- All clients are worthy of respect. We inform them of their rights and responsibilities and safeguard confidentiality.</p> <p>Urgency- A child’s sense of time and urgency of permanence drive our practice.</p> <p>Leadership- We assume primary responsibility for ensuring child safety, influencing family change, leading the drive to permanence, and promoting team work.</p> <p>Assessment- We identify behaviors and conditions that place children at risk of abuse and neglect.</p> <p>Intervention- The social worker relationship with clients is proactive, focused, and time limited.</p> <p>Authority- We use child welfare and court authority when necessary and appropriate to ensure child safety.</p> <p>Placement- We place children in out-of-home care only when they cannot be safe in their birth homes.</p> <p>Team Work- We assemble, coordinate, and lead appropriate and include multidisciplinary teams.</p>
Tennessee	<p>Primary responsibilities are to prevent child maltreatment, promote child and family well being, and aid and prepare youthful offenders.</p> <p>Practice will be driven by a sense of urgency related to each child’s unique needs.</p> <p>Flexible, intensive, and individualized services will be provided to children and families.</p> <p>A family centered case planning model will be utilized.</p> <p>Will work with communities, organizations, and institutions to build and maintain seamless and effective service delivery system.</p> <p>Will model an organizational culture that is culturally competent.</p> <p>Will provide the best services without regard to age, race, religion, gender, sexual orientation, or disability.</p> <p>Will strive to recognize and minimize trauma while in care.</p> <p>Will consider totality of circumstances to make decisions in best interest of child.</p>

State	Guiding Principles*
Washington	<p>Child safety must always be promoted while actively assisting preservation of family connections. There is an intrinsic value and human worth in every family. Families are most likely to resolve issues by building on strengths. Every child deserves to live in family who provides basic safety, nurturing, and commitment to permanent caretaking.</p>
Georgia	<p>Safety</p> <ul style="list-style-type: none"> • Protection from abuse and neglect. • Safely remain in own home whenever possible and appropriate. <p>Permanency</p> <ul style="list-style-type: none"> • Permanent and stable living arrangements. • Continuous family relationships and connections. <p>Well-Being</p> <ul style="list-style-type: none"> • Enhanced capacity of the family to provide for child's needs. • Child's educational needs are met. • Child's physical and mental health needs are met.
Iowa	<p>Customer Focus. We listen to and address the needs of our customers in a respectful and responsive manner. Excellence. We are a model of excellence through efficient, effective, and responsible public service. Accountability. We maximize the use of resources and use data and evaluate performance and make informed decisions to improve results. Teamwork. We work collaboratively with customers, employees, and public and private partners to achieve results.</p>

* Some of the principles are abridged to fit the format of the table.

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^{vi} Child Welfare Policy and Practice Group. *Implementation of Alabama's R.C. Consent Decree Creating a New Culture of Practice*. Pg. 6

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^{vii} Child Welfare Policy and Practice Group. *Implementation of Alabama's R.C. Consent Decree Creating a New Culture of Practice*. Pg. 15.

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