



The Child and Family  
Practice Model

# The Child and Family Practice Model Program Manual

Volume 1



## **Acknowledgements**

**Fresno County**

**Humboldt County**

**Los Angeles County (Pomona and Wateridge Offices)**

**Santa Clara County**

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# INTRODUCTION

California Partners for Permanency (CAPP) is establishing new norms in partnering with the community to lift up and address institutional racism and trauma in public child welfare. As part of the Permanency Innovations Initiative (PII), the Child and Family Practice Model (the Practice Model or CFPM) was inspired and co-created by four California counties and their agency, community, and Tribal partners. The Practice Model is a comprehensive and culturally responsive approach to both practice- and system-level change. It is designed to improve safety, permanency, and well-being outcomes for all children and to reduce disparities in outcomes for communities and Tribes whose children are disproportionately represented in the child welfare system.

The goal of the Practice Model is to provide children with the greatest support possible to safely remain with their families, return to their families, or live with relatives or those with whom they have significant family or Tribal relationships. Federal partners are conducting a formative evaluation of the Practice Model as part of a cross-site evaluation. A report of permanency outcome findings of children who experienced the Practice Model is anticipated in fall 2016. Planned measurements of proximal outcomes for the Practice Model have not been conducted.

## History of the PII Project

PII is a 5-year, \$100 million initiative of the Children's Bureau underway since 2010 that includes 6 grantees,<sup>1</sup> each with an innovative intervention designed to help

a specific subgroup of children leave foster care in less than 3 years. The project combines requirements for purposeful application of implementation science, rigorous evaluation, and coordinated dissemination of findings. PII aims to:

- Implement innovative intervention strategies, informed by relevant literature, to reduce long-term foster care stays and to improve child outcomes
- Use an implementation science framework enhanced by child welfare expertise to guide technical assistance (TA) activities
- Rigorously evaluate the validity of research-informed innovations and adapted evidence-supported interventions (ESIs)<sup>2</sup> in reducing long-term foster care
- Build an evidence base and disseminate findings to build knowledge in the child welfare field

This integration of implementation science and program evaluation in a coordinated framework is intended to build or enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations and adapted ESIs and to provide evidence about program effectiveness. An overarching objective of PII is to increase the number of ESIs available to the child welfare community. To this end, Grantees follow a systematic approach (the PII Approach<sup>3</sup>) focusing on clearly operationalizing the infrastructure needed to support practitioners' implementation of the interventions as intended.

The PII Approach readies interventions for broad-scale use, which is more likely to be warranted and feasible when interventions have been well-operationalized

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1 The Grantees include Arizona Department of Economic Security; California Department of Social Services; Illinois Department of Children and Family Services; Los Angeles LGBT Center; University of Kansas; and Washoe County, Nevada Department of Social Services. For more information about Grantees' target populations and interventions, please visit <http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources>.

2 Evidence-supported interventions are specific, well-defined policies, programs, and services that have shown the potential, through rigorous evaluation, to improve outcomes for children and families. Framework Workgroup (2014). A framework to design, test, spread, and sustain effective practice in child welfare. Retrieved from [http://www.acf.hhs.gov/sites/default/files/cb/pii\\_ttap\\_framework.pdf](http://www.acf.hhs.gov/sites/default/files/cb/pii_ttap_framework.pdf)

3 More information about PII, PII Grantees, and the PII Approach can be found at the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources>.

with specified core components, and implementation teams have documented necessary infrastructures to support, sustain, and improve implementation integrity over time. The PII Approach provides a model for child welfare administrators and agency directors to add evidence to the body of knowledge about what works in child welfare. Its systematic approach offers a guide for child welfare stakeholders to identify existing interventions or to develop innovations to solve complex problems and to evaluate them for effectiveness.

The federal government is supporting Grantees as they implement and evaluate their interventions through two offices within the Administration for Children and Families: the Children’s Bureau and the Office of Planning, Research and Evaluation (OPRE). The Children’s Bureau is providing training and TA to Grantees to strengthen their use of best practices in implementation. OPRE is supporting rigorous within-site and cross-site evaluations of Grantees’ interventions.<sup>4</sup> Both offices are working together to disseminate the lessons learned from PII.

## About this Manual

This program manual provides detailed information about the CFPM that was developed and implemented as part of the PII project. Between 2011 and 2016 four California counties worked collaboratively and with the California Department of Social Services (CDSS), as well as with numerous other agency and community partners to develop, usability test, implement, and sustain the Practice Model in their jurisdictions.

The manual is designed to assist child welfare agencies to replicate or adapt the Practice Model in partnership with local communities and Tribes to address disparities in outcomes for the children and families being served. Replicating or adapting ESIs with fidelity to the interventions builds evidence in child welfare and expands the range of intervention effectiveness to different target populations and organizational

contexts. These efforts to build evidence serve several purposes, including preparing an intervention for evaluation, either during implementation or later, and building a base of replicable interventions that can serve the complex needs of diverse communities of children and families.

The information provided in this manual is a synthesis of the development work, TA, learnings, and implementation experiences of the four implementing California jurisdictions. The manual includes detailed information about the intervention: the Practice Model’s theoretical framework, values and practice principles, frontline practice approach, core practice elements, practice behaviors, the key systemic issues and barriers the model was developed to address, as well as information and tools to prompt identification of the communities whose children are at greatest risk of poor outcomes as a result of child welfare system involvement.

There are detailed chapters for each of the practice model implementation and system change building blocks pictured below in **Figure 1**, which represent the stage-based approach to implementation that guided implementing jurisdictions and their leadership. The valued contributions, perspectives, and support that emerged by establishing community partnerships early on created the needed readiness and foundation for addressing local practice- and system-level changes and for moving the CFPM forward in a way that was responsive to the culture and trauma of the children and families being served. Throughout the manual, readers will find a variety of tips, tools, and best practice strategies formatted for easy printout, as well as links to numerous documents and resources, such as the Coaching to Competence Guide, Fidelity Assessment Protocol and Tools, and Parent/Caregiver Survey instruments for data on short-term outcomes. In addition, Volumes 2 and 3 of this Manual provide the CFPM training resources, including facilitator

<sup>4</sup> For more information about the evaluation, see: <http://www.acf.hhs.gov/programs/opre/research/project/permanency-innovations-initiative-pii-evaluation>.

## FIGURE 1: PRACTICE MODEL IMPLEMENTATION & SYSTEM CHANGE BUILDING BLOCKS



guides and training PowerPoints to support CFPM learning and application to practice. The sequenced learning approach moves from an overview of the Practice Model to follow-up modules that deepen understanding of the frontline practice approach and support transfer of learning through practice simulations. As such, the manual is organized into three volumes:

- Volume 1. Child and Family Practice Model Program Manual
- Volume 2. Overview Facilitators Guide and PowerPoint
- Volume 3. Module Series Facilitator Guide and PowerPoint

## Identifying the Problem

Despite caseload decline, improved placement stability, and kinship care increases in the California child welfare system and many other states since 2000, the number of children that age out of the system—often facing uncertain futures with too little adult guidance—has actually risen since the beginning of the decade. In California, and mirrored in many other child welfare jurisdictions nationally, data show that the youth who are most likely to age out of care without permanency are African American and American Indian.<sup>5</sup> PII provided a unique opportunity for CDSS to bring four child welfare jurisdictions and their partners together to define the most serious barriers to permanency for these children and to co-create solutions that could improve child and family outcomes.

<sup>5</sup> Public Policy Institute of California. (2010). Foster care in California: Achievements and challenges. Retrieved from [http://www.ppic.org/content/pubs/report/R\\_510C-DR.pdf](http://www.ppic.org/content/pubs/report/R_510C-DR.pdf).

Barriers reflected in the literature and identified through community dialogue and system reviews lifted up critical gaps in understanding and responsiveness to the needs of children disproportionately represented in the child welfare system. At both practice and system levels, the historical trauma and cultural traditions, beliefs, and values of families, communities, and Tribes were being disregarded. Implementing jurisdictions and their partners agreed that the historical impact of racism, which tore African American and American Indian families apart and limited opportunities for higher education and the accumulation of wealth, continues to be deeply felt in our society.

Many families receiving child welfare services deeply, and justifiably, mistrust public systems that have historically been unwilling to acknowledge the history of racism and discrimination in our communities and the impact of the ensuing historical trauma on our institutions, communities, Tribes, families, and children. Additionally, those systems have failed to work in partnership with families, communities, and Tribes to address the unequal distribution of power and resources that affect child and family engagement and service planning and delivery. The problems the partners were attempting to solve in developing and implementing the Practice Model included:

- Child welfare system practice and policy does not adequately understand, engage, or value the strengths and resources of communities and Tribes whose children are disproportionately represented in the child welfare system due to mutual mistrust (at both the individual and system levels) and a lack of understanding of the differences in the lived experiences of these children and their families and communities;
- Child welfare system practice and policy has not consistently partnered with communities and

Tribes to address the underlying grief, trauma, and loss their children and families are more likely to experience in their lives and to identify, develop, fund, and make available culturally based and trauma-informed support services.

It became clear that supporting the kind of practice transformation needed to address the problem would require significant system alignment and organizational change that could only be accomplished in partnership with local communities and Tribes who understood the strengths, needs, and trauma histories of the children and families being served.

## Why a Practice Model

While efforts had been moved forward for many years in various California counties to address issues of disproportionality and disparities, most did not systematically work to address both practice- and system-level change in partnership with the affected communities and simultaneously to employ implementation best practices that could institutionalize the practice and system changes being made so that reductions in disproportionality and disparities would continue to be supported over time.

A practice model was identified as the type of intervention that could provide all of the necessary components for supporting change at both practice and system levels because it (1) defines a consistent theoretical framework and a set of values and principles to guide the work of the child welfare agency and its partners; (2) articulates and operationalizes specific skills and practices that child welfare workers and staff in partner organizations use to engage families, youth, communities, and Tribes in developing and delivering services that meet the unique needs of those served; and (3) is capable of being fully integrated into and supported by the child welfare agency and its partners.<sup>6</sup>

6 American Public Human Services Association (2011). Practice Model Guidance. Retrieved from [http://www.aphsa.org/content/dam/aphsa/PPCWG/Reflective%20thinking%20guide/Practice%20Model/Practice%20Model%20Guidance\(4\)%20\(1\).pdf](http://www.aphsa.org/content/dam/aphsa/PPCWG/Reflective%20thinking%20guide/Practice%20Model/Practice%20Model%20Guidance(4)%20(1).pdf). Barbee, A. P., Christensen, D., Antle, B., Wandersman, A., & Cahn, Katharine. (2011). Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model. *Child and Youth Services Review*, 33(5), 622-633.

While the need to bring promising practices together in a practice model to address disparities in outcomes and to support positive outcomes for all children and families being served was recognized by the involved counties, they were clear that they could not adapt or develop an effective practice model without first engaging and then continuously involving the communities and Tribes whose children were being impacted by the local child welfare practice and system. While this certainly slowed down development of the model, it was an essential step for creating a practice model that all partners agreed could achieve shared agency and community goals and outcomes. It also provided the necessary foundation for the meaningful involvement of community partners in all subsequent practice model implementation, evaluation, and system change activities.

## Practice Model Development

Community and Tribal partnerships have been at the core of CFPM development. Each county identified community partners based on the populations of children that were at greatest risk of disparate outcomes in their system. Humboldt County partnered with American Indian Tribes in its region; Los Angeles and Santa Clara Counties partnered with their African American communities; and Fresno County partnered with both African American and American Indian communities.

Partnership is not an event that occurs at one point in the Practice Model development or implementation process.

Partnership is **interwoven throughout the entire fabric** of the agency's Practice Model implementation, evaluation, and system change.

The journey began as child welfare leaders in those counties identified, reached out to, and invited local community and Tribal partners to participate in child welfare system reviews to uncover themes of system and practice barriers to improved outcomes for their children and families. This was part of many early outreach and engagement efforts that demonstrated each jurisdiction's commitment to support quality practice and to partner with local communities and Tribes to improve outcomes for the children and families being served.

As a result of these efforts, the Practice Model was co-created with community and Tribal partners to address the key practice and system barriers that emerged:

- Weak and insufficient engagement practices
- Lack of accurate understanding of family strengths and needs
- Lack of relevant, timely, well-coordinated services

Initial meetings with community and Tribal partners often began as **listening sessions** for the child welfare agency to learn about and begin to address historical trauma and the community's mistrust of the agency.

Agency, community, and Tribal partners **explored their perspectives, language, and values** in key areas, such as safety and permanency.

Through meaningful dialogue in partnership meetings and system review processes that included interviews, observations, and case reviews, agency, community, and Tribal partners **studied local system barriers and worked together on solutions.**

- Lack of family voice and of urgent and sustained permanency focus

Community partners assisted in defining the practices in the model not by what social workers and families are mandated to do, but by what children and families need to experience to help them attend to their safety, permanency, and child and family well-being needs. The reaction of many social workers in implementing jurisdictions was that the Practice Model was the kind of approach that they went into social work and helping professions to do.

## Partnership Approach

The Practice Model is based on the belief that partnerships with diverse families, communities, and Tribes are essential in the journey to improving services and outcomes for children and families.

A commitment to traveling a path of **true partnership** with families, communities, and Tribes is critical for child welfare organizations and systems interested in adopting the Child and Family Practice Model.

Development and implementation of the Practice Model is anchored in partnering with community in real time—all the time—at both practice and system levels to keep children safe and to meet the needs of families. This requires a humble approach by the child welfare agency and its leaders that acknowledges the history of trauma caused by the system and seeks to address the resulting individual and collective distrust of the system and its representatives. The unique contributions of communities and Tribes are sought out and invited in to support individual children and families, as well as to identify system barriers, co-create solutions, and ensure advocacy for comprehensive, culturally responsive practice, supports, and services for the children and families being served.

At the practice level, partnerships with families, communities, and Tribes strengthen accountability and support for implementing engagement and teaming practices that are sensitive to the family's culture and to the current and historical trauma they may have experienced. Inviting community and Tribal partners to have a larger voice and role in local child welfare practice change and system transformation is a bold and necessary step in improving outcomes. Their honest, generous, and forthright contributions bring critical insights, energy, and momentum to child welfare practice and system improvement work, opening our eyes to new ways of doing business.

## Use of Implementation Science

The TA that the PII Training and Technical Assistance Project (PII-TTAP) provided in developing and implementing the Practice Model was grounded in implementation science—a body of research and experience that maintains we will be successful if we attend to both child and family practice and to key factors identified from the literature as critical to the process of active implementation. The science of active implementation includes attention to leadership and implementation teams that ensure, nurture, and use data to improve implementation supports; build the competencies and confidence of practitioners to do (over and over) the CFPM as intended; and strengthen and align organizational policies and practices to support and sustain use of the Practice Model.

Applying the science of implementation enables child welfare systems to build their infrastructure and capacity to support quality practice and to ensure that successful practice and services reach and positively affect children and families. Implementation science is applied at all levels of a system, from practitioners in a child welfare agency to the county and state agencies providing child welfare leadership, oversight, and policy. Consequently it provides an important body of knowledge for achieving both the practice- and system-level changes inherent in implementing, supporting, and sustaining a practice model.

The four California child welfare jurisdictions that tested, implemented, and scaled the CFPM locally consider applied implementation science essential to their success. Guidance, tools, and resources provided by TA providers from the University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute, have paved the path for local support and sustainability of the Practice Model.

## Practice Model Implementation

The four jurisdictions implementing the Practice Model had different contexts, resources, readiness and infrastructure to be developed, leveraged and strengthened in their implementation. Each experienced dynamic organizational and system factors at various points along the way, such as labor actions, media cases, staffing turnover and vacancies, leadership transitions, and other sensitive and adaptive issues. While these differences were observed to have

significant impact on the implementation timelines and trajectories of implementing jurisdictions, the implementation process and system capacity needed to support and sustain the Practice Model has looked very similar across implementing jurisdictions.

Guided by PII-TTAP, the implementing jurisdictions and their community and Tribal partners did much local development, testing, and refinement of practice model infrastructure and implementation supports contextualized to their local situation and needs. Through their collective experiences, many lessons have been learned about the optimum context, preparation, and successful and efficient implementation of the Practice Model. This manual will explore the key building blocks for implementation that were meaningful to implementing sites and the critical role of leadership in supporting the practice and working with staff and partners to respond adaptively to local challenges and needs.

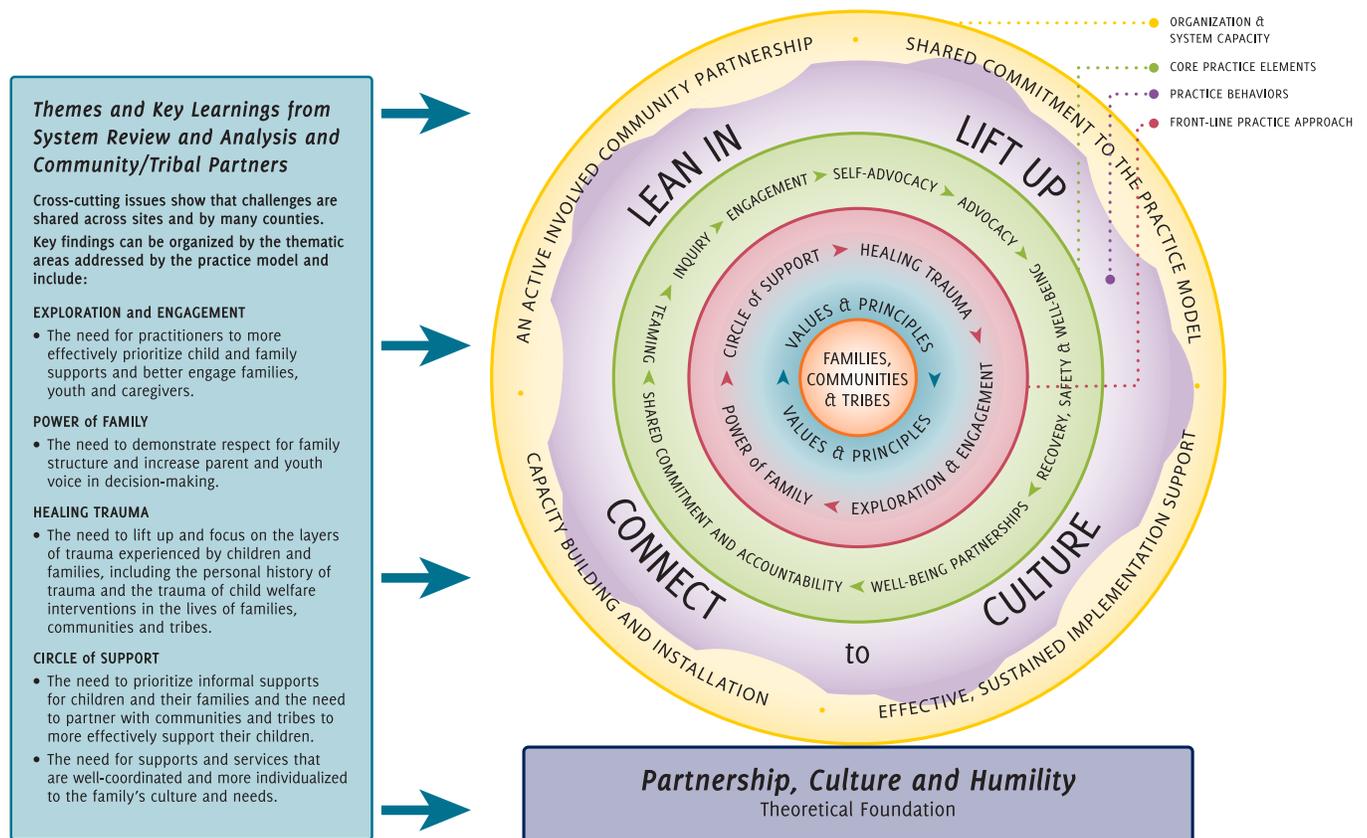
# 1 THE INTERVENTION

The CFPM is a practice model for all staff within public agencies and their partners to address disproportionality and disparities in outcomes for children, youth, and families in the child welfare system. After a year of research, system reviews, planning, and collaboration as part of PII, four public child welfare agencies and their community, Tribal, and agency partners developed the CFPM as an integrated model that informs and shifts both child welfare practice and systems.

A comprehensive focus on identifying and addressing key systemic barriers to improved outcomes for children and families guided the development of the CFPM and the theoretical framework on which it is based. This framework acknowledges the impact of broad social, racial, cultural, and historical factors in the lives of families and the need for Partnership, Culture, and Humility at both practice and system levels to improve outcomes. Through partnerships with families, communities, and Tribes, the CFPM targets efforts to help those children and youth who are in care the longest and experience the worst outcomes.

The model includes a theoretical framework that provides the foundation for the model; a set of guiding

**FIGURE 2: SCHEMATIC FROM SYSTEM REVIEW AND ANALYSES TO CFPM DEVELOPMENT**



values and principles for all actions; a frontline practice approach, including core elements and practice behaviors that inform and guide all interactions with children, families, communities, and Tribes; and leadership behaviors that ensure the model is demonstrated and reflected at all levels of the organization and system. While the Practice Model serves as a guide for the daily interactions among staff, leadership, children, families, stakeholders, and community and Tribal partners who are working together to achieve improved outcomes, there is appropriate flexibility and professional discretion to support effective casework practice.

The graphic description of CFPM in **Figure 2** emphasizes that the model is not linear; rather, all parts of the model work together and build on each other. Families, communities, and Tribes are at the center, with a set of concentric and interconnected circles expanding outward that highlight the model's values, principles, and practice approach. The theoretical framework is shown as the model's foundation, with key system barriers outlined on the left that the model was developed to address.

Building on the graphic description in **Figure 2**, the [Child and Family Practice Model Packet](#) summarizes the model and how it is envisioned to work; it describes the theoretical foundation, values and principles, frontline practice approach, and key organization and system capacity-building blocks for supporting the practice (See **Appendix 1**). The following sections will provide detailed descriptions of the components of the Practice Model.

## Theoretical Framework

The theoretical underpinnings of the CFPM build on broad cultural experiences and beliefs about family, community, and Tribes. While consistent with theories

of family-centered practice and solution-based casework, the framework acknowledges the impact of broad social, racial, and historical factors in the lives of many children and families and the need for partnerships with supportive communities and Tribes to understand and meet the needs of their children. The CFPM is based on the belief that we can most effectively address disparities in outcomes and thereby achieve positive outcomes for all children when we:

- Acknowledge the history of racism and discrimination in our community; recognize its impact on institutions, communities, Tribes, families, and children; and actively address one's own biased or inaccurate assumptions about race, class, or sexual orientation to create visible change in our behaviors and interactions;
- Move from a medical/professionally-driven model of helping to one that recognizes the parents, child, youth, family, Tribes, and community as true partners in developing solutions;
- Recognize issues of social justice and the unequal distribution of power and resources as service delivery is planned;
- Consistently and repeatedly partner with the child or youth, birth parents, and entire extended maternal and paternal family and support community and Tribes in solution- and outcome-focused planning and decision making; and
- Engage the broader community and Tribes in problem posing and solving rather than attempting to fix all problems alone.

**Partnership, Culture, and Humility** are the foundation of the CFPM—They are the active ingredients for change at both practice and system levels to achieve improved outcomes.

Humility is fundamental to engaging families, communities, and Tribes as truly equal in the work. It is an active practice in which we reflect on and address our own biases and assumptions, so that we can approach families, communities, and Tribes with openness. Humility includes recognizing that, as professionals and systems, we do not have all the answers and cannot do it ourselves. As we become sensitive to how our institutions and systems have contributed to trauma and distrust of public services and as we acknowledge the impact of these experiences in the lives of families, we open the door to listening and learning from families, communities, and Tribes about their perceptions, experiences, strengths, resources, and needs. In addition, by practicing humility, we learn how significant and unique culture is in the lives of families, communities, and Tribes.

Individuals thrive in the context of their home, culture, and community. Each person’s evolving sense of identity and drive toward well-being is connected to the values, traditions, and experiences of the “people” with which they are a part or identify – their self-defined family, communities, and Tribes. Though culture is reflected in everyday relationships, behaviors, and ways of being in the world, culture is dynamic and deeply rooted in the experiences of each family, community, and Tribe over time and across generations. It is a source of spiritual strength and resiliency and offers a wellspring of creative solutions in problem solving. By acknowledging the unique and dynamic nature of culture for each individual, family, community, and Tribe, we begin to understand that we cannot fully know another’s culture or be competent in it. We are then more open to listening and learning from others about their culture and to incorporating those cultural strengths and contributions in our work.

In applying this theoretical framework of [Partnership, Culture, and Humility](#) (See **Appendix 2**), we no longer say, “Follow our lead and you will be OK”; we now say, “We seek your input, value your perspective, and want to co-create solutions with you on an ongoing

basis.” We enhance our ability to truly partner with families, communities, and Tribes at both practice and system levels to address disparate outcomes for those children and families that are disproportionately represented in our child welfare system.

## Guiding Values and Principles

The Practice Model is grounded in a core set of values and principles that flow from the CFPM theoretical framework for how change will occur. These values and practice principles provide leadership and staff with a firm foundation for making decisions and guide their interactions with children, families, communities, and Tribes. Eight core values are at the heart of the model: *The Power of Family; Healing; Community and Collaboration; Honesty, Transparency, and Trust; Safety; Fairness and Equity; Empowerment; and Accountability and Results*. **Printout Resource 1** on the following page reflects how each value is exemplified by practice principles that demonstrate the value in action.

## Essential Frontline Practice Approach

Four frontline practices make up the CFPM practice approach: Exploration and Engagement, Power of Family, Circle of Support, and Healing Trauma. The model guides interactions that continuously explore and engage a broad network of family, cultural, community, and Tribal relationships in teaming processes that value family and cultural strengths, solutions, and resources; attend to trauma, loss, and other underlying needs; keep children safe; and support the family and its well-being during and after child welfare system involvement.

The CFPM frontline practice approach is all about interactions that **LEAN IN, LIFT UP, and CONNECT to CULTURE**.



## CFPM VALUES AND PRACTICE PRINCIPLES

Values We Believe In...	Practice Principles – Our Values In Action...
<b>The Power of Family*</b>	We demonstrate this by ensuring that every child and youth has a lifelong, loving, legal family and by partnering with all family members and caregivers in planning and decision making, including working together early and continuously to develop and support safe family relationships and multiple paths to permanency.
<b>Healing</b>	We demonstrate this by making all of our interactions and interventions with children, families, and communities sensitive and responsive to the trauma and loss they may have experienced.
<b>Community and Collaboration</b>	We demonstrate this by building partnerships with community and Tribes to ensure that services and interventions reflect the diverse needs of the families and children we serve. This includes partnering with natural neighborhood supports, schools, Tribal supports, and faith-based and other cultural community supports identified by families.
<b>Honesty, Transparency, and Trust</b>	We demonstrate this by being authentic and truthful in every interaction we have with children, youth, families, partners, and one another, by showing respect and regard for each person’s unique lived experience, strengths, and beliefs, and by being transparent about our decision making and our outcomes.
<b>Safety</b>	We demonstrate this by creating an environment where power is shared and trust is created to enable a child, youth, birth parent, extended family, community, and Tribe to actively work together toward change that will result in safety for the child or youth.
<b>Fairness and Equity</b>	We demonstrate this by expanding our awareness and understanding of institutional and personal bias; increasing our knowledge, respect, and regard for all ethnicities, cultures, gender, sexual identity, and socioeconomic backgrounds and perspectives; and asking the groups that are most affected by our policies, services, and interventions to guide their development.
<b>Empowerment</b>	We demonstrate this by affirming the unique strengths and needs of each child, youth, and family and by encouraging their voice and choice in decisions about their lives.
<b>Accountability and Results</b>	We demonstrate this by employing services and interventions that are backed by evidence of their effectiveness and by continuing to track and analyze data to improve all of our practices and policies.

\*The terms “family” and “families” are used broadly throughout the CFPM. Our definition of family and families includes blood and adoptive relatives, stepfamilies, and unrelated persons that have an emotionally significant relationship. For American Indian youth and families, this term includes their Tribe and Tribal relations as understood under the Tribes’ customs and traditions. Youth, family members, and, for American Indian youth, Tribes are best and uniquely qualified to identify who fits this description.

LEAN IN, LIFT UP, and CONNECT to CULTURE has been found to be an effective way to remember and communicate about the four frontline practices in the model. This phrase reflects how the four practices come together in a blended, interdependent way that “leans in” to genuinely engage and explore with others, “lifts up” the power of families to speak for themselves, “connects” a natural circle of family, community, and Tribal supports in teaming processes that value the family’s “culture” and make use of cultural strengths, practices, and traditions to keep children safe and to promote family healing and wholeness.

As discussed earlier, a comprehensive focus on identifying and addressing key systemic barriers to improved outcomes for children and families guided the development of the CFPM frontline practice approach. **Printout Resource 2** at the end of this chapter illustrates key findings regarding system barriers and how they are addressed by the four frontline practices in the Practice Model.

## Core Practice Elements

Within the four frontline practices, there are eight core practice elements or “active ingredients” of the practice, with two practice elements defining each frontline practice. Practice elements help staff, trainers, coaches, partners, and leadership focus on essential components of the practice so that tips, tools, resources, and supports can be developed to help staff effectively and consistently use these practice elements in interactions with families, communities, and Tribes. **Printout Resource 3** at the end of this chapter lays out these practice elements.

## Practice Behaviors

The 4 frontline practices and 8 core practice elements are further defined by a set of 23 practice behaviors which guide, in behavioral terms, the interactions staff and partners have with families, children, communities, and Tribes. The practice behaviors make practice

expectations explicit and ensure the model is teachable, learnable, doable, and repeatable at the practice level. They are important in CFPM training, coaching, and fidelity assessment, as well as in mobilizing system changes and developing implementation infrastructure and supports so that the practice remains consistent and effective over time.

CFPM practice behaviors are organized under the four frontline practices and eight core practice elements. Early in practice model implementation, sites referred to this layered practice approach as “from the 4 to the 8 to the 23.” **Printout Resource 4** at the end of this chapter reflects each of the layers of the practice approach with each of the practice behaviors represented by a short summary phrase (e.g., “Listens with Openness” or “Nurtures Honest Dialogue”). In documents reflecting the practice approach, these phrases are often paired with the practice behavior each represents; they serve as a memory aid and can support learning and application of the practice behaviors in all interactions with families, communities, and Tribes. There are two practice behavior documents available with these short summary phrases: the [CFPM Full Practice Behaviors](#) (See **Appendix 3**) and a more abbreviated version with the [CFPM Condensed Practice Behaviors](#) (See **Appendix 4**). Each can be helpful for various audiences and purposes.

## Leadership Behaviors

The leadership behaviors in **Printout Resource 5** at the end of this chapter are the behaviors that implementing jurisdictions developed and found instrumental for use by supervisors, managers, and executive leaders. These behaviors create a parallel process at practice and system levels by aligning with the frontline approach of the Practice Model and embedding a foundation of *Partnership, Culture, and Humility* in all organizational processes and interactions. By developing confidence and skill in applying the behaviors within their leadership roles and sphere of influence,

CFPM leaders foster interactions that:

- **Lean In:** *Listen with respect, Engage community and Tribal partners, and Explore for deeper understanding*
- **Lift Up:** *Strengthen systems, Affirm contributions and competency, and Develop opportunities for meaningful involvement*
- **Connect:** *Organize feedback loops with staff and partners and Energize Teamwork by resourcing teams and supporting team decisions*
- **Culture:** *Promote Healing Relationships by creating opportunities to address injustices and Support cultural sensitivities and the use of cultural practices and traditions*

Consistent use of the leadership behaviors is a powerful force for organizational change and support of the CFPM. When implementing jurisdictions had leadership who expressed commitment to the model, but failed to behave in ways that demonstrated their commitment and support, practice model implementation stalled. When leadership made a commitment to the values, principles, and frontline practice approach in the model and translated this into action using the leadership behaviors in interactions with staff and partners, as well as in agency meeting and business processes, they continuously communicated the agency's commitment to the Practice Model at all levels of the organization and system.



## SYSTEMIC ISSUES AND CFPM FRONTLINE PRACTICE APPROACH

Systemic Issues	CFPM Frontline Practice Approach
<p><b>1. Weak and Insufficient Engagement Practices</b></p> <ul style="list-style-type: none"> <li>• Social workers, lawyers, judges, and other practitioners are not effectively organized in ways that prioritize supports and enhance engagement and support of families, youth, and caregivers.</li> <li>• There are inadequate systems of accountability and support for a culturally sensitive and respectful, strength-based approach with families.</li> </ul>	<p><b>1. LEAN IN: Exploration &amp; Engagement</b></p> <p>Skillful use of appreciative inquiry, honest and respectful interactions with families, and actively listening to and learning from families so that their strengths, perspectives, and underlying needs become central in the work of child welfare agencies and partners.</p>
<p><b>2. Lack of Family Voice and Urgent Sustained Permanency Focus</b></p> <ul style="list-style-type: none"> <li>• There are too few opportunities for family and youth voices in decision making, and information from the family, caregivers, and Tribes is limited or missing in assessments, reports, or other critical decision points.</li> <li>• Staff, resources, and partnerships are not organized to maximize opportunities for safe and timely permanency, resulting in an inadequate and irregular focus on permanency for children, particularly older youth.</li> </ul>	<p><b>2. LIFT UP: Power of Family</b></p> <p>Seeking out, strengthening, affirming, and incorporating the voice of the child and family in all casework and documentation. Actively involving the family in assessing, finding solutions, planning, and making decisions about their lives. Linking to and coordinating with the family's formal and informal advocates and peer supports (parent partners, community and Tribal representatives, cultural brokers, attorneys, CASAs, etc.)</p>
<p><b>3. Lack of Relevant, Timely, Well-Coordinated Services</b></p> <ul style="list-style-type: none"> <li>• Lack of system coordination and meaningful involvement of families, communities, and Tribes to effectively identify and address underlying family needs.</li> <li>• Poor systems of accountability to ensure families receive services, progress is tracked, and case plans are adjusted and/or cases closed based on progress.</li> </ul>	<p><b>3. CONNECT: Circle of Support</b></p> <p>Establishing, bringing together, and supporting a family team or Circle of Support. Including natural family, cultural, and community supports. Facilitating critical thinking and discussion about child safety, family and cultural strengths, underlying needs, and the roles team members will play over time to ensure child safety and family support.</p>
<p><b>4. Lack of Accurate Understanding of Family Strengths and Needs</b></p> <ul style="list-style-type: none"> <li>• Problematic administrative protocols and practices that do not focus on strengths and underlying needs of families.</li> <li>• Casework tools and processes do not take into account personal histories of trauma, historical trauma, and the trauma of child welfare interventions on parents and children.</li> <li>• There are inadequate resources to support parents and caregivers in their ability to heal and parent children.</li> </ul>	<p><b>4. CULTURE: Healing Trauma</b></p> <p>Partnering with families and their communities and Tribes to understand and meet the underlying needs of children and their families. Identifying, advocating for, and supporting use of culturally sensitive and trauma-informed supports and services to address child safety, cultural relationships and health, wholeness, healing, recovery, and well-being of the child and family.</p>

## FRONTLINE PRACTICES AND CORE PRACTICE ELEMENTS

The four Frontline Practices and eight Core Practice Elements or “active ingredients” of the Child and Family Practice Model include:

<b>LEAN IN</b> <i>Exploration &amp; Engagement</i>	<b>LIFT UP</b> <i>Power of Family</i>	<b>CONNECT</b> to <i>Circle of Support</i>	<b>CULTURE</b> <i>Healing Trauma</i>
<p><b>INQUIRY</b></p> <ul style="list-style-type: none"> <li>Through inquiry and mutual exploration with all families:               <ul style="list-style-type: none"> <li>identifies the safety issues to be addressed; and</li> <li>finds, locates, and learns about a broad array of family members and supportive relationships of children, youth, and families within their community and Tribes</li> </ul> </li> </ul> <p><b>ENGAGEMENT</b></p> <ul style="list-style-type: none"> <li>Seeks out, invites in, values, and makes central the power, perspectives, abilities, and solutions of families and their supportive communities and Tribes in all teaming and casework practice</li> </ul>	<p><b>SELF-ADVOCACY</b></p> <ul style="list-style-type: none"> <li>Consistently recognizes and supports the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow</li> </ul> <p><b>ADVOCACY</b></p> <ul style="list-style-type: none"> <li>Consistently speaks out for children, youth, and families based on their strengths, resources, and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice, and developing the ability to advocate for themselves</li> </ul>	<p><b>TEAMING</b></p> <ul style="list-style-type: none"> <li>Recognizes and appreciates the strengths and support that each family’s community, cultural, tribal, and other natural relationships can provide, which inspires and insists that not only the family is engaged, but the family’s entire system of support so that each family’s underlying needs can be met</li> </ul> <p><b>SHARED COMMITMENT &amp; ACCOUNTABILITY</b></p> <ul style="list-style-type: none"> <li>Every assessment and decision is the product of the work of both the social worker and the family, and in many cases inclusive of the collaborative work within the child and family team</li> </ul>	<p><b>WELL BEING PARTNERSHIPS</b></p> <ul style="list-style-type: none"> <li>Understands and addresses health, education, spiritual, and other family needs through ongoing partnerships with families and their supportive communities and Tribes, including exploring and responding sensitively to the current and historical trauma and loss family members and caregivers may have experienced</li> </ul> <p><b>SAFETY, RECOVERY &amp; WELL BEING</b></p> <ul style="list-style-type: none"> <li>Based on the strengths, resources, and perspectives of families and their supportive communities and Tribes, identifies, locates, advocates for and supports use of culturally sensitive services, supports, healing practices, and traditions to address trauma, loss, behavioral health, recovery, child safety, and other child and family needs</li> </ul>

## LAYERED CFPM PRACTICE APPROACH



# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

	LEAN IN	LIFT UP	CONNECT	CULTURE
<b>PRACTICE BEHAVIORS</b>	<ul style="list-style-type: none"> <li>Listens with Openness</li> <li>Explores Relationships</li> <li>Actively Finds Connections</li> <li>Nurtures Honest Dialogue</li> <li>Insures Connection &amp; Support</li> </ul>	<ul style="list-style-type: none"> <li>Links Family Interactions are Affirming</li> <li>Facilitates Sharing</li> <li>Team Solutions</li> <li>Uses Cultural Lens</li> <li>Promotes Speaking Out</li> </ul>	<ul style="list-style-type: none"> <li>Caregiver Respect &amp; Resources</li> <li>Optimal Team Environment</li> <li>Natural Supports</li> <li>Normalizing Needs</li> <li>Explores Team Roles</li> <li>Continuous Dialogue &amp; Adjustment</li> <li>Teams Post-Permanency</li> </ul>	<ul style="list-style-type: none"> <li>Customized Visitation</li> <li>Using Experiential Coaching</li> <li>Listening for Loss</li> <li>Tailoring Supports to Underlying Needs</li> <li>REcovery and Well-Being</li> </ul>
<b>CORE ELEMENTS</b>	Inquiry; Engagement	Self Advocacy; Advocacy	Teaming; Shared Commitment and Accountability	Well-Being Partnerships Safety, Recovery and Well-Being
<b>FRONTLINE PRACTICES</b>	EXPLORATION and ENGAGEMENT	POWER OF FAMILY	CIRCLE OF SUPPORT	HEALING TRAUMA

The Child and Family Practice Model was developed as part of a 5-year, federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org), or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, which funded the CAPP/CFPM project under Cooperative Agreement 90CT0153.



# LEANING IN and STAYING IN

## Leadership and System Behaviors

*Demonstrating commitment to the Child and Family Practice Model in interactions with staff, partners, youth, families, communities, and Tribes*

<b>LEAN IN</b> <i>Listen, Engage and Explore</i>	<b>LIFT UP</b> <i>Strengthen, Affirm and Develop</i>	<b>CONNECT</b> to <i>Organize and Energize Teamwork</i>	<b>CULTURE</b> <i>Promote Healing Relationships and Supports</i>
<ul style="list-style-type: none"> <li>Model the practice behaviors expected of staff at all levels of the organization and communicate in clear, honest and respectful ways</li> <li>Explore complaints, events and situations through inquiry and listening to those involved and reviewing other data and information in order to make balanced assessments and informed decisions</li> <li>Engage cultural, community and Tribal partners as key advisors in local practice and system changes to advocate for and support improvements</li> <li>Reflect on one's own beliefs, biases and assumptions and the impact on staff, partners, organizational processes and decision-making</li> </ul>	<ul style="list-style-type: none"> <li>Find opportunities to affirm staff, partners and organizational strengths in everyday work; pause and take time to use the practice model to guide response and interaction even in times of crisis</li> <li>Ensure staff and partners have the training, coaching and system supports needed to effectively implement the practice model</li> <li>Promote system alignment with the practice model, including creating and modeling a culture of teaching, learning, reflection and development at all levels of the organization and system</li> <li>Provide opportunities for staff, youth, families, communities and Tribes to actively share their voice and play meaningful roles in designing and implementing all practice and system changes</li> </ul>	<ul style="list-style-type: none"> <li>Actively and routinely seek feedback from staff and partners regarding the practice model, implementation supports, agency policy and systemic barriers, then respond and regularly update regarding action steps taken</li> <li>Involve the management team in making, communicating and supporting all decisions that will affect staff implementation, system alignment and support of the practice model</li> <li>Support staff and partners to move forward plans identified by families and their teams, including resourcing and developing culturally sensitive supports and services</li> <li>Resource, strengthen, support, and reinforce the roles and activities of the Implementation, Supervisory and Leadership Teams in implementing and sustaining high fidelity use of the practice model</li> </ul>	<ul style="list-style-type: none"> <li>Provide community and Tribal partners with space for testimony on behalf of themselves, their community and their ancestry</li> <li>Through sincere words and actions acknowledge and apologize for ways that the system may have contributed to past harm and injustices to children and families and partner to create solutions</li> <li>Follow through with agreements and representations made to staff and partners; admit and take responsibility for one's own biases, missteps and mistakes, modeling this as an opportunity for learning and making adjustments in one's interactions</li> <li>Infuse cultural sensitivity in all interactions with staff and partners and support the development and use of cultural practices and traditions as well as evidence-based practices that can assist local families with loss, grief, hurt, pain, healing and recovery</li> </ul>

## 2 USING DATA TO IDENTIFY THE MOST IMPACTED COMMUNITIES

While the CFPM is a culturally sensitive, usable intervention for system-wide implementation in public child welfare, implementation and system supports for the Practice Model can only be effective if they are responsive to the cultural and community context and the needs of the specific children and families being served within a jurisdiction.

Implementing jurisdictions began their practice model development and community partnership work with data mining and analysis to identify the children in their systems at greatest risk of disproportionate representation and disparate outcomes. The purpose of the data analysis was not to look at what is behind the data or to consider reasons for the disproportionate representation or disparate outcome—that is work they felt it was critical to do with community partners. Instead, the data were used to acknowledge the problem of disparate outcomes and the understanding that the agency was not effectively serving and supporting these children. Understanding locally specific data and their implications in this way enabled

The first step of Practice Model readiness is **USING DATA** to:

Identify the populations of children disproportionately represented in the local child welfare system;

Understand the specific child, family, and/or case characteristics associated with disparate outcomes.

a targeted focus on partnering with the most impacted communities and Tribes to better understand, engage, and be responsive to the strengths and underlying needs of children and their families.

To identify the groups at highest risk of poor permanency outcomes in implementing jurisdictions, extensive State Automated Child Welfare Information System (SACWIS) data mining and analysis were conducted by the Center for Social Services Research, University of California at Berkeley, and federal PII evaluation partners. While many child and case characteristics (e.g., age of child at entry, gender, case plan goal) differentially (i.e., in one or more sites) had statistically significant relationships with achieving permanency, after considering additional fields (such as the Indian Child Welfare Act [ICWA] pending or Tribal affiliation) to address the issue of an undercount of children identified as American Indian in the SACWIS system, African American and American Indian ethnic groups consistently emerged as the most robust predictor of poor permanency outcomes across the four jurisdictions.

**Printout Resource 6** on the following page can assist replicating jurisdictions in considering similar areas for data mining and analysis. It is recommended that child demographics, including race, ethnicity, age, and gender, always be analyzed. For instance, jurisdictions can analyze in-care rates by race/ethnicity, age, and gender; review disparity indices; and consider what child demographics are associated with longer stays in foster care and non-permanent exits from foster care. They can also review data for any of the additional characteristics listed in the worksheet that are locally relevant, and/or add and review data for other child, family, or case characteristics that are important locally. In order to ensure integrated thinking and efforts, jurisdictions can also consider pertinent data and analyses from a current agency self-assessment, strategic plan, quality services review, Program Improvement Plan, and other recent local or regional reports and assessments.



## USING DATA: IDENTIFYING THE MOST IMPACTED CHILDREN, COMMUNITIES, & TRIBES

Characteristic	Evidence (Attach evidence gathered to this worksheet.)
Race/Ethnicity (such as in-care rates by ethnicity and disparity indices)	
Age	
Gender	
Sexual orientation/Gender identity	
Child welfare history (such as prior allegations and placement episodes)	
Removal reason	
Placement type	
Developmental disability	
Mental health diagnoses/needs	
Medical problems	
Internalizing/externalizing behaviors	
School problems	
Family history of domestic violence	
Family or child substance abuse issues	
Family homelessness/housing instability	
Other (specify):	

**Summary of Child Populations/Characteristics:**

*The following populations of children (American Indian, African American, Latino, etc.) are at highest risk of disproportionate representation and/or disparate outcomes in our child welfare system:*

*The following child or case characteristics (child age, placement type, severely emotionally disturbed, etc.) are associated with higher risk of disproportional representation and/or disparate outcomes in our child welfare system:*

Based on thoughtful review and synthesis of the data analyses and information gathered, leadership teams in replicating jurisdictions will better understand which race/ethnicity, gender, age, and other characteristics place children in the child welfare system at significant risk of disproportionate representation and disparate outcomes. It is then important to clearly articulate the target population of children who, without agency/community partnerships to guide system and practice changes to better meet their needs, are most likely to face negative safety, permanency, and well-being outcomes.

### **COMMUNICATION TIP**

Staff, agency, community, and system partners need to understand local data and how that data is informing local decision making.

By retaining the results of local data analyses, documenting the steps taken to arrive at the summary takeaways, and developing **key talking points** and accessible data tables/graphs, agency leaders can communicate in clear and consistent ways about issues, the target populations of focus, and next steps.

# 3 ACTIVE INVOLVED COMMUNITY PARTNERSHIP

*Like the coming together of two rivers, each with its own colors, current, and dynamic force, a new path is formed when agency and community partners come together.*

*Neither loses depth or diversity in the joining, rather we gain new perspectives and opportunities as we work together to achieve shared outcomes.*



Photo Courtesy of Ella Kane, Karuk Tribal Member and life long resident on the Klamath and Trinity Rivers, Weitchpec, California

“

The confluence of the Klamath and Trinity rivers represents ‘the heart of our Tribal communities.’ The three local Tribes that reside along the Klamath and Trinity rivers are the Karuk, Yurok, and Hupa. As these two rivers run through these sacred ancestral territories, it serves as a reminder of the resiliency and strength of the local Tribal people. There are many creeks and streams along the rivers path that are major tributaries to the health and sustainability of the river. These streams and creeks represent the importance of each individual person who contributes to the betterment of our Tribal communities.

The heart, the confluence of these two rivers, represents the Tribes’ ability to join together as one through shared reliance on the rivers as spiritual and cultural sources that are vital to the health and well-being of our Tribal communities.”

– Ella Kane, MSW, ASW

Active involved community partnerships are the foundation or “bedrock” of the Practice Model. As the first building block of practice model implementation and system change, they ensure linkages between impacted communities and the child welfare agency for widespread and effective use of the Practice Model. Through the meaningful involvement of community partners across a continuum of implementation and system change work, community partners strengthen system responsiveness to culture and trauma and promote the system’s ability to support the safety, permanency, well-being, and cultural identities and connections of the children and families served. When the knowledge and perspectives of system leaders combine with the cultural knowledge and wisdom of community and Tribal partners, the collective strengths, vision, and resources of partners can be brought to bear on solving the particular issues of disproportionate representation and disparate outcomes identified in local data mining and analysis.

Communities often feel slighted and further marginalized when systems make decisions about practice or system changes that will affect their communities without being included from the beginning. Because CFPM partnerships are necessary for collaboratively building implementation readiness and capacity within the agency and community to go to scale, child welfare agencies are encouraged not to make a decision on their own to implement the Practice Model before establishing community partnerships and considering this decision together. In taking this lesson to heart, one implementing jurisdiction delayed practice model implementation so it could more fully explore with its community partners whether the CFPM was a good fit for addressing practice- and system-level barriers for locally-served children and their families. The jurisdiction conveyed to project partners that it was prepared to pull out as a participant in the federal grant project if the local community was not on board. This position demonstrated a genuine willingness to

#### **ACTIVE INVOLVED COMMUNITY PARTNERSHIP**

Local child welfare agencies, organizations, and leaders demonstrate commitment to community partnerships that respect and incorporate the unique contributions of communities and Tribes. These partnerships guide ongoing local practice and system changes. The following are core partnership activities:

- Listening sessions to learn about and begin to address historical trauma and mistrust of agencies and systems
- Working with community and Tribal partners to identify system barriers to improved outcomes for children and families and to implement action plans to address those barriers
- Collaborating with community and Tribal partners to establish pathways to culturally relevant and trauma-informed services to meet the underlying needs of children and their families
- Meaningfully involving community and Tribal partners in training, coaching, and ongoing system supports for effective, sustained implementation of the CFPM
- Ensuring partnership meetings, forums, and feedback loops are sustained so that community and Tribal partners are continuously connected to and help guide ongoing child welfare practice and system changes to achieve improved outcomes for children and their families



**You can only take this journey with humility. Together, the agency and community decide if, when, and how to move forward.**

partner and a commitment to proceed only in ways that both agency and community partners felt would benefit local children and families being served. The partnership was strengthened significantly as a result, and community partners have since been actively involved in all aspects of practice model implementation.

Important information, tools, and resources are provided in the sections below to help replicating jurisdictions in building readiness for and a foundation of active involved community partnerships to guide local practice and system changes. While presented in a somewhat linear and sequential way to aid reader understanding, these partnership activities and processes are continuous and ongoing and need to occur in whatever developmental sequence works locally given the unique and dynamic cultural, community, and agency context. For instance, while several implementing jurisdictions conducted system reviews early in their community partnership outreach and engagement, another jurisdiction needed to spend considerable time working with community partners to establish trust, develop a joint plan, and design a system review that would be sensitive to local and regional issues and Tribal cultures. As another example, although community partners need to be identified for

initial outreach and engagement, there will be opportunities to revisit and re-use those strategies when new potential partners are identified or turnover and transitions occur.

## Partnership Investment and Returns

As public child welfare agencies are not always organized to support active involved community partnerships, resources and support for partnership processes must be mobilized within the organization's infrastructure and business processes and a plan for sustaining those resources developed.

### **PARTNERSHIP INVESTMENT:**

Dedicate staff time and resources for coordination and support of partnership outreach, activities, and forums.

Activities that will need to be supported include ongoing partnership outreach and engagement; planning and supporting partnership meetings; acting as an agency liaison for the community; listening for and lifting up sensitive partnership issues and problems to be addressed; and ensuring timely and consistent communication, coordination, and follow-through. Jurisdictions implementing the Practice Model have developed this capacity in a variety of ways, such as staffing the implementation team to have the time, ability, and capacity to do this, designating an agency manager, and/or creating an engagement liaison position to coordinate partnership activities in close coordination with agency leadership and implementation teams. An important consideration is how to compensate community partners for their time, e.g., providing stipends for teaming as trainers or acting as fidelity assessment observers, arranging child care to support attendance at partner meetings, securing funding for a system review to better understand

organizational contributors to disproportionate representation and disparate outcomes. When fiscal policies and contracting processes are challenging, including stipends or child care supports as part of a contract with a community-based organization can be helpful.

While partnerships that meaningfully involve community partners in practice model implementation and system change work are an investment, they also pay significant dividends. In addition to developing culturally responsive practices, supports, and services for improved child and family outcomes, these partnerships change agency/community dynamics in significant ways:

- Mistrust turning to hope
- Anger over past harms and injustices evolving into energy and action
- Greater system transparency leading to partners understanding the hard work and dedication of agency staff and leadership and the complex issues and challenges they face every day
- Partnership work and involvement intensifying and building momentum toward practice and system changes that can better support children and families.

As a result, community partners become more verbal and visible supporters of the system. They are more likely to speak up in support of the child welfare system in times of crisis (with the media, Board of Supervisors, etc.). As external partners, they are able to provide perspectives and advocate in ways that would be considered self-serving if the same information were delivered by agency staff or leadership. These partnerships also strengthen the willingness and ability of community partners to act as ambassadors within their own communities and Tribes, helping others to understand the culturally responsive practice, partnership, and opportunities that are emerging.

#### **KEY TAKEAWAYS: PARTNERSHIP INVESTMENT AND RETURNS**

- Mobilize and sustain resources and support for partnership processes within the agency.
- Involve community partners in establishing culturally responsive practice, supports, and services.
- Support community partners in speaking out and sharing perspectives about system practices, partnerships, and opportunities.

“ Being invited to the table as a partner, to pose the problem and create the solutions, is an important step forward.”

– **Youth, Families, African American, & Tribal Community Representatives**

## Setting the Right Context

Most child welfare agency staff care deeply about the work they do and want to be part of improving outcomes for children and families. Some straddle two worlds—as community members, they are keenly aware of the distrust their communities of origin feel towards the system; as professionals within the child welfare agency, they feel limited in their ability to influence the system for the betterment of community. Part of valuing both the professional work of staff and their community membership is ensuring they hear about the agency’s partnership vision and direction from agency leadership rather than from those outside the organization. In order to have an opportunity to engage in the partnership journey and be part of the solution, staff members need to understand the agency’s commitment to addressing, in partnership with the most impacted communities and Tribes, the specific issues of disproportionate representation and disparate outcomes for the children and families being served.

Staff tensions and low morale were experienced in an implementing jurisdiction that focused on community partnership without bringing their staff along. To avoid this, replicating jurisdictions are encouraged to identify

communication avenues and forums that ensure this critical information reaches all staff as early as possible and continues to be reinforced multiple times in multiple ways. In addition to conveying the information repeatedly in verbal and written forms (unit and all-staff meetings, newsletters, a message from the Director, during supervision, etc.), implementing jurisdictions have found that the establishment of an engagement liaison position and/or designating a manager as a liaison for staff have been instrumental in supporting effective and timely communication.

In traveling this partnership path, implementing jurisdictions found it important to ensure that their supervisors and managers did not make assumptions or communicate expectations that staff liaise with their communities of origin as part of their job responsibilities. This can exacerbate potentially conflicting feelings that staff may be experiencing between their employment responsibilities to the agency and their commitment to serve their community. While it is the role of leadership to build agency capacity for community outreach and engagement functions, staff will have invaluable perspective on how the child welfare agency can successfully approach outreach with their communities, as discussed more in the next section.



When we are **open** to understanding that there are many ways of seeing the world, we must find ways to meet families, communities, and Tribes where they are to understand their **varying perspectives**.

**True partnership** begins with **listening** to people and communities that have experienced trauma and **found resilience and healing** in the face of trauma.

We must listen and **humble ourselves** to the realities of their experiences and the way they feel the system has impacted them. That humility **seeks to learn** from others in order to get to the outcomes we both desire. That humility **opens the door** to incorporating the varying world views and practices of the people we serve. That humility **supports the voice and inclusion** of partners in the work. That humility enables us to **imagine the force** of a uniform and aligned system, collectively seeking the input, help, and support of the community.

Finally, leadership in implementing jurisdictions was most successful when they created and nurtured opportunities to build value around Partnership, Culture, and Humility within the agency and across the system. Active involved community partnerships will thrive in systems that accept that they need help to do just service to children and families and to recognize that the community is a vast and insufficiently tapped wellspring of wisdom, knowledge, and healing for the children and families being served. The following Leadership Behaviors were collaboratively developed by implementing jurisdictions, who consider them essential to building, strengthening, and sustaining active involved community partnerships:

- Provide community and Tribal partners with space for testimony on behalf of themselves, their community, and their ancestry.
- Acknowledge and apologize, through sincere words and actions, for ways that the system may have contributed to past harm and injustices to children and families, and partner to create solutions.
- Follow through with agreements and representations made to staff and partners. Admit and take responsibility for one's own biases,

### KEY TAKEAWAYS: SETTING THE RIGHT CONTEXT

- Ensure staff hears about the agency's partnership vision and direction from leadership rather than from those outside the organization.
- Build value around Partnership, Culture, and Humility within the agency and across the system.
- Consider staff perspectives on how to outreach to community.
- It is the role of leadership to build, strengthen, and sustain active involved community partnership.

missteps, and mistakes, modeling this as an opportunity for learning and making adjustments in one's interactions.

- Infuse cultural sensitivity in all interactions with staff and partners, and support the development and use of cultural practices and traditions, as well as evidence-based practices, which can assist local families with loss, grief, hurt, pain, healing, and recovery.

## Identifying Partners and Reaching Out

Active involved community partnerships include identifying and engaging community and system partners, as well as key agency staff and leadership, who can help address the particular disproportionate representation and disparate outcomes that emerge in data analysis. To explore this, implementing jurisdictions and their leadership teams asked the following questions:

- Who can help us better understand the lived experiences and needs of this group of children and their families?
- Who does or could play a significant role in supporting this group of children and their families in culturally responsive ways within the community?
- Who brings valuable system knowledge, perspectives, and resources to solving the problem?

**Printout Resources 7 and 8** on the following pages are designed to assist replicating jurisdictions in identifying the cultural and community leaders and system partners who are priorities for initial outreach and engagement, as well as the most appropriate person, position, or level of the organization or community to which to direct the outreach. It is important that the outreach respect the community's culture and honor its organizing framework, leadership, and governance structures.





## IDENTIFYING KEY SYSTEM PARTNERS

Target Population(s) of Children: \_\_\_\_\_

**What system partners are critical to improving child welfare services, supports, and outcomes for the target population(s)?**

Consider: union reps; courts; mental health and substance abuse treatment providers; probation; education, etc.

Agency or Department Representative	System Partners to Whom to Direct the Outreach

While there will be a tendency to be broad and inclusive, implementing jurisdictions found it important to focus initially on identifying internal and external partners who bring critical cultural, community, and system influence and expertise to address the specific issues the child welfare agency is trying to solve. As outreach proceeds and agency and community partners come together, the group can then consider together “Who is missing?” and “How do we engage them?”

The child welfare agency and its leadership often know the best way to outreach to system partners, as they are likely to engage with these partners frequently. Outreach to community partners and establishing a child welfare agency culture of active involved community partnerships can be much more challenging. Implementing jurisdictions found that when community partner outreach and engagement was considered a function of leadership it was most successful. High-level child welfare agency leadership is uniquely positioned to create and sustain support for community partner voices in practice model implementation and system change. Outreach should proceed as soon as possible after analyzing data and identifying potential partners. Communities that are engaged early on feel valued in the process of co-creation and take ownership in successes and set-backs.

The child welfare director leads outreach and engagement. When high-level child welfare agency leaders reach out to engage communities and Tribes, they show respect for leaders and elders in the community and for the sovereignty of Tribes. While the agency should ensure there is capacity to conduct the outreach and to support partnership efforts continuously, it should not delay outreach in order to “get our child welfare house in order.” Community and Tribal partners bring valuable perspectives for practice and system changes being considered by the child welfare agency and will help the agency move forward in positive ways on behalf of the children and families being served.

Outreach by agency leadership to community partners sets the tone for all other engagement and partnership activities. The outreach will take many different forms and look different in every community. A tailored approach needs to be developed that is sensitive to the worldview and values of the community or Tribe being engaged and its unique organization and structure. This means refraining from “business as usual” and from developing the outreach method according to what is “convenient” to the agency (e.g., sending an e-mail invitation to engage a community with a relational worldview and a long history of verbal traditions). A persistent and layered approach, including written and verbal outreach, usually followed by in-person engagement, will generally be needed, especially with communities and Tribes who have long experienced the system’s lack of follow-through and authentic partnership.

Several jurisdictions implementing the Practice Model developed numerous tips and strategies, which are included in **Printout Resource 9** on the following pages. They learned that communities and Tribes whose culture and identity is tied to their lands and region, whose location is rural and a significant distance from

### **KEY TAKEAWAYS: IDENTIFYING PARTNERS AND REACHING OUT**

- Identify cultural and community leaders and system partners who play a significant role in supporting children and families and who can build an understanding of their needs.
- Understand that community partner outreach and engagement is a high-level leadership function that is most successfully done by the child welfare director.
- Tailor outreach for each community based on its worldview and values.
- Employ a persistent and layered approach that is more likely to nurture, support, and sustain authentic partnerships.

## ACTIVE INVOLVED COMMUNITY PARTNERSHIP: OUTREACH TIPS AND STRATEGIES

**Seek out guidance** from staff, local groups focused on similar issues, and others with a relationship with the community or Tribal leaders you are trying to engage. What kind of outreach and follow-through do they suggest?

**A trusted liaison** may be available (*familiar to the child welfare agency and trusted by the community or Tribe*) who is willing to connect with the community or Tribal leader and bring back important information on boundaries to respect and how best to engage them.

**Send an introductory letter** with a statement of intent from the child welfare director (*for Tribes, address to the Tribal Chair or Tribal Council to respect the government-to-government relationship*). Express agency commitment to ongoing trust-building and to working together to improve outcomes.

**Follow up with phone outreach** to set up an in-person meeting.

**Meet in person**, and find out from the leader what partnership with their community might look like in order to work together to improve outcomes for children and their families.

**Listen and receive feedback graciously.** Be willing to hear, “No,” or “Yes, but I need to give you a piece of my mind first.” Be willing to try various approaches, and keep at it.

**Most systems stop when they hit barriers. If you want better outcomes and deeper engagement with communities, keep going!**

**Travel** to them no matter how far it is; **appreciate** the beauty of the land to which they are tied; find out **what is sacred** to these leaders, and honor that; ask about the **best ways of learning** about the experiences of their children, families, community, or Tribe and carry their suggestions forward.

**Inquire** into community **events and activities** that might take people away from partnership meetings. For example, summer time is busy with traditional ceremony activities in many Tribal communities. Listen for that, and **do not schedule conflicts** with those times.

*Note: The trusted liaison may come back and say, “They do not want anything to do with you...they do not trust you.”*

*This does not mean to take them off your radar. It may mean you need to build some social capital with leaders from other respected communities or Tribes before they will believe the outreach and interest in engagement is genuine.*

*With bad history and big tensions in the relationship, the approach may involve jointly exploring the possibility of starting down a new and improved path.*



### Venue Considerations for Partnership Meetings and Events

- Make sure that you are aware of and verbally recognize the meeting's location or proximity to landmarks which are meaningful or historic for the community or Tribe, such as where communities or their ancestors have experienced trauma.
- Hold meetings in spaces that either appeal esthetically to community or where spaces have been remodeled with community to increase appeal.
- Hold meetings in community spaces or in partner organizations that are accessible and welcoming to community.
- Ensure that meeting times prioritize availability of community over convenience for system staff. If during work hours, attention to child care, transportation, parking, and other logistical considerations may be needed.
- Offer snacks, refreshments, or food for participants whenever possible. At the very least, offer beverages.

The sample letter below sets a great tone and includes helpful messages to give to partners during early outreach and engagement. Be respectful of the time and commitment of partners being invited to attend meetings to assist the agency with its work. Offer a stipend, travel reimbursement, and/or child care for those who do not have an organization willing to cover their time and travel.

#### *Greetings:*

We know you all are very busy, and we wanted to share our sincere appreciation for those who joined us at the December 8<sup>th</sup> Partnership Advisory Committee meeting. We learned much about how to move forward, focus our work, and relationship build together. Community and Tribal involvement and guidance are critical to improving the lives of children and families involved in child welfare.

\_\_\_\_\_ [insert jurisdiction or agency name] is committed to engaging and learning and appreciates that real change is only possible if we work together and build on the strengths of community and Tribes. We are learning as we go, evolving and improving. As hard as we try, we don't always get it right and want to keep doing better. Your contributions at the meeting on December 8<sup>th</sup> have helped to develop the draft agenda that is included in this letter, identify others who should be invited to the table, and led to providing you all the materials included with this letter.

Your passion and commitment to this work is appreciated. We are working hard to listen with appreciation and use the guidance and input we are receiving to inform the work.

Please join us for our next meeting:

[Insert date, time and community location of meeting]

[If lunch will be provided or served include that information as well.]

We hope that you will be able to participate in this next meeting on January 6<sup>th</sup>. Please RSVP to \_\_\_\_\_ [Insert name, phone number and e-mail address of agency contact]. If you need child care services during the meeting, please RSVP with ages and number of children that will need care. For information on stipend availability for attending this meeting, please contact \_\_\_\_\_ [Insert name and phone number of agency contact].

*Sincerely,*

[Signed by Child Welfare or Agency Director]

the child welfare agency, and for whom assimilation in mainstream society is not a value or goal, are more likely to be engaged when child welfare agency leadership travels to meet with them in person, and there is continued outreach and in-person engagement by agency leadership to nurture, support, and sustain the partnership.

## Core Partnership Ingredients

Active involved community partnerships are not time-limited partnerships that are formed for certain

stages of practice model implementation or to accomplish certain goals or benchmarks. They are an active demonstration of the agency's commitment to continuously partner with and meaningfully involve communities and Tribes in practice- and system-level changes to improve child and family outcomes. They are rooted in humility, as well as sensitivity and responsiveness to culture. The following are working definitions of culture and humility, which assist implementing jurisdictions to partner with community to address disproportionate representation and disparate outcomes.

### FIGURE 3: CORE PARTNERSHIP INGREDIENTS

#### Relationship Building

- Conducting listening sessions for the child welfare agency and its leaders to learn about historical trauma experienced by families, communities, and Tribes as a result of system actions and inactions, to begin to address mistrust of public agencies and systems, and to strengthen or rebuild working relationships with the community.
- Fostering shared goals and outcomes, including developing a shared understanding of key terminology, a clear problem statement to guide partnership work, and joint goals and outcomes for the partnership.

#### Addressing System Barriers

- Collaboratively assessing and addressing barriers to improved outcomes for children and families with community and Tribal partners, including developing and implementing action plans together to address those barriers.

#### Culturally Relevant Supports and Services

- Creating a system of supports and services that is culturally relevant, community based, and sensitive to the current and historical trauma likely to have been experienced by the children and families being served in order to meet their underlying needs.

#### Meaningful Involvement in Implementation

- Involving partners in training, coaching, and fidelity assessment to build competency at all levels of the organization and system in applying the Practice Model in diverse cultures, contexts, roles, and situations.

#### Communication and Feedback Loops

- Ensuring partnership meetings, forums, and feedback loops are supported and embedded so community and Tribal partners are continuously connected to and help guide ongoing practice and system changes to meet the diverse and changing needs of the children and families being served.

- **Culture**—An evolving sense of identity and well-being grounded in the history, values, traditions, and experiences of the group of people identified with and/or connected to one’s self-defined family, community, and Tribes.
- **Humility**—A humble approach of genuine listening and reflection to become aware of individual and system biases and assumptions and to redress the power imbalances in our interactions and systems.

While “who” the community partner is and the form that these partnership processes take will vary across implementing agencies, jurisdictions, and communities, at their core, all of these partnerships include the ingredients outlined in **Figure 3**. The following sections then describe them in more detail.

## Relationship Building: Listening Sessions

In many of the communities whose children experience disproportionate representation and disparate outcomes in the child welfare system, there exists deep trauma, pain, and grief as a result of the historical impact of racism, relocation and land loss, laws prohibiting traditional ceremonies and healing rituals, and other experiences that separated family members from each other and from their people, culture, and way of life. Our public institutions continue to be affected by this history of discrimination, marginalization, and oppression, perpetuating bias and assumptions in policy, practice, and system functioning despite well-intentioned staff and leaders.

We need to lift up opportunities to give voice to cultural and community experts...We believe we are the experts, yet we often never hear from those that are.

- **County CWS Social Worker**

To effectively build community partnerships in this context, the child welfare agency and its leaders in implementing jurisdictions worked to understand and be responsive to the historical trauma and experiences of the communities and Tribes whose families and children were being served. This opened the eyes of the agency and its leaders to new ways of doing business and to how to support staff in culturally responsive, trauma-informed work with children, families, communities, and Tribes. As an example, behavior by a family, community, or Tribe that the system has labeled “resistant,” “angry,” or “secretive,” such as hiding a child or sending a child out the back door as a child welfare representative knocks on the front door, when viewed through a lens that is sensitive to historical trauma, becomes recognized as a coping mechanism to protect against additional trauma by the government and its representatives. This culturally relevant, trauma-informed understanding of children and families then has impacts for practitioner training and coaching content and processes and may have implications for agency policies, protocols, and provider contracts associated with parent/child visitation and other agency interactions with children and families.

Learning about the experiences of families, communities, and Tribes and building active involved community partnerships require substantial listening and humility to “reset” the relationship with community. This means humbly accepting that to serve communities and Tribes without understanding them is disrespectful, ineffective, and ultimately harmful. Some implementing jurisdictions have coined the term “listening sessions” to describe early relationship-building engagements with communities and Tribes; however, the term used or the form taken will be as diverse as the communities and Tribes being engaged. What is important is to ask the community or Tribal leader about the best ways of learning about the lived experiences of their community or Tribe and about how the child welfare system has impacted their children and

families and then to proceed in the way recommended by the community. Whatever form is suggested for this learning, the agency should be prepared to host a number of these sessions as there will be unique history and experiences for each community or Tribe being engaged. Here are other helpful tips for planning listening-type sessions with the community:

- Ask partners how to create a safe space for their testimony.
- Host with food and refreshments, whenever possible.
- Work with partners to plan opening words, such as a song or blessing that is traditional or culturally meaningful for the community.
- Use the community's words in notes and documentation and make their words visible on your flip charts. When providing notes back to partners, use their words rather than rewriting it to make it sound better from your perspective.

Below is an example of how powerful and constructive early listening sessions were for a jurisdiction developing active involved community partnerships with Tribes in its region.

### **KEY TAKEAWAYS: RELATIONSHIP BUILDING: LISTENING SESSIONS**

- Understand that bias and assumptions exist in policy, practice, and system functioning despite well-intentioned staff and leaders.
- Create opportunities to humbly listen to and hear about historical trauma and lived experiences of the communities whose children and families are being served.
- Learn how listening allows agencies to “reset” their relationships with their communities.
- Convene multiple listening sessions to truly address the unique histories of the various communities.

### **Relationship Building: Shared Goals and Outcomes**

Implementing jurisdictions found that another important aspect of relationship building is bringing community and system partners to the table with key agency leaders and staff to explore data and to develop a shared understanding of terminology, a clear problem statement to guide partnership work, and joint goals

**Listening sessions** had a significant impact on local leaders, who came to understand the incredible trauma and loss that past experiences brought to local children, families, and Tribal communities. As a result, agency and Tribal community partners identified a need for cultural training for children's services staff to help them better understand the histories, culture, and needs of the children and families being served. This resulted in a 3-day cultural immersion training designed and conducted by Tribal partners.

The training addresses life from the local (and somewhat national) cultural perspective. Participants experience how the layers of trauma (historical, institutional, and event based) that have been experienced and continue to be experienced affect the coping and daily functioning of Native families and communities. It lifts up how local Native culture is rich in supports that help create balance and wellness in daily living.

The training is given every 6 months by Tribal partners as part of local practice model implementation and is required for all staff.

and outcomes for the partnership. While it may seem that data regarding disproportionate representation and disparate outcomes speak for themselves, much of the available data use federal measures related to safety, permanency, and well-being that are inconsistent with cultural and community values, traditions, and norms. For instance, permanency outcome measures are based on placement stability and reunification or adoption by a particular family; yet Tribal values and customs define “family” in the context of the Tribe and Tribal relations, and there are often traditions in which children live with various relations at different points in time to support learning, development, health, well-being, and spirituality.

In reviewing agency data relating to disproportionate representation and disparate outcomes with community partners, the implementing jurisdiction can surface and explore cultural perspectives so partners can consider alternative interpretations of the data that take into account the community’s values and way of life. These conversations can develop shared understanding of terms such as safety, permanency, and well-being so they become meaningful and culturally relevant for both agency and community partners. Exploring the data and implications with community sets the stage for shared problem solving. Facilitation of group discussion of what partners can do together to improve outcomes and to reduce disproportionate

representation and disparate outcomes for the community or Tribes’ children is important. Creating a concise problem statement meaningful to both agency and community partners that conveys the issue(s) that partners are coming together to address is also helpful.

A sample problem statement is included below. This is a generalized version of the problem statement that the Practice Model was developed to address. Agency and community partners can consider whether to adopt or adapt this problem statement or develop a problem statement that better meets local needs, issues, and context.

*Note: The blank space in the sample problem statement below would be filled in with the target population(s) identified in local data mining and analysis. The term “child welfare system” refers to the child welfare agency and the partners with which that system currently works to serve its clients, including the courts, mental health, probation, education, private providers, etc.*

Once a problem statement is developed, agency and community partners have a solid base from which to explore the Practice Model together, consider how it can assist in addressing the stated problem, and determine what refinements might be important. Here are several key talking points about the Practice Model that may be helpful in approaching this discussion.

### **SAMPLE PROBLEM STATEMENT**

The child welfare system and the practice it supports with children and families:

- Does not adequately understand, engage, and value the strengths and resources of \_\_\_\_\_ families and communities due to mutual mistrust and a lack of understanding of the lived experiences of these communities and how the child welfare system has impacted their children and families and
- Has not consistently partnered with \_\_\_\_\_ families and communities to address the underlying grief, trauma, and loss their children and families are more likely to experience in their lives and to identify, develop, fund, and make available culturally based and trauma-informed support services.

### COMMUNICATION TIP KEY PRACTICE MODEL TALKING POINTS

- The Practice Model is designed to guide culturally responsive and trauma-informed practice generally.
- Community partners bring the cultural understanding and perspective needed to implement the model in a way that is responsive to the specific culture, trauma, history, and needs of local children and families.
- Our agency recognizes that community partner involvement is essential in removing system barriers to improved outcomes and in creating a local child welfare system that is supportive, transparent, and accountable to the communities whose children and families are being served.

Providing the group with CFPM resource information (see links in the chapter, The Intervention) supports its exploration and discussion. If there has already been a high degree of community partnership established within the jurisdiction and many years of targeted system work to address local disproportionality and disparities, strong buy-in, readiness, and support for the Practice Model may be generated quickly. Jurisdictions that are in early stages of building community partnerships and doing critical readiness work may need more time and facilitated discussion for agency and community partners to determine if the Practice Model is a good fit for the local context, issues, and needs. **Printout Resource 10** is offered on the following pages to support local discussions to decide if the CFPM is the right intervention for the particular issues and needs in the jurisdiction. Including community and system partners and staff representatives from all levels of the child welfare agency (from line staff to director) in this assessment and planning

process allows for a variety of perspectives and helps partners to design strategies to strengthen intervention readiness and investment in critical areas.

Once partners become clear about the work they want to do together and whether/how this involves the Practice Model, it will be important to create shared agreement on the purpose and goals of the partnership. Partners should consider the problem statement developed and the themes that came up in listening sessions and discussion of the Practice Model. What are partners motivated to work on together?

Here is an example of the shared goals developed by agency and community partners in an implementing jurisdiction. Listing these agreed-upon goals at the top of ongoing partnership meeting agendas reminds everyone of the important work of the group and keeps the work targeted and focused.

### EXAMPLE OF ONE JURISDICTION'S PARTNERSHIP GOALS

- Advise the in-depth examination of local child welfare systemic issues and barriers experienced by African American and American Indian children and their families.
- Advise the development of solutions to address those systemic issues and barriers.
- Develop and support effective methods of working with children and families aimed at improving child welfare outcomes and reducing disparities in outcomes for African American and American Indian children and their families.

In traveling this path, it is important to be prepared for tensions that will flare up or continue, and mistrust that will resurface, especially around key issues or critical decisions and events. These tensions may emerge as a result of actions or decisions by the agency,



## ASSESSING NEED, COMMITMENT, READINESS, AND FIT FOR THE PRACTICE MODEL

Each area of readiness on the following page has an associated readiness goal that describes what readiness looks like for that area. The goal is followed by key questions to support strategic planning about whether/how to move forward. The following group processes may be helpful to agency and community partners in discussing the readiness goals and key questions. However local facilitation, valued group processes, agreements, and creativity rule!

- **Readiness-Building Ground Rules:** Seek group agreement that the readiness discussion and activities will be considered a safe zone of communication where all questions, suggestions, ideas, and worries are respected as constructive to the overall goals of assessing and building readiness.
- **Group Discussion and Consensus:** After discussion of the key questions (and anything else important that the group needs to consider), encourage the group to re-read the readiness goal and come to consensus on the score that best reflects how close partners are to achieving the goal. [Perhaps use a scale of 5 to 1, with 5 as high readiness or goal reached and 1 as low readiness.]
- **Readiness Planning/Thinking Through Next Steps:** If a 5-to-1 scale is used, 5s and 4s can be considered green lights (move forward, even if there are a few readiness-building activities that might still be in process); 3s can be considered yellow lights (only move forward if readiness-building activities have been developed and are being put in place, and the group agrees it is sensible to proceed); and 2s and 1s should be considered red lights (develop whatever readiness-building activities are needed; ensure there are clear steps, timelines, and responsible persons identified to move them forward; and consider whether other areas of readiness can be worked on concurrently or if it is better to wait until readiness in this area is further developed.)



## ASSESSING NEED, COMMITMENT, READINESS, AND FIT FOR THE PRACTICE MODEL

### NEED & COMMITMENT:

This area of readiness ensures that partners have developed a clear problem statement, are committed to working together to make needed changes, and have determined whether the Practice Model is responsive to the problem that partners have identified and is a good fit for local contexts and needs.

**Readiness Goal:** *Disproportionate representation and disparate outcomes for certain groups of children being served by our child welfare agency have been validated with data; partners are at consensus regarding the problem to be addressed and are committed to co-creating solutions together.*

### Key Questions:

- What data and evidence support the need for change?
- Have key community and system leaders been identified and engaged? Who is missing or needs to be added to the agency/community partnership group?
- Have agency and community partners looked at the data together, acknowledged the system contributes to disparities, and agreed there is a need for change?
- What problem statement and shared goals and outcomes have partners developed?
- Is there a commitment to work together to design and guide practice- and system-level changes that will address the problem?

**Note:** The above readiness goal should be mostly in place before proceeding. Partners need a problem identified before they can proceed with the RESPONSIVENESS & FIT discussion below.

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### RESPONSIVENESS & FIT:

This area of readiness considers whether the Practice Model is responsive to the problem that partners have identified and is a good fit for local contexts and needs.

**Readiness Goal:** *Agency and community partners agree that the Practice Model aligns with their shared goals, values, and outcomes; is responsive to the identified problem; and is a good fit for the work of child welfare to meet the diverse needs of the children and families being served.*

### Key Questions:

- Does the Practice Model align with the shared goals, values, and outcomes developed by partners? Does it align with agency mission, vision, and priorities?
- Do partners believe the Practice Model will help address the problem statement?
- Have community partners reviewed the model? Do they believe it is consistent with the needs of their children and families?
- Has leadership in the agency reviewed the model? Does it believe it is a good fit for the work of the agency and meeting the diverse needs of families?
- Has leadership in the agency expressed suggestions, concerns, and/or support for the Practice Model? How is the feedback being incorporated?
- What are the potential risks of implementing the Practice Model at this time?
- What are potential benefits of implementing the Practice Model at this time? Do these benefits outweigh the risks?

policymakers, or others. Even when the child welfare agency has had no influence or control over a critical decision or event, the decision or event may trigger pain, loss, and anger toward the public system. Rather than representing a setback or failure, this is a sign of the ongoing need and opportunity for relationship building, resilience, and healing. At these difficult times, implementing jurisdictions have recognized that it is essential to stay in the conversation and be humble and respectful. The stronger the linkage between high-level agency and community leaders, the more socially significant the shared goals and outcomes of the partnership are to the community, the more meaningfully involved that community partners are in practice and system change efforts, the easier it will be to manage through these kinds of partnership tensions and adaptive challenges.

### KEY TAKEAWAYS: RELATIONSHIP BUILDING: SHARED GOALS AND OUTCOMES

- Bring agency and community partners together to review and interpret data.
- Work with partners to create a problem statement.
- Explore whether/how the Practice Model can address the problem.
- Create shared agreements with partners about the purpose and goals of the partnership.

## Addressing System Barriers

Without a comprehensive understanding of what is getting in the way of improved practice and outcomes, attempts at practice- and system-level change may become thwarted, stalled, or frustrating to everyone. Partnerships based on listening to and respect for the varying worldviews, values, and traditions of the people served provide a critical forum for child welfare

organizations and systems to explore, understand, and begin to address institutional barriers and biases that contribute to disproportionate representation and disparate outcomes.

By inviting a system review to study how the local child welfare system and its organizational structure, policies, and procedures are affecting services and outcomes for children and families, implementing jurisdictions demonstrated their agencies' willingness to take an honest in-depth look at themselves and more deeply engage community members, stakeholders and others affected by child welfare outcomes. System reviews are focused on system actions related to the specific group(s) of children that are disproportionately represented in the child welfare system or have disparate outcomes. While community partners will have perspectives on many system issues and barriers for their families, this kind of formal study can pinpoint the most critical themes and organize and energize partnership work on systemic issues and barriers. The document, [Systemic Issues in Practice Model Implementation](#), provides examples of the themes that were uncovered in system reviews in several implementing jurisdictions and how those system issues and barriers informed development of the CFPM (See **Appendix 5**).

System review processes often include:

- Interviews and focus groups with family members, practitioners, caregivers, and service providers
- Observations of court processes and practitioners in the field
- Analysis of existing data, policies, procedures, decision-making processes, and service structures
- Review of text and case records

The collective data are then analyzed, and a report developed summarizing key themes, findings, and opportunities for system change and improvement. Implementing jurisdictions found that the results of system reviews increase readiness for implementing

the Practice Model and provide a base of information and study from which agency and community partners can identify priorities and action-plan strategies and next steps to address system barriers.

While capacity for some form of record review can often be developed by the child welfare agency in-house, identifying funding that can support an external provider to do the analysis will garner greater community support and involvement in action planning to address the findings. There are experienced organizations that can do the study, or replicating jurisdictions can work with community partners to identify the

needed funding and develop a request for proposal (RFP) that solicits a study design tailored to local issues and needs for the target population(s) identified in the child welfare agency's data analysis.

A study design, called an institutional analysis, has been developed by the Center for the Study of Social Policy (CSSP) working with Praxis International (<http://www.cssp.org/reform/child-welfare/institutional-analysis>). Institutional analyses were conducted in several jurisdictions implementing the Practice Model to help them understand organizational and structural contributors to poor permanency outcomes for African

## COMMUNICATION TIP

### SAMPLE SYSTEM REVIEW TALKING POINTS

#### 1. Self-Invited by Child Welfare Agency Wanting to Do Better.

- Our jurisdiction/agency wanted to conduct a system review study so that we could better support children and families. This assessment helps highlight areas where improvement is needed.
- Our particular focus has been on the disproportionate number of \_\_\_\_\_ children [*insert your agency's target populations*] in our system and the unequal outcomes they experience.
- Through dozens of interviews, critical issues have been identified, and we have learned much. Most of all, we are working with the families and community we serve to develop an action plan that speaks to the steps we are taking as a result of the study.

#### 2. Part of a Broader Effort to Improve Child Welfare.

- The issues identified in the study will inform system-level changes that are needed.
- We are working with community partners to address these system-level changes at the same time that we are implementing a Child and Family Practice Model (CFPM).
- By creating system- and practice-level change simultaneously, we can better support families in their communities and ensure children safely remain with their families, return to their families, or live with relatives or those with whom they have significant family or Tribal relationships.

#### 3. Bottom Line Is to Help All Children.

- What our agency learns from this study and from implementing the CFPM will help us better serve all children and families.
- While our particular focus has been on \_\_\_\_\_ children, many of the obstacles we have identified for these children affect other children as well. Our goal is to help ensure that all children do better and thrive – in the care of loving, permanent families.

American children in the child welfare system. An executive summary for an institutional analysis report conducted in Fresno County, California, is available on the CSSP website, with the last few pages of that report providing information about the county’s equity action plan to address issues that were identified in the analysis. (<http://www.cssp.org/publications/child-welfare/institutional-analysis/positive-outcomes-for-all-fresno-county-institutional-analysis-executive-summary.pdf>)

As an alternative, a jurisdiction implementing the CFPM awarded a system review contract through an RFP process to the National Indian Child Welfare Association ([http://www.nicwa.org/who\\_we\\_are/](http://www.nicwa.org/who_we_are/)). The review process combines quantitative and qualitative methods of data collection and analysis and uses institutional ethnography in assessing the organization. The study examines systems that respond to and serve children and families involved with the local child welfare services agency, including system assumptions, logic, policies, and protocols that organize practitioner action. The study is designed to describe the institutional organization of the local child welfare agency and juvenile court and to draw conclusions regarding how those systems contribute (positively or negatively) to outcomes for American Indian and Alaska Native children.

Once a system review has been conducted, it is important to develop an action plan that documents key goals and strategies to address the findings and recommendations in the report. Similar to a case plan for the system, the action plan should be developed with community partners and revisited regularly so they are aware of follow-through, challenges, and progress and can be part of making adjustments to that plan when needed.

It will also be important to determine how the system review report will be communicated and released. Child welfare agencies and their community partners will want to create and customize communications

plans to meet agency and community needs. If the report is to be publicly released, it is helpful to “get out ahead” of the release by sharing key themes verbally before the report is released in order to provide a “soft landing” for expected findings and important context. Also jurisdictions may want to consider incorporating an action plan developed by agency and community partners into the report so that both findings and intended improvements can be understood together.

A [System Review Communications Planning Template](#) is available as a resource for key planning questions and sample communication goals, strategies, and activities (See **Appendix 6**). In addition, sample talking points are shared on the previous page as a resource in communication planning for local system review processes, findings, and reports.

### KEY TAKEAWAYS: ADDRESSING SYSTEM BARRIERS

- Explore barriers and biases that contribute to disparate outcomes for the children and families being served with agency and community partners.
- Use system reviews to pinpoint themes and to provide a base for partnership work to address systemic issues and barriers.
- Identify priorities together with partners, and create action plans and next steps for addressing key systemic barriers.

## Culturally Relevant Supports and Services

Active involved community partnerships help the system understand, develop, and make available services and supports that are culturally responsive, community based, and sensitive to the multiple layers of current and historic trauma that children and families being served are likely to have experienced.

A lack of culturally relevant or responsive services and supports is an issue that may lift up from many sources: child welfare practitioners asking for help in addressing a system barrier that is negatively affecting services for a child or family, local system reviews, discussion with community partners, etc. Community partners are essential in helping the child welfare agency create service delivery systems that meet the needs of children and families, honor their history and culture, and empower natural networks of support for children and families.

As partnership meetings and activities develop, they should incorporate an intentional focus on building a culturally responsive and community-based service delivery system. Some jurisdictions implementing the Practice Model have identified key advisors from the community to meet monthly with high-level agency leadership to create strategic priorities for improving service delivery, while others use ongoing meetings with community and system partners and incorporate this work into monthly meeting agendas and activities.

In either event, subgroups can be identified to work on bringing information and materials together, developing what is needed, and assisting in follow-through and execution.

Several implementing jurisdictions actively sought out information about resources in the community that promote or provide culturally responsive services and supports for children and families. They held focus groups and connected with cultural brokers and leaders of specific communities to find out about anger management, substance abuse, and domestic violence programs that are sensitive to culture and trauma; parenting programs that hold the values of the community related to parenting and protecting children; churches that support youth and parenting activities in communities; traditional beading and regalia making in specific Tribal communities; traditional healers; and community-based organizations or nonprofits who contract with community people who can teach others to participate in these events and activities.

### **EXAMPLES OF SOME EARLY STEPS BY IMPLEMENTING JURISDICTIONS**

In one jurisdiction, partners recognized that many Native children and families would benefit from culturally based services and providers, yet they had to use typical contracted providers because they were court recognized and approved. Agency leadership and Tribal community partners developed strategies to build the court's awareness of the issues and needs, resulting in the signing of a blanket court order in which participation in Tribal drug/alcohol services, domestic violence programs, and parenting programs is now court approved and recognized as part of case plan completion.

Another jurisdiction recognized a need to affect local administrative processes so that funds could be approved and used more flexibly for individualized services to meet child and family needs, such as paying for a dumpster so a family could make the home safe for its children or paying for a child or youth in foster care to participate in a cultural activity or event. After adjusting agency processes and sharing the process with staff, there are no longer delays, frustrations, and challenges in responding to individualized needs.

Another group in a large urban area spearheaded the development of a service portal that brings together all of the child welfare, mental health, faith-based, and other resources for children and families and provides on-the-spot information about availability, how to register, etc.

By learning the community's perspective on what supports and services work for children and families in these communities and then learning about what is available and how it can be accessed, the agency can work to establish pathways to these culturally responsive resources for children and families. This often includes:

- Approaching community leaders to find out who is providing the specific services and how the agency might contract to enhance access and provision of these services to child welfare children and families
- Collaborating with the agency's finance department or fiscal team to identify and/or develop business processes to authorize and fund these services as part of case plan activities
- Communicating with all staff within the organization and with community partners once the business processes are in place, so that children and families who need these resources have access to them

Because there will be many child welfare and broader system service delivery challenges, implementing jurisdictions have found it helpful for partners to jointly identify one or two service delivery challenges for their initial work together. Focusing on services and supports that are the most relevant, responsive, and effective for the children and families whose outcomes the jurisdiction is trying to improve, rather than focusing on "low-hanging fruit," was important. As long as there is active agency collaboration and follow-through, these efforts will provide opportunities for problem solving, system transparency, and strengthening partner relationships regardless of the challenges encountered or the results of the effort.

As the partnership develops and progress is made, additional priority areas for advocacy and attention will emerge. Partners will together identify the "next right steps" in co-creating a culturally relevant and responsive system of supports and services to meet the underlying needs of the children and families being served.

### **KEY TAKEAWAYS: CULTURALLY RELEVANT SUPPORTS AND SERVICES**

- Intentionally focus on building a culturally responsive and community-based service delivery system using key advisors from the community.
- Learn the community's perspective about services and supports that are working and that are needed.
- Focus on services and supports that are the most relevant, responsive, and effective for the children and families whose outcomes you are trying to improve.
- Develop needed business processes, funding streams, and communication strategies to facilitate access and utilization.

## **Meaningful Involvement in Implementation**

Partnerships with families, communities, and Tribes are as important to practice-level casework as they are to identifying and addressing system-level barriers and creating a culturally relevant system of supports and services. At the practice level, community partnerships bring a much-needed cultural perspective to agency interactions with children, families, communities, and Tribes.

To get the full effect of transformative partnerships, community partners must have concrete, visible, and supported roles in the child welfare agency's infrastructure and linked teaming processes supporting practice model implementation. The foundation of Partnership, Culture, and Humility is clearly modeled for staff through community partner involvement in training, coaching, and fidelity assessment.

In engaging community as implementation partners in the work, some jurisdictions are clear about their implementation needs and how the strengths and

resources in the community can be leveraged in local practice model training, coaching, and fidelity assessment activities. Other jurisdictions may experience community partners looking to the agency to tell them with what the agency needs help, while the agency in return may ask in what community partners are interested and able to help. There is not a preferred way of approaching these discussions, as long as they lead to active involvement and meaningful roles in supporting culturally responsive, trauma-informed practice for which the involved partners are compensated through stipends, contracts, etc.

#### **Partner Roles in Training**

The cultural and community awareness and humility that community partners bring as co-trainers and supporters in the training room is helpful and refreshing. Community partners can play a key role in ensuring that the training curriculum developed and delivered is sensitive to the culture, trauma, and needs of disproportionately represented children and their families in the local child welfare system. Implementing jurisdictions found that their training input and support was

needed to help build the competency of social workers and agency leadership in applying the Practice Model in diverse cultures, contexts, roles, and situations.

#### **Partner Roles in Coaching**

The CFPM requires a multi-logical approach to interactions, which means looking at a situation through many different lenses simultaneously. Community partners are essential in developing a coaching approach, infrastructure, and resources that can support and deepen this multi-logical approach. The cultural and community perspective of partners is needed to help clarify and translate the general cultural responsiveness that is called for in the Practice Model to real-world interactions, supports, and services which are responsive to the unique culture and needs of the specific children and families being served. Coaching occurs at the practice level for practitioners and their supervisors and at the system level for supervisors, managers, and executives.

While coaching is not a typical infrastructure support in child welfare, implementation-focused studies have

#### **EXAMPLES OF TRAINING PARTNERSHIPS**

One jurisdiction implementing the Practice Model did not have community partners interested in the role of co-trainer. The jurisdiction found it important to have a group of community partners in the training room participating in the training with trainees in order to provide a cultural lens and presence for staff and to demonstrate the importance of community partnerships in local practice implementation.

Tribal partners in another jurisdiction are developing, adapting, and delivering curricula. Their cultural immersion training is required for all staff and leaders as part of practice model implementation. They also co-train the foundational practice model curriculum used locally to ensure integrated learning about the practice behaviors in the model and application of them in culturally respectful and responsive ways with children and families in the region.

Several community partners in another jurisdiction were highly skilled and motivated trainers around issues of racial equity and have been integrated in local practice model training, consistently delivering training regarding cultural humility and racial sobriety, which is required for all staff (including leadership).

repeatedly demonstrated its importance in supporting implementation of an intervention to achieve desired outcomes. To develop coaching support for the Practice Model, some implementing jurisdictions have recruited, selected, and contracted for coaching hours with respected members of local communities and Tribes. Others have worked with local child welfare training academies or other providers to identify current staff or recruit staff with the cultural/community perspectives and skills needed to support child welfare agency practice model coaching.

While there may never be enough coaching hours available to staff and leadership in our public systems, beginning to build child welfare agency coaching supports, in partnership with the communities and Tribes whose children are disproportionately represented and who experience disparate outcomes, will bring much-needed cultural awareness and sensitivity

to everyday child welfare interactions with children, families, communities, and Tribes. It will also support the dedicated staff and leaders in child welfare in applying the Practice Model in their challenging and diverse roles.

### **Partner Roles in Fidelity Assessment**

As the Practice Model is implemented, the child welfare agency and its community partners need data and information regarding whether the Practice Model is consistently and effectively being used in interactions with children and families. CFPM fidelity assessment processes provide this important data so supports for the Practice Model can continue to be strengthened and refined. Community partners bring in valuable knowledge and experience about the best ways to take a glance at practice-in-action that is sensitive to the local context and community. As

## **SAMPLE COACHING GOAL AND SCOPE**

**Goal:** To improve relationships at all points of contact between the agency, families, and communities through development and implementation of an authentic, sustainable, culturally responsive practice.

**Multi-logical World Views**—Demonstrate awareness and understanding of multi-logical thinking, such as familiarity with indigenous worldviews, which are relational, circular, and holistic, and draw upon implicit information.

**Culturally Responsive Practice**—Support social workers, supervisors, managers, and administrators in critical thinking and reflection as they develop and integrate their own culturally responsive practice and lens in working with Tribal and other diverse communities.

**Support Agency Paradigm Shift**—Provide system coaching to staff and leaders to address issues around culturally responsive practice, promote development of a coaching organization, and maintain a sustainable system for understanding and working with Tribal and other diverse communities.

**Use of Practice Behaviors and Tools**—Provide coaching and guidance to build confidence and competence in using the Practice Model in diverse cultures, contexts and situations.

**Support Supervision**—Help build social worker, supervisor, and manager skills in providing cultural and practice coaching support in supervision and in modeling the Practice Model in all interactions and system processes.

with all aspects of the CFPM, community partnership is at the core of its fidelity assessment. A community partner and an internal system partner act as a fidelity assessment observer team. Both have received training and act as independent observers during a teaming event or meeting with the family and its natural supports. This combines the important insights of community and Tribal partners with agency and system perspectives to detect whether staff are applying the Practice Model in ways that are responsive to the culture, trauma, and needs of individual children and their families. The role of the observer team is not to watch the family, but to observe agency staff and representatives interact with the family. Observers provide ratings on nine measures, which are closely tied to the core practice elements and behaviors in the Practice Model. More information on CFPM fidelity assessment is included in the Capacity Building and Installation chapter.

### KEY TAKEAWAYS: MEANINGFUL INVOLVEMENT IN IMPLEMENTATION

- Embrace the reality that community partners bring much-needed cultural awareness and sensitivity to development and delivery of Practice Model training, coaching, and fidelity assessment.
- Ensure community partners have concrete, visible, and supported roles in implementation and receive compensation for their time and expertise.

## Communication and Feedback Loops

Another important part of creating and sustaining active involved community partnerships is embedding meetings, activities, and feedback loops in agency infrastructure and teaming processes. While the purpose of agency/community partner feedback loops is to

“The observation process makes use of one’s ‘wise mind’ rather than being reactionary.”

“Positive, worthwhile experience partnering in this way. This is helping to change the way staff operates, feels genuine.”

“People make global statements and complaints about the department, but I get to see the practice firsthand. I have a role that matters.”

“I have an opinion based on specific facts that I witness. I get to be a part of addressing that issue.”

– Community Partner Fidelity Assessment Observers

keep partners continuously connected to and guiding practice change (including CFPM implementation) and system changes (including continuously assessing and addressing barriers), the partnership structures and processes that can best accomplish this are locally driven by the agency context and the communities involved.

Rather than identifying an existing forum and adding in community partners, implementing jurisdictions recognized the need to develop new partnership forums and processes. If existing forums were leveraged, they usually involved an agency representative traveling to and participating in an existing regional community or Tribal meeting. This was often a supplemental activity to strengthen partnership, communication, and feedback loops, while a monthly partnership meeting, at a location accessible to community partners, was established to support ongoing partnership activities.

Replicating jurisdictions are encouraged to brainstorm with community partners about which meeting locations, structures, and processes will be effective locally. In large urban areas, meetings may be held at the agency or a centralized community location. In rural areas, it may work better to have community or Tribal partners host the meeting and rotate the meeting venue to various outlying areas. Community partners should help plan the agenda for the meeting and receive meeting notes within a week or so of the meeting. Using partners' words in notes rather than reframing from a system perspective will honor partner perspectives.

Whatever form ongoing meetings and agency/community partner communication take, there is a need to develop linkages between community partners and the agency's implementation and leadership teams, so everyone is communicating successes and challenges and coordinating efforts and perspectives to achieve shared goals and outcomes. More information about

establishing communication and feedback loops to support implementation of the Practice Model is in the next chapter of this manual, Shared Commitment to the Practice Model.

### **KEY TAKEAWAYS: COMMUNICATION AND FEEDBACK LOOPS**

- Create agency/community partner feedback loops to keep partners continuously connected to practice and system change.
- Brainstorm with community partners about which meeting locations, structures, and processes will ensure ongoing communication and partnership work.
- Ensure community partner linkages with local implementation and leadership teams for coordination of efforts to achieve shared goals and outcomes.

### **EXAMPLE OF PARTNERSHIP MEETING STRUCTURE AND LINKAGES**

While a number of jurisdictions engage community partners in monthly advisory group meetings with agency leadership and various levels of staff, one implementing jurisdiction has a broad community action team that does not regularly meet with agency leadership. Instead the agency's contracted community engagement liaison (who is also a member of the community) participates in and helps support this community team, arranging for agency implementation team members to attend when needed to provide information or to discuss issues or recommendations the team has.

The community action team is linked with the child welfare agency and its Practice Model implementation and leadership teams in another important way. The community action team has several members designated to sit on the agency's Practice Model leadership team to bring community partner perspectives to the leadership team's work of designing and supporting practice model implementation and needed system changes.

# 4 SHARED COMMITMENT TO THE PRACTICE MODEL

Building on a foundation of active involved community partnerships, the implementation building block of Shared Commitment to the Practice Model brings the work of building readiness and supportive infrastructure for the Practice Model into focus. Strong leadership and shared commitment ensure that staff perspectives are valued in implementation planning and processes, that one cohesive approach to practice is adopted by the agency and communicated by leadership, and that leadership is prepared to work collaboratively with staff and community partners to guide and support the development of key infrastructure and resources for effective practice model implementation and system change.

For the four jurisdictions identified to partner with CDSS in submitting the federal grant proposal that led to the CFPM, a high degree of resolve to create and implement the model was present from the beginning. As a result of participating in ongoing activities to identify system barriers; create a logic model; and develop and refine the values, frontline practice approach, practice behaviors, and fidelity assessment processes for the Practice Model, there was significant collaboration and excitement with internal and external partners. During the first 3 years of the 5-year grant, staff and community partners from each jurisdiction were included in local meetings and cross-site convenings to collaboratively design the model and provide feedback as it took form. Leaders and community partners from each jurisdiction then took the information back to other staff and partners and supported local review and feedback opportunities.

Given the evolving process of developing, testing, and refining the CFPM and local implementation supports, there was not an established readiness assessment or intervention-specific implementation processes that were available to implementing jurisdictions. However

## SHARED COMMITMENT TO THE PRACTICE MODEL

There is shared commitment by local child welfare agencies, organizations, leaders, and partners to:

- Adopt the CFPM as the central framework for all interactions with children and families involved with the child welfare system.
- Dedicate staffing resources to form and link local implementation and leadership teams and to employ implementation science to “drive” successful implementation and support of the Practice Model locally.
- Work continuously to:
  - Establish internal and external communication and feedback loops to intentionally connect implementation teams to practice and leadership levels and to promote practice-informed policy and policy-enabled practice;
  - Identify, develop, and support use of a broad, culturally relevant service array responsive to the underlying needs of local children and their families; and
  - Align all parts of the system to support the practice and system changes reflected in the CFPM.

the planning and engagement processes for creating the CFPM have brought many reflections and lessons learned that have come together to create the information, tools, and guided processes in the remaining sections of this manual. While general system capacity and functioning will not be explored as a readiness factor in this manual, it is an important area to assess for any jurisdiction considering implementation of a system-wide practice model. Child welfare agencies need sufficient stable staffing to train, coach, and effectively deliver the Practice Model for the practice to take root and to positively affect child and family outcomes. Readiness for the Practice Model is most efficiently and effectively obtained once a sufficient level of general capacity is in place.

While many factors within and outside the agency will affect implementation, in the experience of sites who have implemented the Practice Model, child welfare agency leadership emerged as the driving force for organizational change and agency support of practice model implementation, resulting in more engaged and active community partnerships and more effective and efficient implementation infrastructure and system supports for practice and system changes. This strong leadership buy-in and support was associated with leaders having greater accountability to the community and being able to mobilize significant infrastructure resources (outside of PII grant funds) to ensure strong communication protocols and linkages between staff, leadership, partners, and implementation team members. Knowingly or unknowingly, these successful practice model leaders mobilized linked leadership and implementation team structures and processes within the organization and system to support and sustain the Practice Model.

While developing an implementation team and having strong leadership and community partner commitment to the Practice Model were important, it soon became clear that the “business of implementation” within the agency needed to be owned and shared across the agency, rather than be considered the responsibility of

For example, leaders in one jurisdiction worked with peers in the social service agency (SSA), and agreements were made to dedicate several SSA positions to a Practice Model implementation team in the child welfare agency. In addition, the message that “everyone’s involved and empowered” was continually reinforced with the child welfare management team, effectively leveraging the strengths, creativity, influence, and skills of everyone on the management team in working collaboratively with the implementation team to support and sustain the practice.

an implementation team or a lead manager who simply could not carry the burden of system-wide change.

To provide the needed guidance and support to sites that had functioning implementation teams and yet were struggling, it became important to explore additional ways to conceptualize the work of leadership and implementation teams. It helped to define the implementation roles and functions that need to be carried out across all implementation stages and make them more applicable to child welfare leadership, implementation teams, and other agency structures.

**Printout Resource 11** on the following pages describes the leadership and implementation functions needed to effectively support and sustain the Practice Model (and other evidence-informed innovations and programs). This document was adapted from a description of transforming local community prevention systems and has made a critical difference in creating the needed infrastructure or “engine” to drive the Practice Model and system change forward locally. It provides a framework for implementation that is flexible and adaptable to any organizational system or structure; is relevant across all stages of implementation; and enables system leaders to ensure



## ACTIVE IMPLEMENTATION AND SCALING FUNCTIONS TO SUPPORT THE CHILD AND FAMILY PRACTICE MODEL

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### *Active Involved Community Partnership*

1. Listening sessions to learn about and begin to address historical trauma and mistrust of agencies and systems.
  2. Work with community and Tribal partners to identify system barriers to improved outcomes and implement action plans to address those barriers.
  3. Collaborate with community and Tribal partners to establish culturally relevant and trauma-informed services to meet the needs of local children and their families.
  4. Meaningfully involve community and Tribal partners in training, coaching, and ongoing system supports for the Practice Model.
  5. Establish ongoing meetings, forums, and feedback loops so that community and Tribal partners are continuously connected to and informing practice and system-level changes.
- 

### *Agency Leadership & Management*

#### *Executive*

1. Demonstrate ongoing commitment to the implementation and scaling of the Practice Model to achieve intended outcomes for children and families.
2. Demonstrate ongoing commitment to community partnerships to ensure that multicultural values and experiences are incorporated into practice and system changes.
3. Create appropriate opportunities for responsible change within the agency.
4. Nurture systems changes once they are underway.

#### *Cross-Agency*

1. Select and align agency initiatives under a common approach to practice and implementation.
2. Review and recommend solutions to shared implementation barriers and system needs.
3. Facilitate communication about agency and system changes among and across all stakeholders and community and Tribal partners.

#### *Day-to-Day*

1. Ensure that the Practice Model is teachable, learnable, doable, and assessable in practice.
  2. Assess and create ongoing “buy-in” and readiness across the agency.
  3. Install and sustain implementation infrastructure and best practices.
  4. Develop and implement action plans to manage stage-based work.
  5. Use data, including fidelity and outcome data, for continuous improvement.
  6. Involve key agency and community partners, including youth and families, in implementation activities and decision-making for agency improvement.
  7. Organize and direct the day-to-day flow of information to support implementation.
  8. Identify and address implementation barriers and ensure the spread of solutions to support successful implementation.
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## Active Implementation and Scaling Functions to Support the Practice Model (cont'd)

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### *Delivery Support*

#### *Staff Competency and Confidence*

1. Select staff who demonstrates alignment with the philosophy, values, and principles of the Practice Model. **(Recruitment & Selection)**
2. Develop staff members' initial knowledge, skills, and abilities to practice the Model. **(Training)**
3. Improve staff members' ongoing ability to effectively practice the Model across diverse families and contexts. **(Coaching)**

#### *Quality and Outcome Monitoring for Agency Improvement*

4. Assess whether the core components of the Practice Model are consistently being delivered as intended. **(Fidelity Assessment)**
  5. Gather, manage, and report data about the Practice Model and its implementation to inform ongoing decision-making and continuous quality improvement. **(Decision Support Data System)**
- 

### *Agency-Wide*

#### *Ongoing Learning*

1. Prioritize learning for continuous improvement.
2. Value the youth and families' preferences and experiences.
3. Use data to make decisions.
4. Take time to identify and build readiness for the next right steps.

#### *Active Problem Solving*

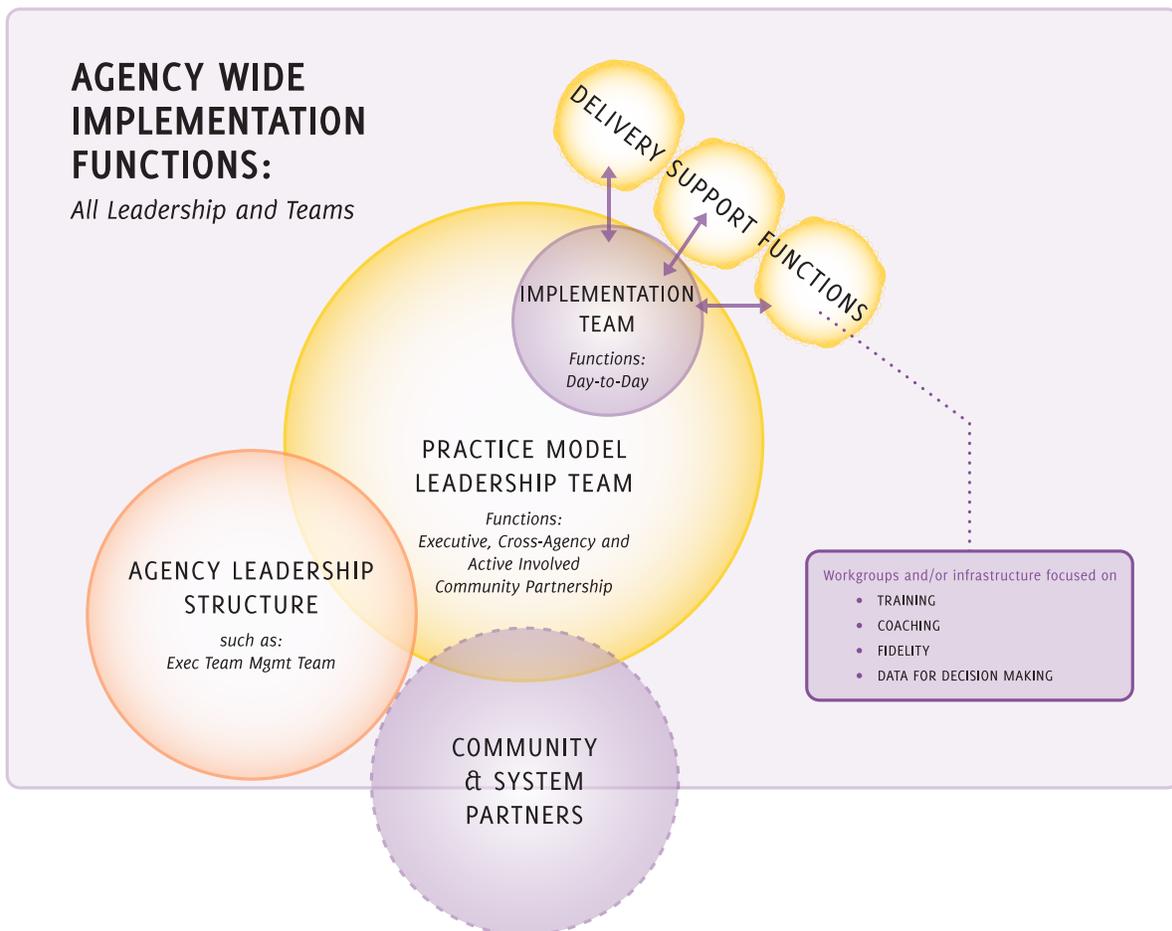
5. Identify local administrative and service delivery needs and respond with facilitative solutions.
  6. Identify larger system needs and advocate for appropriate solutions with system partners.
  7. Use appropriate technical and adaptive strategies to respond to larger system and internal service delivery challenges.
  8. Communicate purposefully and regularly to nurture engagement across the agency and community.
-

that responsibility for supporting implementation is shared across the agency, while also ensuring that the roles and functions of various leaders and teams can be clearly identified. As this resource provides the core framework for implementation of the Practice Model and is the basis for many of the implementation processes and tools in this manual, replicating jurisdictions are encouraged to print out this resource and refer to it frequently as they work to organize and energize teamwork and active implementation supports for the CFPM.

## What Implementation Infrastructure Looks Like

The supportive implementation infrastructure necessary to undertake, support, and sustain system-wide practice model change requires the development of leadership and implementation teaming structures that are linked and address all of the active implementation and scaling functions outlined above. Because agency structures, resources, and context are different, these leadership and implementation teaming structures can look different, as long as they ensure that (1) the groups and teams involved have intentional, functional roles in implementation and (2) those roles are coordinated by a central team to ensure accountability and support for effective, sustained support of practice

**FIGURE 4: LINKED LEADERSHIP AND IMPLEMENTATION TEAM STRUCTURES**



model implementation and system change. **Figure 4** reflects one implementing jurisdiction’s linked leadership and implementation team structures, with the functions that are being handled by each.

The leadership team shown in the diagram is a broad team that includes quite a few representatives from the agency’s executive and management teams, as well as several key community partner representatives who are part of and connected to a much larger group of active involved community partners. All implementation team members are a part of the CFPM leadership team and participate in and help support monthly leadership team meetings. Each set of active implementation and scaling functions outlined in the previous printout has a designated team or place in the organization where the function “lives.” While the leadership and implementation teams handle most of the functions, the agency-wide functions are the responsibility of all leadership and teams in the organization. There are also groups or places in the organization responsible for the delivery support functions, such as a workgroup that supports fidelity assessment, a data and evaluation workgroup, and the training section of the social service agency which handles CFPM training. These other groups or sections of the organization have frequent and ongoing linkages with the implementation team so everything is coordinated. For instance, one or more implementation team members sit on the fidelity assessment and data work groups, and the manager over training is a core implementation team member. These intentionally overlapping and connected structures ensure all of the active implementation and scaling functions are supported, and there is an effective engine in place with which to build capacity for effective implementation of the Practice Model.

While each implementing jurisdiction began by forming an implementation team that worked closely with executive leadership in the agency, not all implementing jurisdictions maintained implementation teams over time. One implementing jurisdiction had a very active

linked leadership and implementation team structure during the first several years of implementation. However, the Practice Model was well established as the basis of the child welfare strategic and system improvement plans by the time all existing staff had been trained, were receiving coaching, and were participating in annual fidelity assessment processes. When implementation team turnover occurred, leadership in the jurisdiction made a decision to move toward a more broad-based coverage of implementation functions, activities, and supports across existing leadership and management teams, units, and sections of the organization. While the implementation team structure was critical for startup and early implementation, the plan for sustainability was for the agency to become an effective “implementation support system” through its teaming structures, partnerships with the community, and ongoing continuous quality improvement (CQI) processes.

Another implementing jurisdiction made very different decisions, finding its linked leadership and implementation team structure as a core way of doing child welfare business that it wanted to sustain. It has continued to strengthen and refine its teaming

#### **KEY TAKEAWAYS: WHAT IMPLEMENTATION INFRASTRUCTURE LOOKS LIKE**

- Develop leadership and implementation teaming structures that are linked and ensure that all active implementation and scaling functions are addressed.
- Coordinate ongoing linkages between the implementation team and any other work groups responsible for implementation functions.
- Intentionally overlap and connect all implementation structures for an effective engine to drive implementation of the Practice Model.

structures and processes over time; despite the ending of the PII federal grant, it is transitioning these structures for ongoing implementation support and sustainability of the Practice Model and other local initiatives which are aligned with the Practice Model or for which the Practice Model is the foundation, such as the California title IV-E waiver.

## Practice Model Leadership Structure and Resource Commitments

How implementation work is supported and teaming structures are formed will vary across jurisdictions and over time; however, the constants for successful implementation and scale-up of the Practice Model across jurisdictions have been:

- Visible executive leadership that is building and sustaining infrastructure and support for the Practice Model and cultural and community partnerships
- Linked teaming structures supporting Practice Model implementation and system change
- Intentional and consistent focus on applying active implementation and scaling functions within the organization and its teams to support the Practice Model

All of these lessons learned are consistent with implementation research and experience, which

indicates that proven interventions must be (1) consistently and systematically implemented as intended and (2) supported at all levels of the organization and system to allow the practice to thrive, reach children and families, and positively affect their outcomes. While this manual will not discuss the research and studies related to implementation and linked teaming structures, understanding the science of implementation may be helpful to child welfare agencies and their leadership and partners interested in implementing the CFPM. The box below provides several possible resources to explore.

In addition, public child welfare jurisdictions may have access to implementation-focused TA partners who can bring knowledge and expertise regarding implementation to help guide local activities and efforts.

Understanding that CFPM implementation and system change require strong leadership and a local commitment of resources, such as people, time, and money, **Printout Resources 12** and **13** on the following pages provide questions and areas for leadership and management teams to explore in creating a clear and visible leadership team structure for the Practice Model, which builds on agency strengths, needs, and context. These printout resources will (1) assist child welfare agency leadership in understanding strategic areas of resource need, infrastructure development, and capacity for effective implementation and (2) support use of the Practice Model and

- PII-TTAP resource, The Development, Implementation, and Assessment Approach, at [http://www.acf.hhs.gov/sites/default/files/cb/develop\\_implement\\_assess\\_approach.pdf](http://www.acf.hhs.gov/sites/default/files/cb/develop_implement_assess_approach.pdf)
- PowerPoint presentation done for implementing jurisdictions early in the federal grant period by Dr. Dean Fixsen of PII-TTAP at <http://unc-fpg-cdi.acrobat.com/p44621455>
- Articles and resources on the National Implementation Research Network website at <http://nirn.fpg.unc.edu>
- Resources located on the A1 Hub which, though focused on the education system, are easily understandable and adaptable to child welfare implementation work at <http://implementation.fpg.unc.edu>



## LEADERSHIP TEAMING STRUCTURE

A clear and visible leadership team structure for the Practice Model is essential to practice model planning, capacity-building, and implementation. A team approach ensures leadership is shared and leadership support continues during leadership transitions. Building on agency strengths, needs, and context, an existing leadership team or group in the agency (such as the Child Welfare Services [CWS] Management Team) may take on this role, or a broad team that includes key agency leadership and community and system partners may be leveraged or developed for this purpose. What is important is:

- Someone with executive-level authority is on the team or group (such as the CWS director or deputy).
- The implementation team is part of the Practice Model leadership team and participates regularly in leadership team meetings.
- The functions to be handled by the leadership team have been decided, and team members are aware of the active implementation functions that are the responsibility of their team.
- Functions that are not being handled by the leadership team are the responsibility of another designated team or group, which has sufficient time and resources to effectively handle the function.

The planning questions below will assist exploration and decision making in determining a local Practice Model leadership team structure that will be efficient and effective.

### Key Questions:

1. What leader or group in the agency has been identified to provide executive leadership for all Practice-Model-related planning and activities in the agency?
2. Does the identified leader or group (“executive leadership”) have sufficient authority to direct/redirect staffing and resources, adjust agency policy, etc., so implementation teams and structures can be formed and system changes supported?
  - Are there strategies or steps that could be taken to better position executive leadership with the authority to create infrastructure and to support change within the child welfare agency?



- What are the local protocols or processes that are necessary (or advisable) for executive leadership to direct/redirect staffing and resources? To adjust agency policy?
  
  - Are there other agency leaders and partners that must be involved in redirecting staffing or adjusting agency policy? If so, are they aware of and supportive of implementation of the Practice Model? How can their readiness and support be further developed?
  
  - How has or will executive leadership be clearly identified within the agency and with community and system partners to increase the visibility of Practice Model leadership and commitment?
- 3.** What other leaders and teams (such as a local advisory group that includes agency, system, and community partners) are or will be important in Practice Model leadership, planning, and implementation?
- What leadership structure for the Practice Model will ensure each of these leaders and teams becomes a part of the local Practice Model leadership structure or is systematically connected to and informing the Practice Model leadership team or group?
  
  - If a cross-system governance structure for Practice Model implementation is important or strategic in the local context, what is the plan for outreach to leadership in the other system(s) and inclusion in ongoing Practice Model leadership, planning, and activities?



4. What leaders, groups, or teams are or will be important in handling the leadership functions for active implementation and scaling of the Practice Model in the chart below?

<b>Active Involved Community Partnership Functions</b>	<b>Key Leaders/Teams</b>
Conduct listening sessions to learn about and begin to address historical trauma and mistrust of agencies and systems	
Work with community partners to identify system barriers to improved outcomes and to implement action plans to address those barriers	
Collaborate with community partners to establish culturally relevant and trauma-informed services to meet the needs of local children and their families	
Meaningfully involve community partners in training, coaching, and ongoing system supports for the Practice Model	
Establish ongoing meetings and feedback loops so community partners are continuously connected to and informing practice and system changes	

<b>Executive Functions</b>	<b>Key Leaders/Teams</b>
Demonstrate ongoing commitment to implementation and scaling of the Practice Model to achieve intended child and family outcomes	
Demonstrate ongoing commitment to community partnerships to ensure multi-cultural values and experiences are incorporated in practice and system changes	
Create opportunities for responsible change within the agency	
Nurture systems changes once they are underway	

<b>Cross-Agency Functions</b>	<b>Key Leaders/Teams</b>
Select and align agency initiatives under a common approach to practice and implementation	
Review and recommend solutions to shared implementation barriers and system needs	
Facilitate communication about agency and system changes among and across all stakeholders and community and Tribal partners	

5. Based on local exploration and discussions, what existing or to-be-developed clear and visible leadership team structure will attend to the implementation functions above and bring the needed partners, perspectives, and executive authority to local Practice Model leadership?

- If an existing leadership team will be leveraged, what changes to team composition, meeting schedule, agenda, etc., need to occur to ensure Practice Model leadership meets at least monthly?
- If a new team is being formed, who will be responsible for bringing the team together (at least monthly) and supporting it? What information do they need to do this?



## RESOURCE PLANNING

Committed Practice Model leadership teams work with other agency leaders and internal and external partners to identify needed implementation resources, build supportive infrastructure for the effective implementation of the Practice Model, and identify and address system barriers to improved outcomes for the children and families being served.

The questions below encourage consideration of strategic areas of resource need, infrastructure development, and capacity to help strengthen the ability and resolve of leaders to guide and support effective practice model implementation and system change.

### Key Questions:

1. Do agency leadership and management have an understanding of implementation science and the infrastructure and linked teaming processes needed to coordinate and support effective implementation of a practice model? If further understanding is needed, what is the plan for continuing to build this understanding?
  
2. What opportunities and strategies will help strengthen the willingness and readiness of executive leadership and other key leaders in the agency to work together to identify staffing and resources for an implementation team to be linked with agency leadership and to coordinate and support practice model implementation and system change?
  
3. What community partnership linkages, meeting processes, and forums can ensure ongoing opportunities for executive leadership to listen to, learn from, and partner with the most impacted communities and Tribes in guiding local practice model planning, implementation, and system change?
  - What ongoing forums will support agency/community partner collaboration in assessing and addressing system barriers? In developing a culturally relevant system of supports and services?



- As implementation planning and activities proceed, how will the role of community partners in practice model implementation be determined?
  
  - How will the needed community partnership linkages, meeting processes, and forums focused on both implementation and system change be developed? If they already exist, how will they be sustained?
- 4.** Do agency leadership and management have an understanding of the evidence base for and importance of ongoing coaching and fidelity assessment processes to assure confidence, competence, and consistency in applying the Practice Model in diverse cultures, contexts, and situations? If developing greater understanding of this would be helpful, what opportunities, consultants, or resources can assist?
- 5.** Are agency leadership and management willing to leverage or invest resources in a practice model coaching plan that ensures behaviorally focused coaching is provided to leaders and staff in applying the Practice Model in their work and role (accomplished by developing capacity of supervisors and managers to provide practice model coaching for their staff)? If there are barriers to be addressed or greater commitment needed, what strategies and next steps will be helpful?
- 6.** Are agency leadership and management willing to leverage and invest resources in practice model fidelity assessment? If this is an area that needs further exploration or strengthening, what information, activities or resources can assist?

*(Note: The Practice Model fidelity assessment involves an observation completed annually on one case on each continuing social worker's caseload. An agency supervisor or coach is paired with a trained community partner to observe a family team meeting and to rate the behaviors and interactions of staff with the family and their team).*



7. Where will the following delivery support functions live within the organizational infrastructure and teams? What group, team, or unit in the agency will be responsible for each?

<b>Staff Competency and Confidence</b>	<b>Where will this live?</b>
Select staff who demonstrates alignment with the philosophy, values, and principles of the Practice Model. <b>(Recruitment &amp; Selection)</b>	
Develop staff members' initial knowledge, skills, and abilities to practice the Model. <b>(Training)</b>	
Improve staff members' ongoing ability to practice the Model effectively across diverse families and contexts. <b>(Coaching)</b>	

<b>Quality &amp; Outcome Monitoring for Agency Improvement</b>	<b>Where will this live?</b>
Assess whether the core components of the Practice Model are consistently being delivered as intended. <b>(Fidelity Assessment)</b>	
Gather, manage, and report data about the Practice Model and its implementation to inform ongoing decision making and continuous quality improvement. <b>(Decision Support Data System)</b>	

8. How well are leadership and teams supporting the following agency-wide functions? If needed, are there strategies that can strengthen agency-wide capacity to demonstrate these functions?

<b>Ongoing Learning</b>	<b>Ideas for Strengthening</b>
Prioritize learning for continuous improvement	
Value youth and families' preferences and experiences	
Use data to make decisions	
Take time to identify and build readiness for the next right steps	

<b>Active Problem Solving</b>	<b>Ideas for Strengthening</b>
Identify local administrative and service delivery needs and respond with facilitative solutions	
Identify larger system needs and advocate for appropriate solutions with system partners	
Use appropriate technical and adaptive strategies to respond to larger system and internal service delivery challenges	
Communicate purposefully and regularly to nurture engagement across the agency and community	

opportunities for gathering additional information or strengthening commitment to guide and support effective implementation and system change.

### **KEY TAKEAWAYS: PRACTICE MODEL LEADERSHIP STRUCTURES AND RESOURCE COMMITMENTS**

- Practice Model implementation and system change require strong leadership and a local commitment of resources.
- Establish a clear leadership team structure that brings the needed partners, perspectives, and executive authority to local Practice Model leadership.
- Identify staffing and resources for an implementation team to be linked with agency leadership and to coordinate day-to-day implementation.
- Be willing to leverage and invest resources in community partnerships, coaching, fidelity assessment, and other supportive infrastructure.

## **Staff and Practice-Level Readiness**

Once leadership in the agency has an understanding of key implementation infrastructure and resources for the CFPM and is invested in proceeding, additional readiness work and infrastructure building will be important. Early readiness work by agency and community partners to identify the problem that partners are trying to solve and to discuss the responsiveness of the Practice Model in addressing that problem is an important backdrop to building staff readiness and infrastructure for the model.

Before proceeding with the readiness work on the following pages, replicating jurisdictions are encouraged to undertake critical readiness work in the Active Involved Community Partnership chapter, especially the section on Relationship Building: Shared Goals and Outcomes. Ensuring that the community's perspective of the Practice Model is considered as early as possible values the role of community partners in guiding practice and system change and will likely provide community partners that can be leveraged to assist with communication and readiness-building activities with staff. Sharing community perspectives has an important impact on staff, increasing receptivity to the Practice Model, reinforcing awareness of the need for change, and decreasing resistance. For example, resistance sometimes comes when staff interprets change as leadership indirectly implying that they are not doing good work.

In one implementing jurisdiction, a group of social workers who were learning about the Practice Model had a big “aha” and released some significant tension upon learning that the practice behaviors in the model were not just developed by professionals, but were created with community partners, such as parent partners, cultural leaders, foster parents, and other community representatives. The fact that the behaviors were representative of the respect, interactions, and support that families and communities wanted to experience during involvement with the child welfare system made a critical difference in their commitment to and valuing of the Practice Model.



## STAFF & PRACTICE-LEVEL READINESS

**Instructions:** As with other readiness and capacity-building tools and activities in this manual, involving all levels of staff will generate the broadest perspective and assist the child welfare agency to plan and build readiness strategies that engage and are meaningful to staff across the organization.

Each area of readiness on the following page has an associated readiness goal that describes what readiness looks like for that area, followed by key questions to support strategic planning about whether/how to move forward. The following group processes may be helpful in discussing the readiness goals and key questions through local facilitation, valued group agreements and processes, and creativity rule!

- **Ground Rules:** All questions, suggestions, ideas, and worries are respected as constructive to the overall goals of assessing and building readiness.
- **Discussion and Consensus:** After discussion of the key questions and anything else important that the group needs to consider, encourage the group to re-read the Readiness Goal and come to consensus on how close the agency is to achieving the goal and demonstrating readiness in that area.
- **Group Consensus and Strategic Planning:** A scale of 5 to 1 is suggested.  
5 = High Readiness/Goal Reached    1 = Low Readiness or Goal Not Yet Being Worked On
  - **5s and 4s** can be considered **green** lights (move forward, even if there are a few readiness-building activities that might still be in process).
  - **3s** can be considered **yellow** lights (only move forward if readiness-building activities have been developed, are being put in place, and the group agrees it is sensible to proceed).
  - **2s and 1s** can be considered **red** lights (develop whatever readiness-building activities are needed; ensure there are clear steps, timelines, and responsible persons/teams identified to move them forward; and consider whether other areas of readiness can be worked on concurrently or if it is better to wait until readiness in this area is further developed).



## STAFF AND PRACTICE-LEVEL READINESS

**VALUING STAFF IN THE PROCESS:** This area of readiness ensures that the perspectives and contributions of social workers and staff within the agency are sought out and incorporated.

***Readiness Goal:** All staff have been made aware of agency data and goals to address disparate outcomes in partnership with the community; staff considers the Practice Model a good fit for their work with children and families; and processes are in place to continuously engage staff and to receive and incorporate their feedback.*

### Key Questions:

- Have social workers been informed of agency data and the agency's commitment to partner with communities and Tribes to improve outcomes for their children?
  - Have social workers had opportunities to review, ask questions, and openly discuss the Practice Model with leaders and others in the organization?
  - Have agency supervisors, managers, and leaders communicated to staff the good work they are already doing and how the Practice Model brings that good work into a cohesive and consistent approach for the agency and system to actively support?
  - Do social workers believe the Practice Model is a good fit for the work they do with the diverse families they serve? How have their suggestions, concerns, and/or support been incorporated?
  - How will staff be engaged in planning, implementation, and system change work in an ongoing way? How will their feedback continue to be heard and incorporated?
- 

**ONE COHESIVE PRACTICE APPROACH:** This area of readiness addresses integration of local practice priorities that align with the Practice Model to establish and support one cohesive approach to practice.

***Readiness Goal:** Local practice priorities have been identified that align with the Practice Model, and partners have agreed on the specific practices to be incorporated into the model so staff are trained, coached, and supported in one framework and model of practice.*

### Key Questions:

- What practices are currently working well, and what new practices have been identified that might be brought in at the same time as the Practice Model?
- Do these new and existing practices align with the Practice Model? Which ones align well and are considered priorities for integration with the Practice Model?
- Have partners agreed that the priority practices will be integrated into the Practice Model, and it will be adopted as the central framework for child welfare practice and interactions with children, families, and partners?
- Who should be involved in integrating these priority practices with the Practice Model? What is the desired timeline and plan for getting this work done?

**Printout Resource 14** on the previous pages is a Staff and Practice-Level Readiness tool and process designed to assist replicating jurisdictions to incorporate staff contributions and retain valued and aligned practices as an integral part of the Practice Model. An intensive focus on building readiness at all levels of the system is likely to pay off in higher levels of commitment, greater momentum for implementation, and a stronger trajectory overall for CFPM implementation and related system changes.

### KEY TAKEAWAYS: STAFF AND PRACTICE-LEVEL READINESS

- Ensure the community’s perspective of the Practice Model is considered as early as possible.
- Value staff in the process by seeking out and incorporating social worker and staff perspectives and contributions.
- Integrate local practice priorities that align with the Practice Model to establish and support one cohesive approach to practice.
- Take time for readiness building as it will strengthen local implementation.

## Implementation Teams Under Construction

Implementation teams are core to effective implementation infrastructure, being the connection point between frontline staff who are delivering the practice and agency leadership who are providing needed resources, supports, and an enabling context for the model. The team is responsible for day-to-day implementation functions and ensures coordination across all implementation functions and teams. It acts as implementation’s “grand central”—a place where all the various activities and information feed in so the implementation supports are coordinated, responsive to the needs of staff, and continually improved.

To coordinate and support the day-to-day implementation of the Practice Model and related system changes, and as an important link to leadership, an implementation team is generally led by one or two agency leaders with a natural intra-agency connection to executive leadership (such as a child welfare manager). The team is small enough to be nimble (3-5 full-time equivalents or FTEs), yet diverse enough to have the skills and competencies across the team to effectively coordinate and support CFPM implementation, system change, and partner engagement and involvement. To accomplish this, access to frequent and ongoing communication pathways (linking communication protocols) with teams and partners is important, ensuring that information and ideas can lift up from staff and partners and action and/or response back can occur timely. As a core accountability implementation structure, implementation teams usually meet together weekly and have ongoing, often daily, communication.

As implementation team members are identified and brought together, developing a Terms of Reference (TOR) (similar to a charter) will be helpful in clarifying team roles and objectives; how the team will work together; and how various agency teams, activities, and supports will be linked through communication protocols and feedback loops to support practice model implementation and system change. A sample TOR is provided in the printout resources at the end of this chapter. While the document itself will be helpful once created, implementing jurisdictions that used this process early in implementation team development found it very valuable in enabling the new team to form and explore, develop understanding, and come to consensus about key areas of team functioning.

When there are many hands in the right spirit, everything comes together.

-Samoan saying, Author unknown

Even if the team does not create a TOR together, the sample wording included in the TOR may be helpful in forming the team as it contains important suggestions for type and frequency of team processes (such as weekly implementation team meetings and monthly leadership team meetings) and in ensuring systematic and intentional communication links and feedback loops with all levels of staff and with other key teams and groups working on implementation supports, such as community partnerships, recruitment and selection, training, coaching, fidelity assessment, and data support.

If a written TOR is created, it can be placed on letterhead or presented in a formal way to leadership, partners, and others to build recognition and understanding of the team's work and value. It is also an important resource for orienting new implementation team members as turnover and transitions occur. The TOR is not meant to "lock teams in." It is a living, changing, flexible document that reflects actual implementation team processes and linkages, so it changes and evolves over time just as implementation team membership and processes will. Thus the TOR is re-visited approximately every 6 months and updated to reflect current teamwork and team processes.

The TOR approach may be a helpful approach for other teams as well, such as the leadership team or a community partner advisory team. While the form and categories would be the same or similar, the content will be specific to the purpose, activities, and processes of the particular team with which it is developed. Additional TOR resource information can be found at <http://implementation.fpg.unc.edu/module-3/topic-5>.

To ensure connection and support for implementation across all levels of the agency and with agency and community partners, implementation teams work with practice model leadership to make sure that communication and feedback loops are developed early, strengthened, and improved in an ongoing way to coordinate, wraparound, and support readiness, capacity-building, and implementation of the Practice Model at all levels of the agency and system. These communication and feedback loops ensure not only that barriers and needs are identified and addressed by the right team or group, they also enable all levels of staff and leadership to be aware of and celebrate successes and to be kept apprised of progress in addressing implementation needs, system barriers, and other areas of alignment and support for the Practice Model.

### **EXAMPLE OF TESTING COMMUNICATION AND FEEDBACK LOOPS**

Leverage and develop the communication protocols and linkages that seem to be needed, and test them out for several months. At the end of each month, study the results of the testing as a team, and consider what needs to shift or expand to ensure effective communication and linkages for Practice Model implementation and system change. Questions for the team to consider:

- Are there linkages between important teams and activities?
- Are the right people involved?
- Do they have the time?
- What needs to change or be improved? How?

As adjustments are made, they can be reconsidered the next month to see if the solution was effective and what else is needed.

Communication and feedback loops can take a variety of forms and can leverage existing meetings and forums or be embedded in new processes and structures, as long as they establish frequent, intentional, bi-directional connections between:

- Practice Model leadership and implementation teams working closely and continuously together and with community partners on implementation and system change
- The work of various individuals and teams who are taking responsibility for or are involved in implementation support functions, workgroups, and activities
- Frontline staff all the way up through executive leadership so that practice-level experience informs the development of supportive policy, and leadership guides agency policy development, system change, and alignment to effectively support use of the Practice Model throughout the agency and system

Because the implementation team is the hub coordinating and ensuring support for all local implementation activities and processes, the implementation team is at the center of the network of implementation-focused communication and feedback loops going up, down, and across the agency and system. For instance, when the implementation team brings forward an issue or action to leadership, how does it move forward from there? Who is involved in problem solving? How is the issue tracked? Who communicates back to the implementation team? What will ensure the implementation team communicates back to staff, partners, and others who lifted up or are affected by the issue? In developing these communication linkages, it may be helpful for the implementation team to plan and test communication linkages and protocols for several months.

**Printout Resources 15–18** on the following pages will be helpful in putting these various pieces and processes together to develop an effective implementation team that is linked with leadership, community

partners, and other infrastructure resources and support for the Practice Model:

- *Implementation Team Exploration*—Guides exploration of resources and commitments needed for implementation team development
- *Implementation Team Development*—Provides guidance for forming an implementation team, i.e., team composition, size, and competencies
- *Implementation Team Terms of Reference*—Provides sample TOR for team roles, purpose, ways of working together and communicating with staff, leadership, and others involved in or supporting implementation
- *Communication and Feedback Loops Tip Sheet*—Provides tips for open communication with staff and partners and formal linkages between workgroups and teams involved in supporting and sustaining the Practice Model

The readiness and shared commitment that will be developed and demonstrated as jurisdictions go through these tools and processes will prepare the organization and system for the next implementation building block, Capacity Building and Installation of the Practice Model.

### **KEY TAKEAWAYS: IMPLEMENTATION TEAMS UNDER CONSTRUCTION**

- Implementation teams are the core accountability structure for implementation and the connection point between staff and agency leadership.
- Ensure the team is led by an agency leader, is small enough to be nimble, and has the skills and competencies needed.
- Build out Terms of Reference (TOR) to clarify roles, objectives, and all aspects of team functioning.
- Establish communication and feedback loops to support implementation, update on progress, and celebrate successes.



## IMPLEMENTATION TEAM EXPLORATION

System-wide implementation of a practice model requires an implementation team with time and resources dedicated to supporting day-to-day implementation and scaling functions. Explore each of the day-to-day functions below, and discuss positions or teams handling a similar function or that might be leveraged to handle it. *Note: The day-to-day functions are excerpted from the Active Implementation and Scaling Functions resource document in the Shared Commitment to the Practice Model chapter of this manual.*

<b>Day-to-Day Functions</b>	<b>What positions or teams already handle these or similar functions?</b>	<b>If no responsible position or team, what existing resources might be leveraged for these functions?</b>
Ensure that the Practice Model is teachable/learnable/doable/assessable.		
Assess and create ongoing buy-in and readiness across the agency.		
Install and sustain implementation infrastructure and best practices.		
Develop/implement action plans to manage stage-based implementation.		
Use data (including fidelity and outcomes) for continuous improvement.		
Involve key agency and community partners in implementation activities and decision making for improvement.		
Organize/direct day-to-day flow of information to support implementation.		
Identify/address implementation barriers, and ensure spread of solutions.		

### Composition and Characteristics of the Team:

- A core team of 3-5 staff members (or combined FTEs)
- Led by one or two identified leaders (who are part of the 3-5 FTEs)
- Responsible for day-to-day Practice Model implementation and scale-up functions
- Connected to leadership in an ongoing intentional way (agency and/or Practice Model leadership)
- Coordinated with others working on Practice Model training, coaching, fidelity assessment, data for decision making, and community partner engagement

### Exploring Implementation Team Resources and Commitment:

1. Given current agency context, strengths and needs, is it feasible to form a local Practice Model implementation team at this time?
2. What concerns have come up or challenges are anticipated in forming a Practice Model implementation team? How could these be addressed or managed?
3. Is there a commitment by agency leadership to dedicate the needed resources to form an implementation team? If yes, what processes or approvals are needed before team members can be identified and brought together? If no, are there strategies that can help build the needed commitment?



## IMPLEMENTATION TEAM DEVELOPMENT

### Guidelines and Processes:

- Leverage an existing team, or reorganize staff resources, to form a local implementation team.
- Establish a team of 3-5 FTEs to ensure flexibility and coverage, support daily communication and weekly team meetings, and enable the team to respond quickly and adaptively as issues and needs arise.
- Identify at least one leader (such as CWS manager) to participate on the team and act as team lead.
- For team members that will continue to carry other agency duties and responsibilities, ensure they have dedicated time and effort (percentage of FTE) sufficient to support day-to-day implementation functions and needs.
- Identify team members with a blend of practice- and system-level competencies and experience. The overall team (not any one team member) will need the following competencies:
  - Fluency in the Practice Model
  - Skill in applying active implementation functions and strategies
  - Experience creating or managing system change to support a new practice or program
  - Comfort with and value for using data for quality improvement
- As you identify team members and percentage of FTEs to be dedicated to the local implementation team, list them below, and place an X in the columns that represent the competencies each brings. Multiple Xs in a column may indicate strong presence of that competency on the team while few Xs in a column may indicate gap areas that need more attention.

Staff Name or Position	% FTE for Implementation Team work	Know & apply the Practice Model*	Know & apply implementation functions/ strategies*	Know & apply system change strategies*	Know & apply data and improvement cycles*
	Total FTEs =				

\*Competencies for Implementation Team Members. Current expertise and rationale for inclusion to be noted with an "X".

## TERMS OF REFERENCE

### Sample Terms of Reference

#### PRACTICE MODEL IMPLEMENTATION TEAM

##### **Shared Vision** *[What is this team's vision for its Practice Model work?]*

Sample Vision: *All levels of staff use the Practice Model in a way that strengthens and empowers families and their supportive communities and Tribes. Families are connected to natural networks of support and to cultural/community traditions and services, positively affecting child and family outcomes and reducing disparities.*

##### **Mission** *[What is the mission for this team?]*

Sample Mission: *The Implementation Team partners with the Leadership Team to drive forward Practice Model implementation and system change. This includes ensuring implementation of the Practice Model at all levels within the agency and creating internal and external partnerships to improve services and to strengthen supports for children and families being served.*

##### **Team Objective and Functions** *[Include day-to-day implementation functions and any other functions that will belong to the Implementation Team.]*

Sample Objective/Functions: *Provide day-to-day support for ensuring the implementation and sustainability of the Practice Model. This involves ongoing attention to the following implementation-support functions:  
[List relevant team functions from Active Implementation and Scaling Functions resource document]*

##### **Team Operating Values and Principles** *[What are the values and principles for the work of this team?]*

Sample Values/Principles: *Partnership, cultural humility, and responsiveness to the children, families, and communities that the agency serves; listening to and seeking to learn from and support staff at all levels; respect for and openness to all team members; following through with action plans and commitments in all teamwork; ongoing commitment to implementation strategies and the need for system change.*

##### **Team Competencies** *[What are the competencies of this team (not each individual on the team)?]*

Sample Competencies [see Implementation Team Development worksheet]:  
*Across the team, members are characterized by:*

- *Fluency in the Practice Model*
- *Skill in applying active implementation functions and strategies*
- *Experience creating or managing system change to support a new practice or program*
- *Comfort with and value for using data for quality improvement*

##### **Team Membership** *[Who is on this team? Include positions and percentage of FTE dedicated to the team.]*

Sample Team Membership: *Team members include and are not limited to:*

- *Social Services Manager/Team Lead (Randy L.) – 100%*
- *Children's Services Analyst (Crystal A.) – 100%*
- *Continuing Services Manager (Darla P.) – 30%*
- *Training Manager (Karen R.) – 30%*
- *Trainer/Coach (Susan A.) – 100%*
- *Cultural Broker Program Lead (Margaret J.) – 50%*

##### **Team Communications** *[Who/how will this team regularly connect and communicate with others?]*

Sample Team Communications: *Team members will coordinate and communicate daily to keep the work coordinated and moving forward. The team will meet weekly in person with an intentional and focused purpose to share and communicate about Plan-Do-Study-Act improvement cycles (PDSAs), to test and refine implementation supports, to share what's working well, and to identify and problem solve who/how to manage/address implementation and system challenges and barriers. The current Implementation Team Meeting is 2-4 PM Wednesdays (except 3rd Wednesday when team members conduct the Practice Model Leadership Team meeting).*



*Communications with other implementation support teams include:*

- *Practice Model Leadership Team: Monthly mtg – All team members attend. (3rd Wed, 9-10:30 AM)*
- *Regional Implementation Team: Monthly mtg - Team Lead (Randy L.) and Training Mgr (Karen R.) attend (4th Wed, 12-2 PM)*
- *Coaching Workgroup: Monthly mtg – Training Mgr (Karen R.) and Trainer/Coach (Susan A.) attends. (1st Wed, 9:30-12:30 PM)*
- *Community Partner Advisory: Monthly mtg - Team Lead (Randy L.) and Cultural Broker Lead (Margaret J.) attend (4th Thur, 1-4 PM)*
- *Bench Collaborative – Monthly mtg – Team Lead (Randy L.) and Continuing Services Mgr (Darla P.) attend (2nd Tues, 12-1:30 PM)*

*In addition, team members regularly seek information on successes, challenges, and barriers and on improving implementation supports, as well as provide relevant updates at General Staff/Unit/Supervisor/Management meetings and at Labor Mgmt Committee meetings.*

### **Available Team Resources** *[Who/what is available to support this team's ongoing work?]*

*Sample Team Resources:*

- *Team meeting space (CWS Room 421)*
- *Team docking space with computer, supplies, and phone (FF Space 24)*
- *Conference call access (arranged through Admin Support-Karen H.)*
- *TA Consultant: Provides guidance and support in applying active implementation and scaling functions and in developing implementation infrastructure and platforms/plans for implementation drivers using best practices for implementation and supporting system changes*
- *Cultural Resource Center: External coaches to coach system leaders in system alignment with the Practice Model and to provide consultation/support to aid supervisory/manager coaching support for staff. Also assisting in local system review and analysis of barriers to improved outcomes for disproportionately represented children in our system.*

### **Deliverables and Timelines**

*Sample Deliverables and Timelines:*

- *By December 2016:*
  - *Written Practice Model training rollout plan by unit developed and coordinated with unit supervisors who will assist with follow-up modules provided to their unit*
  - *Curriculum for Overview Training and follow-up modules finalized*
  - *Written Practice Model Coaching Service Delivery Plan in place and ready to be implemented*
  - *Coaching Institute has been provided to all supervisors and managers to build general coaching capacity*
  - *Data workgroup has drafted plan for practical and efficient data collection processes; being reviewed by Leadership Team*
  - *Resources and plan for fidelity assessments being worked on*
- *In-person Practice Model Overview Training for agency and community partners provided monthly (ongoing)*
- *Training rollout and coaching service delivery plan being implemented (ongoing starting Jan 2017)*
- *March 2017: Plan for collecting/reporting out data for improvement finalized and being implemented*
- *June 2017: Written plan for fidelity assessment, including communications and messaging to staff and partners, completed. Staff and community partners receive overview and preparation for fidelity assessment (ongoing).*
- *Fidelity assessments for trained workers begin in January 2018 and are done annually (ongoing).*
- *Frequent review of implementation and outcome data to guide decision making and improvement (ongoing)*
- *Synthesize information from all levels of staff and from partners regarding practice, implementation, and system barriers; communicate issue to appropriate level or team and/or take timely action; keep staff and partners advised of progress (ongoing)*

### **Team Authority and Boundaries**

*Sample Authority and Boundaries: The Implementation Team supports day-to-day implementation of the Practice Model consistent with existing agency policy and leadership directives. As implementation needs, systemic challenges, and areas for policy or system alignment are identified, the information is provided to agency leadership, sometimes with recommendations or possible solutions. Policy decisions are not made by the Implementation Team; rather, they are made at appropriate leadership levels within the agency and system.*

## COMMUNICATION AND FEEDBACK LOOPS

### Tips for: Open Communication With Staff and Partners; Formal Linkages and Feedback Loops Among Teams

**Why:** All parts of the child welfare system, from frontline staff to leadership to community partners, bring valuable perspectives to the implementation of a Practice Model. By providing staff and partners with information and seeking out and using their input, communication and feedback loops are established to celebrate successes and to address needs and concerns in real time. While this type of communication may seem “everyday,” when used in a **systematic and intentional way** to support implementation, practice is able to inform policy, and policy and systems are better able to align and support practice.

**Who:** Develop communication and feedback loops with **those who are playing or will play a role in supporting families** being served by the Practice Model, for example, social workers, caregivers, parent partners, and cultural and community partners. Ensure frequent ongoing communication and feedback loops with the **teams and groups involved in guiding and supporting implementation** within the agency, including staff and groups involved in CFPM training, coaching, fidelity, data, and community partnerships.

**Where:** Find **existing meetings and forums** where those with whom you want to connect will be (such as staff meetings, unit meetings, agency/foster parent mixers, community partner advisory groups) and/or partner to **develop new forums** if there are important feedback and perspectives missing.

#### HOW

To encourage people to talk and share implementation ideas and information with you, yield to uncertainty and embrace ambiguity in system change processes. Let go of the idea that you are the expert or have the answers. **MODEL HUMILITY!** *Listen* to others’ perspectives; *Ask* to learn about *their* feedback and solutions; *Offer* information and updates in ways that are simple, accessible, and meaningful for those being engaging.

Think about ways to **create a safe space** for staff and partners for whom this level of openness and reflection with a system representative may be a new experience or who may have some distrust or reluctance due to negative past experiences with the system, its representatives, or authority in general.

**Listen for and be sensitive to trauma.** Our child welfare workforce comes from our communities. Children, families, communities, *and staff* are impacted by institutional racism. Staff also experiences trauma as a result of repeatedly serving families in crisis. If you are met with anger or resistance, stay in the conversation with openness, respect, and humility. Creating a safe space for discussions about trauma to emerge is an important communication and feedback loop for a practice model and system that is truly responsive to trauma.

#### Model Humility

Humility invites essential perspectives and wisdom from staff and community who are most connected to how to best serve and support children and families. Practicing humility does not mean that one’s perspective is not valuable; rather, it demonstrates openness and an understanding that others’ perspectives are equally as valuable.

# 5 CAPACITY BUILDING AND INSTALLATION

The goal of the CFPM is to improve outcomes for children and families. The principles of implementation science state:



Effective implementation in a public child welfare system is complex. Sites implementing the Practice Model benefited from TA and support in implementation best practices and from guidance on the functions and feedback loops needed to actively support and scale a system-wide Practice Model. The information, resources, and tools provided in this chapter have been developed from a synthesis of the implementation TA received and the contextualized experiences of implementing sites in applying the information to their implementation and systems.

Once the linked leadership and implementation teaming structures discussed in the previous chapter have been developed, replicating jurisdictions will have important infrastructure for developing the capacity, resources, and plans needed for implementation and for testing and refining implementation supports as

## CAPACITY BUILDING AND INSTALLATION

Local implementation team(s) works with staff, supervisors, trainers, coaches, agency and community partners, administration, and leadership/advisory teams to:

- Educate, prepare, and meaningfully involve staff and partners in implementation planning, cross-system coordination, capacity building, and readiness activities
- Develop, adapt, or enhance Practice Model training and coaching curricula and service delivery plans in partnership with community and Tribal partners to support Practice Model integration and implementation at all levels of the organization and system, building on local strengths, resources, strategic direction, and needs
- Train and prepare practitioners' supervisors, managers and executive leadership, and other coaches in:
  - Practice Model Mastery—Building fluency in applying the practice behaviors in the context of families, communities, and Tribes, as well as within child welfare and mental health/behavioral health agencies, leadership, provider organizations, and systems
  - Behaviorally Focused Coaching—Understanding the coaching role of supervisors, managers, executive leadership, and other internal and external coaches in supporting system alignment, implementation, and fidelity use of the Practice Model
  - Strategies—Incorporating coaching in supervision, unit meetings, and other forums to build competency at all levels of the organization and system in applying the Practice Model.

8 Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013) Statewide implementation of evidence-based programs. *Exceptional Children*, 79, 213-230.

roll-out of the Practice Model occurs. This building block brings the work of the agency's linked teaming structures into focus in building capacity and installing the Practice Model.

During this stage of implementation, the agency implementation team works closely with the Practice Model leadership team and others internal and external to the agency in order to:

- Secure all the resources needed to implement and support the Practice Model at all levels of the organization and system;
- Develop implementation plans to think through critical aspects or “drivers” of implementation and to ensure coordination across all active implementation functions, resources, and supports; and
- Initiate implementation and usability testing of implementation supports in order to continuously make improvements and facilitate needed system changes.

Ensuring that the needed implementation resources and supports are ready to deploy requires individuals, groups, and teams within the agency designated to be responsible and accountable for key areas of implementation planning and support. Capacity building and installation of the Practice Model begin a very active process of nurturing and supporting the development of implementation best practices within the agency and of ensuring coordination across all active implementation and scaling functions. In considering the people, plans, processes, and resources to be put in place, there are key areas of organizational capacity building and implementation planning to be addressed:

- Setting the right context
- Supporting active involved community partnerships
- Staff recruitment and selection
- CFPM training
- CFPM coaching

- CFPM fidelity assessment
- Tracking and using data
- Creating a supportive, transparent, and aligned system

Tips, tools, resources, and examples will be shared in the sections below to assist replicating jurisdictions in beginning to move their agencies forward in each of these critical areas of implementation planning, capacity building, and installation of the Practice Model.

## Setting the Right Context

Setting the right context within the agency for CFPM implementation is about building awareness of potential bias at practice and system levels and about embedding values and practices that promote equity and create a foundation of Partnership, Culture, and Humility in all agency work and interactions.

While child welfare leadership, frontline staff, and systems are generally well-intentioned, good intentions can have a negative impact, especially across racial, gender, and cultural differences. There are potentially harmful biases, perceptions, and stories within each of us, and within our systems, that have been created over time and across generations about children, families, groups, and communities. These biases must be brought to light and challenged to begin to address the disparate outcomes experienced in our systems and to create a hospitable environment for the Practice Model.

Implementing jurisdictions sought out the wisdom and guidance of community partners to identify strategies and resources for setting the right context. Engaging partners from the communities whose children and families are most negatively impacted by system involvement, listening to their experiences and their wisdom, identifying practice and system barriers together, and co-creating solutions (see chapter on Active Involved Community Partnership) provide an important backdrop for creating a receptive agency

culture for the practice change and system transformation that is integral to the CFPM. Here are helpful questions to consider in developing strategies for setting the right context for the Practice Model within the agency:

- Have leaders and partners from the disproportionately represented communities being served been effectively engaged?
- What learnings are lifting up from listening to them about their cultural values, traditions, strengths, lived experiences, and the impacts of trauma?
- How can staff at all levels learn about and become sensitive to the cultural perspectives and experiences of local children, families, and communities?

- What could assist staff at all levels of the agency to embrace and actively demonstrate values of Partnership, Culture, and Humility?
- What strategies do community partners suggest? How can they assist the agency in setting the right context for practice model implementation?
- What strategies are needed, and who in the agency will be responsible for ensuring they move forward?

Active involved community partners bring valuable resources and perspectives to help agencies identify de-biasing strategies and to spread values of Partnership, Culture, and Humility within the agency. Here are several examples of strategies developed by jurisdictions implementing the Practice Model.

### EXAMPLES OF STRATEGIES FOR SETTING THE RIGHT CONTEXT

- Several jurisdictions have developed or identified cultural trainings or racial equity trainings for all staff.
  - Tribal partners in one jurisdiction created a 3-day cultural immersion training about the histories, culture, and needs of local Tribal children and families. Participants experience how historical, institutional, and event-based trauma experiences impact Native families and communities and how the rich supports in Native culture help create balance and wellness in daily living.
  - Another site identified racial sobriety training and several community partners were certified as Racial Sobriety trainers and facilitators. They regularly provide this and ongoing coaching regarding culture and humility in the agency. (See <http://racialsobriety.com/backgroundsitemap.php>.)
- A racial impact assessment tool is being developed and tested for potential use at the state level. The tool seeks to make transparent the impact and/or unintended consequences of state-level policies and decisions for culturally, linguistically, racially, and ethnically diverse populations. It asks the user to consider whether the proposed policy or practice could have a disproportionate or unique impact, so modifications can be made to address the likely impact. (For general information about Racial Equity Assessments, see: [https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment\\_v5.pdf](https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf).)

### KEY TAKEAWAYS: SETTING THE RIGHT CONTEXT

- Good intentions can have a negative impact, especially across racial, gender, and cultural differences.
- Biases must be brought to light and challenged to address disparate outcomes and to create a receptive environment for the Practice Model.
- Community partners help identify de-biasing strategies and spread values of Partnership, Culture, and Humility within the agency.

## Supporting Active Involved Community Partnerships

As the foundational building block for implementation of the Practice Model, active involved community partnerships may already be started up as capacity building and installation of the Practice Model proceed. However, resource and capacity needs to support ongoing partnership activities will increase significantly and will need to be considered in implementation planning. Implementing jurisdictions found it essential to leverage existing staff and resources to create system efficiencies that would enable agency support of community partner involvement and to provide children and families with access to more individualized, culturally sensitive, community-based supports and services. As a result of these lessons learned, replicating jurisdictions are encouraged to consider all of the following in their implementation planning:

- Staffing within the agency with sufficient time dedicated to acting as a liaison with the community and to coordinating and supporting ongoing partnership outreach, engagement, meetings, and activities

- Providing administrative support for communication and feedback loops with community partners, e.g., handling meeting scheduling, logistics, handouts, and notes
- Ensuring funds and fiscal and administrative processes are in place for community partners to receive a stipend for their time (and travel if traveling outside of the local region), i.e., their attendance at meetings or as fidelity assessment observers is not otherwise being funded by an employer or organization
- Providing meeting food, child care, or other tangible resources to encourage and support partner participation
- Funding cultural/community partner trainers, coaches, or whatever roles are identified for community partners to play in implementation
- Funding a local child welfare system review if that is being planned
- Ensuring administrative processes and funds for accessing culturally relevant, trauma-informed services and supports that social workers and child and family teams will identify to meet the individual needs of children and their families

### KEY TAKEAWAYS: SUPPORTING ACTIVE INVOLVED COMMUNITY PARTNERSHIPS

- Resource and capacity needs to support partnerships will increase significantly as installation of the Practice Model proceeds.
- Ensure that there are staff to liaise with the community, administrative support for meetings, funds to support partner roles in implementation, and funds to ensure access to culturally relevant, trauma-informed services.

## EXAMPLES OF SUPPORTING COMMUNITY PARTNER INVOLVEMENT

Sites are providing stipends for community partner participation as fidelity assessment observers (a set amount per observation) and reimbursing for travel costs for meetings or observations which are out of the area.

Some sites have established personal service agreements for cultural/community training and coaching support or have leveraged an existing contractual relationship with a local university, training provider, or community-based organization to fund cultural/community partners' involvement in training, coaching, and other implementation supports.

To provide traditional Tribal services and supports, a jurisdiction found they needed to establish administrative pathways and approval processes that facilitated access to these community resources and supports. This included identifying and funding a community member, healer, or provider to assist children, youth, and families to prepare for and participate in cultural practices and traditions to support their healing, well-being, and cultural ties.

## Recruitment and Selection

Because the CFPM is a system-wide intervention, existing staff are trained, coached, and supported in its use. However there are key opportunities, as new staff are recruited and existing staff apply for promotion, to recruit and select staff who can effectively deliver and support the Practice Model. Implementing jurisdictions found recruitment and selection a challenging area in which to build implementation infrastructure within their organizations, especially related to bringing on new staff. The challenges experienced resulted from their human resource (HR) systems sitting outside the child welfare program and being driven by policies and protocols that were difficult to affect or change. Child welfare agency leadership in several implementing sites began exploring recruitment and selection practices and procedures, tools, and methods with HR department leaders. These leaders discovered a number of areas for improvement in recruitment for the various classifications and positions in the child welfare agency, including:

- Existing recruitment practices did not necessarily use methods that attract candidates from the

communities who are most disproportionately represented in their local child welfare system.

- HR systems did not always have up-to-date job descriptions for use in recruitment. For example, in some locations, the job descriptions indicated the candidates would be doing counseling or therapy with families and children rather than child welfare case management. Candidates who applied and were selected discovered what they thought they would be doing in the child welfare agency was not what they were doing at all.
- Tests that HR systems were using to develop potential candidate lists for the child welfare agency were often outdated and not relevant to the position for which they were recruiting, or the wording used for many of the test questions was problematic or confusing, preventing some candidates who might be a good fit for the job from getting onto lists for potential hire.

Given these challenges, one implementing jurisdiction began to do targeted work in this area of implementation.

With strong support by an executive leader in the social service agency, this jurisdiction established a partnership with HR and formed a recruitment/selection workgroup to develop a shared understanding of the Practice Model and to begin to work on incorporating the recruitment/selection best practices, such as those outlined in Printout **Resources 19** and **20** on the following pages.

Use of an observational assessment of a behavioral demonstration during interviews was tested and found to be very helpful, so a tip sheet for getting started with observational assessments and two sample role play scenarios used in selection interviews (the first for an engagement liaison position and the second for an implementation team member) are also included as printout resources.

### **KEY TAKEAWAYS: RECRUITMENT AND SELECTION**

- Use best practices in recruitment and selection to hire staff who can effectively deliver and support the Practice Model.
- Work to attract candidates from the most disproportionately represented communities.
- Use observational assessments during interviews to select candidates who can demonstrate key skills and abilities needed for the position.

### **EXAMPLE OF STRATEGY TO EXPLORE/SUPPORT RETENTION**

An executive leader, whose county was experiencing significant staff turnover, convened a small working group of social workers, supervisors, and managers who had been with the agency for at least several years to explore staff retention. This leader facilitated inquiry and conversation about what these staff had experienced that kept them with the organization over time, what they had observed in others who stay, and what strategies could improve staff retention. An interesting common thread this group identified was that all had been hired, trained, and mentored as a group, experiencing peer support over a significant period of time. This same site began to integrate reflective coaching groups during its social worker induction and Practice Model training. By request of their new trainees and their supervisors, the site continued these reflective coaching groups beyond the training.

## RECRUITMENT/SELECTION TIP SHEET

### BEST PRACTICES

*A clearly identified individual or group is responsible for ensuring the recruitment and selection of staff who will deliver the Child and Family Practice Model. The individual or group is well supported by Practice Model leadership and the Implementation Team (valued, provided resources, given access to agency decision-making processes) in order to embed the following recruitment/selection best practices for effective delivery of the Practice Model with the children and families being served.*

Recruitment strategies reach out to and attract candidates who are:

- Aligned with Practice Model values and the theoretical foundation of Partnership, Culture, and Humility;
- Open to coaching and self-reflection to support their professional development and fidelity use of the Practice Model.

Job position or role descriptions for potential staff hires and internal promotional candidates provide clear expectations about their Practice Model activities, responsibilities, and accountability.

Individuals making staff selection and promotion decisions have sufficient understanding of the key principles, skills, abilities, and culturally relevant approaches needed to serve and support local children and families and to partner with their communities.

Interactive interviews with scenarios and observational assessment screen for characteristics that are difficult to train, such as critical thinking; empathy; ethics; and openness to diverse world views, cultures, and perspectives, as well as ability to accept feedback and change one's practice interactions via coaching.

Newly selected staff's strengths and needs are used to inform their training and coaching supports.

*When done well, selection processes identify staff with the values, knowledge, abilities, and skill-building potential for using the Practice Model with all children and families and especially with those who are disproportionately represented and experience disparate outcomes. This means staff are selected who:*

- ✓ *Understand and value the power of partnership and responsiveness to culture and are able to demonstrate humility in interactions with children, families, and communities;*
- ✓ *Recognize the importance of a natural circle of family and community supports and are able to engage these supports in teaming with the family and supporting the child; and*
- ✓ *Have attitudes and abilities that will enable them to become skilled at identifying, advocating for, and supporting use of culturally relevant services that are sensitive to the current and historic trauma that family members may have experienced.*

## GETTING STARTED WITH OBSERVATIONAL ASSESSMENT IN SELECTION INTERVIEWS

**Identify a hiring process to get started with** and a small group of folks to develop the specific interview and selection processes to be tested.

**Identify key skills or abilities for the position**—What is better observed and assessed through a behavioral demonstration than responded to in an interview question? →

**Create a scenario for the behavioral demonstration**—The scenario can be a paragraph or two that describe a common situation or experience for the position.

**Identify the players** or specific roles that will have to be played in the scenario, including the specific role the candidate will be playing and who on the interview panel will play other roles.

**Spell out the instructions during the interview** so the candidate is clear about the process. Let them know you want them to role play for the next 15 minutes, and identify who else in the interview room will be part of the role play. Provide any other information they should know before the behavioral demonstration begins.

**Develop an observation guide** that clarifies the knowledge, values, behaviors, or skills for which interviewers should be looking during the observational assessment.

### EXAMPLE OF A KEY SKILL FOR OBSERVATIONAL ASSESSMENT:

Candidates may articulate engagement and humility behaviors well and even give good examples of demonstrating these behaviors. However, observational assessment during the interview will provide much better information about how well the candidate can put these important practice model behaviors to use “in the moment” during interactions that are similar to those likely to be encountered in the position applied for.

Right after the behavioral rehearsal, ask the candidate:

- What do you think you did well?
- What might you do differently next time?

*(This will tap into the person’s ability to self-reflect and assess their own behavior.)*

Then, give the candidate brief feedback about one adjustment you would recommend that is aligned with the behaviors needed for the position.

Finally, give the candidate the opportunity to go back into the role play so the panel can look for signs of coach-ability and willingness to learn and change behavior based on self-reflection and feedback.

← **Build in time to assess “coach-ability”** by following the behavioral demonstration with self-reflection, targeted observer feedback, and then a return to the behavioral demonstration to see if the candidate can make use of the reflection and feedback.

**Debrief the selection process with your interview partners** once all candidates are interviewed and selection has been made. This is for the purpose of learning from the interview and selection processes that were tested so that future selection processes can continue to be strengthened and improved.

**Share your learnings** about recruitment and selection processes with your Practice Model leadership and Implementation Teams.



## EXAMPLE OF AN OBSERVATIONAL ASSESSMENT

### Engagement Liaison Recruitment

**The Scene:** A broad Leadership Team meeting attended by agency leaders, managers, and several partners from the local African American community (whose children are disproportionately represented in foster care).

**The Players:**

- There is a parent partner on the interview panel who agrees to play Pastor Hall, a well-respected and influential leader in the African American community who consistently attends the Leadership Team meetings.
- The candidate plays the public child welfare agency's Engagement Liaison (position being recruited).

**The Focus of the Assessment:**

Panelists are looking for exploration and engagement, humility, and clear next steps for considering Pastor Hall's issue without "over-promising," as well as a timeline for communicating information/update back to Pastor Hall and the Leadership Team on the issue.

**The Scenario:**

During this Leadership Team meeting, participants are told by agency leadership that it would like the team to play a pivotal leadership and advisory role in the implementation of the Child and Family Practice Model.

Pastor Hall (having already conferred with others from his community) mentions that his community appreciates being finally brought to the table to participate on such an important effort, but has not heard anything about being a part of designing the Practice Model evaluation that the local university will be doing. He notes:

"We are tired of being researched, prodded, and pricked for years only to have the outcomes remain the same or, in some cases, shown to have become worse. Being a part of Practice Model implementation is not enough if we are not assisting with the efforts to evaluate it according to our culture and way of life. If you continue to use biased instruments and approaches to evaluate us, won't the results in turn be biased against us? We think it will and would like to request—in fact, we demand—that we play a pivotal role in the evaluation of this Practice Model."

As the issue has not previously been raised, the agency has not discussed or considered this. An agency executive leader in the meeting looks to the Engagement Liaison to respond.

*Note: Please spend the next 15 minutes playing the role of the Engagement Liaison and showing how you would interact with and respond to Pastor Hall during the meeting. Keep your full audience (the Leadership Team) in mind during this behavioral demonstration.*



## EXAMPLE OF AN OBSERVATIONAL ASSESSMENT

### Implementation Team Member Recruitment

**The Scene:** You are an Implementation Team member who has asked if you could attend a regional office meeting, which includes the regional manager, two continuing services supervisors, and three dependency intake supervisors.

**The Players:**

- One panelist will be the regional manager; the other two panelists will be continuing unit supervisors.
- Interviewee will play the role of the agency Implementation Team member (position being recruited).

**The Focus of the Assessment:**

Panelists are looking for facilitation skills, engagement, identification of barriers, and teaming to solve problems.

**The Situation:**

A family survey has been developed to gather data to determine how the Practice Model is being experienced by the children and families receiving continuing services. The survey is also an evaluation deliverable connected to an evaluation grant the local university received. Up to this point, there has never been an evaluation process designed to engage and capture parent perspectives of their CWS services. Aggregate data from the survey will provide information about whether the Practice Model is effectively reaching children and families and will be important in understanding short-term outcomes of the Practice Model.

Completion of the survey is voluntary. Neither the social worker's name nor the responding parent's name is documented on the survey results. It has been agreed between the university and child welfare agency (and approved by the university's Internal Review Board) that the most effective and least burdensome way of distributing the parent surveys is for them to be hand delivered to parents during a monthly, in-person contact. This has been identified as helping to increase response rates.

Approximately 3 months ago, you and your manager provided a training/orientation on survey distribution for all of the supervisors and social workers in this office. However, of the 11 staff in the Office, only 3 social workers have distributed the surveys to all of their families. You have consistently sent emails and lists to the regional manager and continuing services supervisors detailing which social workers still need to complete their distribution. You are equipped with data from completed surveys that highlight that parents are reporting positive interactions with their social workers.

*Note: Please spend the next 15 minutes playing the role of an Implementation Team member who is meeting with the regional manager to discuss the lack of distribution of the surveys by the continuing social workers in this office. Take into account your complete audience (the continuing services supervisors are present, too) when being responsive.*

## Practice Model Training and Coaching

Research tells us that training and coaching together make a difference as staff needs coaching to support application of what is learned in training to real-world actions, interactions, and behaviors. Coaching ensures everyone works consistently toward the same outcomes and helps the system align around a new practice and build an organizational culture of learning, continuous development, and improvement. Each jurisdiction implementing the CFPM identified a need to handle training and coaching of the Practice Model locally. Each developed and tested training curricula and a local approach to coaching service delivery that integrated other valued and aligned practice initiatives locally. Agency staff development resources, community partners, and local or regional training and coaching partners generally delivered practice model training for implementing sites, though out-of-area contracted purveyors were accessed at times to ensure the local training plan and curriculum integrated another practice well (e.g., Safety Organized Practice, which was integrated with the Practice Model in three implementing jurisdictions).

Leadership and community partners played roles in training and coaching based on local context, opportunities, and needs. CFPM leadership had a role in overview training for the Practice Model, acting as visible and credible messengers about the agency's commitment to work with community partners and to the shared goals and outcomes that the agency and community developed together. Community partners have also been key messengers during practice model training, communicating to trainees that the Practice Model defines interactions that families and their communities want to experience in interactions with the child welfare agency to improve outcomes for children and families.

Teaming between agency and community partners in developing and delivering local training and coaching was found to be essential. Depending on the background, knowledge, and experience of local community partners, they developed and/or delivered training; provided coaching to staff in applying the practice with diverse families; worked with system leaders to embed partnership, culture, and humility in their behaviors and system processes; worked with agency supervisors to build their capacity to coach staff; participated in practice model training sessions; and/or provided cultural and community knowledge and perspective during various training topics and activities.

While implementing jurisdictions had established training infrastructure and resources they could use for practice model implementation, providing coaching support at all levels of the agency was a much more challenging and adaptive process. Each implementing agency identified part-time resources for coaching; however, these resources could not address the significant need for ongoing support as more and more staff were trained and coming up against challenges and areas in which the system was not aligned with and supportive of the practice. The key learning across implementing sites was that coaching support needed to be integrated into supervisory

### THREE GOALS OF CFPM COACHING

**Competent Coaching:** Creating a positive and productive coaching relationship

**Coaching for Competence:** Building competency and skill at all levels of the agency in consistent and effective use of the CFPM in diverse cultures, communities, and job roles and functions

**Strengthening System Supports:** Assisting in creating an aligned system that effectively reflects and supports the CFPM

relationships, interactions, and meetings. This meant that supervisors, managers, and executive leaders not only needed to become proficient in providing practice model coaching and support to those under them, they first needed opportunities to learn and practice general coaching skills (i.e., inquiry, active listening and reflection, positive and constructive feedback, use of modeling, and behavioral rehearsals).

Implementing sites began sending their supervisors, managers, and executive leaders to coaching institutes or brought coaching academies in-house to learn about and practice competent coaching. With developing skill as competent coaches, supervisors, managers, and executive leadership were trained and began to develop fluency in the Practice Model so they could learn how to provide “coaching to competence” in the Practice Model. Core to CFPM training and coaching is a behaviorally focused approach supporting consistent, effective, and culturally responsive use of the practice approach and behaviors in the model so that interactions with children, families, communities, and Tribes—from service providers, social workers, and case aides to leadership and administration—reflect high-fidelity use of the Practice Model and an organizational culture of partnership, shared learning, and continuous development and improvement. **Figure 5** lists the four elements for CFPM training and coaching that the implementing

sites identified and consider foundational to their training and coaching plans.

Implementing jurisdictions that trained supervisors, managers, or executive leaders in the Practice Model at the same time as social workers found it hard to gain implementation momentum, support staff in transfer of learning to the field, and build system-wide ownership and spread of the Practice Model. This dynamic did not change until they made a targeted effort to train supervisors, managers, and executive leadership in the Practice Model and intentionally work to build their capacity to provide coaching and support for the Practice Model. Once all levels were galvanized around the CFPM and began to support coaching and system alignment to the Practice Model, implementing sites recognized a need for coaching support for executive leaders. This need was generally met by respected agency and community partners who had local cultural and community perspective and wisdom, were fluent in the Practice Model, and were knowledgeable about child welfare systems. Executive leaders across implementing sites found this support critical in strengthening their use of CFPM leadership behaviors; building greater cultural responsiveness and practice model alignment within their teaming structures, business processes, and systems; and developing and supporting executive leaders in their coaching role with their direct reports.

### FIGURE 5: FOUR ELEMENTS OF CFPM TRAINING AND COACHING

- **Family Centered**—Supports the agency and its staff and partners to lift up child and family voice and to partner with families, communities, and Tribes to meet the underlying needs of children and families
- **Culturally Responsive and Specific**—Supports the agency and its staff to demonstrate partnership and cultural humility in all interactions and to integrate culturally responsive, individualized services and supports for the children and families being served
- **Developmental and Reflective**—Supports an agency culture of giving and receiving positive and developmental feedback and strengthens self-reflection and skill in applying the Practice Model
- **Results Oriented**—Supports the agency and its staff and partners to collect and use data to support decision making and fidelity and to improve the experience and outcomes of children and their families

Once implementing sites established an environment in the agency conducive to the Practice Model; were providing ongoing support for active involved community partnerships; and had developed training and coaching plans, resources, and initial capacity; they began training several social work units (10–20 staff) every few months and ensuring that coaching support began immediately following training. By training small cohorts every few months, agency and community partners were able to test and refine training and coaching curricula and plans and to increase coaching capacity and support for more social work units. Some sites maintained this cohort size for ongoing practice model training, while others eventually increased the number of staff being trained to 30–35 trainees per session. While most jurisdictions trained workers by units, one jurisdiction had a workforce action occurring just as it was gearing up for training the first units, and it became apparent that a strike was imminent. Given the morale of agency staff, it decided to ask for volunteers to surface those in the organization with the greatest readiness and motivation. Both approaches for identifying the first cohorts to be trained worked well. **Figure 6** displays a sample training rollout plan for an implementing jurisdiction.

Once all existing staff had been trained, the local practice model curriculum was integrated into local

social work induction training for new staff. This rarely involved changing the curriculum, but did occasionally mean the curriculum was delivered in shorter segments across a longer time period. For instance, in one site a 3-day Practice Model overview and several follow-up modules were redesigned to be delivered in 12 half-day sessions (1 session per week over a 12-week period). A new 12-week training cycle starts as soon as the previous cycle has ended in this jurisdiction. However, another county chose to continue its 3-day overview training, providing it 3 times per year for new staff. Information and resources to assist replicating jurisdictions in developing training and coaching plans and resources are discussed below.

### CFPM Training and Coaching Resources

A synthesis of the training and coaching approaches and lessons learned of implementing sites resulted in the development of a set of CFPM Training Resources (e.g., CFPM General Learning Approach and Overview Facilitator Manual, CFPM Overview PowerPoint, CFPM Module Series Facilitator Guide, CFPM Module Series PowerPoint) and a CFPM Coaching Guide. The links below connect to these resources, including training PowerPoints to enable replicating jurisdictions to download and easily adapt them for local use; they are also provided as PDF documents (See **Appendices**

## FIGURE 6: SAMPLE TRAINING ROLLOUT PLAN

### Sample Schedule For Phased Practice Model Implementation

County/Office	May '12	July '12	Sep '12	Nov '12	Jan '13	Mar '13	May '13	July '13	Sep '13	Nov '13
Wexler County/ Region 1	Units 1, 2	Units 3–5	Units 6–8	Units 9–11	Units 12–14	Units 15,16				
Wexler County/ Region 2	Units 1–3	Units 4–6	Units 7–9	Units 10–12	Units 13–15	Units 16–18	Units 19–21	Units 22–24		
Wexler County/ Region 3	Units 1–3	Units 4–6	Units 7–9	Units 10–12	Units 13–15	Units 16–18	Units 19, 20	Units 21–23	Units 24–26	Units 27–30
Total Units Using the Practice Model	8	17	26	35	44	52	57	63	66	70

[CFPM Training Resources](#)

[CFPM Coaching Guide](#)

[CFPM Flashcard Booklets](#)

**7 and 8).** The CFPM learning approach is designed to involve supervisors of the workers being trained so that a coaching relationship begins to form; self-assessment, self-reflection, and observation become recognized as nonthreatening opportunities for development and improvement; and the goal of training—application to casework and interactions with children and families—is supported and achieved. The CFPM Coaching Guide provides tools and strategies for facilitating full and effective use of the Practice Model at all levels of the agency.

In addition to CFPM training and coaching resources, there are small CFPM practice behavior booklets or flashcards with condensed versions of the 23 practice behaviors available to replicating jurisdictions (See **Appendix 8**). The link above connects to a camera-ready version of the flashcard booklets that can be downloaded and arrangements made to print the booklets locally as 4 by 6 inch, 50-page, self-cover booklets with spiral binding.<sup>9</sup> In implementing sites, social workers, supervisors, leaders, partners, trainers, and coaches alike have consistently requested and appreciated these small sturdy practice behavior booklets that can be easily carried in a pocket or purse and provide an at-a-glance description of the core practice elements and behaviors in the model. Implementing sites continue to have this resource printed and provided to new staff and an expanding

group of community and system partners.

Customizing training and coaching resources and building capacity for local practice model implementation requires thoughtful planning and leveraging of resources. Sequencing will be important so that training is immediately followed by coaching, and coaching support is ongoing at all levels of the agency to support behavior change and a system aligned with the Practice Model. Some sites created small working groups for the coaching development process, including at least one staff member from various levels of the organization (e.g., social workers, supervisors, managers) that would be affected by the coaching plan. Other sites identified skilled trainers and coaches in the region, contracting with them or leveraging their time and expertise to become proficient in the Practice Model and to assist the agency in building internal training and coaching capacity for the Practice Model. Another jurisdiction identified well-respected members of local Tribes to build the capacity of the agency to train and coach to culturally responsive use of the CFPM at all levels. Regardless of who is identified to help move the work forward locally, **Printout Resources 21 and 22** on the following pages may be helpful in creating training and coaching plans to support effective practice model capacity building and installation.

<sup>9</sup> 120# sterling premium gloss cover, printed with CMYK ink in front and CMYK ink in back with AQ



## TIPS FOR ORGANIZING TO SUPPORT CFPM TRAINING

In developing a plan for phased rollout of the Practice Model, it is important to identify who is responsible for ensuring practice model training and how they will be connected with the local practice model leadership and implementation teams. The identified individual, workgroup, team, or section will assist in implementation planning by coordinating with the agency's linked teaming structures to develop and implement a capacity-building work plan, which outlines roles, tasks, resources, and timelines for:

- **Developing and/or adapting CFPM curricula** to integrate valued and aligned agency practice priorities and needs, which is enhanced greatly if done with community and Tribal partners
- **Building the general coaching capacity** of supervisors, managers, and executive leaders and other designated coaches for the Practice Model (competent coaching)
- **Developing a training plan** that includes:
  - **Who** will provide practice model training, which leaders and community partners will be involved, what role will they play, and **what facilities and resources** will be used to support practice model training
  - **A schedule for training supervisors, managers, and executive leaders first** so they can build fluency in the Practice Model and be prepared for their coaching support role
  - **A schedule for training social workers**, which outlines who will receive practice model training when, how trainees' supervisors will be involved in the training/transfer of learning process for their staff, and when/how new social workers coming into the agency will receive training
  - **How the training plan will be coordinated** with the agency's coaching plan, resources, and timeline and with trainees' supervisors so coaching to the Practice Model starts immediately following social worker training and is ongoing
  - **What pre-/post-training data** will be collected and analyzed to evaluate transfer of learning and whether staff members' confidence and competence in using the Practice Model increased as a result of CFPM training
  - **How trainers will be supported** and provided coaching on their training practices
  - **How the agency will assess CFPM training** and whether it is being delivered as intended (e.g., quality of training delivery, correct format and sequencing, content coverage)
  - **How training resources and curricula will be used/adapted** to train or orient other agency staff (e.g., licensing workers, other non-case carrying staff, case aides, administrative support, etc.) and partners (e.g., community partners, foster parents, placement agencies, mental health, etc.) to the Practice Model
  - **A schedule for sharing of training data** with different audiences on a regular basis, such as sharing data with supervisors and staff, leadership and management, trainers and coaches, and community and Tribal partners. It is also important to coordinate this with the sharing of other data, such as coaching and fidelity assessment data.



## TIPS FOR ORGANIZING TO SUPPORT CFPM COACHING

In developing a plan for phased rollout of the Practice Model, it is important to identify who in the agency (an individual or group) is responsible for ensuring practice model coaching and how they will be connected with local practice model leadership and implementation teams. The identified individual, workgroup, team, or section will assist in implementation planning by coordinating with the agency's linked teaming structures to develop and implement a capacity-building work plan that outlines roles, tasks, resources, and timelines for:

- **Determining how fluency in the Practice Model and competent coaching skills** will be developed at supervisory, management, and executive leadership levels to prepare for and support the practice model rollout for frontline staff
  - Coordinate with the Training Plan; consider information on General Coaching Skills in the [CFPM Coaching Guide](#) (See Appendix 7)
- **Building the capacity of supervisors, managers, and executive leaders** to provide behaviorally focused “coaching to competence” in the Practice Model to prepare for coaching roles
  - Consider information on Coaching to Competence in the CFPM Coaching Guide
- **Developing a coaching service delivery plan** (also in the CFPM Coaching Guide) that dovetails with the agency's training plan, resources, and timelines and, fosters fidelity use of the practice and responsiveness to culture, and includes:
  - **The role of community partners in coaching** to build agency capacity to coach and support cultural awareness and responsiveness at practice and system levels and in the individualized supports and services identified for children and families being served
  - **Who will provide CFPM coaching, and who will receive it** at each level of the agency, how community partners will be involved, what their role is, and what resources will be used to support coaching
    - Include expectations regarding when, where, and how often coaching will occur at each level. This is usually a combination of individual and group sessions that leverage or repurpose regular meetings (e.g., meeting between each supervisor and their direct report, a monthly unit or team meeting), as well as create new forums (e.g., an “open” weekly group coaching session for staff and supervisors, monthly system coaching between the agency director and a cultural/ community coach).
    - Ensure coaching supports and strategies build culturally responsive use of the Practice Model at all levels. Consider strategies such as use of respected individuals from local communities and Tribes as CFPM coaches, formal partnerships and protocols with Tribal ICWA social workers, or use of cultural brokers. (For information on cultural brokers, see <http://www.cebc4cw.org/program/cultural-broker-program/detailed>.)
  - **Creating a schedule for coaching startup** at each level of the agency (coordinated with the local training plan and schedule). The following sequencing and strategies are encouraged to establish a coaching organization and culture of learning, improvement, and “cascading support” for the Practice Model from executive to practice levels:



- Begin coaching at the manager and executive leadership levels to develop skill in coaching, supporting others, demonstrating practice model leadership behaviors in interactions, and aligning agency meeting and business processes with the Practice Model. Then train and build the capacity of supervisors to coach to competency in the Practice Model. Then begin training social workers and start up coaching by the supervisory team.
- Consider use of coaching frameworks during case staffings, consultation, and reviews of complaints whenever possible. Consider asking a coach to support or facilitate some of these as coaching opportunities.
- Consider repurposing existing meeting venues, i.e., each unit, leadership team, or other group could be brought together to explore how to set up or repurpose time during one meeting a month (or more often) for CFPM coaching activities and support.
- **Determining the multiple sources of information** to be used for giving feedback to those receiving coaching (e.g., observational data or interviews with families, supervisors, or others who may know about the staff member's use of the CFPM)
- **Designing coaching data and forms** to be used, and designating who is expected to use them, to track and monitor coaching activities to ensure data about whether staff members' confidence and competence in using the Practice Model is improving as a result of CFPM coaching support
  - Consider using or adapting the Coaching Log and "Profile of the 8" in the CFPM Coaching Guide
- **Detailing expectations for lifting up and communicating practice and system barriers** that are identified through coaching, so the agency's linked teaming structure can consider themes and action steps to build greater system alignment and support
- **Ensuring that multiple sources of coaching feedback** will be available and used at all levels (e.g., coaching satisfaction surveys, observational assessment of coaching, staff fidelity data)
  - Consider using/adapting the Coaching Feedback Surveys in the CFPM Coaching Guide.
  - To increase coaching support, consider how coaches can support one another, team together as coaches, or can be connected to a mentor coach to provide opportunities for observational assessment, support, and development.
- **Deciding when/how coaching expectations and supports will be communicated** to existing staff and to new staff, ensuring coordination with the Training Plan and CFPM Training Curriculum
- **Determining how new supervisors, managers, and executive leaders** will build fluency in the Practice Model, be made aware of coaching expectations, and develop skill in competent coaching and coaching to competence
- **Creating a schedule for sharing of coaching data** with different audiences on a regular basis (e.g., sharing data with supervisors and staff, leadership and management, trainers and coaches, community and Tribal partners), including coordinating this with the sharing of other data (e.g., training and fidelity assessment data)

### KEY TAKEAWAYS: PRACTICE MODEL TRAINING AND COACHING

- Staff needs coaching to support application of what is learned in training to real-world actions, interactions, and behaviors.
- Teaming between agency and community partners in developing and delivering local training and coaching is essential.
- CFPM training and coaching is a behaviorally focused approach supporting consistent, effective and culturally responsive use of the practice.
- Supervisors, managers, and executive leadership need to be trained first and intentionally build their capacity to coach to the Practice Model.
- The CFPM Training Resources and Coaching Guide can be downloaded and adapted for local use.

## Practice Model Fidelity Assessment

Implementing sites and their community partners did considerable work in developing, testing and refining CFPM fidelity assessment protocol, tools, and measures. These were developed by implementing jurisdictions with the full participation of community partners. The assessment links to the frontline practice approach and core elements in the Practice Model and leverages time already spent by social workers and other staff in family team meetings. The process was designed with particular focus on circles of support and teaming because the Practice Model includes an important focus on regular teaming opportunities that bring in the family's natural supports to strengthen engagement, shared planning, and ongoing family and community support for the child and family.

The protocol includes (1) an observation of a family teaming process (annually on a randomly selected case on each trained continuing social worker's caseload) and (2) a non-case-specific system support survey disseminated at least annually to all social workers and supervisors in the agency to better understand how the organization is supporting social workers and is helping to address system barriers in their work with children and families. There is a Fidelity Assessment Observer Team, which includes one parent or community partner observer and one child welfare agency supervisor, coach, or implementation team member. Each assessor unobtrusively takes notes during the observation and independently rates staff interactions with children, families, and their circle of support. The observations and ratings are discussed by the two assessors immediately after the observation.

The purpose is to understand what was observed from both agency and community perspectives. One assessor or the other may choose to change one or more ratings based on the discussion though there is no pressure to do so, and scores do not need to be the same or similar. What is important is that each assessor feels their ratings accurately reflect their own assessment of the interactions. The final agency and community partner sets of ratings are averaged to compute both a score for each observation question and an overall score for all questions.

Because an important goal of implementing the CFPM is reducing disproportionate representation and disparate outcomes for certain target populations being served by the local child welfare agency, the fidelity assessment protocol prioritizes selection of target population cases for the observation. Given the newness of using fidelity assessment processes for the child welfare agencies in implementing sites, it was important to begin by having the first units or groups of social workers participating in fidelity assessment self-select the case to be observed. As the fidelity assessment process was demystified, local staff and

labor union representatives began to understand that CFPM fidelity assessment is not a process that is critical or judgmental of social worker job performance and productivity, but rather is a process designed to provide helpful information to the organization about how to support consistent use of the practice. As this understanding developed within the first few months of initiating fidelity assessment processes, the site transitioned to random selection of fidelity assessment cases consistent with the fidelity assessment protocol.

As the observation portion of the fidelity assessment process provides meaningful fidelity data from both agency and community partner perspectives, federal TA partners encouraged the implementing sites to explore strategies for strengthening the observation process and promoting inter-observer agreement. This resulted in agency and community partners drafting a scaling guide for the observation questions. While not all potential interactions and possibilities in a team meeting can be captured in a scaling guide, the guide provides more concrete and operational

descriptions for the five-point rating scale for each observation question. **Figure 7** shows an excerpt of the scale developed for one of the fidelity assessment observation questions.

This draft scaling guide was tested when implementing sites and their trained fidelity assessment observer partners from the community came together to use the draft scaling guide after observing 20-minute video clips of 2 different family team meetings. After much discussion and exchange, it was clear that this cross-site team that came together felt the scaling profile was helpful as a guideline for observer ratings and that there was good cross-site agreement on ratings for individual questions. For example, on a particular observation question, the scores of 30 observers were clustered in the 3 to 4 range, with 5 people rating the same question as a 5. As a result of input from this cross-site team of observers, recommended refinements were made to the scaling guide and it was incorporated in the CFPM Fidelity Assessment Toolkit and Protocol.

### FIGURE 7: FIDELITY ASSESSMENT OBSERVATION QUESTION AND SCALE

To what extent have you observed the family and their team discuss supporting and sustaining relationships with people the child has shared are important to him/her or that others are aware are important to the child?

5	4	3	2	1
The family and team's discussion included planning and/or coordination of <i>specific</i> activities supporting <b>MOST or ALL</b> of the child or youth's important relationships, including <b>MOST or ALL</b> important relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion included planning and/or coordination of <i>specific</i> activities supporting <b>MANY</b> of the child or youth's important relationships, including <b>MANY</b> relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion considered <b>SOME</b> important relationships of the child/youth, including <b>SOME</b> relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion focused on <b>VERY FEW</b> important relationships OR discussion focused on supporting the child/youth's relationships on only <i>one</i> side of the family.	The family and team did <b>NOT</b> discuss important relationships of the child/youth OR the team was <i>discouraged</i> from discussing and/or supporting the child/youth's important relationships.

#### General Guidelines for Bold/Italicized Words:

All/Always = 100%

Most/Usually = 80–99%

Many/Often = 50–79%

Some/Somewhat/Sometimes = 20–49%

Very Few/Occasionally = 1–19%

Not/Never/None = 0%

As a result of both the fidelity observation and the system support survey, data are entered into a local database, so reports can be created and data regularly reviewed to guide agency decision making, strengthen implementation supports, detect changes in practice-level behaviors with children and families, and better understand whether/how fidelity use of the Practice Model is affecting short- and long-term outcomes of the Practice Model.

The CFPM fidelity assessment process is *not* about an individual's performance; rather it reflects on the child welfare agency as a whole. It represents a shift in accountability as the data and information are used to determine if the child welfare agency and system are adequately supporting agency staff in implementing the Practice Model and in addressing barriers in their work with children and families.

Implementing sites found the shift in accountability and the teaming with community partners in fidelity assessment observation transformative. Community partners involved in defining the problem and implementing the Practice Model were playing a critical role in assessing whether the practice was in place. The external community perspective brought understanding and expertise in cultural humility and productive working relationships with the children and families being served, which was a good balance for the professional perspective of agency staff regarding

child welfare system expectations, processes, and case-management.

### CFPM Fidelity Assessment Resources

A synthesis of the fidelity assessment resources developed, tested, and used by implementing sites is included in the links on the following page that provide PDF and PowerPoint documents to enable replicating jurisdictions to download and adapt them for local use, and PDF documents are provided in this manual. (See **Appendices 9-11**.) While replicating jurisdictions may develop other sources of fidelity assessment data (e.g., staff CFPM checklists, records review tools and processes), use of the observational assessment in CFPM processes should always be included as an implementation best practice that ensures the perspective and involvement of community partners in understanding whether/how the Practice Model is reaching the children and families being served in culturally responsive ways.

The CFPM Fidelity Assessment Overview PowerPoint is a resource for preparing community partners in the role as fidelity assessment observers. Some sites included agency staff in this overview, while others focused the training on community partner fidelity assessment observers. The CFPM Fidelity Assessment Toolkit contains the tools and scripts for fidelity assessment observation, while the Complete CFPM

Over time, **CFPM fidelity assessment data** enable jurisdictions implementing the Practice Model and their partners to:

- Better support skill development and use of the Practice Model in the local cultural context;
- Ensure consistent use and impact of the core elements and practice behaviors;
- Identify “active ingredients” of the model (those various parts and components of the Practice Model that are essential for success);
- Provide data on the effectiveness of practice model implementation to better interpret outcomes; and
- Strengthen and align community and system resources to support use of the Practice Model.

[CFPM FA Overview PPT](#)

[CFPM FA Toolkit](#)

[Complete CFPM FA Protocol](#)

Fidelity Assessment Protocol provides information regarding the entire fidelity assessment process from beginning to end. *(Note: The Toolkit is also a part of the Complete CFPM FA protocol.)*

Preparing for local CFPM fidelity assessment requires important planning and capacity-building activities. Coordination of fidelity assessment logistics and processes requires thoughtful preparation for and sequencing of system coordination, communication, and support of fidelity assessment processes to ensure that a teaming event on the selected case is available, an observer team is present, and staff and partners are prepared for the roles they will play during the process and debriefing meeting. The tip sheet on the following page may be helpful in identifying needed resources and in organizing to support local fidelity assessment processes as part of CFPM capacity building and installation.

### **KEY TAKEAWAYS: PRACTICE MODEL FIDELITY ASSESSMENT**

- CFPM fidelity assessment observations leverage time already spent by social workers and other staff in family team meetings.
- CFPM fidelity assessment reflects on the child welfare agency as a whole, not the individual worker.
- Community partner observers bring perspectives on whether/how the Practice Model is reaching children and families in culturally responsive ways.
- The CFPM fidelity assessment protocol provides information regarding the entire fidelity assessment process from beginning to end. It can be downloaded and adapted for local use.



## TIPS FOR SUPPORTING CFPM FIDELITY ASSESSMENT

In developing a plan for phased rollout of the Practice Model, it is important to identify who is responsible for fidelity assessment (FA) processes and how they will be connected with the local Practice Model leadership and implementation teams. If FA is a new process in child welfare, creating a team that includes staff from all levels of the organization (e.g., the implementation team lead and at least one social worker, supervisor, and manager) can improve FA planning and preparation and provide staff at all levels who can ease anxiety about these new processes. Whoever is identified to move FA planning and preparation forward needs to work closely with the agency's linked teaming structures and with the entire management and supervisory teams to develop and implement a work plan for FA, which outlines roles, tasks, resources, and timelines for:

- **Adapting FA Overview Training** to align with local context and needs
- **Identifying community partners** who are interested in being FA observers and are a good fit for the role
  - Work with local cultural/community partners engaged by agency leadership to guide practice and system changes. Are they interested in being FA observers, or do they have suggestions? Consider local cultural coaches, parent partners, foster parents, and other agency and system partners who can bring a cultural/community lens to FA observation.
  - Ensure interested observers understand how the FA observation role is different from other roles (e.g., advocacy or support roles). Some potential observers will self-select out if they decide the role of silent observer in the back of the room is not of interest or would be uncomfortable for them.
  - Consider upfront if there are boundaries that cannot be crossed. For instance, if the local community group or FA observer outreach strategies are likely to include parents or youth with active child welfare cases, it will be important for the agency to be upfront if involvement in a current open case prevents participation as an FA observer.
- **Deciding who** will provide FA Overview Training, who will receive it, **frequency** with which it will be offered, and **what facilities and resources** will be used
  - Consider whether social workers pending their first FA will be trained with community partner observers; this can ease anxieties, demystify the process, and reinforce agency and community partnering.
- **Identifying or developing infrastructure and support** for the System Support Survey and for FA case selection, data, and other logistics. Consider:
  - Who will distribute the System Support Survey, when and how will it be distributed, and who will receive the results back
  - Who will be responsible for timely FA case selection, and who will communicate the identified case to the social worker and their supervisor or manager
  - Who will talk with the parent(s) about FA observation and set up the team meeting and location if verbal consent is received (usually the social worker)



- Who will communicate with and arrange for the FA observer team
- What the process is for community partner observers to be reimbursed for their time and who will act as a liaison and help shepherd those processes in the agency
- Who/how is the FA observation data collected from observers
- What database or capacity can be developed or leveraged for entry/tracking/reporting of FA data (both the survey and observation data) and who/how will the data be entered
- **Developing a rolling FA rollout plan** that includes:
  - **When cohorts were trained and when their FAs are due.** For example, if CFPM training is completed in July 2015, FA observation is due in July 2016.
  - **A written schedule for timely preparation activities** for each cohort of social workers who are trained (or are up for an annual FA observation) indicating who is responsible for what and when they need to do it in order for the FA observation to be completed by the due date
    - Consider what advance time is needed to select the case, orient the worker, provide sufficient time for the worker to discuss the FA observation of staff during the meeting with the parent(s), and arrange a family team meeting if the family consents (may require 3-4 months). A sample schedule is below.

Trained Cohort	# of SWs Trained	Date Trained	Case Selection and Worker Orientation	Outreach/ Discussions With Family	Observer Team Arranged/ Observation Completed
Units N4, N2	12	May 2016	Feb/Mar 2017	April 2017	Apr/May 2017
Units N5, FP1, FP2	14	July 2016	Apr/May 2017	Jun 2017	Jun/July 2017
Etc.					
Etc.					

- **Developing a way to continue tracking and cueing up annual FA observations** as the composition of units will change, and staff will turnover. This may involve setting up a monthly schedule and noting workers due FA assessment in that month.
- **Establishing who/how social workers will be recognized** and appreciated for their participation after the FA observation.
- **Creating a schedule for sharing aggregate fidelity assessment data** with different audiences on a regular basis (e.g., sharing data with supervisors and staff, leadership and management, trainers and coaches, and community and Tribal partners) and coordinating this with the sharing of other data (e.g., training and coaching data)

## Tracking and Using Data for Decision Making

Another important area of capacity building is gathering, using, and sharing data for decision making to improve implementation and system supports for the Practice Model and to better understand and interpret Practice Model outcomes. While every child welfare system has its technical data and information system, the focus here is not on the data system itself, but on the ongoing availability, integration, and use of live, timely, actionable information to support and improve implementation. This flips the focus from the data themselves to identifying the key questions that need to be answered: What do we want to know? How are we going to know it?

Where there is capacity to collect and analyze quantitative and qualitative data focused on key questions to inform local decision making about CFPM implementation and system change, child welfare agencies are better able to co-create system processes and solutions with community partners to meet the needs of those being served and to improve the supports and services provided to children and families. Thoughtful decision support data and CQI processes are core to effective practice model implementation and system change to achieve the shared goals and outcomes that agency and community partners have developed.

This was another challenging area for implementing jurisdictions because county child welfare agency data collection and capacity was centered on the state's SACWIS system, which did not include relevant data related to implementation or short-term outcomes of the Practice Model. Given the staffing challenges, workload, legal mandates, and critical responsibilities of child welfare agencies, most implementing jurisdictions had limited ability to prioritize the strengthening of local and state infrastructure to support data-based child welfare agency decision making that was not already supported by SACWIS.

However, policy changes that brought requirements to develop CQI processes did strengthen the data focus and work of several jurisdictions.

One implementing jurisdiction identified support from a CQI technical assistant and developed a work plan for creating a CQI system that:

- Included important areas of tracking and using CFPM implementation and outcome data for decision making (e.g., implementation and fidelity data, parent survey data regarding short-term outcomes, and SACWIS and Child and Family Services Review measures for long-term outcomes); and
- Actively engaged staff and community partners in assessing organizational strengths and needs, testing new ideas, learning from quantitative and qualitative data, and implementing solutions to improve child safety, permanency, and well-being.

Another implementing jurisdiction, which had social service agency (SSA) leadership in addition to child welfare agency leadership highly involved in supporting local practice model implementation, was eventually able to mobilize a decision support data system design team to work with technical assistants. Over several work sessions, the team identified priority questions about implementation and outcomes that would be helpful to answer for ongoing quality improvement and decision making. The team then identified measures that could be used to regularly answer identified questions. Examples of questions that a jurisdiction might want to have data available to answer in key areas of implementation support are included in the textbox below.

In addition, this implementing jurisdiction envisions further work to identify data, information, and questions about broad organizational functioning and support for practice model implementation (e.g., functioning of leadership and implementation teams and of communication and feedback loops,

## EXAMPLES OF DATA QUESTIONS IN KEY AREAS OF PRACTICE MODEL IMPLEMENTATION

### Recruitment and Selection

- Is retention improving?
- How does our vacancy rate affect our hiring process?
- Are we using interview questions that adequately assess the candidates' ability to absorb training and coaching (adaptive learning)?
- Do the candidates think that the interview process was fair and reflective of their knowledge, skills, and abilities?

### Training

- Does training provide sufficient skills to begin delivery of CFPM with families?
- Is the training delivered or experienced at all levels of the agency?
- What percentage of staff at each level of the agency is trained in the CFPM?

### Coaching

- What percentage of staff at each level of the agency is receiving coaching?
- Are managers and supervisors coaching to the eight core elements of the CFPM?
- Do social workers take what is learned in coaching and apply it to work with children and families?
- What impact is coaching having on staff (e.g., engagement, morale, retention, organizational culture, etc.)?
- Are managers and supervisors following the coaching expectations outlined in the Coaching Service Delivery Plan?

### Fidelity Assessment

- What percentage of trained staff is up to date on its fidelity assessments?
- In what languages are fidelity assessments being conducted? Does the language of the fidelity assessment match the languages of the families participating?
- Are practitioners delivering the CFPM with competence?

### Receipt of CFPM

- How many children are being served by the Practice Model?

### Short-term Outcomes

- How many families served by the Practice Model report a positive and productive relationship with their social worker?
- How many families served by the CFPM have engaged their natural community for support?
- How many family reunification parents served by the Practice Model have demonstrated greater safety and protective capacity as evidenced by increased visitation in less restrictive settings (e.g., move from supervised to unsupervised visitation, from daytime to overnight visits)

### Long-term Outcomes

- Have reunifications increased for children and families served by the CFPM?
- Have lengths of stay in foster care for children served by the Practice Model decreased?
- Has recurrence of maltreatment decreased for children and families served by the CFPM?
- Have disparities in safety and/or permanency outcomes been reduced for children and families served by the Practice Model?

determining if policies and procedures are in place to support coaching, and assessing the collective quality of the agency’s implementation drivers). Data on broad systemic areas such as these will ultimately ensure that data are available to inform improvements to system capacity and functioning, which are critical for acknowledging system-level responsibility for removing system barriers to the Practice Model, effectively supporting staff in using the Practice Model, and being accountable to the community for the outcomes of the children and families served.

### CFPM Data Tracking and Use Resources

While implementing jurisdictions were unable to focus intensively in this area, they all tracked CFPM training and fidelity assessment data and some coaching data. **Printout Resource 24** on the following page brings together important best practices in building capacity to track and use data for practice model decision making. In addition, replicating jurisdictions may want to make discussions templates which can be found at [http://www.acf.hhs.gov/sites/default/files/cb/guide\\_vol5\\_full\\_implementation.pdf](http://www.acf.hhs.gov/sites/default/files/cb/guide_vol5_full_implementation.pdf) and may identify consultants or TA providers who can assist in developing this critical area of CFPM infrastructure and support to ensure timely and meaningful data for linked leadership and implementation teams, partners, and staff in order to improve support for and sustain the Practice Model.

Finally, two important survey resources were developed for gathering data on short-term outcomes of the Practice Model. The two surveys were developed by federal PII evaluation partners

in coordination with implementing jurisdictions and their community partners to understand how the Practice Model is being experienced. The surveys are designed for use with parents who are receiving family reunification services and caregivers of children in Permanency Planning. Both the Parent-Legal Guardian and Caregiver Surveys include questions about the parent-legal guardian or the caregiver’s relationship with their social worker; their sense of hopefulness and locus of control; family, friend, community, and Tribal member involvement in the child’s case; the occurrence of casework events; and general demographics on the participant and their child. A parent/caregiver survey [FAQ](#) provides additional information about the surveys. (See **Appendices 12–14.**)

Both survey instruments went through cognitive testing (to assess and improve the wording and flow of the survey) and were pilot tested in 2 sites with a small group of approximately 15 parents and 15 caregivers in each site. Unfortunately, there was insufficient time and approvals to broadly distribute the surveys across all implementing jurisdictions as part of the federal PII evaluation of the Practice Model. Further instrument testing is needed to understand whether and how survey responses are related to other outcomes of interest for children and families served through the CFPM. There are links below to these survey resources, which are provided in English and Spanish and can assist replicating jurisdictions to gather data about how the Practice Model is affecting casework and short-term outcomes for children and families being served.

[Parent/Caregiver Survey FAQ](#)

#### CFPM Parent Survey

[English](#)  
[Spanish](#)

#### CFPM Caregiver Survey

[English](#)  
[Spanish](#)



## TIPS FOR TRACKING AND USING DATA FOR DECISION MAKING

In developing a plan for phased rollout of the Practice Model, it is important to establish a data support team to be responsible for ensuring that Practice Model data are collected, analyzed, and reported and to determine how the team will be connected with the local CFPM leadership and implementation teams. The team will assist in implementation planning by coordinating with the agency's linked teaming structures to develop and implement a decision support data work plan for capacity building and installation, which outlines roles, tasks, resources, and timelines for:

- **Identifying short- and long-term child and family outcomes and service provision data** that are meaningful to agency and community partners and the identified problem you are trying to solve
- **Identifying all implementation, service provision, and outcome data** to be gathered, analyzed, and reported (*Note: This is done in partnership with other individuals and teams working on various aspects of local implementation planning.*)
- **Leveraging a data or information technology system** for collecting Practice Model data, i.e., what system will hold implementation, service provision, and outcome data so timely reports and analyses can be generated on an ongoing basis (*Note: If housed in more than one system, how can you ensure ready access to the data and develop strategies that will assist in analyzing CFPM implementation, service provision, and outcome data in an integrated way?*)
- **Identifying who needs to do what** to modify or ready the data or information technology system for local implementation, service provision, and/or outcome data
- **Developing/refining data collection processes and protocols** to ensure collection of implementation, service provision, and outcome data is practical and efficient, i.e., it is built into practice routines, workflow, and business processes and is not burdensome
- **Identifying who can provide data-related training and support** to build the capacity of staff in efficient data collection protocols for data related to implementation, service provision, and outcomes
- **Developing data entry protocols**, identifying who is responsible for entry of what data, and deciding how often data will be entered
- **Identifying who will train and support data enterers** to ensure they have the knowledge, skills, and dedicated time for this responsibility so ongoing data reports will include accurate and up-to-date data
- **Identifying who will develop data reports**, to whom they will provide them, and with what frequency
- **Developing a schedule for sharing implementation, service provision, and outcome data widely**, i.e., who will share data and how often with supervisors and staff, leadership and management, trainers and coaches, and community and Tribal partners
- **Formalizing feedback loops** that ensure the implementation team is tracking strengths and barriers to CFPM implementation and system change, receiving at least quarterly feedback from the leadership team, and working jointly to plan and communicate next steps

### KEY TAKEAWAYS: TRACKING AND USING DATA FOR DECISION MAKING

- Data and improvement processes are core to CFPM implementation and to achieving agency and community partner-shared goals and outcomes.
- Focus on availability of live, timely, actionable information to support and improve implementation of the Practice Model.
- Consider: “What do we want to know? How are we going to know it?” Build capacity to collect and analyze data focused on what you want to know.
- Parent and caregiver surveys are available to gather data about short-term outcomes of the Practice Model.

## Creating a Supportive, Transparent, and Aligned System

### Facilitative Administration

Seeking to understand the experience of children and families in the child welfare system and the impact of system barriers on social workers in their work with children and families and partnering with communities and Tribes to address these barriers and needs is “business UN-usual.” It is also a clear demonstration of facilitative administration—agency leadership and administrators working together to proactively address barriers to implementing the Practice Model and to meeting the needs of the children and families being served. Facilitative administration includes building alignment with the Practice Model in agency policies, business practices, funding decisions, and CQI processes.

Each of the implementing jurisdictions has grappled with challenges that require facilitative administration. Staff turnover, vacancies, high caseloads, extended timelines for getting contracts in place, ensuring

dedicated resources and staffing to drive local implementation, and capacity-building strategies to sustain implementation supports are some of the issues that Practice Model leaders in implementing jurisdictions have been dealing with throughout implementation and continue to work adaptively to manage. For instance, one site made a difficult decision to delay its CFPM implementation launch for 3–6 months based on a conversation with its Tribal community related to cultural training, which Tribal advisors felt needed to be developed and to be a part of the foundational practice model training. Another site had to completely rethink its initial Practice Model launch when a month before training its first cohort, salaries were cut by 15 percent across the board, and a labor strike appeared to be imminent. Instead of delaying implementation or training social workers in units, the jurisdiction decided to leverage the motivation and commitment of social workers who valued the change the Practice Model represented. Despite the low agency morale, 15 social workers volunteered to be part of the first cohort to be trained.

In addition, implementing jurisdictions have worked to institutionalize and strategically align local practice and policy by intentionally creating goals, outcomes, and action plans relating to practice model implementation and outcomes in their System Improvement or Program Improvement Plans, and CQI processes. While the proactive efforts of leadership in addressing barriers to implementation are critical, usability testing and improvement cycles are also key facilitative strategies for improving the implementation of the Practice Model within the agency.

### Usability Testing and Improvement Cycles

Usability testing and improvement cycles involve successive Plan-Do-Study-Act cycles (PDSAs) with small groups of staff to maximize early learning about implementation supports, identify problems, and make needed adjustments before going to scale. Implementation on a broad scale using implementation

supports that the agency thinks will work risks coming upon stumbling blocks that are seen too late to be avoided and bring challenges and confusion for staff on a scale that is difficult for leadership and implementation teams to manage. In order to nurture the CFPM change process and to better support staff in this new endeavor, replicating jurisdictions are encouraged to (1) start the Practice Model rollout with a small group (e.g., training and beginning coaching for 12-16 workers and their supervisors) and (2) have follow-up cohorts remain similarly small for 3–9 months as training and coaching supports, leadership and implementation teaming processes, data collection, and communication and feedback

loops are monitored, adjusted, and improved, and the implementation infrastructure has become stable enough to support scale-up.

For implementing jurisdictions, usability testing of the Practice Model occurred in one site, while improvement cycles occurred in all sites to improve their implementation supports. Usability testing and improvement cycles are not neat, tidy, or linear processes because all aspects of capacity building and installation are in a state of flux, and continual adjustments are being made. Important progress can be made using improvement cycles as the intersections and impacts across various aspects of

### **EXAMPLES OF USABILITY TESTING AND IMPROVEMENT CYCLES**

The Implementation Team in one site used a process of gathering data and information in daily debriefs with recently trained CFPM social workers and supervisors. This included use of posted office hours so implementing staff could drop in and talk about their CFPM implementation activities. Implementation team members also accompanied willing workers into the field, observing their interactions, and debriefing with them. Then the information was brought to a weekly debrief the Implementation Team had with the supervisors and social workers. The debriefing sessions provided immediate qualitative information for the weekly meeting of the Implementation Team members and the local management team in the jurisdiction to make sense of the information coming in and to make adjustments for the next week.

Using this PDSA-like process, the Implementation Team looked at what practice behaviors were being used, how the practice was being applied in the field, training and coaching efforts needed to support application with children and families, and systemic issues that were getting in the way of social workers using the practice.

Through a process of usability testing, metrics were tested and adapted in gathering data. They started with initial metrics focused on 3 primary questions (What's working well? What are we worried about? What are next steps?). These quickly changed into a metric regarding the 23 behaviors, thereby enabling weekly data on behaviors used, which then transitioned to a metric that grouped the 23 practice behaviors under the 8 core elements of the practice model. These ever-evolving metrics were not replacement metrics, but became reference options to discover how things were connecting.

The Implementation Team also began to track (on an Excel spreadsheet) the systemic issues identified by supervisors and the Implementation Team to make sure that the process of getting to resolution in each of these issues had timelines, next steps, and responsible individuals or groups.

implementation emerge and are better understood (e.g., how training needs to change to improve the initial work of social workers and, therefore, relieve some of the burden on coaching). Examples of early usability testing and improvement cycles in one site are shared in the text box on the previous page.

**Figure 8** lays out areas in which improvement cycles were helpful in implementing jurisdictions, though the linked teaming structures in replicating jurisdictions are in the best position to identify the areas and opportunities for which rapid-cycle problem solving and improvement will be most helpful for strengthening

### FIGURE 8: AREAS WHERE IMPROVEMENT CYCLES MAY BE HELPFUL

- As staff leave CFPM training, how ready do they feel to apply skills related to practice behaviors for each of the frontline practices: LEAN-IN; LIFT UP; CONNECT and CULTURE? If there are gaps or needs, identify a potential solution, make the adjustment, and re-test when the next cohort of social workers is trained.
- Through coaching, discussions, and observations in the weeks after training, supervisors and implementation team members can observe and track the practice behaviors in which social workers are engaged and the ones they are not seeing used. The implementation team can use this critical information to inform additional training, coaching supports, and system changes that are needed.
 

*Example:* In tracking frequency and use of practice behaviors, a jurisdiction identified a need for additional training focused on appreciative inquiry. It also identified that two visitation-related practice behaviors were not being demonstrated. This was due to the agency’s visitation contracts and processes not aligning with the Practice Model. While this system change took time, the agency quickly developed a visitation workgroup that included staff at all levels, and feedback loops were set up to ensure that staff had input and understood the progress that was being made.
- In the weeks following CFPM training, explore the frequency and availability of coaching supports with staff and identify possible changes and improvements if needed.
 

*Example:* Staff were struggling with the use of several tools that were part of local practice model implementation. As this challenge was lifted up, the implementation team worked with supervisors and managers to create a weekly “going deeper” session where a trainer or coach would facilitate shared learning and discussions about the Practice Model and use of the tools.
- Consider reaching out and obtaining informal feedback from several parents and community partners regarding a recent interaction with a trained social worker or family meeting process.
 

*Example:* A mother shared with a social worker that she really appreciated the inquiry process and the way questions were asked and that this was the first time she could share her story, thoughts, experience, and potential solutions in a meaningful way. In another case, a community member described participating in a team meeting with a youth in care that really focused on lifting up the youth’s voice and used inquiry to frame the meeting and to create a plan that was centered on the youth’s input and goals. The community member reflected on the concrete plan that was developed and on how much was accomplished in a short amount of time.
- Consider the perspectives of trained staff and supervisors regarding the accessibility and support they are receiving from the implementation team or key implementation supporters, such as coaches.
 

*Example:* While having office hours for social workers to drop by to talk with an implementation team member or coach was helpful, the jurisdiction wanted to more actively engage staff in implementation and improvements. Very early in implementation, the five supervisors of the initially trained workers became an active part of weekly implementation team debriefing sessions to bring common themes and observations together and to test improvements. Implementation team members also began initiating going out into the field with social workers to observe practice, coach, and learn together. Not only did these strategies have the intended effect, they helped the implementation team realize that additional training to go deeper into cultural humility and trauma was needed, so modules in these areas were tested and added to the local CFPM curriculum and training plan, and additional supports began to be worked on to help supervisors effectively coach in these areas.

local implementation and system supports for the Practice Model.

### Systems Intervention

While facilitative administration involves internally facilitating supports and reducing barriers to practice model implementation and system change, systems intervention is proactive work with external systems to strengthen alignment with the Practice Model and to reduce barriers to effectively serving children and families. In the broad child welfare system context, practice, policy, and outcomes are driven in part by other systems, such as state and federal child welfare system infrastructure, policies, and resources, and other systems, such as mental health, probation, developmental services, and education. The system “as is” can make implementation of an initiative hard to support, if not impossible to sustain. Finding ways to affect, influence, and leverage these other systems to strengthen alignment and to reduce or eliminate barriers to CFPM implementation is an ongoing, strategic need for child welfare agencies, their leaders, and community and system partners to collaborate.

An excellent example of systems intervention in an implementing jurisdiction resulted from the vigilance of local CFPM leadership in recognizing the opportunity to work with state partners (who were working with federal partners) on development of the jurisdiction’s child welfare System Improvement Plan. Through many meetings and much collaborative work with state-level social service representatives, much of the jurisdiction’s strategic plan was able to serve as the county’s self-assessment; several cross-county fidelity assessment observations served as the peer quality case review; and the jurisdiction’s System Improvement Plan was based entirely upon the Practice Model. While this process did not change state or federal policy regarding local System Improvement Plans, it is helping to pave the way for such changes in the future. In another jurisdiction, there was joint adoption and implementation of the

Practice Model by child welfare and children’s mental health staff in the human services agency, and both programs are jointly developing CQI processes.

**Printout Resource 25** on the following page includes key best practices for facilitative administration and systems intervention to work on creating a supportive, transparent, and aligned system for the Practice Model. Linked leadership and implementation teams in replicating jurisdictions are encouraged to identify steps they can take to begin to embed these best practices in the agency. This is not a one-time worksheet, but something that can be repeatedly used, so that every 3 months there is a check-in on the current steps and timelines. At the same time, a new set of “next right steps” can be developed to continue to build a supportive, enabling context for the Practice Model and alignment at all levels of the agency and system to strengthen and sustain support for the Practice Model.

#### KEY TAKEAWAYS: CREATING A SUPPORTIVE, TRANSPARENT, AND ALIGNED SYSTEM

- Seek information from staff, families, and partners about what is working, what is getting in the way, and service needs.
- Learn through successive Plan-Do-Study-Act cycles, and make needed adjustments before scaling up implementation.
- Work with other systems (e.g., mental health, probation, etc.) to strengthen alignment.
- Work proactively with partners to address system barriers and service needs.

## CREATING A SUPPORTIVE, TRANSPARENT, AND ALIGNED SYSTEM

Key Considerations	Planned Activities/Next Steps	Resources Note (E) if resource exists Note (N) if resource needed	Who is Responsible/ Accountable	Timeline
<p>Information about what is working, what is getting in the way of CFPM implementation, and the service system needs of children/families is sought, documented, and used to support and sustain CFPM, including:</p> <ul style="list-style-type: none"> <li>• Improvement cycles (PDSAs) are being employed by implementation team to test or adjust CFPM supports</li> <li>• Agency CFPM implementation is integrated in larger health/wellness initiatives or strategic plans</li> <li>• Info regularly sought from staff, families, and partners about CFPM successes</li> <li>• Info systematically sought from staff and partners about agency CFPM supports, barriers, and larger service system needs</li> <li>• Info systematically sought from families served about their perceptions and experience of CFPM and larger service system needs</li> <li>• Implementation Team documents and communicates system barriers, themes, and CFPM successes regularly to leadership, who responds with timely feedback</li> <li>• Linked teams work with appropriate partners to address system barriers and service needs</li> <li>• CFPM successes and progress are shared at least quarterly with staff, partners, champions, and opinion leaders outside the agency</li> </ul>				

# 6 EFFECTIVE, SUSTAINED IMPLEMENTATION SUPPORT

After building community partnerships, readiness, infrastructure, and capacity and installing the Practice Model, committed leadership and implementation teams, with the competencies for supporting active implementation and scale-up, will be in place and working with community partners and others in replicating jurisdictions to guide and support all aspects of practice model implementation and system change. This provides the needed ingredients for the final building block in implementation and system change:

ensuring all parts of the implementation infrastructure—the people, partners, processes, and linkages—are working together to support implementation, promote system change and alignment, respond adaptively to challenges and needs, and ensure communication and feedback loops for effective, sustained CFPM support at all levels of the agency.

Effective, sustained implementation support requires child welfare agencies and their leaders to be highly adaptive. Implementing jurisdictions working to embed and sustain the Practice Model had persistent and dynamic adaptive issues around organizational capacity, staff turnover and vacancies, high workloads and low morale, competing agendas and sensitive political contexts, limited resources and budgets, and hard-to-affect policies and systems. A top-down, uninformed, and technical approach to implementing the Practice Model by local leadership was ineffective for system-wide implementation. Implementing jurisdictions have been most successful in supporting and

## EFFECTIVE, SUSTAINED IMPLEMENTATION SUPPORT

Community and Tribal partners are connected to and supporting implementation in meaningful ways, such as acting as key advisors, playing roles in training or coaching, and acting as members of fidelity assessment teams.

Linked leadership and implementation teams are working adaptively and collaboratively with staff and partners to ensure a supportive, aligned, and transparent system of culturally responsive practice, services, and supports.

Local implementation teams carry ongoing responsibility for the day-to-day management and coordination of all activities that support, assess, and improve implementation of the Practice Model, including:

- Participating in internal and external communication and feedback loops to ensure ongoing coordination and support for implementation of the Practice Model
- Ensuring all staff and partners who have been trained in and are implementing the Practice Model receive ongoing, behaviorally focused coaching supporting high-fidelity use of the Practice Model
- Ensuring that fidelity to the Practice Model is assessed by agency and community partner observer teams annually and that fidelity results and implementation data are considered in relation to outcome data and used for CQI

sustaining the Practice Model when there have been well-developed, linked leadership and implementation team structures that are continuously nurturing the development of a supportive, aligned, and adaptive system.

For instance, where an implementing jurisdiction's linked leadership and implementation teams were working closely together and with local community partners, they were able to act quickly and adaptively when a workforce action or strike was imminent in order to prevent delays in installing and usability testing the Practice Model. Another jurisdiction attempted to implement without a well-formed and closely linked leadership and implementation teaming structure and without an empowered system in which managers understood the decisions that they could make on their own. The jurisdiction was not able to respond quickly and adaptively to many emergent issues and needs that developed, including chronically low staffing levels. While the jurisdiction was committed and persistent in its efforts, it experienced many delays and a lack of momentum throughout several years of implementation until more intentional and effective linkages and supports for implementation were established and working smoothly at supervisory, management, and executive leader levels.

In reflecting on the implementation experiences and sustainability strategies across all of the implementing jurisdictions, sustainability work has been found to be particularly valuable in three areas:

- **Continuous engagement and involvement** of disproportionately represented communities to ensure that their voices are heard and protected so that critical external perspectives and pressures strengthen system responsiveness; transparency; and accountability to the children, families, and communities being served
- **Continuous support for system change and alignment**, which maintains a focus on the needs of the children and families being served and

strengthens communication and feedback loops. This allows changes to be made to the organization and system to effectively support the Practice Model and its delivery, rather than changing the Practice Model to fit the agency and its existing service delivery system.

- **Prioritizing sustainability** of the Practice Model and of best practices in implementation and data-based decision making to strengthen Practice Model fidelity and to build supportive, sustainable infrastructure for the Practice Model at all levels of the organization and system

## Continuous Engagement and Involvement of Partners

Community partnerships bring wisdom and experience regarding the real issues and basic needs of children and families. Implementing jurisdictions have found the voices and perspectives of community partners clear and effective reminders of what is most important in the day-to-day actions and interactions of child welfare and the broader system of supports and services to improve outcomes for the children and families being served. As these partnerships strengthen practice- and system-level responsiveness to culture and trauma and are considered key to long-term system change, implementing jurisdictions have prioritized strengthening and sustaining these relationships.

As with many aspects of CFPM implementation and system change, building and maintaining relationships with local communities is an extremely adaptive process. As child welfare and community leadership changes, and as new environmental and contextual variables emerge and play out in unexpected ways, both the individuals involved in the partnership and their engagement and commitment will change over time. Some jurisdictions have found it helpful to incorporate active involved community partnership as an ongoing strategy and way of doing business in local strategic plans, System Improvement Plans, TOR, and

other documents, in order to establish expectations for community partnership in all practice and system change. While this will not keep community partners at the table, it can help greatly in maintaining the needed infrastructure and supports over time for the active involvement of community partners, as well as help the agency to stay on course as agency leadership transitions occur.

Understanding that token representation at an agency table is “business as usual,” implementing jurisdictions have found it important to continually nurture and expand partnership relationships. This has involved continuing to check in and explore whether/how the partnership is meaningful to the community partner, what changes and improvements can be made, and what resources might be needed to stay in partnership. Relationships are built and maintained by listening, respect, understanding, and working together as equals to achieve shared goals and outcomes. It is important to keep meetings from becoming progress updates or sessions focused on talking about problems rather than working together on solutions.

If we only explore problems together, the problems become more complex and unmanageable....

Exploring solutions and reflecting on what has worked tends to bring about more solutions.

**-CFPM Engagement Liaison**

When partner participation in regular meetings with the agency ebbs more than flows, the form or structure that has been used may need to change. After almost 5 years of monthly advisory committee meetings in which community partners were actively involved, an implementing jurisdiction is re-assessing this connection point with its community partners as meeting attendance has declined. Within the jurisdiction, other

sensitive political issues are affecting attendance, and many other connection points between agency and community partners have been developed or identified in the intervening years, so partners are becoming intentional and strategic about how to leverage these opportunities and forums to sustain joint agency and community partner work on local system and practice change.

Practice model implementation surfaces many adaptive issues and challenges that agency and community partners will need to grapple with. Legitimate yet competing perspectives on issues and problems will emerge, and partners may disagree on what the problem actually is or see no clear solution or path forward. In these situations, it is helpful to look for ways to fit ideas together and not set up an either/or process or a competition between ideas. Understanding that adaptive problems do not have clear solutions and that attempted solutions may surface other dynamic issues and problems, it is important to lean into the conversation, honor what others see and experience, and acknowledge and value the many truths that cultural values, traditions, and perspectives bring into the room. By ensuring that all voices are heard and protected, agency and community partners continue to demonstrate openness to listening and learning together in order to co-create solutions and strategies for managing adaptive issues and challenges in supporting and sustaining the Practice Model.

Leadership in implementing jurisdictions speak passionately about the transformative power of active involved community partnerships on local practice and system change and of the need and their commitment to sustain and expand these partnerships to improve practice, services, supports, and outcomes for the children and families being served. System leaders are ensuring ongoing, practice-level support by Parent Partners, Cultural Brokers, or Tribal Social Workers and sustaining active participation by community partners in CFPM training, coaching, fidelity assessment

observation, and data review in order to continue strengthening their system’s responsiveness, transparency, and accountability to the children, families, and communities being served.

## Continuous Support for System Change and Alignment

The system reviews and analyses that were completed in implementing jurisdictions during CFPM development identified persistent system behaviors across jurisdictions that created system processes in service to the organization and system rather than to the children and families being served. Systems were not organized to enable and support staff to understand and meet the underlying needs of children and families. For instance, it was common to see only agency-contracted or court-approved services in case plans. There were few, if any, protocols guiding staff to identify or match services to the culture and needs of the family or creating pathways to fund those individualized service needs. Agency-contracted services were often not identified to address trauma, so this was not addressed in case plans or service delivery even when the case records indicated it was a clear need. These system reviews and analyses highlighted that while social workers can be trained in and deliver an intervention such as the Practice Model, these kinds of service delivery issues must be addressed if outcomes are to be improved and reduced disparities in outcomes are to be achieved.

In implementing the Practice Model, jurisdictions that worked closely with their community and had stable implementation infrastructure with strong practice-to-policy feedback loops were most effective at addressing the systemic barriers and needs that surfaced. The day-to-day work of an active and engaged implementation team and the active involvement of community partners most effectively keep the system barriers that social workers experience and the real experiences of children and families in front of agency leadership. These communication and

feedback loops bring significant pressure on child welfare agency leadership to look at and work to solve systemic issues and barriers that are impacting the Practice Model reaching children and families. As implementation proceeds, it will be helpful for replicating jurisdictions to ensure strong and consistent communication and feedback loops that lift up system barriers and themes based on the ongoing experiences and perspectives of community partners and social workers delivering the Practice Model. All levels of staff will be instrumental in identifying and addressing agency policies, procedures, and business practices that must be brought into greater alignment with the Practice Model.

In one jurisdiction, frontline staff were confused about how the Practice Model applied to their work, and community partners were concerned that the agency was handling referrals on Tribal children without the involvement of the Tribe. The agency worked with community partners to seek and obtain a standing juvenile court order allowing the child welfare agency to initiate communication with the child’s Tribe(s) at the initial screening process to better support agency-Tribe collaboration in earlier stages of child protective services. A  [Screener Narrative Desk Guide Example](#) (see **Appendix 15**) and other tools were developed to assist hotline staff to align their work with the Practice Model and to implement the new Tribal collaboration protocol.

In another jurisdiction, local visitation contracts and procedures, mental health contracts, foster family agency agreements, the SACWIS system, court-approved services (which did not include Tribal services), and an internal agency review process (family reunification panels to determine when family reunification services would be bypassed) were identified as problematic and misaligned aspects of the system. The agency quickly established a workgroup that included all levels of staff to develop and test out new family reunification panel processes. It also mobilized work at the manager level to draft a Memorandum of

Understanding based on the values, principles, and behaviors in the Practice Model for use with local foster family agencies. Agency staff and resources were brought together to develop and, ultimately, to pilot a new approach to supervising and supporting parent/child visitation. In addition, the agency worked with the court to ensure awareness of and approval for culturally relevant Tribal services. Simultaneously, the executive leadership began strategizing changes to local mental health and visitation provider contracts.

While the local jurisdiction could not change the SACWIS system, it did position itself on committees that were working on SACWIS changes. It also guided staff in “workarounds” so that key information that aligned with the Practice Model was included in notes in the SACWIS system and, ultimately, in court reports until SACWIS changes could be put into effect. Some of these system alignment activities moved quickly, while others took years. However, staff were kept up to date on progress and developments, so they understood the commitment of local managers and leaders to aligning the system and to supporting the practice. Importantly, the jurisdiction did not stop there, but continued to use data and feedback loops on an ongoing basis to identify systemic issues and themes that were actively and adaptively worked on in partnership with staff and the community.

This kind of timely, responsive, closely coordinated, and proactive work involving communication linkages and feedback loops with all levels of staff and community partners to identify barriers, co-create solutions, and strengthen system alignment is key to building an adaptive and aligned system that can support and sustain the Practice Model and ensure that the needs and outcomes of the children and families being served are prioritized over system functioning and needs.

Do not go where the path may lead; go instead where there is no path, and leave a trail.

-Ralph Waldo Emerson

## Prioritizing Sustainability of the Practice Model

CFPM sustainability requires that effective implementation supports continue to be in place, are well supported, and make use of implementation best practices to strengthen and sustain fidelity to the Practice Model. Core infrastructure supports to be maintained are the linked teaming structures within the agency, which effectively “wrap around” staff to support consistent and effective use of the practice and continually lift up system challenges and barriers. Without linked leadership and implementation teams engaged in data-based decision making, ongoing learning, active problem solving, and day-to-day support of staff, the status quo is likely to reassert itself, and practice and system behaviors will drift. The significant investment of time, resources, and energy that have been needed for installation and early implementation of the Practice Model will reap little benefit for children and families unless implementation infrastructure and best practices are sustained.

Some implementing jurisdictions chose to maintain their linked leadership and implementation team structures for sustaining the Practice Model, as well as for integrating other new practices and initiatives as they were identified over time. Other jurisdictions have been re-visioning the job roles of individual staff positions, units, workgroups, and teams (e.g., supervisory, management, and leadership teams) into linked implementation support structures. While the former may provide more nimble and responsive day-to-day support, the latter could ultimately strengthen the functioning of the entire system and its ability to support implementation of any practice over time. Both approaches can be effective if they ensure

all active implementation and scale-up functions are being attended to and make use of best practices in implementation.

Continuously assessing and embedding implementation best practices within agency programs, practices, and processes has been critical for effective sustained support of the Practice Model. Implementing jurisdictions are continuously learning about and exploring how to incorporate and strengthen implementation best practices within their system. For example, though there was little early focus on recruitment and selection by implementing jurisdictions, recent inclusion of behavioral observation in interviewing candidates for hire or promotion has been “turning heads” in several implementing jurisdictions due to the ability of this strategy to provide information much more effectively on who is and is not a good fit for the agency, the Practice Model, and the position.

Implementing jurisdictions are also beginning to see the effects of not using implementation best practices.

For example, while the implementation team in a jurisdiction was aware of and working with various leaders to strategize testing and use of improved practices in Practice Model recruitment and selection, in this same jurisdiction, agency leaders were hiring two new leadership positions which they, unfortunately, did not consider as being positions connected to the Practice Model. On their face, the leadership positions related to a new project; however, there was a significant tie to the Practice Model as it was the identified intervention to be used in the new project.

The experience described in the example below demonstrates the ongoing need for individuals, such as implementation team members who are confident and competent in applying implementation best practices, to be available to nurture readiness and to help the system and its leaders apply implementation best practices for greater system efficiency and effectiveness.

In an implementing jurisdiction, two leaders were recruited and selected to oversee a local project in which the Practice Model was the identified intervention. As they came into these newly created leadership positions, they came with their own experience and understanding of what the agency would require of them in leading and supporting the initiative.

Imagine the consternation and confusion of implementation team members when it became clear that these two leaders wanted to operate outside of the local leadership and implementation teaming structures that were set up years ago. As an alternative, these new leaders were considering whether/how they could use those structures for their own project administration and management purposes without understanding the purpose of the team and the principles and frameworks for active implementation and scale-up on which the team was based. While this got sorted out and the new project leadership is being integrated into the Practice Model leadership and implementation team structure, missed opportunities abounded.

For example, targeted strategies could have been used at multiple points in the recruitment, selection, promotion, and on-boarding processes to orient these leaders to active implementation frameworks and to the implementation supports and experiences of the agency, including the linked leadership and implementation infrastructure, which the agency had committed to sustain and with which project leadership and management would be expected to work and become a part.

Given the importance of embedding implementation best practices for effective, sustained support of an intervention, federal evaluation partners worked with federal training and TA providers to develop an implementation driver assessment survey to be conducted in each implementing jurisdiction annually. An online implementation driver assessment survey was disseminated to community partners involved in local implementation and to implementation team members and supervisors, managers, and leaders who had staff under them delivering the Practice Model. While it was expected that the inclusive nature of the survey respondents would be helpful, over time, the people taking the survey changed significantly and their connection to the implementation work did as well. Many supervisors and some managers lacked perspective on the work of the implementation team and the status of many of the implementation drivers, and community partners often only had external perspective in one implementation area in which they were actively involved, such as training, coaching, or fidelity assessment. This meant it was difficult to understand the survey results and to track trends from one year to the next.

A facilitated implementation driver assessment, contextualized to the CFPM, is currently being developed, refined, and tested by TA providers from the University of North Carolina's Frank Porter Graham Institute in partnership with an implementing jurisdiction. This emerging assessment uses a facilitated, consensus-based process with the local implementation team every 6 months to assess scores on each survey question and area of implementation. This approach is better able to provide actionable information about practice model implementation supports so the jurisdiction can understand its implementation strengths and areas for improvement and develop smart next steps for supporting and sustaining the

Practice Model. The original [implementation driver assessment](#) survey<sup>10</sup> is included in this manual. (See **Appendix 16.**)

In addition to ongoing use of an implementation driver assessment, another key strategy for prioritizing sustainability of the Practice Model was lifted up from implementing jurisdictions. Jurisdictions that have integrated the Practice Model into the child welfare strategic plan, federal or state Program or System Improvement Plan, and other cross-agency initiatives are well positioned to support and sustain the Practice Model. In one jurisdiction, a joint child welfare/children's mental health collaborative formed to embed the Practice Model as the central model of practice for children and families being served within those systems. The cross-agency leadership and visibility gave significant cross-agency support; helped align child and family supports and services across the jurisdiction; and created a broad, enabling context for supporting and sustaining the Practice Model. In another jurisdiction, both community partnerships and the Practice Model have been included as essential activities in the agency's strategic plan, *Stepping Into The Future*. (See [http://www.co.fresno.ca.us/uploadedFiles/Departments/DSS/Family\\_Services/SelfEval/SE\\_Home\\_Page/Fresno%20ISP%20Final%205%207%2014.pdf](http://www.co.fresno.ca.us/uploadedFiles/Departments/DSS/Family_Services/SelfEval/SE_Home_Page/Fresno%20ISP%20Final%205%207%2014.pdf).)

Finally, a sustainable system for the Practice Model continuously makes use of data and feedback loops for ongoing learning and improvement. As feedback loops become routine, and capacity is developed to gather, use, and share data and information from multiple sources and perspectives, linked leadership and implementation teams and community partners are better able to recognize progress and needs, celebrate successes, strengthen implementation supports, and respond adaptively to the challenges and complexities inherent in implementing and sustaining the Practice Model.

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<sup>10</sup> Note: Once the facilitated CFPM Driver Assessment is available, possibly in fall 2016, it will replace the PII/CAPP IDA posted at this link.

When resources need to shift, data-based decision making ensures that meaningful data can be brought into digestible formats to help those affected understand the rationale behind the decision to shift resources and the agency's commitment to system responsiveness, transparency, and accountability to the children and families served. Incorporating implementation data as part of CQI processes and sharing it widely keeps staff and community partners informed of how well the system is supporting use of the Practice Model and to what extent the practice is reaching children and families and positively affecting their outcomes. Use of data in decision making enables the agency to increase system effectiveness, efficiency, and support of the Practice Model and to ensure targeted and strategic efforts to improve child and family outcomes. This is critical information for agency leaders and policymakers to have in making decisions about whether/how to prioritize and sustain the CFPM.

### **KEY TAKEAWAYS: EFFECTIVE, SUSTAINED IMPLEMENTATION SUPPORT**

- Continuously engage and involve disproportionately represented communities, and ensure their voices are heard and protected.
- Maintain focus on the needs of the children and families being served, and make system changes to better address those needs.
- Change the system to support the Practice Model and its delivery, rather than changing the Practice Model to fit the agency and its service delivery system.
- Prioritize best practices in implementation and data-based decision-making to strengthen Practice Model fidelity and achieve shared agency and community goals and outcomes.

# APPENDIX



## CHILD AND FAMILY PRACTICE MODEL PACKET

The Child and Family Practice Model (CFPM or Practice Model) is a comprehensive and culturally responsive approach to child welfare *practice* and *system* level change. It is designed to improve safety, permanency and well-being outcomes for all children and reduce disparities in outcomes for communities and Tribes whose children are in care the longest and experience the worst outcomes. This packet of materials contains information on the Practice Model as well as the organization and system elements needed to ensure successful and sustainable implementation.

### 1. Child and Family Practice Model At a Glance

#### *Short narrative description of the Practice Model.*

- Provides top-line descriptions of the model and its Front-Line Practice Approach, Core Practice Elements, Practice Behaviors, Organization and System Capacity, Values and Principles, and Theoretical Framework.
- Includes summary findings from system reviews and analyses that inform and guide implementation of the Practice Model.
- Developed with the involvement and guidance of families, communities and Tribes.
- Model has been implemented in four pilot counties and refined through usability testing and further recommendations from communities, Tribes and other system partners.

### 2. Child and Family Practice Model Schematic

#### *Graphic depiction of how the Practice Model is envisioned to work.*

- Emphasizes that model is not linear – rather all parts are envisioned to work together and build on each other.
- Shows families, communities and Tribes at the center of the model – and then a concentric and interconnected set of circles that highlight Values and Principles, Front-Line Practice Approach, eight Core Practice Elements, Practice Behaviors, and Organization and System Capacity. Shows Theoretical Framework - *Partnership, Culture and Humility* - as Model's foundation.

### 3. Theoretical Framework

#### *Summary of conceptual approach for Practice Model.*

- Notes the ways in which the Practice Model departs from historical approaches to working with children and families.
- Includes specific CFPM Values and Principles.

### 4. Organization and System Capacity

#### *Summary of building blocks for agencies and organizations to support implementation of the Practice Model.*

- Provides descriptions of the activities needed to support and reinforce the theoretical orientation and practice skills that are part of the Practice Model.

### 5. Practice Behaviors

#### *Summary of actions for social workers and agency staff to use in implementing the Practice Model.*

- Intended as a helpful tool to guide actions and make explicit what is needed.
- Speaks to interactions between caseworkers and families, children, youth, communities and Tribes.
- Goal is to ensure staff and agency behaviors are consistent with the Practice Model's Front-Line Practice Approach.
- Align with all elements of the Practice Model and are organized to create a reminder to "LEAN IN, LIFT UP and CONNECT TO CULTURE."

The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM project under Cooperative Agreement 90CT0153.



## AT A GLANCE

### CHILD AND FAMILY PRACTICE MODEL

*Guide for child welfare agencies and their partners to use in working with vulnerable children, youth and families.*

- The Child and Family Practice Model is a guide for public agencies and their partners to follow in reducing disproportionate representation and disparate outcomes and improving the lives of children, youth and families in the Child Welfare System.
- The Practice Model is informed by findings from local system reviews and analyses that address the gap between the Model's vision and how systems that serve children and families are organized. Areas of review include agency policies, procedures and supervisory practices.
- The Model includes four elements that must come together for the Model to be effective: a **theoretical framework** that provides the foundation for the model, a set of guiding **values and principles** for all actions; a **front-line practice approach** that informs and guides all interaction with children and families; and the development of **organizational and system capacity** to support the changes that are sought through the Model.
- The Model is prescriptive in how services should be provided as articulated in individual agency regulations, policies and procedures, yet allows for appropriate flexibility and professional discretion to support effective casework practice. It includes the practice activities and rationale that form the case process.
- The Model serves as an agency's guide to the daily interactions among employees, children, families, stakeholders, and community partners and Tribes who are working together to achieve improved outcomes for vulnerable children and families.

## SYSTEM REVIEW AND ANALYSES

### ***A review of the child welfare system and the way it influences interactions with children and families.***

- The child welfare agencies and community partners that developed the Practice Model conducted local system reviews to better understand how well their systems serve children and families who are disproportionately represented or experience disparate outcomes.
- Key findings from these reviews and the experiences shared by community and tribal partners have informed the development of the Child and Family Practice Model and guide its implementation.
- System reviews were invited by the pilot sites and reflect their commitment to improving both practice and services.
- Cross-cutting issues in system review findings show that challenges are shared across sites and by many jurisdictions. Key findings can be organized by the thematic areas addressed by the Practice Model and include:
  - Exploration and Engagement
    - The need for practitioners to more effectively prioritize child and family supports and better engage families, youth and caregivers.
  - Power of Family
    - The need to demonstrate respect for family structure and increase parent and youth voice in decision-making.
  - Circle of Support
    - The need to prioritize informal supports for children and their families and the need to partner with communities and Tribes to more effectively support their children.
    - The need for supports and services that are well-coordinated and more individualized to the family’s culture and needs.
  - Healing Trauma
    - The need to lift up and focus on the layers of trauma experienced by children and families, including the personal history of trauma and the trauma of child welfare interventions in the lives of families, communities and Tribes.

## THEORETICAL FRAMEWORK

### ***Basic beliefs that provide the foundation for improved practice, system and organizational changes.***

- A theoretical framework provides the foundation that informs and supports the practice, system and organizational changes that are sought through the Child and Family Practice Model.
- The CFPM theoretical framework reflects a shift away from the traditional child rescue movement where children need to be saved from parents who are ill-prepared to care for them to one that recognizes family, community and Tribal strengths and engages in true partnership to understand and meet the needs of children. In particular, the theoretical framework acknowledges the impact of broad social, racial, cultural

and historical factors in the lives of families and the importance of practice and system level changes that are rooted in humility as well as sensitivity and responsiveness to culture.

## VALUES and PRINCIPLES

### *Guiding beliefs intrinsic to implementation of the Model.*

- The Child and Family Practice Model is grounded in a core set of values and principles that inform and guide all actions and implementation of the model. Core values for the model include **The Power of Family; Healing; Community and Collaboration; Honesty, Transparency and Trust; Safety; Fairness and Equity; Empowerment;** and **Accountability and Results**. For each of these values, the Model articulates what these values look like in action – a set of practice principles to guide agency, community and Tribal actions in implementing the Model.

## FRONT-LINE PRACTICE APPROACH

### *Holistic method for agencies and communities to invoke when working with children and families.*

- The Child and Family Practice Model includes a comprehensive and interconnected approach to guide agency and community interactions with vulnerable children and families. Four front-line practices define and guide this approach: **Exploration and Engagement; Power of Family; Healing Trauma;** and **Circle of Support**. These four practices come together in a blended, interdependent way and must work equally to form effective child and family practice.

## CORE PRACTICE ELEMENTS

- Within the Front-Line Practice Approach are eight Core Practice Elements that are essential to effective implementation – **Inquiry; Engagement; Self-advocacy; Advocacy; Well-being Partnerships; Recovery, Safety & Well-being; Teaming;** and **Shared Commitment & Accountability**. Each of these is supported by a set of Practice Behaviors that spell out distinctive actions for agency staff to employ when interacting with children, families, community members and stakeholders.

## ORGANIZATIONAL and SYSTEM CAPACITY

### *Helping agencies and systems meet the challenge.*

- Fundamental to the Child and Family Practice Model is the development of organizational and system capacity to support and reinforce the theoretical orientation and practice skills that are part of the Practice Model.
- Key building blocks to address barriers and support quality practice include
  - An active, involved community partnership
  - Shared commitment to the Practice Model
  - Capacity building and installation
  - Effective, sustained implementation support
- Positive outcomes for children and families will result when all parts of the organization and system are working in concert to address systemic barriers and build system capacity to support implementation of the Child and Family Practice Model.

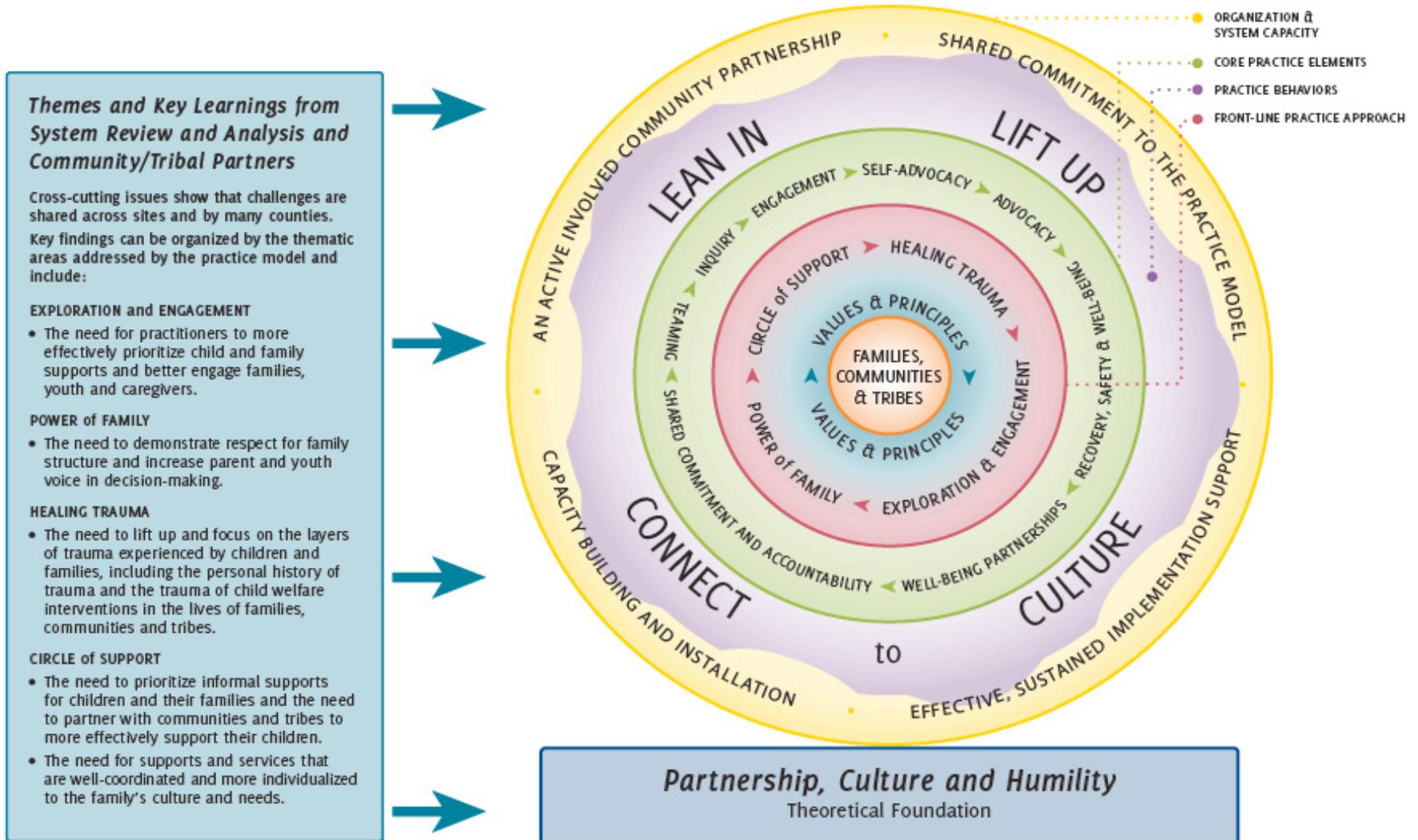
## PRACTICE BEHAVIORS

### *A summary of actions for social workers and agency staff to use in implementing the Practice Model.*

- Practice Behaviors are a compilation of actions that are needed and desired to successfully implement the Child and Family Practice Model.
- Practice Behaviors serve as a guide and tool to make explicit what is needed in interactions that occur between caseworkers and families, children, youth, communities and Tribes.
- All Practice Behaviors are consistent with the broader Front-Line Practice Approach that provides guidance and direction for the implementation of the Practice Model.

# SCHEMATIC

## FROM SYSTEM REVIEW and ANALYSES to CHILD and FAMILY PRACTICE MODEL DEVELOPMENT



## THEORETICAL FRAMEWORK

### CHILD and FAMILY PRACTICE MODEL

The conceptual framework applied in child welfare work has changed considerably over time. Child welfare has its roots in the child rescue movement where children needed to be saved from undeserving parents. Many of these beliefs were embedded in paradigms of patriarchy, whiteness, privilege, positivism and ethnocentrism<sup>1</sup>. This resulted in system interactions and practice approaches that were particularly problematic for African-American and American Indian populations.

More recently, the child welfare system has focused on helping families with a complex set of needs through professional diagnosis and treatment of dysfunction. The theory is: if the problem is properly diagnosed, then prescribed treatment will provide the expected outcome. Families are the recipients of assessment and need to be compliant in following the course of treatment prescribed by the social work expert or the courts. Compliance with the case plan rather than measurable change in behavior and skills is defined as success.<sup>2</sup> Developers of the Practice Model believe this conceptual framework has contributed to the substantial gap in understanding and responsiveness to the needs of African-American and American Indian families in current child welfare practice.

The CFPM theoretical framework is a departure from the more traditional frame and builds on broader cultural experiences and beliefs about families, communities and Tribes. While consistent with theories of Family-Centered Practice and Solution-Based Casework, the theoretical framework acknowledges the impact of broad social, racial and historical factors in the lives of the diverse families being served by public child welfare and the need for humility and culturally responsive partnerships with supportive communities and Tribes to understand and meet the needs of their children. The Practice Model is based on the belief that we can most effectively address disparities in outcomes and thereby achieve positive permanency outcomes for all children when we:

- Acknowledge the history of racism and discrimination in our community; recognize its impact on institutions, communities, Tribes, families and children; and actively address one's own biased or inaccurate assumptions about race, class, or sexual orientation to create visible change in our behaviors and interactions;
- Move from a medical/professionally-driven model of helping, to one that recognizes the parents, children, youth, families, Tribes and

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<sup>1</sup> *Building Community: A Conceptual Framework for Child Protection*, Ken Barter (2001).

<sup>2</sup> *Engaging Child Welfare Families: A Solution-Based Approach to Child Welfare Practice*, Dana N. Christensen, PhD and Becky Antle, PhD (2000).

communities as true partners in developing solutions;

- Recognize issues of social justice and the unequal distribution of power and resources as service delivery is planned;
- Consistently and repeatedly partner with the child or youth, birth parents, and entire extended maternal and paternal family and support community and Tribes in solution- and outcome-focused planning and decision making; and
- Engage the broader community and Tribes in problem posing and solving rather than attempting to fix all problems alone.

The values and practice principles in the Child and Family Practice Model flow from this theoretical foundation for how change will occur. They provide administrators and practitioners with a firm foundation for making decisions and guide their interactions with children, families, community and Tribal members. Each value is exemplified by practice principles that demonstrate the value in action.

## CFPM VALUES and PRACTICE PRINCIPLES

VALUES WE BELIEVE IN...	PRACTICE PRINCIPLES – OUR VALUES IN ACTION...
The Power of Family <sup>3</sup>	We demonstrate this by ensuring that every child and youth has a lifelong, loving, legal family and by partnering with all family members and caregivers in planning and decision-making, including working together early and continuously to develop and support safe family relationships and multiple paths to permanency.
Healing	We demonstrate this by making all of our interactions and interventions with children, families and communities sensitive and responsive to the trauma and loss they may have experienced.
Community and Collaboration	We demonstrate this by building partnerships with community and Tribes to ensure that services and interventions reflect the diverse needs of the families and children we serve. This includes partnering with natural neighborhood supports, schools, Tribal supports, faith-based and other cultural community supports identified by families.
Honesty, Transparency and Trust	We demonstrate this by being authentic and truthful in every interaction we have with children, youth, families, partners and one another, by showing respect and regard for each person’s unique lived experience, strengths and beliefs, and by being transparent about our decision making and our outcomes.
Safety	We demonstrate this by creating an environment where power is shared and trust is created to enable a child, youth, birth parent, extended family, community and Tribe to actively work together toward change that will result in safety for the child or youth.
Fairness and Equity	We demonstrate this by expanding our awareness and understanding of institutional and personal bias; increasing our knowledge, respect and regard for all ethnicities, cultures, gender, sexual identity, socio-economic backgrounds and perspectives; and asking the groups that are most affected by our policies, services, and interventions to guide their development.

<sup>3</sup> The terms **family and families** are used broadly throughout the CFPM Practice Model. The CFPM definition of family and families includes blood and adoptive relatives, step-families and unrelated persons that have an emotionally significant relationship. *For American Indian youth and families this term includes their tribe and tribal relations as understood under the tribes’ customs and traditions. Youth, family and for American Indian youth, tribes are best and uniquely qualified to identify who fits this description.*

VALUES WE BELIEVE IN...	PRACTICE PRINCIPLES – OUR VALUES IN ACTION...
Empowerment	We demonstrate this by affirming the unique strengths and needs of each child, youth and family and by encouraging their voice and choice in decisions about their lives.
Accountability and Results	We demonstrate this by employing services and interventions that are backed by evidence of their effectiveness and by continuing to track and analyze data to improve all of our practices and policies.

## Organizational and System Capacity

With an active involved community and local leadership, organizational commitment, system capacity and support for implementation, all parts of the organization and system work in concert to address systemic barriers, support quality practice and ensure accountability to shared goals and outcomes for the children and families being served.

### ***I. An Active, Involved Community Partnership***

Local child welfare agencies, organizations and leaders demonstrate commitment to community partnerships that respect and incorporate the unique contributions of communities and Tribes. These partnerships guide ongoing local practice and system changes. The following are core partnership activities:

- Listening sessions to learn about and begin to address historical trauma and mistrust of agencies and systems
- Working with community and Tribal partners to identify system barriers to improved outcomes for children and families and implement action plans to address those barriers
- Collaborating with community and Tribal partners to establish pathways to culturally relevant and trauma-informed services to meet the underlying needs of children and their families
- Meaningfully involving community and Tribal partners in training, coaching and ongoing system supports for effective, sustained implementation of the Child and Family Practice Model
- Ensuring partnership meetings, forums and feedback loops are sustained so that community and Tribal partners are continuously connected to and help guide ongoing child welfare practice and system changes to achieve improved outcomes for children and their families

### ***II. Shared Commitment to the Practice Model***

There is shared commitment by local child welfare agencies, organizations, leaders and partners to:

- Adopt the Child and Family Practice Model as *the central framework* for all interactions with children and families involved with the child welfare system
- Dedicate staffing resources to form and link local implementation and leadership teams and employ implementation science to “drive” successful implementation and support of the Practice Model locally.
- Work continuously to:
  - Establish internal and external communication and feedback loops to intentionally connect Implementation Teams to practice and leadership levels and promote “practice-informed policy” and “policy-enabled practice”
  - Identify, develop and support use of a broad culturally relevant service array responsive to the underlying needs of local children and their families

- Align all parts of the system to support the practice and system changes reflected in the Practice Model

### **III. Capacity-Building and Installation**

Local Implementation Team(s) works with staff, supervisors, trainers, coaches, agency and community partners, administration and leadership/advisory teams to:

- Educate, prepare and meaningfully involve staff and partners in implementation planning, cross-system coordination, capacity-building and readiness activities
- Develop, adapt or enhance Practice Model training and coaching curricula and service delivery plans in partnership with community and Tribal partners to support Practice Model integration and implementation at all levels of the organization and system, building on local strengths, resources, strategic direction and needs
- Train and prepare practitioners' supervisors, managers and executive leadership, and other coaches, in:
  - Practice Model Mastery - building fluency in applying the 23 Practice Behaviors in the context of families, communities, Tribes, as well as within child welfare and mental health/behavioral health agencies, leadership, provider organizations and systems
  - Behaviorally Focused Coaching - understanding the coaching role of supervisors, managers, executive leadership, and other internal and external coaches, in supporting system alignment, implementation and fidelity use of the Practice Model
  - Strategies for incorporating coaching in supervision, unit meetings, and other forums to build competency at all levels of the organization and system in applying the Practice Model

### **IV. Effective, Sustained Implementation Support**

Community and Tribal partners are connected to and supporting implementation in meaningful ways, such as acting as key advisors, playing roles in training or coaching, acting as members of Implementation or Fidelity Assessment Teams, etc.

Linked Leadership and Implementation Teams are working adaptively and collaboratively with staff and partners to ensure a supportive, aligned and transparent system of culturally responsive practice, services and supports.

Local Implementation Teams carry ongoing responsibility for the day-to-day management and coordination of all activities that support, assess and improve implementation of the Practice Model, including:

- Participating in internal and external communication and feedback loops to ensure ongoing coordination and support for implementation of the Practice Model
- Ensuring all staff and partners who have been trained in and are implementing the Practice Model receive ongoing behaviorally focused coaching supporting high fidelity use of the Practice Model
- Ensuring that fidelity to the model is assessed by agency and community partner observer teams annually and that fidelity results and implementation data are considered in relation to outcome data and used for continuous quality improvement

## PRACTICE BEHAVIORS

### CHILD and FAMILY PRACTICE MODEL

Practice profiles, or **PRACTICE BEHAVIORS** as CFPM calls them, define in behavioral terms the interactions between caseworkers and families, children, youth, communities and Tribes. CFPM Practice Behaviors are consistent with:

- **CFPM FRONT-LINE PRACTICE APPROACH** – This approach continuously explores and engages a broad network of family, cultural, community and tribal relationships in an ongoing Circle of Support that values family and cultural strengths, solutions and resources, attends to trauma, loss and other underlying needs, keeps children safe, and supports the family and their well-being during and after child welfare system involvement.

**CORE PRACTICE ELEMENTS** – There are eight practice elements or “active ingredients” for the Child and Family Practice Model:

1. **INQUIRY:** Uses inquiry and mutual exploration with the family to find, locate and learn about other family members and supportive relationships of children, youth and families within their communities and Tribes.
2. **ENGAGEMENT:** Seeks out, invites in, values and makes central the power, perspectives, abilities and solutions of families and their supportive communities and Tribes in all teaming and casework practice.
3. **SELF-ADVOCACY:** Recognizes and supports the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow.
4. **ADVOCACY:** Speaks out for children, youth and families based on their strengths, resources and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice and developing the ability to advocate for themselves (includes caseworkers, attorneys, tribal and community representatives, CASA’s, service providers, etc.).
5. **TEAMING:** Recognizes and appreciates the strength and support that a family’s community, cultural, tribal and other natural relationships can provide, which inspires and insists that not only the family is engaged, but the family’s entire system of support so that the family’s underlying needs can be met.
6. **SHARED COMMITMENT AND ACCOUNTABILITY:** Every assessment and decision is the product of the work of both the social worker and the family, and in many cases inclusive of the collaborative work within the child and family team.
7. **WELL-BEING PARTNERSHIPS:** Understands and addresses health, education, spiritual and other family needs through on-going partnerships with families and their supportive communities and Tribes, including exploring and responding sensitively to the current and historical trauma and loss family members and caregivers may have experienced.
8. **RECOVERY, SAFETY AND WELL-BEING:** Based on the strengths, resources and perspectives of families and their supportive communities and Tribes, identifies, locates, advocates for and supports use of culturally sensitive services, supports, healing practices and traditions to address trauma, loss, behavioral health, recovery, child safety and other child and family needs.

# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## EXPLORATION & ENGAGEMENT

### CORE PRACTICE ELEMENTS

**INQUIRY** – Uses inquiry and mutual exploration with the family to find, locate and learn about other family members and supportive relationships of children, youth and families within their communities and tribes.

**ENGAGEMENT** – Seeks out, invites in, values and makes central the power, perspectives, abilities and solutions of families and their supportive communities and tribes in all teaming and casework practice.

## ▶ LEAN IN

### COMPLETE PRACTICE BEHAVIORS

#### Listens with Openness

Approaches all interactions with families, communities and tribes with openness. Listens without making assumptions and communicates a genuine desire to learn about the family and their culture, community and tribes by consistently asking global questions followed by more descriptive questions that encourage exchange and learning about family strengths, beliefs, traditions, life situation and who/what is important to family members. Uses language that everyone can understand and frequently checks in on communication styles and terms to ensure understanding.

#### Explores Relationships

Uses tools such as mapping to explore family relationships, natural circles of support and to identify safety issues and how they can be addressed. Explores with children how, when and with whom they feel safe, what is good in their lives, where they want to live, what worries them and what they wish for. Continuously encourages the family to identify natural supports to be included on their team.

#### Actively Finds Connections

Seeks information from children, youth, mothers and fathers about non-custodial parents, maternal and paternal grandparents, aunts and uncles, brothers and sisters, Godparents, tribal members, and other significant relationships. Asks early and ongoing, “Who is in your family? Who are you connected with in your community? Who are the keepers of family history? Who in the family do you turn to for reunions, gatherings, ceremonies and at other times of celebration, loss and grief?” Gives reasons why their answers are helpful. Explains the agency’s desire to tap into the family’s natural support system so that their “team” can support family and child safety, healing, reconciliation, and permanency. Finds family members, tribal connections and other significant relationships through inquiry and early and ongoing Internet search and review of medical and educational records, case records and birth records.

#### Nurtures Honest Dialogue

Consistently models honest and respectful communication by introducing self, communicating a sincere desire to be respectful (“I would like to be respectful, how should I address you?”) and by addressing individuals by the name or title they request. Is open and honest about the situation, explains relevant facts and information, is clear about information or action being requested, and facilitates dialogue regarding how the requested information and actions will affect the situation and support the child and family.

#### Insures Connection & Support

Follows up inquiry and search activities by: (1) working quickly and leaving no stone unturned to establish paternity and facilitate the child’s connection with paternal relationships and resources, and (2) contacting family, cultural, community and tribal connections not just as placement options, but as important team members and sources of support for the child and family.



The Child and Family Practice Model

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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## POWER of FAMILY

### CORE PRACTICE ELEMENTS

**SELF-ADVOCACY** – Recognizes and supports the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow.

**ADVOCACY** – Speaks out for children, youth and families based on their strengths, resources and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice and developing the ability to advocate for themselves (includes caseworkers, attorneys, tribal and community representatives, CASA’s, service providers, etc.).

## ▶ LIFT UP

### COMPLETE PRACTICE BEHAVIORS

<p><b>Links Family</b></p>	<p>Asks initially and throughout the family’s involvement if they would like a youth, parent, cultural, community or tribal support person or peer advocate on their team to provide advocacy. Links families with advocates when requested and includes the family’s support persons and advocates on the team. Continually coordinates with the family’s formal and informal advocates to assist the family to find their own solutions and provide on-going support and linkages to culturally competent and effective services to meet their needs.</p>
<p><b>Interactions are Affirming</b></p>	<p>In all interactions affirms the unique strengths, life experience and self-identified goals of each child and family, honors the role of important cultural, community and tribal leaders the child and family have identified, and encourages mutual exploration of issues, options and solutions with children, parents, family members and cultural, community and tribal leaders in assessment, planning and decisions about children and their families. Assures the family receives needed information, preparation, guidance and support during their involvement with the child welfare system.</p>
<p><b>Facilitates Sharing</b></p>	<p>Early and continuously facilitates sharing of information and coordination between parents and caregivers regarding the child’s daily care, favorite meals, medical or health conditions, medications, appointments, everyday family activities, and other relevant family, religious, cultural and tribal traditions and practices. Continually explores, nurtures, and facilitates the development of a mentoring relationship between the parents and the caregivers within the context of the child and family team and their supportive communities and tribes.</p>
<p><b>Team Solutions</b></p>	<p>Facilitates family/team outreach to learn about practices, traditions, services and supports from leaders in the culture, community and tribe. Also shares information about agency programs, providers, resources and supports that could strengthen the family and meet their underlying needs, providing information about any evidence-base and/or relevant cultural adaptations. Facilitates the family and their team to develop solutions that are individualized to the family and their culture, community and tribes.</p>
<p><b>Uses Cultural Lens</b></p>	<p>Gathers assessments and other information relevant to the child and family’s safety and well-being and works with the family and their team to understand the family’s underlying needs and apply the information to casework and decision-making processes using the family’s cultural lens; this includes using tools and approaches that help children’s voices be heard, that assist everyone to understand who/what is important to the child, and that continually engages family and team members around who/how the relationships, goals and wishes the child has shared are being supported.</p>
<p><b>Promotes Speaking Out</b></p>	<p>Promotes self-advocacy by encouraging, supporting and providing opportunities for youth and families to actively share their voice, offer solutions, act as leaders and be central in assessment, planning and decisions about their lives, including when worker, agency or system are the focus of the advocacy needs.</p>



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## CIRCLE of SUPPORT

### CORE PRACTICE ELEMENTS

**TEAMING** – Recognizes and appreciates the strength and support that a family’s community, cultural, tribal and other natural relationships can provide, which inspires and insists that not only the family is engaged, but the family’s entire system of support so that the family’s underlying needs can be met.

**SHARED COMMITMENT AND ACCOUNTABILITY** – Every assessment and decision is the product of the work of both the social worker and the family, and in many cases inclusive of the collaborative work within the child and family team.

## ▶ CONNECT

### COMPLETE PRACTICE BEHAVIORS

#### Caregiver Respect & Resources

Demonstrates respect to caregivers by having candid discussions and developing shared understanding with caregivers about their rights, role and expectations in being/becoming the child’s caregiver, including caregiver participation on the child and family support team, responsibilities to support the child’s health, education, spiritual and other needs, and responsibilities to support the child’s family relationships and cultural, community and tribal connections. Provides information about resources available based on their role as a family member, non-relative extended family member (NREFM) or other care provider before the child/family needs to access/utilize them.

#### Optimal Team Environment

Creates an environment for open and honest communication with the family and the family team about child safety, permanency and court timeframes so that the team’s planning and decision-making is informed, relevant, and timely. Models accountability and trust by following through with representations and agreements. Admits and takes responsibility for one’s own biases, missteps and mistakes.

#### Natural Supports

Establishes, continuously brings together and supports the child and family’s team, which includes natural family, cultural, community and tribal supports and others providing services to the family such as social workers, attorneys and services providers.

#### Normalizing Needs

Understands normal is different for everyone and checks on what is “normal” for the family and their culture, community and tribes. Facilitates critical thinking and discussion with the family and their team about the family’s underlying needs, how they define the problem and what success looks like. Listens attentively, uses language and concepts that the family has used, and incorporates the family’s strengths, resources, cultural perspective and solutions in all casework, decision-making, case plans, court reports, meeting notes and other documentation.

#### Explores Team Roles

Explores with team members what roles they can play over time to strengthen child safety and support the family, and then continually engages and reinforces the team in those roles. Facilitates the team to discuss, understand and adapt to changing team member roles – for instance, when reunification efforts stop, helps the team explore, identify and honor a new role for the parent.

#### Continuous Dialogue & Adjustment

Facilitates continuous dialogue with the family and their team regarding whether/how the agreed-upon practices, services, supports and visitation plans are working and facilitates adjustments/follow-through based on family and support team discussions, assessments, and decisions.

#### Teams Post-Permanency

Emphasizes the importance of the family’s support team even beyond the time of child welfare agency involvement. Before the case ends, facilitates shared understanding and agreement of team member roles and commitments in maintaining a post-permanency circle of support for the child and family, including identifying a system navigator who is aware of agency supports and services (including mental health and substance abuse) and will act as an ongoing liaison and advocate for the family team when contacted about system supports and services the child and family may need



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## HEALING TRAUMA

### CORE PRACTICE ELEMENTS

**WELL-BEING PARTNERSHIPS** – *Understands and addresses health, education, spiritual and other family needs through on-going partnerships with families and their supportive communities and tribes, including exploring and responding sensitively to the current and historical trauma and loss family members and caregivers may have experienced.*

**RECOVERY, SAFETY AND WELL-BEING** – *Based on the strengths, resources and perspectives of families and their supportive communities and tribes, identifies, locates, advocates for and supports use of culturally sensitive services, supports, healing practices and traditions to address trauma, loss, behavioral health, recovery, child safety and other child and family needs.*

▶ CULTURE	COMPLETE PRACTICE BEHAVIORS
<b>C</b> ustomized Visitation	With the family, caregiver and team continually assesses, arranges and structures culturally appropriate visitation activities in the most natural environment possible that supports the child and the parent/child relationship.
<b>U</b> sing Experiential Coaching	Assesses with the family and their team the need for interactive, experiential coaching during visitation and at other times of natural parent/child interaction to improve parenting skills; follows through with identifying, arranging or advocating for this when needed.
<b>L</b> istening for Loss	Regularly listens to the family's story, acknowledges and validates feelings of grief and loss they share by reflecting and reaffirming what was heard. Supports family members to explore their history and experiences, and how this may be impacting their current life situation and underlying needs. Includes naming and acknowledging the many types and layers of trauma the family may have experienced (historically what happened to their community and culture; past experiences of violence, loss, abuse, removal, etc.; recent trauma/loss experiences of child). Encourages family members to address their history with extended family, cultural, community and tribal leaders, therapists, drug treatment providers, and others identified by the family as important to them.
<b>T</b> ailoring Supports to <b>U</b> nderlying Needs	Explores, values, connects the family to and advocates for a broad array of services, supports, cultural practices and traditions that can assist the child and family with loss, grief, hurt, pain, healing and recovery (e.g. "Who and what is helping – and/or in the future could help – with child and family's physical, mental and emotional health, substance abuse issues, education, spiritual and other needs? Are there cultural or community practices and traditions that you think could support family members' healing, health, wholeness and well-being?")
<b>RE</b> covery and Well-Being	Through teaming processes creates shared agreement on the safety issues to be addressed and the culturally sensitive services, supports, practices, traditions and visitation plan that will address child safety and support family and cultural relationships and address trauma, loss, behavioral health, drug/alcohol recovery, child safety, child and family well-being and other underlying needs identified by the family and their team. Works continuously to identify, locate, develop, fund, advocate for, link the family to and support the use of the agreed-upon practices, services and supports.



The Child and Family Practice Model

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## Partnership Always

Partnerships with families, communities and Tribes are essential in the journey to improved outcomes for children and families. We must partner in real time – all the time – at both practice and system levels to keep children safe and meet the needs of families. Partnerships with families, communities and Tribes help us identify and address system barriers and create comprehensive culturally responsive supports and services for the children and families being served. Partnerships with families, communities and Tribes at the practice level ensure accountability and support for implementing engagement and teaming practices that are sensitive to the family’s culture and to the current and historical trauma they may have experienced. The active ingredients for true partnerships with families, communities and Tribes are Culture and Humility.

## Culture

Individuals thrive in the context of their home, culture and community. Each person’s evolving sense of identity and drive toward well-being is connected to the values, traditions and experiences of the “people” they are a part of or identify with – their family, communities and Tribes. Though culture is reflected in everyday relationships, behaviors and ways of being in the world, culture is deeply rooted in the experiences of each family, community and tribe over time and across generations. It is a source of spiritual strength and resiliency, and offers a wellspring of creative solutions in problem-solving. By acknowledging the unique and dynamic nature of culture for each individual, family, community and tribe, we begin to understand that we cannot know another’s culture or be competent in it. We are then more open to listening and learning from others about their culture and incorporating those cultural strengths and contributions in our work.

## Humility

Humility is an active practice in which we reflect on and address our own biases and assumptions, so that we can approach families, communities and Tribes with openness. Humility includes recognizing that as professionals and systems we do not have all the answers and cannot do it ourselves. As we become sensitive to how our institutions and systems have contributed to trauma and distrust of public services and as we acknowledge the impact of these experiences in the lives of families, we open the door to listening and learning from families, communities and Tribes about their perceptions, experiences, strengths, resources and needs. By practicing humility we begin to recognize and appreciate the incredible strengths, resiliency and protective factors inherent in cultural connections and supports, and we become truly able to partner with families, communities and Tribes at both practice and system levels to improve outcomes for children and families.

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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## EXPLORATION & ENGAGEMENT

### CORE PRACTICE ELEMENTS

**INQUIRY** – Uses inquiry and mutual exploration with the family to find, locate and learn about other family members and supportive relationships of children, youth and families within their communities and tribes.

**ENGAGEMENT** – Seeks out, invites in, values and makes central the power, perspectives, abilities and solutions of families and their supportive communities and tribes in all teaming and casework practice.

## ▶ LEAN IN

### COMPLETE PRACTICE BEHAVIORS

#### Listens with Openness

Approaches all interactions with families, communities and tribes with openness. Listens without making assumptions and communicates a genuine desire to learn about the family and their culture, community and tribes by consistently asking global questions followed by more descriptive questions that encourage exchange and learning about family strengths, beliefs, traditions, life situation and who/what is important to family members. Uses language that everyone can understand and frequently checks in on communication styles and terms to ensure understanding.

#### Explores Relationships

Uses tools such as mapping to explore family relationships, natural circles of support and to identify safety issues and how they can be addressed. Explores with children how, when and with whom they feel safe, what is good in their lives, where they want to live, what worries them and what they wish for. Continuously encourages the family to identify natural supports to be included on their team.

#### Actively Finds Connections

Seeks information from children, youth, mothers and fathers about non-custodial parents, maternal and paternal grandparents, aunts and uncles, brothers and sisters, Godparents, tribal members, and other significant relationships. Asks early and ongoing, “Who is in your family? Who are you connected with in your community? Who are the keepers of family history? Who in the family do you turn to for reunions, gatherings, ceremonies and at other times of celebration, loss and grief?” Gives reasons why their answers are helpful. Explains the agency’s desire to tap into the family’s natural support system so that their “team” can support family and child safety, healing, reconciliation, and permanency. Finds family members, tribal connections and other significant relationships through inquiry and early and ongoing Internet search and review of medical and educational records, case records and birth records.

#### Nurtures Honest Dialogue

Consistently models honest and respectful communication by introducing self, communicating a sincere desire to be respectful (“I would like to be respectful, how should I address you?”) and by addressing individuals by the name or title they request. Is open and honest about the situation, explains relevant facts and information, is clear about information or action being requested, and facilitates dialogue regarding how the requested information and actions will affect the situation and support the child and family.

#### Insures Connection & Support

Follows up inquiry and search activities by: (1) working quickly and leaving no stone unturned to establish paternity and facilitate the child’s connection with paternal relationships and resources, and (2) contacting family, cultural, community and tribal connections not just as placement options, but as important team members and sources of support for the child and family.



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## POWER of FAMILY

### CORE PRACTICE ELEMENTS

**SELF-ADVOCACY** – Recognizes and supports the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow.

**ADVOCACY** – Speaks out for children, youth and families based on their strengths, resources and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice and developing the ability to advocate for themselves (includes caseworkers, attorneys, tribal and community representatives, CASA's, service providers, etc.).

## ▶ LIFT UP

### COMPLETE PRACTICE BEHAVIORS

#### Links Family

Asks initially and throughout the family's involvement if they would like a youth, parent, cultural, community or tribal support person or peer advocate on their team to provide advocacy. Links families with advocates when requested and includes the family's support persons and advocates on the team. Continually coordinates with the family's formal and informal advocates to assist the family to find their own solutions and provide on-going support and linkages to culturally competent and effective services to meet their needs.

#### Interactions are Affirming

In all interactions affirms the unique strengths, life experience and self-identified goals of each child and family, honors the role of important cultural, community and tribal leaders the child and family have identified, and encourages mutual exploration of issues, options and solutions with children, parents, family members and cultural, community and tribal leaders in assessment, planning and decisions about children and their families. Assures the family receives needed information, preparation, guidance and support during their involvement with the child welfare system.

#### Facilitates Sharing

Early and continuously facilitates sharing of information and coordination between parents and caregivers regarding the child's daily care, favorite meals, medical or health conditions, medications, appointments, everyday family activities, and other relevant family, religious, cultural and tribal traditions and practices. Continually explores, nurtures, and facilitates the development of a mentoring relationship between the parents and the caregivers within the context of the child and family team and their supportive communities and tribes.

#### Team Solutions

Facilitates family/team outreach to learn about practices, traditions, services and supports from leaders in the culture, community and tribe. Also shares information about agency programs, providers, resources and supports that could strengthen the family and meet their underlying needs, providing information about any evidence-base and/or relevant cultural adaptations. Facilitates the family and their team to develop solutions that are individualized to the family and their culture, community and tribes.

#### Uses Cultural Lens

Gathers assessments and other information relevant to the child and family's safety and well-being and works with the family and their team to understand the family's underlying needs and apply the information to casework and decision-making processes using the family's cultural lens; this includes using tools and approaches that help children's voices be heard, that assist everyone to understand who/what is important to the child, and that continually engages family and team members around who/how the relationships, goals and wishes the child has shared are being supported.

#### Promotes Speaking Out

Promotes self-advocacy by encouraging, supporting and providing opportunities for youth and families to actively share their voice, offer solutions, act as leaders and be central in assessment, planning and decisions about their lives, including when worker, agency or system are the focus of the advocacy needs.



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## CIRCLE of SUPPORT

### CORE PRACTICE ELEMENTS

**TEAMING** – Recognizes and appreciates the strength and support that a family’s community, cultural, tribal and other natural relationships can provide, which inspires and insists that not only the family is engaged, but the family’s entire system of support so that the family’s underlying needs can be met.

**SHARED COMMITMENT AND ACCOUNTABILITY** – Every assessment and decision is the product of the work of both the social worker and the family, and in many cases inclusive of the collaborative work within the child and family team.

## ▶ CONNECT

### COMPLETE PRACTICE BEHAVIORS

#### Caregiver Respect & Resources

Demonstrates respect to caregivers by having candid discussions and developing shared understanding with caregivers about their rights, role and expectations in being/becoming the child’s caregiver, including caregiver participation on the child and family support team, responsibilities to support the child’s health, education, spiritual and other needs, and responsibilities to support the child’s family relationships and cultural, community and tribal connections. Provides information about resources available based on their role as a family member, non-relative extended family member (NREFM) or other care provider before the child/family needs to access/utilize them.

#### Optimal Team Environment

Creates an environment for open and honest communication with the family and the family team about child safety, permanency and court timeframes so that the team’s planning and decision-making is informed, relevant, and timely. Models accountability and trust by following through with representations and agreements. Admits and takes responsibility for one’s own biases, missteps and mistakes.

#### Natural Supports

Establishes, continuously brings together and supports the child and family’s team, which includes natural family, cultural, community and tribal supports and others providing services to the family such as social workers, attorneys and services providers.

#### Normalizing Needs

Understands normal is different for everyone and checks on what is “normal” for the family and their culture, community and tribes. Facilitates critical thinking and discussion with the family and their team about the family’s underlying needs, how they define the problem and what success looks like. Listens attentively, uses language and concepts that the family has used, and incorporates the family’s strengths, resources, cultural perspective and solutions in all casework, decision-making, case plans, court reports, meeting notes and other documentation.

#### Explores Team Roles

Explores with team members what roles they can play over time to strengthen child safety and support the family, and then continually engages and reinforces the team in those roles. Facilitates the team to discuss, understand and adapt to changing team member roles – for instance, when reunification efforts stop, helps the team explore, identify and honor a new role for the parent.

#### Continuous Dialogue & Adjustment

Facilitates continuous dialogue with the family and their team regarding whether/how the agreed-upon practices, services, supports and visitation plans are working and facilitates adjustments/follow-through based on family and support team discussions, assessments, and decisions.

#### Teams Post-Permanency

Emphasizes the importance of the family’s support team even beyond the time of child welfare agency involvement. Before the case ends, facilitates shared understanding and agreement of team member roles and commitments in maintaining a post-permanency circle of support for the child and family, including identifying a system navigator who is aware of agency supports and services (including mental health and substance abuse) and will act as an ongoing liaison and advocate for the family team when contacted about system supports and services the child and family may need



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## HEALING TRAUMA

### CORE PRACTICE ELEMENTS

**WELL-BEING PARTNERSHIPS** – *Understands and addresses health, education, spiritual and other family needs through on-going partnerships with families and their supportive communities and tribes, including exploring and responding sensitively to the current and historical trauma and loss family members and caregivers may have experienced.*

**RECOVERY, SAFETY AND WELL-BEING** – *Based on the strengths, resources and perspectives of families and their supportive communities and tribes, identifies, locates, advocates for and supports use of culturally sensitive services, supports, healing practices and traditions to address trauma, loss, behavioral health, recovery, child safety and other child and family needs.*

## ▶ CULTURE

### COMPLETE PRACTICE BEHAVIORS

#### Customized Visitation

With the family, caregiver and team continually assesses, arranges and structures culturally appropriate visitation activities in the most natural environment possible that supports the child and the parent/child relationship.

#### Using Experiential Coaching

Assesses with the family and their team the need for interactive, experiential coaching during visitation and at other times of natural parent/child interaction to improve parenting skills; follows through with identifying, arranging or advocating for this when needed.

#### Listening for Loss

Regularly listens to the family's story, acknowledges and validates feelings of grief and loss they share by reflecting and reaffirming what was heard. Supports family members to explore their history and experiences, and how this may be impacting their current life situation and underlying needs. Includes naming and acknowledging the many types and layers of trauma the family may have experienced (historically what happened to their community and culture; past experiences of violence, loss, abuse, removal, etc.; recent trauma/loss experiences of child). Encourages family members to address their history with extended family, cultural, community and tribal leaders, therapists, drug treatment providers, and others identified by the family as important to them.

#### Tailoring Supports to Underlying Needs

Explores, values, connects the family to and advocates for a broad array of services, supports, cultural practices and traditions that can assist the child and family with loss, grief, hurt, pain, healing and recovery (e.g. "Who and what is helping – and/or in the future could help – with child and family's physical, mental and emotional health, substance abuse issues, education, spiritual and other needs? Are there cultural or community practices and traditions that you think could support family members' healing, health, wholeness and well-being?")

#### REcovery and Well-Being

Through teaming processes creates shared agreement on the safety issues to be addressed and the culturally sensitive services, supports, practices, traditions and visitation plan that will address child safety and support family and cultural relationships and address trauma, loss, behavioral health, drug/alcohol recovery, child safety, child and family well-being and other underlying needs identified by the family and their team. Works continuously to identify, locate, develop, fund, advocate for, link the family to and support the use of the agreed-upon practices, services and supports.



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## EXPLORATION & ENGAGEMENT

### CORE PRACTICE ELEMENTS

INQUIRY – *Mutual Exploration with Family and Others*

ENGAGEMENT – *Invites In and Makes Central the Family’s Perspective*

▶ LEAN IN	CONDENSED PRACTICE BEHAVIORS
<b>L</b> istens with Openness	<b>Approaches</b> all interactions with families, communities and Tribes with openness. <ul style="list-style-type: none"><li>• <i>Listens</i></li><li>• <i>Asks</i> global questions</li><li>• <i>Uses</i> understandable language</li></ul>
<b>E</b> xplores Relationships	<b>Uses tools</b> to explore family relationships, natural supports and safety issues. <ul style="list-style-type: none"><li>• <i>Explores</i> with children worries, wishes, where they feel safe and want to live</li></ul>
<b>A</b> ctively Finds Connections	<b>Seeks information</b> about non-custodial parents, relatives, significant relationships. <ul style="list-style-type: none"><li>• <i>Finds</i> them thru inquiry and early/ongoing internet search, records review</li></ul>
<b>N</b> urtures Honest Dialogue	Consistently <b>models</b> honest and respectful communication. <ul style="list-style-type: none"><li>• <i>Describes</i> situation honestly</li><li>• <i>Is clear</i> what is being requested</li><li>• <i>Facilitates</i> dialogue</li></ul>
<b>I</b> nsures Connection & Support	<b>Follows up</b> inquiry and search. <ul style="list-style-type: none"><li>• <i>Works</i> quickly to establish paternity/connect child to relatives</li><li>• <i>Conveys</i> importance as team member/source of support</li></ul>



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## POWER of FAMILY

### CORE PRACTICE ELEMENTS

SELF-ADVOCACY – *Supports family to speak for themselves*

ADVOCACY – *Speaks out for the family and their perspective to strengthen/support*

▶ LIFT UP	CONDENSED PRACTICE BEHAVIORS
Links Family	<p><b>Asks</b> initially and throughout the family's involvement if they would like a support or peer advocate</p> <ul style="list-style-type: none"><li>• <i>Links</i> family to advocate</li><li>• <i>Coordinates</i> with advocates</li></ul>
Interactions are Affirming	<p>In all interactions, <b>affirms</b> unique strengths, life experience and self-identified goals of family.</p> <ul style="list-style-type: none"><li>• <i>Honors</i> culture</li><li>• <i>Explores</i> solutions</li><li>• <i>Assures</i> needed support</li></ul>
Facilitates Sharing	<p><b>Facilitates</b> sharing of important information about child and coordinates communication among all parties.</p> <ul style="list-style-type: none"><li>• <i>Explores/nurtures</i> mentoring relationship</li></ul>
Team Solutions	<p><b>Facilitates</b> appropriate family supports and services.</p> <ul style="list-style-type: none"><li>• <i>Encourages learning</i> from cultural leaders</li><li>• <i>Shares</i> agency programs</li><li>• <i>Facilitates</i> team solutions</li></ul>
Uses Cultural Lens	<p><b>Gathers and applies</b> all relevant information to child/family safety and well-being.</p> <ul style="list-style-type: none"><li>• <i>Uses</i> family's cultural lens</li><li>• <i>Engages</i> team around supporting child</li></ul>
Promotes Speaking Out	<p><b>Promotes Self-Advocacy.</b></p> <ul style="list-style-type: none"><li>• <i>Encourages and supports</i> active youth/family voice and leadership in assessing, finding solutions, planning and decisions</li></ul>



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## CIRCLE of SUPPORT

### CORE PRACTICE ELEMENTS

**TEAMING** – *Appreciates cultural, community and tribal supports and engages family’s entire system of support in order to meet family’s underlying needs*

**SHARED COMMITMENT AND ACCOUNTABILITY** – *Joint assessments and decisions by worker and family, often including family’s team*

▶ CONNECT	CONDENSED PRACTICE BEHAVIORS
<b>C</b> aregiver Respect & Resources	<b>Demonstrates respect</b> to caregivers. <ul style="list-style-type: none"><li>• <i>Candid discussions</i> about rights, role, responsibilities</li><li>• <i>Includes</i> on family team</li><li>• <i>Provides</i> resource information</li></ul>
<b>O</b> ptimal Team Environment	<b>Creates environment</b> for open/honest communication. <ul style="list-style-type: none"><li>• <i>Ensures</i> team planning is informed and timely</li><li>• <i>Follows through</i></li><li>• <i>Admits</i> biases, missteps, mistakes</li></ul>
<b>N</b> atural Supports	<b>Establishes, continuously brings together and supports</b> a child and family team. <ul style="list-style-type: none"><li>• <i>Includes</i> natural supports and others providing services</li></ul>
<b>N</b> ormalizing Needs	<b>Shows understanding</b> that normal is different for everyone <ul style="list-style-type: none"><li>• <i>Incorporates family’s perspective</i> of their needs and solutions in all casework and documentation</li></ul>
<b>E</b> xplores Team Roles	<b>Explores</b> with team members what roles they can play over time to strengthen child safety and support the family. <ul style="list-style-type: none"><li>• <i>Helps team adapt</i> to changing roles</li></ul>
<b>C</b> ontinuous Dialogue & Adjustment	<b>Facilitates continuous dialogue</b> with the family/team about how supports and services are working. <ul style="list-style-type: none"><li>• <i>Makes adjustments</i> based on family/team assessment</li></ul>
<b>T</b> eams Post-Permanency	<b>Emphasizes importance</b> of family’s support team beyond time of CWS. <ul style="list-style-type: none"><li>• <i>Facilitates agreement</i> on post-dependency team member commitments/roles</li></ul>



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# LEAN IN, LIFT UP and CONNECT to CULTURE

CHILD and FAMILY PRACTICE MODEL

## HEALING TRAUMA

### CORE PRACTICE ELEMENTS

WELL-BEING PARTNERSHIPS – *Trauma-sensitive; Partners with family, community and Tribes to understand and meet family needs*

RECOVERY, SAFETY AND WELL-BEING – *Identifies, advocates for and supports use of culturally sensitive services, supports, practices, traditions*

▶ CULTURE	CONDENSED PRACTICE BEHAVIORS
Customized Visitation	With family/team continually <b>assesses, arranges and structures</b> culturally appropriate visitation activities.
Using Experiential Coaching	With family/team <b>assesses need</b> for interactive, experiential coaching during visitation to improve parenting skills. <ul style="list-style-type: none"><li>• <i>Arranges/advocates</i> for when needed</li></ul>
Listening for Loss	<b>Listens</b> consistently to the family's story. <ul style="list-style-type: none"><li>• <i>Acknowledges</i> and <i>validates</i> feelings of grief/loss</li><li>• <i>Helps</i> family explore history, impacts, who can help address</li></ul>
Tailoring Supports to Underlying Needs	<b>Explores, connects, and advocates</b> for a broad array of services to assist with loss, grief, healing and recovery. <ul style="list-style-type: none"><li>• <i>Asks</i> family who/what is helping or could help</li></ul>
REcovery and Well-Being	<b>Creates shared agreement</b> on the culturally sensitive services to address safety, well-being and family needs. <ul style="list-style-type: none"><li>• <i>Links to</i> and <i>supports use</i> of these services.</li></ul>



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## Systemic Issues in Practice Model Implementation

### The Power of Community Partnership

The Child and Family Practice Model is a comprehensive and culturally responsive approach to both *practice* and *system level* change. The model is designed to improve safety, permanency, and well-being outcomes for all children and reduce disparities in outcomes for communities and Tribes whose children are disproportionately represented in the child welfare system.

In designing the Child and Family Practice Model as part of the Permanency Innovations Initiative, four California child welfare agencies invited communities and Tribes whose children were at greatest risk of long-term foster care to participate in child welfare system reviews to uncover system and practice barriers to improved outcomes. This was part of many early outreach and engagement efforts that demonstrated each jurisdiction's commitment to support quality practice and partner with the most impacted communities and Tribes to improve services, supports and outcomes for the children and families being served.

Early partnership activities often began as listening sessions for the child welfare agency to learn about and begin to address historical trauma and the community's mistrust of the agency. Data was used to acknowledge the problem of disparate outcomes for African American and American Indian children. Agency, community and Tribal partners explored their perspectives and values in key areas such as "safety" and "permanency" and identified a need to better understand system barriers and work together on solutions.

With the technical support and assistance of organizations such as the Center for the Study of Social Policy and the National Indian Child Welfare Association, and with significant input and guidance from local community and Tribal partners, child welfare system reviews were conducted in several California counties to better understand the systemic barriers that undermine achieving positive outcomes for children who are in foster care the longest and experience the worst outcomes. Teams conducted interviews with family members, practitioners, caregivers, service providers and community leaders and elders, observed court processes and practitioners in the field and reviewed texts and case files. The collective data was then analyzed to pinpoint how institutional actions are, or are not, organized to support intended goals for children and families.

This comprehensive focus on identifying and addressing key systemic barriers to improved safety, permanency and well-being outcomes has guided the development of the Child and Family Practice Model and the theoretical framework on which it is based. The theoretical framework reflects a shift away from the traditional child rescue movement where children need to be saved from parents who are ill-prepared to care for them to one that recognizes family, community and Tribal strengths and engages in true partnership to understand and meet the needs of children. In particular, the theoretical framework acknowledges the impact of broad social, racial, cultural and historical factors in the lives of families. This framework and counties’ outreach and involvement of communities and Tribes lays the foundation for local partnerships that continue to guide development of system solutions and promote accountability in implementing the Child and Family Practice Model in culturally responsive ways to meet the needs of local children and their families.

Key findings from System Reviews and how they are addressed by the **four front-line practices** in the Child and Family Practice Model are illustrated in the chart below, followed by an outline of the organizational and system capacity needed to support implementation of the practice model. It is important to note that addressing and resolving systemic issues is key to implementation and requires local leadership and partnerships to ensure success and sustainability. Additional detail regarding the systemic issues and themes guiding the work of California Partners for Permanency can be found in the final appendix to this document.

<b><i>Systemic Issues</i></b>	<b><i>CAPP Child and Family Practice Model: Front-Line Practice Approach</i></b>
<p><b><i>1. Weak and Insufficient Engagement Practices</i></b></p> <ul style="list-style-type: none"> <li>• Social workers, lawyers, judges and other practitioners are not effectively organized in ways that prioritize supports and enhance engagement and support of families, youth and caregivers.</li> <li>• There are inadequate systems of accountability and support for a culturally-responsive and respectful, strength-based approach with families.</li> </ul>	<p><b><i>1. Exploration &amp; Engagement (LEAN IN)</i></b></p> <p>This systemic issue is addressed in the Child and Family Practice Model by five practice behaviors that support effective <u>Exploration and Engagement</u> with families.</p> <p>The practice involves skillful use of appreciative inquiry, honest and respectful interactions with families, and actively listening to and learning from families and communities so that their strengths, perspectives and underlying needs become central in the work of child welfare agencies and partners.</p>

<i>Systemic Issues</i>	<i>CAPP Child and Family Practice Model: Front-Line Practice Approach</i>
<p><b>2. Lack of Family Voice and Urgent Sustained Permanency Focus</b></p> <ul style="list-style-type: none"> <li>• There are too few opportunities for family and youth voices in decision making.</li> <li>• Information directly from parents, youth, their Tribes, caregivers and others is limited or missing in assessments, reports, or other critical decision points.</li> <li>• Staff, resources and partnerships are not organized to maximize opportunities for safe and timely permanency, resulting in an inadequate and irregular focus on permanency for children, particularly older youth.</li> <li>• There is a lack of urgency toward permanency in the policies and administrative practices that guide workers.</li> </ul>	<p><b>2. Power of Family (LIFT UP)</b></p> <p>This systemic issue is addressed in the Child and Family Practice Model by six practice behaviors that recognize the <u>Power of Family</u>, and seek out, strengthen, affirm and incorporate the voice of the child and family in all casework and documentation.</p> <p>The practice promotes self-advocacy to ensure families are actively involved in assessing, finding solutions, planning and decisions about their lives. There is linkage to and coordination with formal and informal advocates and peer supports, such as parent partners, cultural brokers, attorneys, caregivers, CASA's, tribal and community representatives, service providers and others.</p>
<p><b>3. Lack of Relevant, Timely, Well-Coordinated Services</b></p> <ul style="list-style-type: none"> <li>• Lack of system coordination and meaningful involvement of families, communities and Tribes to effectively identify and address underlying family needs.</li> <li>• Poor systems of accountability to determine families receive services with progress tracked and case plans adjusted/cases closed.</li> </ul>	<p><b>3. Circle of Support (CONNECT)</b></p> <p>These systemic issues are addressed in the Child and Family Practice Model by seven practice behaviors that establish, bring together and support a child and family team or <u>Circle of Support</u> during and even beyond the time of child welfare involvement. The Circle includes caregivers and natural family, community and Tribal supports.</p> <p>The practice facilitates critical thinking and discussion with the family and their team about child safety, utilization of family and cultural strengths to identify and address underlying needs, and establishes roles team members will play over time, including post-permanency, to ensure child safety and family support.</p>

**4. Lack of Accurate Understanding of Family Strengths and Needs**

- Problematic administrative protocols and practices that do not focus on the strengths and underlying needs of families. Some legal definitions of abuse, neglect, permanency, etc. are not congruent with cultural values.
- Inadequate resources to support parents/caregivers in their ability to heal and parent children. Current assessment and case planning tools do not account for the personal history of trauma, the trauma of child welfare/child protection interventions on the lives of both parents and children, and historical trauma that may be impacting the family.
- Lack of evaluation of effectiveness of treatment programs—from the consumer perspective (e.g. the number of people served is counted, rather than improved results in people’s lives).

**4. Healing Trauma (CULTURE)**

This systemic issue is addressed in the Child and Family Practice Model by five practice behaviors that focus on Healing Trauma through trauma-sensitive partnerships with families and their communities and Tribes to understand and meet the underlying needs of children and their families.

The practice identifies, advocates for and supports use of culturally responsive community-based supports and services that are sensitive to current and historical trauma, in order to address child safety, support family and cultural relationships and promote the family’s health, wholeness, healing, recovery and well-being.

**APPROACH TO PARTNERSHIP**

Partnerships are key to implementing the Child and Family Practice Model and doing the work we want to do with children and families. By creating a foundation of partnership, child welfare agencies acknowledge the fundamental relationship between community and Tribal involvement and partnership and the successful implementation of a child and family practice model to improve outcomes for all children and reduce disparities in outcomes for communities and Tribes whose children are disproportionately represented in the child welfare system.

Agency and community partnerships demonstrate an understanding that practice and system changes are inextricably linked and that the unique perspectives and contributions of community and Tribal partners are needed to understand how the day-to-day actions and interactions of child welfare and the broader system of services and supports for children and families must change so that all children remain connected to their families and to cultural, community and Tribal supports that address their underlying needs.

## **Building Blocks for Successful Partnership Implementation**

With an active involved community and local leadership, organizational commitment, system capacity and support for implementation, agency and community work together to address systemic barriers, support quality practice and ensure accountability to shared goals and outcomes for the children and families being served.

### ***I. An Active, Involved Community Partnership***

Local child welfare agencies, organizations and leaders demonstrate commitment to Community Partnerships that respect and incorporate the unique contributions of communities and Tribes. These partnerships guide ongoing local practice and system changes. The following are core partnership activities:

- Listening sessions to learn about and begin to address historical trauma and mistrust of agencies and systems
- Working with community and Tribal partners to identify system barriers to improved outcomes for children and families and implement action plans to address those barriers
- Collaborating with community and Tribal partners to establish pathways to culturally relevant and trauma-informed services to meet the underlying needs of children and their families
- Meaningfully involving community and Tribal partners in training, coaching and ongoing system supports for effective, sustained implementation of the Child and Family Practice Model.
- Ensuring partnership meetings, forums and feedback loops are sustained so that community and tribal partners are continuously connected to and help guide ongoing child welfare practice and system changes to achieve improved outcomes for children and their families.

### ***II. Shared Commitment to the Practice Model***

There is shared commitment by local child welfare agencies, organizations and leaders and partners to:

- Adopt the Child and Family Practice Model as *the central framework* for all interactions with children and families involved with the child welfare system
- Work continuously to:
  - Establish internal and external communication and feedback loops to intentionally connect Implementation Teams to practice and leadership levels and promote “practice-informed policy” and “policy-enabled practice”
  - Identify, develop and support use of a broad culturally relevant service array responsive to the underlying needs of local children and their families
  - Align all parts of the system to support the practice and system changes reflected in the Practice Model

- Dedicate staffing resources to form local Implementation Team(s) and employ Implementation Science to “drive” successful implementation and support of these practices locally

### ***III. Capacity-Building and Installation***

Local Implementation Team(s) works with staff, supervisors, trainers, coaches, agency and community partners, administration and leadership to:

- Educate, prepare and meaningfully involve staff and partners in implementation planning, cross-system coordination, capacity-building and readiness activities
- Develop, adapt or enhance Practice Model training and coaching curricula and service delivery plans in partnership with community and Tribal partners to support Practice Model integration and implementation at all levels of the organization and system, building on local strengths, resources, strategic direction and needs
- Train and prepare practitioners’ supervisors, managers and executive leadership, and other coaches, in:
  - Practice Model Mastery - building fluency in applying the Practice Behaviors in the context of families, communities, Tribes, as well as within child welfare and mental health/behavioral health agencies, leadership, provider organizations and systems
  - Behaviorally Focused Coaching - understanding the coaching role of supervisors, managers, executive leadership, and other internal and external coaches in supporting system alignment, implementation and fidelity use of the Practice Model
  - Strategies for incorporating coaching in supervision, unit meetings, and other forums to build competency at all levels of the organization and system in applying the Practice Model

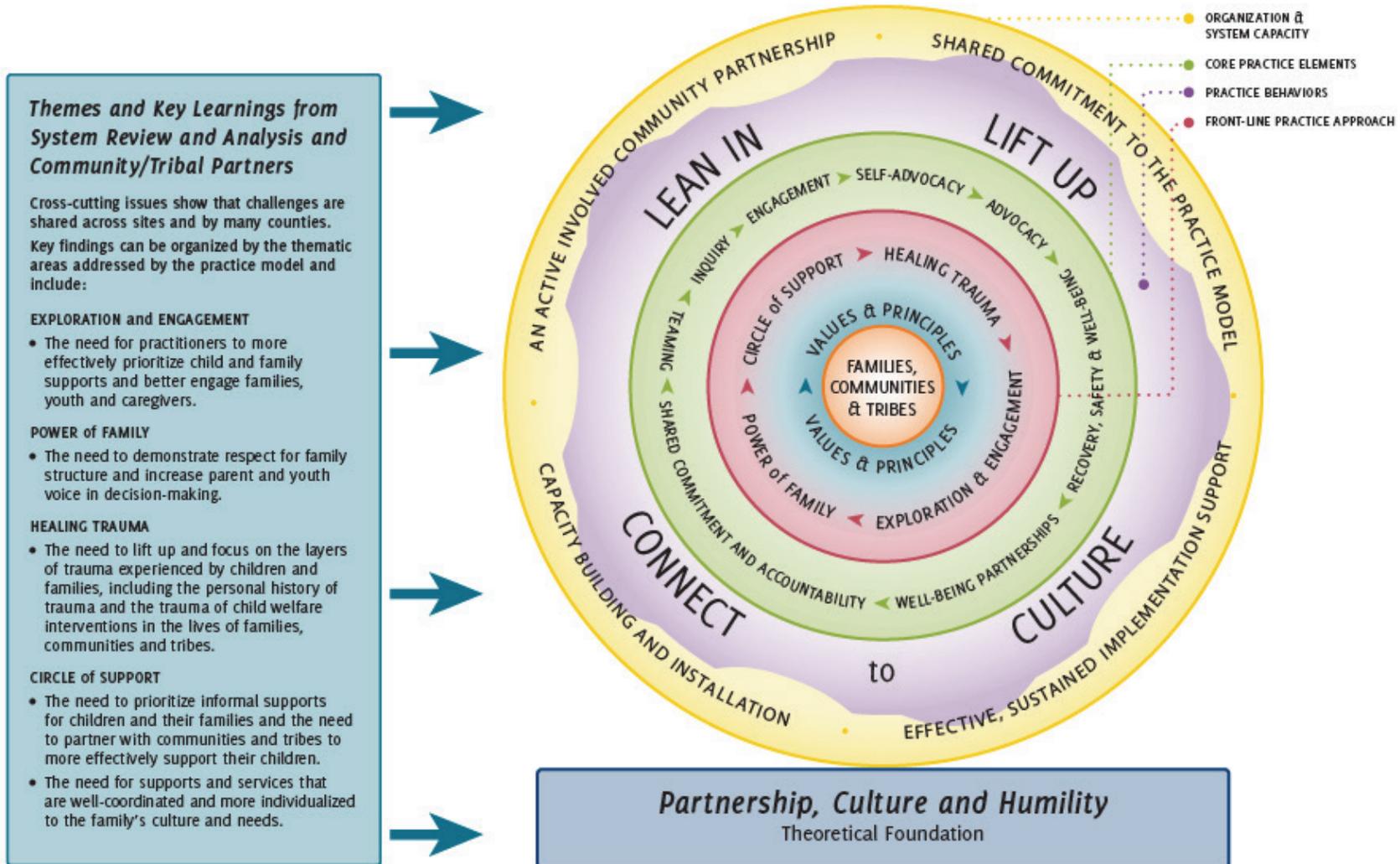
### ***IV. Effective, Sustained Implementation Support***

Community and Tribal partners are connected to and supporting implementation in meaningful ways, such as acting as key advisors and teaming in training, coaching and fidelity assessment. Local Implementation Teams carry ongoing responsibility for the day-to-day management and coordination of all activities that support, assess and improve implementation of the Practice Model, including:

- Participating in internal and external communication and feedback loops to ensure ongoing coordination and support for implementation of the Practice Model
- Ensuring all staff and partners who have been trained in and are implementing the Practice Model receive ongoing behaviorally focused coaching supporting high fidelity use of the Practice Model
- Ensuring that fidelity to the model is assessed by agency and community partner observer teams annually and that fidelity results and implementation data are considered in relation to outcome data and used for continuous quality improvement

# SCHEMATIC

## FROM SYSTEM REVIEW and ANALYSES to CHILD and FAMILY PRACTICE MODEL DEVELOPMENT



## **APPENDIX: System Themes and Institutional Contributors**

**(Adapted from Summary Information provided by the Center for the Study of Social Policy and Community/Tribal Partners involved in Local CAPP System Reviews and Advisory Groups)**

### **Lack of accountability and support across system for a strength-based approach with families.**

- Practitioners – social workers, lawyers, judges – are not effectively organized in ways that prioritize supports and enhance engagement and support of families, youth and caregivers. There are too few opportunities for family and youth voices in decision making. Parents and youth do not always feel respected, practitioners frequently talk about parents, youth, and caregivers in the third person when they are in the room (or not calling them by name, e.g., “Is mom attending therapy?”).
- Job descriptions that do not support working with the family (e.g., “child social worker”; job descriptions of case workers that focus on supporting children in out-of-home placement and adoption, but not in supporting family relationships and reunifying with parents)
- Extended family, community and tribal support persons and the contributions they can make are not valued. This contributes to services and supports not being individualized to the family and insufficient services and supports remaining for the child and family after child welfare involvement ends.

### **Inadequate understanding of family strengths/needs leading to inadequate planning for permanency.**

- Assessments capture information in a point in time but few mechanisms exist to integrate these assessments into an evolving understanding of the family. Assessments are not regularly updated to reflect current circumstances –e.g., drug assessments not updated to reflect periods of sobriety, DV assessments not reflective of current circumstances. Safety assessments may be filled out yet not seen as valuable or useful.
- Particular types of assessments outweigh others—point in time assessments by “experts” (bonding evaluators, psychologists) may carry more weight than ongoing assessments from treatment programs/support groups.
- Assessments which should provide a thorough determination of a family’s needs are frequently not done in time for court hearing where case plans are determined. Therefore, in some instances, attorney negotiations, not informed by these assessments, decided the ultimate case plans.
- Assessment and case planning forms and practices do not account for the personal history of trauma or for the trauma of child welfare interventions on the lives of parents and children.
- Case plans and other documentation contain a perfunctory listing of strengths, not changing over time and not building case plans off of identified strengths. Thus, services offered to families are generic and not sensitive to culture and tied to needs—same list of services offered to everyone—parenting, substance abuse, therapy, supervised visits.
- Casework and decision-making are based on terms such as “safety” and “good outcomes” which are defined outside of communities and Tribes. Thus practices and policies work to achieve system-defined goals and outcomes, rather than work to achieve goals and outcomes that are developed with the family and individualized to their circumstances and needs.

- Incomplete or inaccurate documentation—court reports, private provider reports—the family’s perceptions of their needs, goals and solutions often not included; relevant information is lost as it moves from one source/document to another.
- Inability to gain adequate cross system assessments—e.g., child welfare and criminal justice system adequately assessing the mental health status of parent.

**Problematic policies and administrative support resulting in a lack of urgency toward permanency and an inadequate and irregular focus on permanency for children and youth.**

- Insufficient administrative triggers to move families toward unsupervised visitation when safety concerns have been addressed.
- Youth are deterred from interacting with extended family members because of insufficient guidance to caseworkers about when, how and for whom to seek criminal background checks.
- For youth living with or attempting to live with extended family, staff are not guided to address or minimize conflict in these families—e.g., conflict between the youth’s mother and grandmother.
- Some FFA providers are focused on and contracted to care for youth while in out-of-home care, but they are not organized, nor is it their mission, to promote timely and safe permanency for children and youth.
- Reliance on a centralized location for supervised visits, far from where target population lives.
- Supervised visitation hours that do not work for children and families, e.g., Mon-Fri only with hours from 9 am – 5 pm.
- Legal definitions of permanency are not congruent with community/Tribal values and traditions and result in insufficient exploration and support of permanency options that are more culturally-sensitive and responsive to the strengths and needs of the children and families being served.
- No clear policies or protocols about supporting the child’s cultural identity and connection to parents, family and community/tribes when reunification services have ended.
- No clear policies or protocols about when and at what pace workers should move toward ensuring youth, whose parents’ reunification services have ended, are moved into permanent families.
  - In some jurisdictions, protocols and supervision do not require workers to seek permanent families proactively for older youth (over the age of 10) who have goals for “long term foster care.”
  - Little attention to permanency for older youth is organized into work of their lawyers/guardian ad litem/CASA workers (not a part of training, not a part of their court reports).

**Services not necessarily relevant and well coordinated. Focus on complying with services can undermine family well being.**

- Inadequate understanding of trauma and resources to support children, parents and caregivers in their ability to heal, as well as to support parents and caregivers in their abilities to parent their children. Acknowledging what a person/community has experienced (boarding schools, assimilation process and historical trauma) is essential to healing.
- Without relationship with the family and understanding of their culture and family/community history, family actions are often interpreted as “noncompliant.” Given past experiences families often feel fear and guardedness working with Child Welfare Services which is perceived negatively by the agency and courts, impacting removal and reunification.

- Services must be approved by department and/or court; so, for example, parents who access services through community, tribe or faith-based organization may have to redo services.
- No protocols or practices to support parent employment and ability to work case plans. Services are frequently during business hours impeding ability of parents to work. Insufficient linkages and coordination with Tribal TANF.
- Insufficient information-sharing across systems, including between County and Tribal social service agencies and courts.
- Multi-agency interventions, not coordinated and in conflict with one another.
- Never ending therapy; substance abuse testing. No protocols exist to determine when such testing and therapy can end.
- Irrelevant parenting classes (conducted in a language different from parents, subject matter is about the wrong age group, parenting practices taught are incongruent with cultural norms).
- Lack of affordable housing for parents affect ability to reunify in a timely manner with children.
- Lack of transportation results in gaps in services and challenges accessing services, especially in rural areas. In more urban areas some parents spend many hours on buses to get to visits and services.
- Kinship caregivers often remain court supervised placements in order to have ready access to resources.
- Lack of evaluation of effectiveness of treatment programs—from the consumer perspective—counting number of people served, rather than improved results in people’s lives.

**Broad systemic findings.**

***Findings related to ICWA and Tribes included:***

- Lack of policies and protocols that recognize tribes as sovereign nations and support and outline how child welfare services will communicate with and team with Tribes starting with the initial call and ongoing in order to effectively provide Active Efforts in their work with children and families.
- Mistrust from past experiences with the child welfare system - changes promised were not followed up on and decision making not inclusive.
- Tribal lack of resources for partnership with CWS (staff, time and money).
- Lack of sufficient cross-training and transparency about each other’s systems, structures and decision-making processes. Multiple layers in county system makes communication challenging.
- Lack of knowledge related to ICWA – ICWA cases are infrequent, staff attend ICWA trainings infrequency, no specialty within the department.
- Respect of cultural traditions not demonstrated, such as tradition of talking with tribal elders. Lack of continuity in relationships impacts services and outcomes - social workers are not generally a part of the community they are working in and are not assigned to regions.
- Limited resources by tribes to support ICWA liaison or social service programs to meet child/family needs. Stronger partnerships needed to coordinate and pool limited agency and tribal resources.
- Lack of resources and supports for informal placements. One example given was that Tribal guardianships and Tribal placements done through the Tribal Courts are not recognized when it comes to funding (versus placements or guardianships

established in the Juvenile or Probate courts). Without support children are at risk of entering the Child Welfare System since that is sometimes the only way to access funding and other resources.

- Insufficient tribal placements are available to keep children connected to their communities/tribes from the start and reinforce their cultural identity and relationships. These placements also help build social worker awareness of cultural activities, perspectives and customs.
- Community Care Licensing requirements can make it difficult for Native people to become licensed foster homes. Caregivers have insufficient support around issues such as payment, court processes and timelines and the goal of reunification.
- Lack of advocacy, protocols or agreements regarding serving and supporting children whose tribes are not local or whose tribes don't have the resources to assist the family.

**Other broad systemic findings included:**

- Insufficient intensity of family maintenance/preservation services to prevent placement due to high caseloads home visits not frequent enough, and culturally appropriate services not identified, accessed or made available.
- High caseloads affect ability to build relationships with families and learn about cultural, community and tribal supports that can foster change. High attorney caseloads making it necessary to “triage” cases.
- Youth not aware of who their attorney is or how to contact them.
- Frequent rotation of workers affects ability of workers to invest in relationships with families or develop specialization in a particular area. Lack of pursuit of certain processes during transfer (such as ASFA exemption) can jeopardize relative placements that are pending (relative became frustrated and gave up seeking placement of the youth).
- High degree of job specialization/case hand-offs results in information gained from one worker not adequately conveyed to another; roles of various workers become so fragmented that no one feels they have the power or responsibility to advocate for the family or make decisions about the case.
- Internal structures do not effectively relay accurate information to workers and providers about service and resource availability, so clients are sent to providers who have gone out of business, no longer accept Medicaid, etc.
- Limited contracts with community-based providers specializing in services to target population. Larger agencies with sufficient infrastructure to write strong proposals may be heavily relied on to provide community-based services to target population. No formal mechanism for community groups to be involved in the development of RFPs for services.

The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM Project under Cooperative Agreement 90CT0153.



## **System Review Communication Planning Template**

*This Communication Planning Template is intended as a resource document with guiding questions and sample goals, strategies and activities. Child welfare agencies (CWS) who are embarking on System Reviews or Analyses will want to create and customize communication plans with their community partners to work well in the local context and meet agency and community needs.*

### **Communication Goals**

*Questions: What communication goals do you have for release of your System review? What are you most trying to accomplish? Be sure to consider how release of the review findings fits within your broader CWS efforts to reduce disparities in outcomes and/or implement the Child and Family Practice Model (Practice Model).*

#### *Sample Goals:*

- Use release of System Review to Increase Understanding of the Barriers to Improved Outcomes in your Agency and to Engage Partners, Stakeholders and the Community in the Development of an Action Plan to Address Those Barriers.
- Use release of System Review to Share Findings and Place Report in Context of Broader Efforts to Improve local CWS and reduce disparities in outcomes.

### **Audiences**

*Questions: Who are the audiences, internal and external, that are important to contact about System Review findings, and who would want to be the “first to know” about this report? Who are the stakeholders who have a vested interest in CWS and would be especially interested in issues impacting the target population(s) in your system review report? Be sure to include audiences who are both friendly/supportive of CWS as well as those who have been critical.*

#### *Sample audiences:*

##### Internal

- Staff
- Social Worker Unions
- Managers
- Internal workgroups focused on equity issues for certain groups of people

##### External

- Budget and Policymakers for your agency (Governor, Executive Staff, etc.)
- Board of Supervisors and other elected officials
- Partner agencies and organizations
- Courts – Judges, Attorneys, CASA
- Tribes and Tribal leaders
- Community based organizations
- Children’s commissions or other community-wide child/family groups

- Task forces and organizations focused on equity issues for certain groups of people
- Advocacy organizations
- Youth-led organizations
- Parent Partners and other parent organizations
- Cultural Brokers
- Private providers
- Community leaders -- including Tribal leaders, Church leaders and community elders

## **Strategic Framework**

*Questions: What is your strategic framework for undertaking release of your System Review? How do you see release of the report in the context of the partners and community members who guided the review and/or who will be needed to design and implement improvements? Do you envision developing your Action Plan with them before public release of any System Review findings? What will guide the development and execution of your communication strategies? What is the role of the media and how do you see them fitting in your overall strategy? Be sure to be realistic about the ways in which you will approach release of the IA and what you can and will do to be successful.*

### *Sample Elements for Strategic Framework:*

- Use the System Review to deepen community relationships and engage partners in dialogue and development of targeted strategies for improving CWS outcomes.
- Use System Review to underscore open, transparent approach to improving child welfare.
- Ensure pro-active message support for System Review that frames findings and Action Plan in positive and constructive ways.
- Position the System Review as an invited means of CWS self-review that is intended to benefit all children in CWS but that focuses especially on targeted group(s) of children because data tells us they are disproportionately represented in the child welfare system and experience the worst outcomes.
- Use CWS top leadership to be “front and center” in owning results of the System Review, communicating with key audiences and visibly committing to making necessary improvements through Action Plan and other efforts.
- Use the System Review as a tool to increase understanding and support for efforts among those who set CWS policies and will provide funding for Action Plan (e.g., Legislature, Board of Supervisors, County Executive Staff, etc.).
- Use System Review communication planning as an opportunity to deepen collaboration and consistent messaging with Partner Agencies and others working to reduce disproportionality and disparities for vulnerable children and families.
- Use System Review as a tool to engage news media in educating policymakers and the public about what is needed to reduce disproportionality and disparities in CWS.
- Use System Review communication planning as a foundation for building a communication strategy for preparing agency, community and system partners for Installation and Implementation of the Practice Model.

## **Strategies and Activities**

*Questions: What strategies and activities will help you accomplish your communication goals?*

*Sample Strategies and Activities:*

### **1) Message Development**

*Questions: What will you do to ensure that you have a set of concise and effective messages about your System Review? What do you most want audiences to know – and remember – about the System Review? Are your messages different for different audiences and thus require some customization?*

*Sample Activities:*

- a. Review Key Themes emerging from your Agency's System Review and ensure that you understand them. Follow-up as needed.
- b. Develop your agency's Key Messages/Talking Points. Be brief and focus on a limited number of main messages, and then support those as necessary.
- c. Tailor messages as necessary for various audiences. Consider organizing audiences by Internal (managers, staff), External (Board of Supervisors, Partners, Community, Tribes), etc. Begin to consider who might be most effective in delivering those messages (e.g., Messengers) as you will need this to develop your Outreach Strategy (see below).
- d. If possible, work with System Review Report author to provide any summary information relevant to context and key CWS improvements for possible adaptation or inclusion in System Review Report and as means for informing framing of report.
- e. Prepare Q & A doc to help spokespersons and others be prepared for questions.

### **2) Agency Spokesperson Prep/Training**

*Questions: Who can be most effective in communicating about your Agency's System Review? What sort of preparation can you do to be sure that agency spokespersons are as prepared as possible to be effective? Be sure to consider role of CWS agency leaders in this strategy and in visibly "owning" the System Review and its findings.*

*Sample Activities:*

- a. Identify spokespersons for internal and external audiences who can effectively discuss your Agency's System Review.
- b. Provide materials to spokespersons and conduct prep sessions. Identify any areas where additional message support is needed and expand/modify Key Messages as appropriate.

### **3) Materials Development**

*Questions: What materials can you produce that will be effective in communicating about the System Review? What materials work best with your audiences and stakeholders? Be sure to use your Key Messages/Talking Points to guide development of materials and help ensure materials are consistent and strategic.*

*Sample Activities:*

- a. Identify materials that would be helpful in communicating about your Agency's System Review. Possible materials might include:
  - i. Short summary overview of System Review (depending on whether an Executive Summary is included in the original Report).
  - ii. FAQ.

- iii. PowerPoint presentation – for use by spokespersons and others.
- iv. Fact Sheet including key local data about disproportionate representation and disparate outcomes of children and families being served (helpful to context setting).
- v. Fact Sheet summarizing current CWS initiatives to address disproportionality and disparities in outcomes in your agency, including planned implementation of the Practice Model (helpful to context setting).
- vi. Website copy that accompanies public posting of System Review Report on Agency website.
- vii. Articles for agency newsletters or other publications.
- viii. Other communication materials specific to your Outreach Strategy (see below):
  - 1. Staff communication – *Example:* All-Staff Email sharing findings and what Agency is doing in response to findings.
  - 2. Community communication – *Example:* Letter or Email from Director to community leaders, PPT tailored for presentation at Community meetings.
- b. Draft materials and secure internal review.
- c. Consider sharing draft materials with partner agencies and key community groups as part of broader collaboration strategy. Doing so will help to inform materials, enable common messaging and promote use of materials. Solicit input/feedback relevant to any needed changes in materials.
- d. Revise and produce final materials.
- e. Disseminate materials per Outreach Strategy below.
- f. Monitor need for updates to materials as outreach occurs and modify as needed.

#### **4) Outreach Strategy**

*Questions: What are the outreach strategies for reaching your various audiences and stakeholders? How will you best communicate with and engage them? Which ones require more personal attention and briefing and which can be reached via broader outreach, conferences or forums? How can community and partner groups help? Be sure to consider these strategy questions in relation to groups with whom you do not already have a relationship but who are important to your success. (For example, you may need to enlist community leaders or “gatekeepers” to reach some parts of the community.)*

##### *Sample Activities:*

- a. Develop Outreach Strategy based on your target audiences. Consider organizing your strategy by audience categories such as Internal (staff, managers), External (Board of Supervisors, Partners, Community, Tribes), etc.
- b. Identify the specific activities necessary to your outreach, including the following :
  - i. Review/confirm messages for specific audiences and modify if necessary. (See Message Development above).
  - ii. Who will be the most effective Messenger and help to better ensure that Messages are heard in a way that lets you achieve your communication goals? (e.g., Agency Director/Spokesperson or Deputy, youth, a partner agency, judge, community opinion leader).
  - iii. What are effective ways to reach them? What are the activities (e.g., materials dissemination, one on one meetings, briefings, Brown Bag presentations, presentation at conferences, etc.).
  - iv. When will you contact them? Are there existing meetings at which System Review findings/report could be reviewed and discussed.

- v. Will you engage them in an ongoing conversation/set of activities or is this a one-time information sharing?
- vi. Who is staff lead for following up and making sure outreach occurs?
- c. Develop a Timeline leading up to release of System Review findings/report with specific activities and who is leading execution.
- d. Assess Outreach Strategy post-release of System Review Report and modify as needed. If your agency is moving toward installation and implementation of the Practice Model, consider the ways in which your System Review Communications Plan can inform broader communications planning.

## 5) Media

*Questions: What is your strategy for dealing with the media? Can they help you achieve your communication goals? What are the factors that you need to be especially aware of in engaging media on this issue? Who are the media that can help you reach key audiences, including ethnic and community-based media? Be sure to work with your Agency's communications or public information officer in developing media plans and coordinating outreach; you'll want to ensure that any plans are in line with your agency's overall communication strategies. Be sure to address timing for any media release and ensure that CWS leadership is prepared for press questions that may arise. You'll also want to confirm that key stakeholders have been informed of the System Review ahead of public release and appropriately engaged.*

*Sample Activities:*

- a. Determine media strategy in light of your communication goals/strategic framework and local issues, including current relationships with media and coverage (neutral, hostile, etc.). Be sure to include presentation to Board of Supervisors and other public bodies as potential opportunities.
- b. Once media strategy is determined, develop your media plan, including the following:
  - i. Target Media – Include regular media as well as community-based media that serve African American and Native American populations (may wish to identify faith-based media for outreach to African American population in particular).
  - ii. Messages – *Examples:* Develop Media Pitch Points, Internal Q&A if necessary (for dealing with thorny questions that may arise and that are not addressed in main Messaging/Talking Points document).
  - iii. Media Training – *Examples:* Prep agency spokespersons for media questions, practice with role-play, conduct on-camera or other training as needed and helpful.
  - iv. Third Party Surrogates – Identify individuals in the community, youth/parents, other agencies, local college professors, etc. that can speak to key issues within the System Review and who can help to humanize issues. These are individuals who likely have been involved in your Outreach Strategy and who you might quote in your News Release. You'll want to be sure to share key media materials with them and help prepare them for press calls.
  - v. Materials to be developed – *Examples:* Media Advisory, News Release, guest newspaper editorial, articles for magazines or other print outlets.
  - vi. Media Outreach Activities – *Examples:* Pre-pitching to select reporters, Feature or long-form exclusive print story day of release of report, embargoing report until morning of Board of Supervisors meeting when report is released, desk-side briefings, press briefing, e-dissemination, editorial board meetings/briefings, public affairs radio/TV programs, Media Roundtable for community-based media, etc.

- vii. Timeline – Assign deadlines for key tasks and staff person who is responsible.
- c. Implement Media Plan – as determined above, including media prep sessions as needed.
- d. Monitor coverage and follow-up with any reporters as needed. Acknowledge stories secured and use opportunity to strengthen relationships with local reporters.
- e. Document and disseminate media coverage to audiences.
- f. Debrief media plan and use opportunity to inform future strategy and outreach, including Practice Model installation and implementation and other CWS plans.

## 6) Coordination, Collaboration and Accountability

*Questions: Who needs to be part of your Communications Team – or will communication planning occur as part of your Practice Model Implementation Planning Team or some other pre-existing group? Who do you need to be sure is “at the table?” To ensure effective implementation, who is lead for overall coordination and ensuring that key activities are accomplished?*

*Sample Activities:*

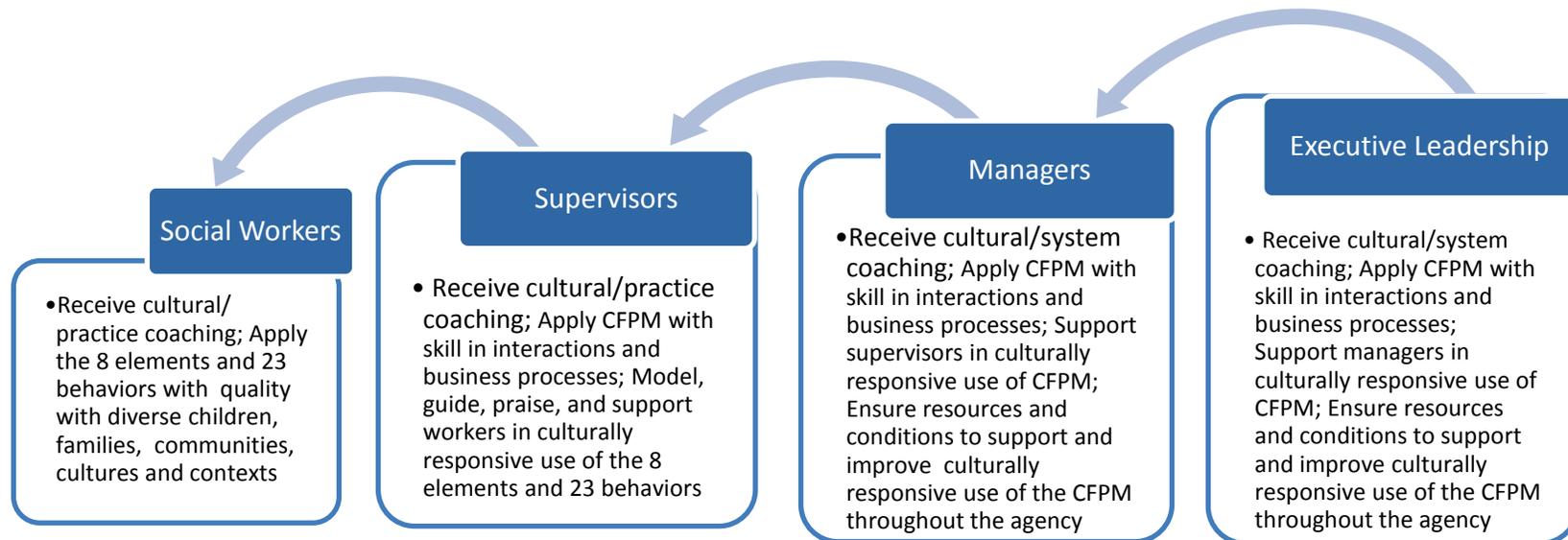
- a. Assemble a Communications Team for System Review planning and implementation. (This could be an ongoing group tasked with communications, but will need assistance from those with direct communications and media experience. Consider including the Agency communications officer or Public Information Officer as a member of the team, if possible, but if not, arrange for consultation and any needed assistance.)
- b. Produce a written Communications Plan using this Template or some other planning support tool so that goals, audiences, strategies and activities are clear.
- c. Use your communications planning as an opportunity to force strategic decisions upfront as opposed to just letting things happen or evolve. (The more intentional and strategic you are, the more prepared you can be and the more you will improve your chances for achieving the outcomes you want.)
- d. Develop a Communications Timeline that includes all planning and implementation deadlines and indicate who will execute key tasks.
- e. Meet regularly to check progress on key activities and identify any other needed tasks.
- f. After System Review findings/report is disseminated, debrief communications plan and identify lessons learned. Leverage your System Review experience for broader efforts related to Practice Model installation and implementation as well as other CWS initiatives and opportunities.

The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM Project under Cooperative Agreement 90CT0153.



## CFPM COACHING GUIDE

Core to all CFPM coaching is a **behaviorally focused approach** that maximizes staff and partner expertise and competency in the Child and Family Practice Model. Coaching supports consistent and effective use of the core elements, practice behaviors and leadership behaviors in the Practice Model so that all interactions and business processes within the agency and with children, families, communities and Tribes – from service providers, social workers and case aides to leadership and administration – reflect high fidelity use of the Practice Model and an agency culture of partnership, shared learning and continuous improvement. Fluency by agency leadership in the core elements, practice behaviors, and leadership behaviors is essential in effectively supporting CFPM implementation, coaching and sustainability. For this reason, supervisors, managers, and executive leaders are trained and build fluency in the Practice Model before frontline staff are trained and begin receiving coaching. The importance of **cascading levels of coaching and support** for the Practice Model is illustrated below. The **cultural and/or system coaching** referred to in the diagram is usually provided by external partners or contracted providers who are “system savvy” and bring cultural wisdom regarding the strengths, values, beliefs, traditions, needs and resources of the local communities and Tribes whose children are experiencing disparate outcomes as a result of child welfare system involvement.



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## Coaching Approach

While the Practice Model and its practice/leadership behaviors guide general interactions, each family, community, cultural context and situation is unique and specific. The CFPM coaching approach supports application of the general behaviors in the Practice Model to specific interactions and needs. There are four elements of CFPM coaching that are important in building the skill and competency of individuals and systems to apply the Practice Model in culturally specific and supportive ways in the diverse interactions and contexts that staff, leadership and partners experience in their day to day child welfare work and roles:

- **Family Centered:** Supports the agency and its staff and partners to lift up child and family voice and partner with families, communities and Tribes to meet the underlying needs of children and families.
- **Culturally Responsive and Specific:** Supports the agency and its staff to demonstrate partnership and cultural humility in all interactions and to integrate culturally responsive individualized services and supports for the children and families being served.
- **Developmental and Reflective:** Supports an agency culture of giving and receiving positive and developmental feedback and strengthens self-reflection and skill in applying the Practice Model.
- **Results Oriented:** Supports the agency and its staff and partners to collect and use data to support decision-making, fidelity, and improve the experience and outcomes of children and their families.

Intensive coaching immediately following training is key to creating the behavior changes required throughout the child welfare agency, from the staff interacting with families, the supervisors of those staff, managers of these units of work, to administrators and executive leaders. Coaching is intensive for a period of time to support transfer of learning and application in the diverse cultures, contexts and situations that staff experience on a daily basis. As skill, consistency and fidelity to the Practice Model increase, coaching may become less intensive and frequent, however it continues on an ongoing basis in order to support and sustain high fidelity, culturally responsive use of the Practice Model within the agency.

External coaching resources, such as community members with cultural wisdom from the population of children and families most disproportionately represented in the agency's child welfare system, are key coaching supports. Coaches who bring this cultural/community perspective support culturally specific use of the frontline practice with children, families, communities and Tribes, as well as build understanding of the system behaviors, practices, services and supports needed to build on the strengths and resilience of these communities and better meet the needs of their children and families. Depending on background and experience, these external coaching resources can also be helpful in supporting the child welfare agency in building the capacity of supervisors, managers and executive management to coach to the values and behaviors in the model.

## Purpose/Goals of Coaching

The purpose of coaching is to:

- Ensure staff at all levels have **consistent sustained support** in using the Practice Model in diverse situations, job roles and interactions;

- Provide continuous learning opportunities that support **effective work and partnerships** with children, families, communities and Tribes at all levels of the organization; and

Coaching engages the learner in reflecting on their interactions, learning through experience, skill building through behavioral rehearsal, observation and feedback, and repeated cycles of trying on new/enhanced skills with another person. Coaching asks us to bring a sense of curiosity to our work and to be comfortable with “not knowing” all the answers or potential solutions to a situation.

An effective coach listens, fosters reflection, and models and demonstrates behaviors, tools and strategies that are consistent with the Practice Model; an effective coach supports practical application of the values, core elements and behaviors in the Practice Model in everyday work, professional roles and interactions. Coaching supports continuous plan-do-study-act (PDSA) improvement processes to build the confidence and competence of those being coached in using the Practice Model in their job roles and functions. The overall goals of CFPM coaching include:

- Develop skill and competency in culturally responsive use of CFPM values, practice elements and practice/leadership behaviors
- Support continuous professional development and deepening skill proficiency over time
- Support and sustain CFPM fidelity over time
- Problem solve challenges and develop and test creative solutions
- Identify system changes needed to support the Practice Model
- Develop the capacity of supervisors, managers and executive leaders to provide coaching support to their staff

## Foundational or “General” Coaching Skills

In order to be an effective CFPM coach, it is important to develop the general coaching skills of supervisors, managers and executive leaders. This enables those coaching to create a positive and productive coaching relationship and become “competent coaches.” Coaching Institutes or other general coaching training and follow-up support can help build competent coaching skills, such as:

- **Inquiry:** Uses insightful, thought provoking questions that help others go deeper in their understanding, practice skills and reflections.
- **Active Listening and Reflection:** Is attentive, clarifies, reflects, synthesizes, uses strength-based feedback to bridge to informed reflection.
- **Communication:** Communicates in non-judgmental, clear and behaviorally-focused ways.
- **Use of Learning Goals and Plan:** Co-creates coaching goals and a plan to achieve goals, including who will be involved, type/frequency of coaching support, how coaching will be coordinated with supervision/case decision-making, and activities between coaching sessions to achieve goals.

- **Developmental Support:** Discovers, affirms and appreciates current strengths and behaviors, bridges thinking and emotion in inquiry and discussion; encourages trying on, reflection and learning; creates opportunities to practice skills and behaviors; provides positive feedback and developmental feedback
- **Continuous Learning and Improvement:** Seeks out feedback from those being coached and utilizes it to improve coaching relationships and one's own ability to coach.
- **Knowledge and Skill in Improvement Cycles:** Supports Plan, Do, Study, Act cycles at the individual, group, organizational and community levels.

## CFPM “Coaching to Competence” Skills

As general coaching skills develop, those who will provide coaching support begin to focus on how they can use those skills to coach to competence in the Practice Model. Coaching to competence is an active, behaviorally-focused coaching practice which supports application of the practices and behaviors in the model to real-world interactions occurring in dynamic situations. Key aspects of coaching to competence include:

- **Practice Model Focus:** Supports understanding of the 8 core elements and 23 practice behaviors, as well as the Leadership Behaviors with leaders, how they integrate with child welfare mandates and case management, and how they are applied in diverse cultures, contexts, interactions and situations; problem-solving practice and system-level issues using the Practice Model as the solution base
- **Partnership, Culture and Humility:** Embraces diversity and supports exploration of how one's own bias and assumptions may impact interactions; builds on family strengths and relevant religious, cultural and Tribal traditions and practices that are meaningful to the family and are sensitive to layers of current and historical trauma that the family may have experienced; works with family, cultural and community partners to address the underlying needs of children and families
- **Use of Active Learning Approaches:**
  - Observation – *directly observing in-person interactions* or observing through video or audio recordings followed by positive and developmental feedback about use of the core elements, practice behaviors or leadership behaviors in the model
  - Secondary observation – *behaviorally focused reflection* on actual conversations and interactions with children, families, communities and Tribes followed by positive and developmental feedback about use of the core elements, practice behaviors or leadership behaviors in the model. (Note: when descriptions of interactions are vague or adjectives are used, ask questions to elicit more behavioral descriptors: “Who said what? What did the father do or say that made you think he was angry/would not go to drug treatment/etc.? What did you say? What happened after that? Etc.)
  - Modeling – demonstrating the practice in one's own behaviors and/or through role plays or behavioral rehearsal to promote others' CFPM learning and skills

- Practice, behavioral rehearsal, verbal run through
- **Strengthening System Supports:** Listens for and lifts up barriers to effective and consistent use of the Practice Model and participates in problem-solving and feedback loops to create a culturally responsive, aligned system that effectively reflects and supports the Child and Family Practice Model.

## Creating a System of CFPM Coaching

Coaching is a commitment and investment by the organization to ensure the Practice Model is adequately supported, resourced and infused throughout the child welfare agency and system. It is one element of an integrated set of drivers needed to support implementation of practice. Other elements or drivers include selection, training, fidelity assessment, decision support data system, facilitative administration, and systems intervention.

A Coaching Service Delivery Plan which clearly lays out the agency’s “system” of providing ongoing coaching at all levels of the organization is important in implementing and sustaining the Practice Model. A written Coaching Service Delivery Plan helps everyone understand coaching expectations and how they are a part of a cascading system of support for the Practice Model that moves from executive to practice levels. The plan also strengthens system accountability, ensuring the agency can monitor the quality and timeliness of coaching services. A Coaching Service Delivery Plan clarifies:

- The role of community partners in coaching
- Who will provide coaching and who will receive it at each level of the agency, how frequently and in what venues or with what resources
- The coaching data and forms to be used and who is expected to use them, in order to track and monitor coaching activities
- Expectations for lifting up and communicating practice and system barriers that are identified through coaching
- The multiple sources of coaching feedback that will be available and used at all levels (such as coaching satisfaction surveys, observational assessment of coaching, staff fidelity data, etc.)
- When/how coaching expectations and supports will be communicated to existing staff and to new staff
- How new supervisors, managers and executive leaders will build fluency in the Practice Model, be made aware of coaching expectations, and develop skill in competent coaching and coaching to competence
- A schedule for sharing of coaching data with different audiences on a regular basis, such as sharing data with supervisors and staff, leadership and management, trainers and coaches, community and Tribal partners

A sample Coaching Service Delivery Plan for the Child and Family Practice Model is incorporated on the following pages which, in conjunction with the coaching resources at the end of this guide, will help jurisdictions in developing a local coaching plan. The sample plan utilizes external coaches from the community to bring a cultural lens to practice and system-level coaching, and utilizes local supervisors, managers and executive leaders who integrate coaching support into their supervisory relationships, interactions and meetings. This combination of supports

is very helpful in building the capacity of the child welfare agency and its staff to use the Practice Model in culturally responsive ways effectively and routinely in their interactions, job roles and functions. Once developed or adapted for local use, the local Coaching Service Delivery Plan is regularly reviewed by the implementation team and coordinated with leadership to ensure the plan is in place and to assess what is working and what needs to be changed or improved.

Here are a few additional tips for developing or adapting the local Coaching Service Delivery Plan:

- A first step would be to bring your leadership team and implementation teams together **to identify a small working group to develop a CFPM Coaching to Competence Service Delivery Plan**. If it helpful if this working group includes someone from the implementation team, someone from the coaching team, several community partners, and at least one staff from various levels of the organization (social workers, supervisors, managers) who will be impacted by the coaching plan. This group is a short term working group.
- **Start roll-out of the plan at the leadership level** (executive management and managers) as you will build systemic support of coaching, model coaching processes for others, and build relationships with staff in new ways that support use of the Practice Model.
- **Consider how to build in use of coaching frameworks during case staffings**, consultation, and reviews of complaints whenever possible. Consider asking a coach to support or facilitate some of these as coaching opportunities.
- **Repurpose existing meeting venues** - consider supporting units, leadership teams, and other groups to explore how they might set up or repurpose time during one meeting a month (or more often), where they could focus on coaching and practice development and enhancement. This may require facilitating mapping of existing meetings and their purpose to help figure this out.
- **How do you develop consistency and continuity of your coaching practice** if your staff moves frequently between Supervisors and between Managers?
- **Think ahead of time about what the group does with the plan**: Does it go to the leadership team? How will the group and staff know that the plan is approved? Once approved, how will it be communicated to all staff? What group or team will be responsible for ensuring implementation of the coaching plan?

## SAMPLE CFPM COACHING SERVICE DELIVERY PLAN

### Vision Statement

Professional development, support and feedback are keys to quality practice and service delivery and provide important feedback to align supports and services to meet the needs of local children and families and improve safety, permanency and well-being outcomes. Coaching has been demonstrated as a key element to ensure implementation, fidelity, and quality of services. Developing a coaching organization requires coaching at all levels This is part of working towards an organization where competent use of the Child and Family Practice Model is practiced by executive management all the way to the social workers in a parallel process. To implement the Child and Family Practice Model (CFPM) as intended, CFPM coaching will be accessed and integrated across all levels of our agency, resulting families, communities and Tribes experiencing culturally responsive child welfare practice, services and systems and the CFPM guiding all agency interactions among and between staff.

### Coaching Goal

To promote agency movement toward becoming a learning and coaching organization; and to improve relationships at all points of contact between the agency, families and communities through development and implementation of an authentic, sustainable culturally responsive practice and service system.

### Coaching Objectives

1. Ensure that agency staff is able to understand culture, demonstrate humility and use a culturally responsive practice and lens when interacting with families and communities.
2. Mentor and coach staff to build capacity and sustainability for all levels to become competent coaches.
3. Provide staff with coaching and guidance on real-world application of the Child and Family Practice Model in diverse families, communities, cultural contexts and job roles or functions.
4. Lift up system barriers to improved outcomes for children and families and assist in creating a culturally responsive, aligned system that effectively reflects and supports the Child and Family Practice Model.

### Competencies of Coaches

- Fluency in the Child and Family Practice Model values, practice elements and 23 behaviors, and the aligned leadership behaviors.
- Competent in use of multiple methods of listening, reflection and feedback processes with practitioners and leaders
- Competent in modeling the practice and directly observing practitioners and leaders using the Practice Model
- Competent in providing positive and developmental feedback to strengthen culturally responsive use of the Practice Model
- Competent in listening for and lifting up systemic issues and barriers in serving children and families and partnering with families, communities and Tribes

### Guiding Principles and Values of Coaching:

- a) **Multi-logical World Views** – Stimulate and demonstrate an understanding of the multiple ways of understanding the world, such as the indigenous relational worldview, which is circular, holistic, and implicit, and apply it in practice throughout the organization.
- b) **Culturally Responsive Practice** - Support social workers, supervisors and managers as they develop and integrate their own culturally sensitive and responsive practice with the diverse families and communities being served.

Encourage system development and structuring of resources to support a culturally sensitive and responsive practice at all levels of the organization.

- c) **Agency Paradigm Shift** - Address issues and needs around culturally responsive practice at all organizational levels including administration, management, supervision and frontline practice to maximize efforts and maintain a sustainable system for understanding and working with the diverse families and communities being served.
- d) **Coaching Organization** - coaching supports staff and administration to be open and willing to engage in learning, coaching and other development and improvement processes.
- e) **Supported Transfer of Learning** - Coaching is a process that supports staff, supervisors, managers and leadership in their learning and demonstration of the Practice Model. Coaching provides a venue to explore and gather ideas about how to engage and interact with others in a way that is meaningful to them and honors their strengths and culture.
- f) **Engagement** - Coaching provides new perspectives into the multiple ways we can engage and communicate with families and how we can utilize multi-logical thinking to effectively work with families.
- g) **Cultural Awareness** - Coaching provides a way to raise awareness of the family's cultural lens and apply that cultural lens in interactions, case management and agency business processes. It also helps us think critically about our own personal biases.
- h) **Communication** – Coaches, leadership and implementation teams share responsibility for communication and attend regular meetings to discuss culturally integrated CFPM innovations, implementation, and to lift up systematic and procedural issues.
- i) **Access and Responsive Feedback** - All coaches, social workers and other staff will have regular access to and responsive feedback from supervisors, managers and the implementation team for the purpose of lifting up and making recommendations for any issues of concern.
- j) **Shared Accountability/Dual Roles** - All staff and coaches live in the community and may be accountable both to the work of the agency as well as to the community in which they live. Coaches and staff build relationships within the communities they are serving. It is acknowledged that they may have a professional role and relationship with families as a representative of the agency and also have a different role with the family as a member of the community within which they live.

### **Structured Coaching/Supervision At All Levels**

#### ***Executive Management/Administration as Coaches***

As executive leaders, Directors and Assistant Directors are essential in setting the foundation for an organizational culture of partnership, shared learning and continuous improvement. Demonstrating the leadership behaviors in the Practice Model in interactions and business processes, and demonstrating coaching principles in their supervision of managers, sets an important context for Practice Model implementation and supports managers to effectively coach and support supervisors.

At the Executive Management level it can be difficult to access leadership and system coaching support by someone above their job classification. It is important for Executive Management to access contracted coaches or reach outside their workforce to find individuals that (1) understand the cultural context of the children and families being served in the region and (2) can provide coaching to Executive Management in a way that is not confusing or obstructed by issues of authority. External coaching resources, such as community members who understand the child welfare system and have cultural wisdom from the population of children and families most disproportionately represented in our child welfare system, are key coaching resources for supporting Executive Management to demonstrate the leadership behaviors and apply the Practice Model in their work, engage and support ongoing community partnerships and culturally-responsive practice and system behaviors, and make agency and system changes needed to positively

impact these communities.

➤ **Executive Management Coaching Development**

- **Executive Management will learn the values, practice elements, practice behaviors and leadership behaviors** through CFPM training and through ongoing coaching with external coaches. Executive Managers will strengthen their competence in the Practice Model in order to be able to capture information and progress regarding each manager's growth towards full competence in using the Practice Model in diverse cultures, contexts, roles, interactions and situations.
- **Executive Management will work with the Staff Development and Training Team** to strengthen and develop resources and capacity to provide on-going CFPM training and coaching support at all levels of the agency.
- **Executive Management will work proactively with CFPM leadership and implementation teams** to ensure system barriers are lifted up and action plans are developed and implemented to strengthen system alignment and support of the Practice Model.
- **Executive Management will arrange and receive coaching support from an external coach 1-3 times each quarter to support:**
  - Alignment of the agency's vision, mission and values and communications within the agency with the CFPM.
  - Consistent use of the CFPM leadership behaviors in partnerships with communities and Tribes and in management and administrative responsibilities.
  - Coaching skills and competence in providing CFPM coaching to managers.
  - Development and sustainability of culturally responsive resources, services and supports in communities specifically impacted by child welfare.
  - Development of programmatic, administrative and fiscal processes and procedures that expedite and support the use of culturally responsive resources, services and supports for children and families being served.
  - Development and implementation of strategies for engaging and supporting system partners, such as Executive Leaders, Judges, Attorneys, Juvenile Justice, Tribal Governments, Education, and Community in understanding the CFPM and building their capacity to use the CFPM.
- **Executive Management will engage in goal setting and specific homework to attend to between coaching sessions.**

➤ **Providing Individual/Group Coaching**

- **Executive Management will communicate coaching expectations to managers (consistent with this plan) and provide individual CFPM coaching to the managers they supervise 1-3 times per quarter.** Executive Management will incorporate learning objectives that build culturally responsive competency in the values, core elements, practice behaviors and leadership behaviors of the Child and Family Practice Model into their coaching practice with managers.
- **Executive Management will facilitate CFPM group coaching on a quarterly basis with managers as participants.** For example, the group coaching could revolve around a case presentation, agemcucommunity partner engagement activities and needs, or exploration regarding applying a specific leadership behavior or group of behaviors in interactions with staff or partners.

➤ **Documentation of Coaching Activities/Results/Systemic Issues**

- **Executive Managers will document coaching activities** so that data is available to improve coaching, implementation supports and system alignment with the practice model. The Executive Manager will complete the Coaching Log after each individual or group coaching session.

➤ **Continuous Learning and Improvement**

- **Executive Management will create ongoing opportunities for managers to provide feedback** on their coaching with the objective of continuous coaching improvement. Feedback opportunities include scaling questions at the end of coaching sessions, as well as the Manager Survey Assessment of Executive Leader Coaching (see p. 41 of this Coaching Guide) which is recommended feedback to be requested every 3-6 months.
- **Executive Management will receive honest, open and behaviorally specific feedback** from external and internal coaches whenever they are involved in coaching sessions with them and work to incorporate this and other feedback to improve their coaching practice.
- **Executive Management will be receptive to learning from managers about system issues and barriers** in work with children, families, communities and Tribes that cannot be resolved at lower levels of the organization **and will partner with CFPM leadership and implementation teams** to support action plans to strengthen system alignment and support of the Practice Model. Executive Management will keep the Management Team apprised of status and progress in addressing these system issues and barriers.
- **Executive Management will facilitate a monthly Manager Meeting agenda item dedicated to discussion of the Coaching Service Delivery Plan** to aide in continuous quality improvement. At least quarterly, Executive Management will review agency-specific CFPM data reports and provide feedback to the Implementation Team.

**Managers as Coaches**

As organizational leaders, managers are essential in modeling and supporting an organizational culture of partnership, shared learning and continuous improvement. Demonstrating the leadership behaviors in the Practice Model in a;; interactions and business processes, and demonstrating coaching principles in their supervision, sets an important context for Practice Model implementation and supports supervisors to effectively coach and support social workers in skillful use of the practice.

➤ **Manager Coaching Development**

- **Managers will build competency in learning, recognizing and demonstrating the values, core elements, practice behaviors and leadership behaviors** in the Practice Model through ongoing CFPM training and coaching by executive management and other internal and external trainers, coaches and community partners. Managers will be able to capture information and progress regarding each supervisor's growth towards full competence in using the Practice Model in diverse cultures, communities, roles, interactions, and situations.
- **Managers will participate in professional development trainings** focused on coaching skills and coaching approaches when such trainings are available. Staff Development and Training will strive to offer coaching skills trainings several times a year.
- **Coaching will be provided to managers by executive management 1-3 times each quarter to support:**
  - Enhanced skill development in the CFPM practice elements and 23 behaviors and demonstrated integration of the leadership behaviors in management and administrative responsibilities.
  - Skill-development and competence in providing coaching and support to supervisors.
  - Aligning verbal and written communication with the CFPM and culturally responsive practice, resources, services and supports (such as in desk guides, policies and procedures, meetings, e-mails, court reports,

and other feed-back/feed-forward loops with staff, community and system partners).

- Manager-level engagement and partnership with local communities and Tribes impacted by the child welfare system.
- Identifying and problem-solving system barriers and themes that are emerging in practice and getting in the way of effective use of the CFPM and culturally responsive services, supports, and interactions.

- **Managers will engage in goal setting and specific homework to attend to between coaching sessions.**

➤ ***Individual/Group Coaching***

- **Managers will communicate coaching expectations to supervisors (consistent with this plan) and provide individual CFPM coaching sessions to their supervisors 1-3 times each quarter.** Managers will incorporate learning objectives that build culturally responsive competency in the core elements, practice behaviors and leadership behaviors in the Child and Family Practice Model into their coaching practice with supervisors.
- **Managers will facilitate a monthly CFPM group coaching session with the Leadership Team** attended by supervisors, managers and others. For example, a group coaching session could revolve around use of the 3 Questions (what's working well, what are we worried about, what needs to happen next) to discuss the retention of staff as they come out of induction training. Another example could be exploration of how to engage in culturally responsive assessment or case planning processes with a family on a difficult case.
- **Managers will directly observe their supervisors in interactions with social workers at least once every six months.** Managers will provide opportunities for their supervisors to reflect on the interaction and will follow this reflection with positive and developmental feedback on the supervisor's use of CFPM core elements, practice behaviors and/or leadership behaviors during the observation. Observations may occur at unit meetings, individual coaching sessions with social workers, or other venues that there is observable interaction between the supervisor and a social worker.

➤ ***Documentation of Coaching Activities/Results/System Issues***

- **Managers will document coaching activities** so that data is available to improve coaching, implementation supports and system alignment with the Practice Model. Managers will complete the Coaching Log after each individual/group coaching session.

➤ ***Continuous Learning and Improvement***

- **Managers will create ongoing opportunities for supervisors to provide feedback on their coaching** with the objective of continuous coaching improvement. Feedback opportunities include scaling questions at the end of coaching sessions, as well as the Supervisor Survey Assessment of Manager Coaching (see p. 37 of this Coaching Guide) which is recommended feedback to be requested every 3-6 months.
- **Managers will receive honest, open and behaviorally-specific feedback from Executive Management** regarding their coaching development and competency, and work to incorporate this and other feedback to improve their coaching practice.
- **Managers will receive honest, open and behaviorally specific feedback from external coaches** whenever they are involved in coaching sessions with them and work to incorporate this and other feedback to improve coaching practice.
- **Managers will be receptive to learning from supervisors about system issues and barriers** in work with children, families, communities and Tribes that cannot be resolved at lower levels of the organization **and will work proactively with staff, partners, leadership and implementation teams** to develop and implement

action plans to strengthen system alignment and support of the Practice Model. Managers will keep their supervisors apprised of status and progress in addressing these system issues and barriers.

- **During the monthly Manager Meeting Coaching Service Delivery Plan agenda item, managers will come up with a CFPM coaching to competency topic/theme** to be incorporated in their meetings with supervisors the following month.
- **At least quarterly, the Management Team will review agency-specific CFPM data reports** and guide decision-making to improve CFPM use and implementation practices within the agency.

### **Supervisors as Coaches (Also Coordinators who Supervise Staff)**

Supervisors play a critical role in helping social workers develop proficiency in applying the Child and Family Practice Model in diverse families, cultures, communities and situations. Over time the style of coaching provided may shift to a more reflective approach, however CFPM coaching support for social workers never ends - it continues in order to support professional development, sustain high fidelity use of the Practice Model, and improve the experience and outcomes of children and families. The following CFPM coaching activities and supports are provided by supervisors for social workers in their unit:

#### ➤ ***Supervisor Coaching Development***

- **Supervisors will build competency in learning, recognizing and demonstrating the core elements, practice behaviors and leadership behaviors in the Practice Model** through CFPM training and ongoing coaching by managers and coaching opportunities with other internal and external coaches and community partners. Supervisors will be able to capture information and progress regarding each social worker's growth towards full competence in using the Practice Model in all casework and in interactions with diverse children, families, cultures, communities and situations.
- **Coaching will be provided by managers to supervisors at least monthly to support:**
  - Integration of the leadership behaviors in supervisory and administrative responsibilities.
  - Application of the values, core elements and practice behaviors in the Practice Model to real-world interactions and situations.
  - Skill-development and competence in providing coaching and support to social workers.
  - Skill-building in supporting use of CFPM language in verbal and written documentation (such as in e-mails, court reports and other feed-back/feed-forward loops with staff, community and system partners).
  - Supervisory-level engagement and partnership with local communities and Tribes impacted by the child welfare system.
  - Identifying and problem-solving system barriers and themes that are emerging in practice and getting in the way of effective use of the CFPM and culturally responsive services, supports, and interactions.
- **Supervisors will engage in goal setting and specific homework to attend to between coaching sessions.**

#### ➤ ***Providing Individual/Group Coaching***

- **Supervisors will communicate coaching expectations to social workers (consistent with this plan) and provide in-person coaching to the social workers in their unit based on the following schedule and frequency.**
  - Immediately following CFPM Overview and 4 Follow-Up Modules: Social workers will receive 2 individual coaching sessions per month for a period of 6 months to practice, apply and enhance culturally responsive skill development to the Child and Family Practice Model as it applies in their roles. In

addition, at least 1 group coaching session with peers/colleagues will be provided quarterly. At the end of the 6 month period of time, the social worker and supervisor will engage in a CFPM Check-in and Observation process (see p. 21 of this Coaching Guide) to determine if continued intensive coaching or a stepped-down process of coaching is appropriate for the social worker.

- If coaching supports can be stepped down, social workers will receive 1 individual coaching session per month for the next 6 months. In addition, 1 group coaching session with peers/colleagues will be provided at least quarterly. At the end of this 6 month period, a Fidelity Assessment observation will be done on a randomly selected case on the social worker's caseload. If the total average score for all of the observation ratings on the Fidelity Assessment is 3.3 or higher, the staff can move on to a maintenance approach to coaching. For lower scores the social worker and supervisor will develop a coaching plan to address areas of need and the social worker will continue to be provided at least 1 individual coaching session per month and 1 group coaching session per quarter until the next Fidelity Assessment observation.
- Once proficiency has been demonstrated through the Fidelity Assessment observation score, the social worker will engage in at least 1 individual coaching session and one group coaching session each quarter and a Supervisor Check-in and Observation will be done every 6 months to ensure continued support and fidelity to culturally responsive use of the practice. (Note: A Fidelity Assessment observation may be substituted annually in place of the supervisor Check-in and Observation.)
- **Supervisors will incorporate learning objectives that build competency** in the values, core elements and practice behaviors in the Child and Family Practice Model into their coaching practice with social workers.
- **Supervisors will make use of both primary and secondary observation** of interactions with children and families and provide ongoing behaviorally focused positive and developmental feedback about use of the Child and Family Practice Model. The behavioral focus of these coaching sessions will be integrated with ongoing case consultation and staffing needs of social workers. As indicated above, primary observation of the social worker will occur at least every 6 months but more frequent observations in the office, in the field, or during meetings and other gatherings is encouraged.
- **To facilitate skill development, supervisors will observe** social workers using collaborative behaviors with families in the office, field, or during family team meetings or other gatherings. Frequent direct observation, closely followed by positive and developmental feedback, is most effective at facilitating skill development.
- **During unit meetings or other group coaching opportunities, supervisors provide additional coaching support** to further develop or reinforce competency in the Child and Family Practice Model.
- ***Documentation of Coaching Activities/Results/Systemic Issues***
  - **Supervisors will document coaching activities** so that data is available to improve coaching, implementation supports and system alignment with the Practice Model. Supervisors will complete the Coaching Log after each structured individual/group coaching session.
- ***Continuous Learning and Improvement***
  - **Supervisors will create ongoing opportunities for social workers to provide feedback on their coaching** with the objective of continuous coaching improvement. Feedback opportunities include scaling questions at the end of coaching sessions, as well as the attached Social Worker Survey Assessment of Supervisor Coaching (see p. 34 of this Coaching Guide) which is recommended feedback to be requested every 3-6 months.
  - **Supervisors will receive honest, open and behaviorally-specific feedback from their managers** regarding their coaching development and competency, and work to incorporate this and other feedback to improve their

coaching practice.

- **Supervisors will receive honest, open and behaviorally specific feedback from external coaches** whenever they are involved in coaching sessions with them and work to incorporate this and other feedback to improve coaching practice.
- **Supervisors will be receptive to learning from social workers about system issues and barriers** that the social worker cannot resolve in their work with children, families, communities and Tribes **and will work proactively with their manager, the implementation team and others** to develop and implement action plans to strengthen system alignment and support of the Practice Model. Supervisors will keep the social workers in their unit apprised of status and progress in addressing these practice-level system issues and barriers.
- **At least quarterly, agency-specific CFPM data reports will be shared** with the supervisory team and will guide decision-making to improve CFPM use and implementation practices within the agency.

### **External Coaching Resources/Role**

To support implementation and sustainability of the Practice Model, four part-time external coaches are available to bring cultural wisdom and an understanding of multi-logical thinking to support practice and system-level engagement with children, families and community partners from all cultural and class backgrounds. These coaches can assist all levels of the agency to strengthen communication and collaboration with particular communities and extended family networks and assist in establishing pathways to cultural supports and services needed by local children and families. External coaches can build our understanding of cultural traditions and child-rearing practices, as well as how historical trauma, collective and incident-based trauma is impacting today's families and communities. (Note: External coaches who are Tribal members are healers within their communities and represent more than just their personal or professional expertise while engaged with this agency. The agency acknowledges that Tribal coaches especially are accountable to the community in which they live, their tribal governments, their ceremonial community and the environment.)

#### ➤ **External Coach Working Relationships**

- **External coaches will provide individual coaching support** as arranged by executive management.
- **External coaches will team with supervisor and manager coaches** in order to bring a cultural/community lens and consideration of culturally responsive practices, supports and services to an individual or group coaching session or unit meeting. In this way external coaches will help build the cultural coaching capacity of supervisors or managers.
- **External coaches work closely with the Staff Development and Training Team and the implementation team** to support CFPM implementation.
- **External coaches will work proactively with CFPM leadership and implementation teams and others** to ensure system barriers are lifted up and action plans are developed and implemented to strengthen system alignment and support of the Practice Model.
- External coaches will review agency-specific CFPM data reports with the Implementation Team at least quarterly and will make recommendations to guide decision-making to improve CFPM use and implementation practices within the agency.

#### ➤ **External Coach Roles**

- Clarify and interpret culturally sensitive values in using the Practice Model with specific children/families.
- Support CFPM implementation by helping to build the readiness of staff, supervisors, managers, executive management and others for Practice Model coaching and other implementation activities and supports.

- Support supervisors in the development of a culturally sensitive approach that they will use to help social workers and co-located partners act in culturally appropriate, responsive and collaborative ways while working with children/families.
- Support social workers, co-located partners, supervisors, and managers to understand and develop culturally sensitive approaches in treatment/case planning.
- Assist supervisors in direct observation of social workers to strengthen recognition and support for a culturally responsive and inclusive approach to engagement and teaming with families.
- Assist supervisors, managers and/or executive management to build their capacity to provide competence coaching, as well as coach to competence in the Practice Model.
- Assist in the development and integration of a culturally responsive approach in CFPM training curriculum and materials and partner in delivering CFPM trainings.
- Assist in priority areas of implementation of the CFPM, including developing and making ongoing refinements to the agency's coaching plan and training plan and participating twice monthly in implementation team meetings.
- Assist supervisors, managers and executive management in identifying, lifting up, and problem-solving system issues and barriers that may be impacting the ability of the agency to provide timely, culturally-responsive supports and services to meet child/family needs.

### **Focused Training and Coaching Plan**

Coaching is an element of an overall training plan to support staff at all levels in demonstrated use of culturally responsive CFPM practice in their everyday interactions, with understanding that there is room for continuous improvement. With continuous engagement in coaching comes continuous improvement. To that end, the training sequence for staff will include:

#### ➤ ***CFPM Training***

- Staff at all levels will complete the Practice Model Overview and the 3 Day Cultural Training
- Supervisors and social workers will complete the CFPM Module Series (LEAN IN; LIFT UP; CONNECT; and CULTURE) within 1-2 months of completing the Overview.

#### ➤ ***Coaching Training***

- In addition, supervisors, managers and executive management will complete a 3 Day Coaching Institute tailored for our agency to develop general coaching skills.

### ***Development of New Managers and Supervisors***

- **New managers and supervisors will participate in the 3-2-1 approach to develop skills in coaching to CFPM competency** (the new supervisor or manager observes a minimum of 3 coaching sessions handled by an experienced coach, then 2 coaching sessions are co-coached by the supervisor/manager and an experienced coach, then the supervisor/manager handles a coaching session on their own with an experienced coach there to observe and provide positive and constructive feedback after the session). For managers, the observations can be done by executive management or by external coaches or peers of the same classification who are competent in coaching principles and experienced in CFPM coaching to competence. Supervisors can be observed by external coaches, managers or peers of the same classification who are competent in coaching principles and experienced in CFPM coaching to competence.

## Getting Started with Coaching to Competency

**Positive feedback** and **developmental feedback** are key to coaching to CFPM competency. Positive feedback lifts up partnership, culture and humility in interactions and highlights the use of specific CFPM practices and behaviors in interactions, job roles and functions. Developmental feedback encourages reflection on missed opportunities and on practice elements and behaviors that may need strengthening or development.

So as not to get overwhelmed with coaching to or applying each specific behavior in the Practice Model, the LEAN IN, LIFT UP and CONNECT to CULTURE frontline approach provides a “big idea” framework to work with – 4 helpful framing concepts for a cluster of leadership or practice behaviors. At the practice level where social workers and supervisors are developing mastery of the 23 practice behaviors applied in dynamic situations with diverse children, families, communities and Tribes, the 8 core practice elements provide an even more nuanced set of practices for social workers and their supervisors to sort, label and recognize CFPM behaviors in action. Both the LEAN IN framework and the 8 core practice elements can be used to aid in quick recognition of the Practice Model in interactions. Both provide useful strategies for giving positive and development feedback in a way that does not feel nit-picky and that supports mastery and generalization of the practice to other interactions, settings and circumstances. Here are examples of using CFPM core practice elements in sorting, labeling and providing positive and developmental feedback to staff.

Behaviorally Specific Information about <i>CFPM Strengths and Skills</i> from observations, case records, etc.	Behaviorally Specific Information about <i>Areas for CFPM Development</i> from observations, case records, etc.
<ul style="list-style-type: none"> <li>Helped parents explore what they would like visitation to be like - activities, days of the week, frequency, upcoming cultural celebrations (Cinco de Mayo) impt for family to spend together.</li> <li>Encouraged caregivers to be part of team, share their input, indicate if they could accommodate.</li> <li>Relative identified to monitor visits over next month and plan developed with dates/times/locations tentatively set up.</li> </ul>	<ul style="list-style-type: none"> <li>“Not sure about this plan” but didn’t go into it – missed opportunity to nurture honest dialogue and describe situation honestly – family did not get to hear/grapple with the issue.</li> <li>Parents/caregivers started to talk about arranging food, transportation and other ways they could coordinate and support the plan – said the plan was good enough and had another appt to get to.</li> </ul>

Positive Feedback: *Great Wellbeing Partnership happening with caregivers and family Teaming to plan and support customized visitation for the kids!*

*Bridging to Self-Reflection:*  
*Were there other points in the meeting you might have strengthened your working relationship and Wellbeing Partnership with the parents and caregivers? Is there follow-up you could do?*

Developmental Feedback: *Thinking about other aspects of Engagement and Teaming, what was worrisome about the plan that you might have shared to nurture honest dialogue and ensure the team had all the relevant information?...*

## Coaching and Supervision

Coaching supports and affirms family, community, Tribal connections, and culture. Coaching to support cultural responsiveness and sensitivity requires self-reflection, humility and courage to have conversations. Coaching does not replace supervision; it enhances the work of supervision through a focus on listening, learning, critical thinking together and providing feedback and support. While there will continue to be administrative tasks and responsibilities for supervisors, managers and executive leadership, providing coaching to support frontline staff in culturally responsive use of the Practice Model is a high priority for agencies committed to quality practices, supports and services for the children and families being served.

If coaching is to be integrated into the supervisory roles of supervisors, managers and executive leadership, it is important to build their capacity to coach to competence in the Practice Model *before* social workers are CFPM-trained. The goal is to learn general coaching skills and the Practice Model well enough that CFPM coaching strategies begin to be integrated into supervision and everyday interactions with direct reports. Even case staffings, consultation, and reviews of complaints are coaching opportunities that can benefit from use of the CFPM coaching framework during these discussions. When supervisors, managers and executive leadership are trained first, they can begin practicing and demonstrating the behaviors that social workers will be learning. In addition, it provides the foundation for supervisors to support their social workers throughout the Module Series.

## Supervisor Prep of Worker for Module Series/Simulation Learning

Supervisors are important coaches and allies for social workers in CFPM learning and in application of what is learned to day-to-day social work. The CFPM coaching and support role of supervisors begins by preparing social workers for the Module Series which has a significant focus on “practicing” the practice behaviors in simulated interactions with families and their circles of support (using community partners as actors in the simulations).

In simulation training, “content” through a traditional lecture-type format is deemphasized and staff is allowed a safe space where practice skills can be acquired, applied and reinforced through immediate feedback. Research has confirmed commonly understood beliefs that people retain only between 5 to 10 percent of what they learn through reading and lectures; while that number increases to between 80% and 90% when they practice by doing or teaching others in simulation activities.<sup>1</sup> The following 2-page tip sheet will guide supervisors in preparing workers for the Module Series.

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<sup>1</sup> Bogo, M., Shlonsky, A., Lee, B., Serbinski, S. (2014). Acting like It Matters: A Scoping Review of Simulation in Child Welfare Training. *Journal of Public Child Welfare*, 8 70-93.



## Tip Sheet for Supervisors: Preparing Social Workers to Make Effective Use of the Module Series

Supervisors meet with their social workers before the first LEAN IN module in order to accomplish the following two goals:

**GOAL #1: Provide Support and Preparation for the LEAN IN Module and Simulation.** This includes:

- **Reinforcing that the goal of all CFPM learning processes** is greater skill and competence in practical application of the CFPM in all of their case work, documentation and interactions
- **Building understanding of the goals and outcomes** the agency is working with staff and partners to achieve by implementing the CFPM
- **Providing orientation to simulation-based learning** in general and to the specific group simulation processes used in the Module Series:
  - Simulation-based learning provides a safe space where practice skills can be acquired, applied and reinforced through immediate feedback.
  - Simulation-based learning is similar to other practice and role playing you've experienced except the learner gets to practice with actors coming in to play out the roles of the family members and their circle of support.
  - For the CFPM Module Series, we'll be using group simulations – that's when a group of learners take turns and each sequentially step into the role play and pick up where the previous member left off.
  - Group simulations provide an opportunity to apply what is being learned, test out new behaviors before using them in real-world settings, and get immediate peer and facilitator feedback.
  - Prior to the simulation you may be exposed to new tools or strategies that can support use of the CFPM practice behaviors, but they are not the only tools and strategies you can use. You are encouraged to try out anything that supports you using the LEAN IN, LIFT UP, CONNECT and CULTURE practice behaviors in the simulation exercise.
  - After each simulation, there will be a facilitated debrief to explore what happened in the exercise, explore reflections and group learnings, and support group members to identify additional opportunities to practice the core elements and practice behaviors to build confidence and competence in using the practice model in diverse families and communities.
- **Orient to supervisor's coaching and support role** - supporting the social worker's professional development and fidelity to CFPM practice. Explain that you will be present to observe and support the social worker during the simulation in each module and that you and the social worker will debrief after each module.
- **Help the social worker prepare for simulation-based learning** by exploring the following questions:

- How might group simulation assist you to “apply” the Practice Model in your casework and interactions?
  - What is worrisome about participating in group simulations?
  - How might those worries be addressed?
  - What support would you like from your supervisor in preparing for or being in the Module Series and simulations
- **Come to an agreement** on how the social worker and supervisor will work together during the module to provide the support that the social worker has requested. It is helpful if the agreement is put into written format, such as an e-mail, to re-affirm what was discussed and agreed to.

## **GOAL #2: Exploration of the Social Worker’s LEAN IN Self-Assessment**

- **Before meeting with the social worker the supervisor thinks about areas of social worker improvement needs** and how the LEAN IN module might be helpful to social worker
- **Before meeting with the supervisor the social worker completes their LEAN IN Self-Assessment** ratings and thinks about LEAN IN strengths and potential areas of growth and development
- **The social worker and supervisor meet together and explore the worker’s self-assessment ratings and reflections** on areas of strength and possible opportunities for growth and development. (If worker speaks to “general” area for improvement, help them to focus that general area in a more specific way looking at how it connects to the LEAN IN practice elements and behaviors.)
- **The supervisor provides positive and developmental feedback regarding the social worker’s self-assessment**, including affirming strengths the social worker identified and/or lifting up additional LEAN IN strengths the supervisor is aware of, as well as offering any additional insights on possible areas of growth to consider.
- **The supervisor makes the connection to the tools and strategies that will be covered in the LEAN IN module** and explores how the module can provide important LEAN IN learning opportunities to build on the specific strengths and needs of the social worker.
- **The supervisor encourages the social worker to think about real and current LEAN IN case issues** to think about and work on during the LEAN IN module.
- **Together social worker and supervisor agree on a particular area of LEAN IN growth/development** that the worker will work on and is willing to share with others during the LEAN IN module and simulation. That way others can be keyed into that and provide feedback and support.
- **The supervisor works to build the motivation of the social worker to engage in CFPM learning and coaching opportunities** to assist them in effective and culturally responsive CFPM work with children, families, communities and Tribes.

## Plan for Post-Module Series Support and Ongoing Coaching

Built into the learning process for the CFPM LEAN IN, LIFT UP, CONNECT and CULTURE Module Series is a social worker and supervisor Module Series Debrief, as well as the supervisor Check-in and Observation process described below to demonstrate transfer of learning and to establish coaching goals and a coaching plan or agreement between the social worker and supervisor. The Debrief is encouraged within a few days to a week of completion of the Module Series for the purpose of:

- Demonstrating your interest, encouraging their reflection on the experience (thereby reinforcing it), and appreciating their commitment to practice the CFPM practice elements and behaviors to achieve valuable outcomes.
- Listening and exploring (the social worker should do most of the talking). Ask 4 key questions:
  - ✓ What was the most valuable thing you learned?
  - ✓ How will you go about building skill in applying the CFPM?
  - ✓ How will skillful use of the CFPM benefit our agency and your professional development?
  - ✓ How should we set it up so you have the coaching and support from me that you need?
- Establishing the next steps for moving forward with the Check-in and Observation Process (such as cueing social worker to complete self-assessment using the Profile of the 8 core elements (see p. 33 of this Coaching Guide), identifying a case interaction to be observed, etc.)

It is important to have a way of checking in and determining if a social worker's ability to deliver the Practice Model routinely improves as a result of coaching. The Check-in and Observation process is recommended as an ongoing coaching and feedback opportunity for completion every 6 months for frontline staff to ensure continued support and fidelity to culturally responsive use of the practice. (Note: A Fidelity Assessment observation may be utilized annually in place of a supervisor observation to guide the check-in and coaching planning processes annually.)

### Check-in and Observation Process

- The social worker completes a Self-Assessment regarding their culturally responsive use of the 8 core practice elements in interactions with diverse children and families. As part of this self-reflection they consider their CFPM practice strengths and progress, areas for development, and possible next steps for growing their CFPM practice.
- The social worker and supervisor identify an upcoming case interaction (home visit, family meeting, etc.) that the supervisor will attend with the social worker in order to observe his/her interactions with the family.
- The supervisor observes and makes notes of the interactions keeping culture, humility and use of the 8 core practice elements and 23 practice behaviors in mind, then completes a rating on the worker's use of the 8 core practice elements using the Profile of the 8 (see p. 33 of this Coaching Guide). The social worker writes up their narrative for the observed interaction and provides it to their supervisor.
- Soon after the observation (within a couple of days) the social worker and supervisor debrief the interaction and observation, discuss their reflections about areas of strength and development, and the supervisor shares positive and developmental feedback regarding the social worker's use of the Practice Model in the observed interactions and in the worker's written narrative of the contact.

- The supervisor asks the social worker what they consider their greatest CFPM strengths – the strengths that the social worker would like to build on as they continue to build competency in the CFPM. This is followed by facilitating exploration of 1-2 areas for growth and development in using the CFPM with children, families and communities.
- Based on the discussion of strengths and areas for growth and development, the social worker and supervisor co-create coaching goals and a plan to achieve those goals, including who (in addition to the supervisor) will be involved, type/frequency of coaching support, and activities between coaching sessions to achieve goals. It is helpful to have the plan in writing for both to refer back to, such as a memo or e-mail.

## Coaching Resources

The following pages include numerous coaching resources and worksheets to support various aspects of coaching to competence in the Practice Model at all levels of the child welfare agency.

- **Individual or Group Coaching Tip Sheet**
- **Guiding Questions for Coaching to Competency (Practice Elements and Behaviors)**
- **CFPM Leadership Behaviors**
- **Example of Questions for Coaching to Competency (Leadership Behaviors)**
- **Coaching Log**
- **Profile of Core Practice Elements (“Profile of the 8”)**
- **Social Worker Feedback Survey: ASSESSMENT OF SUPERVISOR COACHING**
- **Supervisor Feedback Survey: ASSESSMENT OF MANAGER COACHING**
- **Manager Feedback Survey: ASSESSMENT OF EXECUTIVE LEADER COACHING**
- **Coaching Survey Re EXTERNAL COACHING SUPPORT**



## Individual or Group Coaching Tip Sheet

- **Set the stage** for coaching through goal setting or visualizing the outcome that the person(s) being coached has in mind. Questions to facilitate this include: *What do you want to focus on in developing your use of the [core elements, practice behaviors or leadership behaviors] in your work and interactions? What will that look like when done well? What would you need to do to move from where you are now to where you want to be with that? How could I support you getting to these goals?*
- **Listen – Reflect** – *listen for understanding, including considering the words said, the impact on others, the environment, and eliciting self-reflection by the person receiving coaching support. The Guiding Questions for Coaching to Competence on the following pages may get you started.*
- **Use Positive and Developmental Feedback** - *consistently label the practice element or frontline approach that was demonstrated (or that is in developmental stages and needs a boost) and pair it with a practice behavior or leadership behavior that was observed (or was a missed opportunity/area for growth). Provide a higher dose of positive feedback so the learner can build on strengths and be receptive to developmental feedback as well.*
- **Action** – *support learners to move forward and create action steps that tie the 8 elements and 23 practice behaviors, in culturally responsive ways, to the needs and requirements of their work (with a family, community partner or in the agency). Here are questions that can facilitate action:*
  - *Pick something in LEAN IN that you really want to incorporate or enhance in your practice – how does that look when you’re doing that really well with families (at a 10). On a scale of 1-10 where would you say you currently are with that? What are the actions that you would take to get it to the next level?*
  - *What are you working on or needing to accomplish? Who needs to be engaged in that action or strategy? Who do you need to inquire of to obtain information from for that action or strategy? What are some of the initial steps you will take? What are potential barriers and how might you work through them? What can you do to increase the chance of success? Rehearse or do a verbal run-through in order to practice how you will move the action or strategy forward.*
- **Review** – *take stock; reinforce progress, improvements and commitments (for instance ask “In what ways have you increased your ability to handle similar situations?”)*
- **Debrief** – *Reflect on the coaching session together: What did you find most helpful about this coaching process? What would you like us to change or do differently in the next coaching session?*



**GUIDING QUESTIONS FOR COACHING TO COMPETENCE**  
**(Practice Elements and Behaviors)**

Below are examples of questions to support coaching to CFPM competence. These potential coaching questions facilitate critical thinking and reflection regarding use of the practice elements and behaviors in the model (see [www.reducefostercarenow.org](http://www.reducefostercarenow.org)) and integrate key areas that a social worker may need to attend to in working in culturally responsive ways with children and families.

<b>Potential Coaching Questions to guide:</b>	<b>LEAN IN Practice Elements &amp; Behaviors</b>
<ul style="list-style-type: none"> <li>• What have you learned from the family about important family members, friends and community members who are important sources for support for the family? How have they been engaged in supporting safety, permanency and well-being of the child?</li> <li>• What have you learned from the family about what works well, worries, and next steps in strengthening the family and supporting the child’s safety, permanency and well-being?</li> <li>• What tools and strategies are you using to explore relationships of the child and family? What follow up might you do to ‘actively find connections?’ To connect children with important family, friends &amp; community relationships?’</li> <li>• What do you know about the child’s father and paternal side of the family? Are there additional steps that could be taken to establish paternity or find paternal connections? What follow up will build connection to the paternal relatives?</li> <li>• How might you nurture honest dialogue about this with the family? What tools and strategies could foster open, honest dialogue with the child? With the family? With their circle of support?</li> <li>• How would someone you are interacting with know when you are listening with openness? What would they see you doing or hear you saying?</li> </ul>	<p><b>Frontline Practice:</b> <i>EXPLORATION AND ENGAGEMENT</i></p> <p><b>Core Practice Elements:</b>  <b>INQUIRY</b> – <i>Uses inquiry and mutual exploration with the family to find, locate and learn about other family members and supportive relationships of children, youth and families within their communities and tribes.</i>  <b>ENGAGEMENT</b> – <i>Seeks out, invites in, values and makes central the power, perspectives, abilities and solutions of families and their supportive communities and tribes in all teaming and casework practice.</i></p> <p><b>Practice Behavior Taglines:</b></p> <ul style="list-style-type: none"> <li>• <i>Listens with Openness</i></li> <li>• <i>Explore Relationships</i></li> <li>• <i>Actively Find Connections</i></li> <li>• <i>Nurtures Honest Dialogue</i></li> <li>• <i>Insures Connection &amp; Support</i></li> </ul>

<b>Potential Coaching Questions to guide:</b>	<b>LIFT UP Practice Elements &amp; Behaviors</b>
<ul style="list-style-type: none"> <li>• Who is in an advocacy role for this family? Who encourages family members to speak for themselves? Are they a part of the child and family team?</li> <li>• How did you affirm the family's unique strengths and life experience?</li> <li>• How does the family identify its own culture? How could you inquire and listen with openness about their culture?</li> <li>• How can you use a cultural lens to identify the family's unique culture and strengths? (i.e. tools, appreciative inquiry)</li> <li>• Have you made any assumptions about this family's culture? What could change or address that?</li> <li>• What works well for the immediate and extended family? Who is important to the family? What strengths did you observe or learn about?</li> <li>• How is important information about the child shared between the parent(s) and caregiver(s)? How might you explore or nurture a mentoring relationship between them? What might that look like?</li> <li>• What does religion and spirituality mean to the family? How do they experience religion and spirituality?</li> <li>• How does the family demonstrate a sense of community and pride? Are there any cultural traditions the family engages in?</li> <li>• How have the family and others in their community handled similar situations? How do they cope with crisis (use exception questions)? What works well for them during challenging times?</li> <li>• Where do you see family unity and kinship and how do they share information?</li> </ul>	<p><b>Frontline Practice:</b> <i>POWER OF FAMILY</i></p> <p><b>Core Practice Elements:</b>  <b>SELF-ADVOCACY</b> – <i>Recognizes and supports the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow.</i>  <b>ADVOCACY</b> – <i>Speaks out for children, youth and families based on their strengths, resources and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice and developing the ability to advocate for themselves (includes caseworkers, attorneys, tribal and community representatives, CASA's, service providers, etc.)</i></p> <p><b>Practice Behavior Taglines:</b></p> <ul style="list-style-type: none"> <li>• <i>Links Family</i></li> <li>• <i>Interactions are Affirming</i></li> <li>• <i>Facilitates Sharing</i></li> <li>• <i>Team Solutions</i></li> <li>• <i>Uses Cultural Lens</i></li> <li>• <i>Promotes Speaking Out</i></li> </ul>

<b>Potential Coaching Questions to guide:</b>	<b>CONNECT Practice Elements &amp; Behaviors</b>
<ul style="list-style-type: none"> <li>• Does everyone on the family team understand the purpose of the meeting? How did you include them on the planning and goal-setting?</li> <li>• Who has a relationship with the child that might be brought into the circle? How could this be done in a supportive way?</li> <li>• How did you incorporate all the different people and roles into the meeting and outcomes?</li> <li>• During the meeting, how did you check in with the family about what is “normal” for their culture and family system?</li> <li>• How did you handle any areas of confusion or disagreement?</li> <li>• What worked well that supported optimal team environment? What was the impact on the meeting and outcomes?</li> <li>• What was worrisome or didn’t work well during the meeting? What could you do to help with that?</li> <li>• How did you promote self-advocacy? How was the family able to speak out?</li> <li>• How did you facilitate any decisions that were made?</li> <li>• Were team members clear on the role that they each play in supporting the child and family? How did they become clear? What did they say or do that demonstrated they were clear?</li> </ul>	<p><b>Frontline Practice:</b> <i>CIRCLE OF SUPPORT</i></p> <p><b>Core Practice Elements:</b></p> <p><b>TEAMING</b> – <i>Recognizes and appreciates the strength and support that a family’s community, cultural, tribal and other natural relationships can provide, which inspires and insists that not only the family is engaged, but the family’s entire system of support so that the family’s underlying needs can be met.</i></p> <p><b>SHARED COMMITMENT AND ACCOUNTABILITY</b> – <i>Every assessment and decision is the product of the work of both the social worker and the family, and in many cases inclusive of the collaborative work within the child and family team.</i></p> <p><b>Practice Behavior Taglines:</b></p> <ul style="list-style-type: none"> <li>• <i>Caregiver Respect &amp; Resources</i></li> <li>• <i>Optimal Team Environment</i></li> <li>• <i>Natural Supports</i></li> <li>• <i>Normalizing Needs</i></li> <li>• <i>Explores Team Roles</i></li> <li>• <i>Continuous Dialogue &amp; Adjustment</i></li> <li>• <i>Teams Post-Permanency</i></li> </ul>

Potential Coaching Questions to guide:	CULTURE Practice Elements & Behaviors
<ul style="list-style-type: none"> <li>• How did you explain the visitation process to the parents? How much of the visitation plan has been influenced by the family and their circle of support (location, activities, etc.)?</li> <li>• What do you need to see the family demonstrate to move to a less restrictive visitation level? In which areas does the family need coaching? Think about points in which you might coach the parent-child interaction in the visit.</li> <li>• What worked well about the parent/child/family interaction and how do you know (impact to the child)? What, if any were your worries about the interaction and the impact to the child? What will your next steps around this be?</li> <li>• What were the coaching moments during the visit? How did they impact the visit? What were the cultural parenting practices you observed? Were there ways to make the visit more culturally appropriate for this family?</li> <li>• How do you know when grief, loss and trauma are impacting the child or their relationships with others?</li> <li>• How are you identifying underlying needs of children and their families? How is the family and their team involved? How are you intentionally linking supports and services with their underlying needs?</li> <li>• What type(s) of individual trauma has the child experienced prior to entering foster care? After entry? How can we tell if the trauma(s) has impacted the child’s ability to cope and/or their development?</li> <li>• How does cultural or historical trauma impact the family? How do you know?</li> <li>• Who or what can help the child and family heal? How do you know?</li> </ul>	<p><b>Frontline Practice:</b> <i>HEALING TRAUMA</i></p> <p><b>Core Practice Elements:</b>  <b>WELL-BEING PARTNERSHIPS</b> – <i>Understands and addresses health, education, spiritual and other family needs through on-going partnerships with families and their supportive communities and tribes, including exploring and responding sensitively to the current and historical trauma and loss family members and caregivers may have experienced.</i>  <b>RECOVERY, SAFETY AND WELL-BEING</b> – <i>Based on the strengths, resources and perspectives of families and their supportive communities and tribes, identifies, locates, advocates for and supports use of culturally sensitive services, supports, healing practices and traditions to address trauma, loss, behavioral health, recovery, child safety and other child and family needs.</i></p> <p><b>Practice Behavior Taglines:</b></p> <ul style="list-style-type: none"> <li>• <i>Customized Visitation</i></li> <li>• <i>Using Experiential Coaching</i></li> <li>• <i>Listening for Loss</i></li> <li>• <i>Tailoring Supports to Underlying Needs</i></li> <li>• <i>Recovery and Well-being</i></li> </ul>



## LEANING IN and STAYING IN

### *Organization and System Leader Behaviors*

<b>LEAN IN</b>  <i>Listen, Engage and Explore</i>	<b>LIFT UP</b>  <i>Strengthen, Affirm and Develop</i>	<b>CONNECT</b> <i>to</i>  <i>Organize and Energize Teamwork</i>	<b>CULTURE</b>  <i>Promote Healing Relationships and Supports</i>
<ul style="list-style-type: none"> <li>• Model the practice behaviors expected of staff at all levels of the organization and communicate in clear, honest and respectful ways</li> <li>• Explore complaints, events and situations through inquiry and listening to those involved and reviewing other data and information in order to make balanced assessments and informed decisions</li> <li>• Engage cultural, community and Tribal partners as key advisors in local practice and system changes to advocate for and support improvements</li> <li>• Reflect on one's own beliefs, biases and assumptions and the impact on staff, partners, organizational processes and decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Find opportunities to affirm staff, partners and organizational strengths in everyday work; pause and take time to use the practice model to guide response and interaction even in times of crisis</li> <li>• Ensure staff and partners have the training, coaching and system supports needed to effectively implement the practice model</li> <li>• Promote system alignment with the practice model, including creating and modeling a culture of teaching, learning, reflection and development at all levels of the organization and system</li> <li>• Provide opportunities for staff, youth, families, communities and Tribes to actively share their voice and play meaningful roles in designing and implementing all practice and system changes</li> </ul>	<ul style="list-style-type: none"> <li>• Actively and routinely seek feedback from staff and partners regarding the practice model, implementation supports, agency policy and systemic barriers, then respond and regularly update regarding action steps taken</li> <li>• Involve the management team in making, communicating and supporting all decisions that will affect staff implementation, system alignment and support of the practice model</li> <li>• Support staff and partners to move forward plans identified by families and their teams, including resourcing and developing culturally sensitive supports and services</li> <li>• Resource, strengthen, support, and reinforce the roles and activities of the Implementation, Supervisory and Leadership Teams in implementing and sustaining high fidelity use of the practice model</li> </ul>	<ul style="list-style-type: none"> <li>• Provide community and Tribal partners with space for testimony on behalf of themselves, their community and their ancestry;</li> <li>• Through sincere words and actions acknowledge and apologize for ways that the system may have contributed to past harm and injustices to children and families and partner to create solutions</li> <li>• Follow through with agreements and representations made to staff and partners; Admit and take responsibility for one's own biases, missteps and mistakes, modeling this as an opportunity for learning and making adjustments in one's interactions</li> <li>• Infuse cultural sensitivity in all interactions with staff and partners and support the development and use of cultural practices and traditions as well as evidence-based practices that can assist local families with loss, grief, hurt, pain, healing and recovery</li> </ul>



**EXAMPLES OF QUESTIONS FOR COACHING TO COMPETENCE**  
**(Leadership Behaviors)**

Below are examples of questions to support coaching to CFPM competence. These potential coaching questions facilitate critical thinking and reflection regarding use of the leadership behaviors in the Practice Model.

<b>Potential Guiding Questions</b>	<b>LEAN IN Leadership Behaviors</b>
<ul style="list-style-type: none"> <li>• How do you model the practice behaviors expected of staff in your role?</li> <li>• How might you explore complaints or situations in ways that support the use of the practice model?</li> <li>• How might you engage cultural, community and Tribal partners in key roles to support system change?</li> <li>• How do you reflect on your own beliefs, biases and assumptions and their impact?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Listen</i></li> <li>• <i>Engage</i></li> <li>• <i>Explore</i></li> </ul>
<b>Potential Guiding Questions</b>	<b>LIFT UP Leadership Behaviors</b>
<ul style="list-style-type: none"> <li>• What recent opportunities have you had to affirm staff and partners in their everyday work? What did you say or do? Would you do that again or change it up?</li> <li>• How are you ensuring that staff and partners have the supports needed to implement the practice model? How often do you check into this? Who do you check with?</li> <li>• How are you creating and modeling a culture of teaching, learning, reflection and development at all levels of the organization? Are there additional ways to support this organizational shift?</li> <li>• How do you provide staff, youth, families, communities and tribes opportunities to be actively involved in designing and implementing practice and system changes? Are there ways to strengthen this?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Strengthen</i></li> <li>• <i>Affirm</i></li> <li>• <i>Develop</i></li> </ul>

<p><b>Potential Guiding Questions</b></p>	<p><b>CONNECT Leadership Behaviors</b></p>
<ul style="list-style-type: none"> <li>• How are you actively and routinely seeking feedback from staff and partners regarding the practice model, implementation supports, agency policy and system barriers? How are the things that lift up being taken care of?</li> <li>• How do you respond and regularly provide updates about action steps being taken? Who do you respond to? In what form?</li> <li>• How do you involve your management team in making, communicating and supporting decisions that affect staff, implementation, system alignment and support of the practice model? How is that working?</li> <li>• How do you support staff and partners to move forward plans identified by families and their teams, including resourcing and developing culturally sensitive supports and services? Are there any key gaps or needs that you've become aware of?</li> <li>• How do you support and reinforce the roles and activities of the implementation, supervisory and leadership teams? Do those teams feel they are getting the resources, support and reinforcement they need to support implementation and practice model fidelity? How do you know?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Organize Teamwork</i></li> <li>• <i>Energize Teamwork</i></li> </ul>
<p><b>Potential Guiding Questions</b></p>	<p><b>CULTURE Leadership Behaviors</b></p>
<ul style="list-style-type: none"> <li>• How are you providing community and Tribal partners the space for testimony on behalf of themselves, their community and their ancestry? How is that working out? What community partner feedback have you received? How are you incorporating that and/or following through?</li> <li>• What words and actions do you use to acknowledge and apologize for ways that the system may have contributed to past harm and injustices to children and families? Are partners working together to create solutions? Why or why not?</li> <li>• What agreements and representations have you made to community partners? Have you been able to follow-through with those? How has this impacted community partners? How do you know?</li> <li>• How are you infusing cultural sensitivity in all interactions with staff and partners? What data or feedback do you have regarding whether this is happening or not? What are next steps?</li> <li>• How are you supporting the development and use of cultural practices and traditions as well as evidence-based practices that can assist local families with loss, grief, hurt, pain, healing and recovery? What data or feedback do you have regarding whether this is happening or not? What are next steps?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Promote Healing Relationships and Supports</i></li> </ul>

## COACHING LOG

### Instructions:

Please complete this Coaching Log. Once completed, please provide the sheet to \_\_\_\_\_ who will enter this information into our Decision Support Data System (DSDS). The information you provide will help us improve our support of the Child and Family Practice Model.

### Coaching Session Details:

Coach/Supervisor's Name  External Coach  Internal Coach

Staff Name \_\_\_\_\_

Date of Coaching Session \_\_\_\_\_

Length of Coaching Session (in minutes) \_\_\_\_\_

Supervisors name  Attended  
 Did not attend

### Type of Coaching Opportunity:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Individual Coaching          | <input type="checkbox"/> Cultural Coaching                       | <input type="checkbox"/> Demonstration/Modeling  |
| <input type="checkbox"/> Coached in Group Supervision | <input type="checkbox"/> Family Team Meeting                     | <input type="checkbox"/> Observation   |
| <input type="checkbox"/> Unit Meeting                 | <input type="checkbox"/> Prepare for/debrief Family Team Meeting | <input type="checkbox"/> Secondary Observation (recreated by describing what happened) |
| <input type="checkbox"/> System/Leader Coaching       | <input type="checkbox"/> SW Contact w/Parent and/or Child        |  |
| <input type="checkbox"/> Other (Specify):<br>_____    |  |  |

### Focus during Coaching Session:

- Exploration/Engagement (*LEAN IN*)
- Power of Family (*LIFT UP*)
- Circle of Support (*CONNECT*)
- Healing Trauma (*to CULTURE*)
- Foster self-reflection & critical thinking
- Explore multi-logical world views
- Attend to bias & dispel stereo-types
- Supporting inter-agency collaboration
- Supporting professional balance and sustainability

### Specific Tools or Strategies Integrated During Coaching:

- 3 Houses/Safety House
- Cultural Safety House
- Mapping with families
- Harm/Danger Statements
- Safety Goal Setting
- Planning with families
- Family Wellness Wheel
- Circles of Healing
- Safety Network Circles
- Solution-Focused Questioning
- Scaling Questions
- Appreciative Inquiry
- Family Meeting Facilitation
- Intensive Care Coordination (ICC)
- Others:  
\_\_\_\_\_

### Cultural Coaching:

- ICWA
- Active Efforts
- Support the use of cultural lens in order to ensure family engagement & relationship across differences
- Incorporate culturally responsive services & relevant behavior specifics in case planning
- Understand family, cultural & child rearing values & practices
- Understand how historical trauma impacts the family, along with current & collective trauma.
- Communicate/collaborate with community partners and/or Tribes
- Attending to system supports, structures & implementation of CFPM
- Other:  
\_\_\_\_\_



**PROFILE OF CFPM CORE PRACTICE ELEMENTS (“Profile of the 8”)**

	<b>Expected/Proficient Use of Core Element</b>	<b>Developmental Use</b>	<b>Practice Lacks Fidelity</b>
<b>INQUIRY</b>	<p><input type="checkbox"/> Uses inquiry and mutual exploration with all families and identifies the safety issues to be addressed and finds, locates and learns about a broad array of family members and supportive relationships of children, youth and families within their communities and tribes.</p>	<p><input type="checkbox"/> Uses inquiry and mutual exploration with some families and identifies the safety issues to be addressed and/or finds, locates and learns about many of the family members and supportive relationships of children, youth and families within their communities and tribes.</p>	<p><input type="checkbox"/> Rarely uses inquiry and does not try to facilitate or is not effective at facilitating mutual exploration to identify safety issues and find, locate and learn about family members and supportive relationships of children, youth and families within their communities and tribes.</p>
<b>ENGAGEMENT</b>	<p><input type="checkbox"/> Seeks out, invites in, values and makes central the power, perspectives, abilities and solutions of families and their supportive communities and tribes in ALL teaming and casework practice.</p>	<p><input type="checkbox"/> Seeks out, invites in, values and makes central the power, perspectives, abilities and solutions of families and their supportive communities and tribes in SOME teaming and casework practice</p>	<p><input type="checkbox"/> Does not generally seek out, invite in, value and make central the power, perspectives, abilities and solutions of families and their supportive communities and tribes in teaming or casework practice.</p>
<b>SELF-ADVOCACY</b>	<p><input type="checkbox"/> Consistently recognizes and supports the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow.</p>	<p><input type="checkbox"/> Sometimes encourages families to speak for themselves and is moderately successful in involving individuals and families in finding solutions that are meaningful to them.</p>	<p><input type="checkbox"/> Rarely encourages families to speak for themselves; Does not attempt to involve families in finding solutions that are meaningful to them OR attempts are ineffective.</p>
<b>ADVOCACY</b>	<p><input type="checkbox"/> Consistently speaks out for children, youth and families based on their strengths, resources and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice and developing the ability to advocate for themselves.</p>	<p><input type="checkbox"/> Sometimes speaks out and affirms strengths and cultural perspectives of children, youth and families in order to support them in strengthening their family, meeting their needs and finding their voice and developing the ability to advocate for themselves.</p>	<p><input type="checkbox"/> Does not speak out for children, youth and families based on their strengths, resources and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice and developing the ability to advocate for themselves.</p>
<b>TEAMING</b>	<p><input type="checkbox"/> Recognizes and appreciates the strengths and support that each family's community, cultural, tribal and other natural relationships can provide, which inspires and insists that not only the family is engaged, but the family's entire system of support so that each family's underlying needs can be met.</p>	<p><input type="checkbox"/> Recognizes some of the strengths and supports that a family's community, cultural, tribal and other natural relationships can provide and has some success engaging and facilitating the participation of the family's natural supports on the family's team.</p>	<p><input type="checkbox"/> Does not recognize the strengths or supports that a family's community, cultural, tribal and other natural relationships can provide; Rarely attempts to engage or has little success engaging the family's natural supports on the family's team.</p>
<b>SHARED COMMITMENT &amp; ACCOUNTABILITY</b>	<p><input type="checkbox"/> Every assessment and decision is the product of the work of both the social worker and the family, and in many cases inclusive of the collaborative work within the child and family team.</p>	<p><input type="checkbox"/> Most assessments and decisions are the product of the work of both the social worker and the family, and in some cases inclusive of the collaborative work within the child and family team.</p>	<p><input type="checkbox"/> Assessments and decisions are rarely the product of the work of both the social worker and the family, and are not inclusive of the collaborative work within the child and family team.</p>
<b>WELL-BEING PARTNERSHIPS</b>	<p><input type="checkbox"/> Understands and addresses health, education, spiritual and other family needs through ongoing partnerships with families and their supportive communities and tribes, including exploring and responding sensitively to the current and historical trauma and loss family members and caregivers may have experienced.</p>	<p><input type="checkbox"/> Often seeks to understand and address health, education, spiritual and other family needs through partnerships with families and their supportive communities and tribes and sometimes explores and responds sensitively to trauma and loss the family members and caregivers may have experienced.</p>	<p><input type="checkbox"/> Rarely seeks to understand and address health, education, spiritual and other family needs through partnerships with families and their supportive communities and tribes and/or does not explore or respond to the current and historical trauma and loss family members and caregivers may have experienced.</p>
<b>SAFETY, RECOVERY, &amp; WELL-BEING</b>	<p><input type="checkbox"/> Based on the strengths, resources and perspectives of families and their supportive communities and tribes, identifies, locates, advocates for and supports use of culturally sensitive services, supports, healing practices and traditions to address trauma, loss, behavioral health, recovery, child safety and other child and family needs.</p>	<p><input type="checkbox"/> Often attempts and has some success identifying, locating, advocating for and supporting use of culturally sensitive services, supports, healing practices and traditions that take into account some of the strengths, resources and perspectives of family members and their supportive communities/tribes.</p>	<p><input type="checkbox"/> Does not attempt to or is frequently unsuccessful at identifying, locating, advocating for and supporting use of culturally sensitive services, supports, healing practices and traditions AND/OR Family services and supports do not take into account the strengths, resources and perspective of the family and their supportive communities/tribes.</p>

## SOCIAL WORKER FEEDBACK SURVEY: ASSESSMENT OF SUPERVISOR COACHING

Social Workers:

- This survey is to assess your experience of coaching support that you are receiving.
- When responding to the survey questions below, please focus on *all coaching involving your supervisor*, including when another coach was present and assisting with coaching.
- Information from this survey will be used to improve the coaching support that is being provided to you in working with children and families.

Please complete this survey by [ENTER IN DATE] and return it to [NAME OF PERSON]. If you have any questions, please contact [NAME OF CONTACT].

### SURVEY INFORMATION

Date of Survey:

Name of Supervisor:

### PART A: TYPE/FREQUENCY OF SUPERVISOR SUPPORT

1. Please indicate the types and frequency of coaching you have received from your Supervisor during the past [THREE OR SIX] months. (Check all that apply and circle the approximate # of times you have received that type of coaching from your Supervisor.)

Type of Coaching (check all that apply)	Frequency (circle approx. # of times received)					
_____ Individual Coaching	1-2	3-4	5-6	7-8	9-10	11+
_____ Group Coaching (Unit Mtg/Other Grp)	1-2	3-4	5-6	7-8	9-10	11+
_____ Cultural Coaching	1-2	3-4	5-6	7-8	9-10	11+
_____ Demonstration or Modeling	1-2	3-4	5-6	7-8	9-10	11+
_____ Prepare for/Debrief a Family Mtg or Visit	1-2	3-4	5-6	7-8	9-10	11+
_____ Direct Observation of my Interactions with Child or Family and Feedback	1-2	3-4	5-6	7-8	9-10	11+
_____ Other (Please Specify Type and Frequency): _____						

- I have had no coaching support from my supervisor during the past [THREE/SIX] months

2. How has practice coaching with your supervisor been focused during the past [THREE OR SIX] months? (Check all that apply.)

\_\_\_\_\_ Exploration/Engagement (*LEAN IN*)  
 \_\_\_\_\_ Power of Family (*LIFT UP*)  
 \_\_\_\_\_ Circle of Support (*CONNECT*)  
 \_\_\_\_\_ Healing Trauma (*CULTURE*)  
 \_\_\_\_\_ Other (Please specify focus of practice coaching): \_\_\_\_\_

- Practice coaching has not been focused on in supervisory coaching during the past [THREE/SIX] months.

**3. How has cultural coaching with your supervisor been focused during the past [THREE OR SIX] months? (Check all that apply.)**

- Support use of cultural lens for family engagement and assessment
- Understand family, cultural and child rearing values, traditions and practices
- Understand how current, historical and/or collective trauma may be impacting the family
- Attending to bias and assumptions/dispelling stereo-types
- Other (Please specify focus of cultural coaching): \_\_\_\_\_

Cultural coaching has not been focused on in supervisor coaching during the past [THREE/SIX] months.

**4. How has case management coaching with your supervisor been focused during the past [THREE OR SIX] months? (Check all that apply.)**

- Monthly Contacts
- Collateral Contacts (extended family, community supports, service providers and others)
- Visitation
- Case Plans/Case Planning
- Court Proceedings/Court Reports
- Case Documentation (contact logs, meeting summaries, etc.)
- Other (Please specify focus of case mgmt coaching) \_\_\_\_\_

Case Management has not been focused on in supervisor coaching during the past [THREE/SIX] months.

**PART B: SATISFACTION WITH SUPERVISOR COACHING SUPPORT**

<i>Directions:</i>	Completely Dissatisfied	Somewhat Dissatisfied	Neither Dissatisfied or Satisfied	Somewhat Satisfied	Completely Satisfied	NA = Not applicable to you
Please answer the following questions by circling the response that best describes your satisfaction with your supervisor's coaching support.						
Please mark only one answer for each item.						
5. How satisfied are you with the helpfulness of the feedback that your supervisor has provided in supporting your practice with children and families?	1	2	3	4	5	NA
6. How well has your supervisor supported you in building skill in using the 23 behaviors of the Practice Model in your work with children and families?	1	2	3	4	5	NA

7.	How well has your supervisor supported you in culturally responsive practice with children and families?	1	2	3	4	5	NA
8.	How well has your supervisor helped you to integrate the 23 practice behaviors with your ongoing case-management activities?	1	2	3	4	5	NA
9.	How satisfied are you that your supervisor is receptive to feedback about the coaching support they are providing you?	1	2	3	4	5	NA
10.	How satisfied are you that your supervisor demonstrates behaviors consistent with the Practice Model in their interactions with you?	1	2	3	4	5	NA
11.	How satisfied are you with the frequency of coaching available to you from your supervisor?	1	2	3	4	5	NA
12.	How satisfied are you that coaching support by your supervisor is available when you most need it?	1	2	3	4	5	NA
13.	How satisfied are you that coaching by your supervisor has helped you to be more effective in your job?	1	2	3	4	5	NA

<b>PART C: SATISFACTION WITH SUPERVISOR COACHING SUPPORT</b>	
<b>14.</b>	<b>What aspects of supervisor coaching are working well in supporting your skill and competence as a practitioner?</b>
<b>15.</b>	<b>In what ways can the supervisor coaching you receive be improved to support your skills and competence as a practitioner?</b>

**SUPERVISOR FEEDBACK SURVEY: ASSESSMENT OF MANAGER COACHING**

Supervisors: This survey is to assess your experience of coaching support from your Manager. Information from this survey will be used to improve the coaching support that is being provided to you.

Please complete this survey by [ENTER IN DATE] and return it to [NAME OF PERSON]. If you have any questions, please contact [NAME OF CONTACT].

SURVEY INFORMATION	
Date of Survey:	
Name of Manager:	

PART A: TYPE/FREQUENCY OF MANAGER SUPPORT	
<p><b>16. Please indicate the types and frequency of coaching support you have received from your Manager during the past [THREE OR SIX] months. (Check all that apply and circle the approximate # of times you have received that type of coaching from your Manager.)</b></p>	
<b>Type of Coaching (check all that apply)</b>	<b>Frequency (circle approx. # of times received)</b>
_____ Individual Coaching Support	1-2    3 -4    5-6    7-8    9- 10    11+
_____ Group Coaching Support	1-2    3 -4    5-6    7-8    9- 10    11+
_____ Cultural Coaching	1-2    3 -4    5-6    7-8    9- 10    11+
_____ Coaching Demonstration or Modeling	1-2    3 -4    5-6    7-8    9- 10    11+
_____ Informal Coaching Based on Event or Issue	1-2    3 -4    5-6    7-8    9- 10    11+
_____ Direct Observation of my Interactions with Staff in my Unit and Feedback	1-2    3 -4    5-6    7-8    9- 10    11+
_____ Other (Please Specify Type and Frequency): _____	
<input type="checkbox"/> I have had no coaching support from my Manager during the past [THREE/SIX] months	
<p><b>17. What practice areas has coaching support by your manager focused on during the past [THREE OR SIX] months?</b></p>	
_____ Applying the practice model elements/23 behaviors in my role and interactions as a supervisor	
_____ How to support staff in LEAN IN behaviors (Exploration and Engagement)	
_____ How to support staff in LIFT UP behaviors (Power of Family)	
_____ How to support staff in CONNECT behaviors (Circle of Support)	
_____ How to support staff in CULTURE behaviors (Healing Trauma)	
_____ Other (Please specify practice area focus): _____	
<input type="checkbox"/> Practice areas have not been focused on in manager coaching during the past [THREE/SIX] months.	

**18. What areas of culture has coaching support by your manager focused on during the past [THREE OR SIX] months? (Check all that apply.)**

- Reflecting on/attending to bias and assumptions and/or dispelling stereo-types I may have
- How to support staff to reflect on and attend to bias and assumptions/dispel stereo-types
- How to support staff to use cultural lens for family engagement and assessment
- How to support staff to incorporate family, cultural and child rearing values and practices
- How to support staff to be sensitive to current, historical and/or collective trauma that may be impacting families
- Other (Please specify area of cultural focus): \_\_\_\_\_

Culture has not been focused on in manager coaching during the past [THREE/SIX] months.

**19. What areas of case management has coaching support by your manager focused on during the past [THREE OR SIX] months? (Check all that apply.)**

- How to support staff re Monthly Contacts
- How to support staff re Collateral Contacts (extended family, community, serv providers, etc.)
- How to support staff re Visitation
- How to support staff re Case Plans/Case Planning
- How to support staff re Court Proceedings/Court Reports
- How to support staff re Case Documentation (contact logs, meeting summaries, forms, etc.)
- Other (Please specify area of case mgmt focus) \_\_\_\_\_

Case Management has not been focused on in manager coaching during the past [THREE/SIX] months.

**CONT'D ON FOLLOWING PAGES**

**PART B: SATISFACTION WITH MANAGER COACHING SUPPORT**

<i>Directions:</i>	Completely Dissatisfied	Somewhat Dissatisfied	Neither Dissatisfied or Satisfied	Somewhat Satisfied	Completely Satisfied	NA = Not applicable to you
Please answer the following questions by circling the response that best describes your satisfaction with your manager’s coaching support.						
Please mark only one answer for each item.						
20. How satisfied are you with the helpfulness of the feedback that your manager has provided in supporting your coaching role and development?	1	2	3	4	5	NA
21. How well has your manager supported your coaching with social workers in using the 23 behaviors of the Practice Model in their work with children and families?	1	2	3	4	5	NA
22. How well has your manager supported you in coaching social workers in culturally responsive practice with children and families?	1	2	3	4	5	NA
23. How well has your manager supported development of your skills in coaching others?	1	2	3	4	5	NA
24. How well has your manager supported you to integrate coaching into your supervisory role?	1	2	3	4	5	NA
25. How satisfied are you that your manager is receptive to feedback about the coaching support they are providing to you?	1	2	3	4	5	NA
26. How satisfied are you that your manager demonstrates behaviors consistent with the Practice Model in their interactions with you?	1	2	3	4	5	NA
27. How satisfied are you with the frequency of manager coaching support available to you?	1	2	3	4	5	NA
28. How satisfied are you that coaching support by your manager is available when you most need it?	1	2	3	4	5	NA
29. How satisfied are you that coaching support by your manager has helped you to be more effective in your job?	1	2	3	4	5	NA

**PART C: SATISFACTION WITH MANAGER COACHING SUPPORT**

**30. What aspects of manager coaching are working well in supporting you to become a competent coach for the Practice Model?**

**31. In what ways can the manager coaching you receive be improved in supporting you to become a competent coach for the Practice Model?**

## MANAGER FEEDBACK SURVEY: ASSESSMENT OF EXECUTIVE LEADER COACHING

Managers: This survey is to assess your experience of coaching support from your executive leader supervisor. Information from this survey will be used to improve the coaching support that is being provided to you.

Please complete this survey by [ENTER IN DATE] and return it to [NAME OF PERSON]. If you have any questions, please contact [NAME OF CONTACT].

### SURVEY INFORMATION

Date of Survey:

Name of Exec Leader:

### PART A: TYPE/FREQUENCY OF EXEC LEADER SUPPORT

**32. Please indicate the types and frequency of coaching support you have received from your executive leader supervisor during the past [THREE OR SIX] months. (Check all that apply and circle the approximate # of times you have received that type of coaching from your supervisor.)**

<u>Type of Coaching (check all that apply)</u>	<u>Frequency (circle approx. # of times received)</u>					
_____ Individual Coaching Support	1-2	3 -4	5-6	7-8	9- 10	11+
_____ Group Coaching Support	1-2	3 -4	5-6	7-8	9- 10	11+
_____ Cultural Coaching	1-2	3 -4	5-6	7-8	9- 10	11+
_____ Coaching Demonstration or Modeling	1-2	3 -4	5-6	7-8	9- 10	11+
_____ Informal Coaching Based on Event or Issue	1-2	3 -4	5-6	7-8	9- 10	11+
_____ Direct Observation of my Interactions with my Supervisors and Feedback	1-2	3 -4	5-6	7-8	9- 10	11+

\_\_\_\_\_ Other (Please Specify Type and Frequency): \_\_\_\_\_

I have had no coaching support from my executive leader during the past [THREE/SIX] months

**33. What leadership/system areas has coaching support by your executive leader focused on during the past [THREE OR SIX] months? (Check all that apply.)**

- \_\_\_\_\_ Communication/collaboration with communities and Tribes
- \_\_\_\_\_ Attending to issues of policy, system alignment, and implementation support
- \_\_\_\_\_ Partnering to assess and address system barriers to improved outcomes
- \_\_\_\_\_ Applying LEAN IN leadership behaviors in my role and interactions as a manager
- \_\_\_\_\_ Applying LIFT UP leadership behaviors in my role and interactions as a manager
- \_\_\_\_\_ Applying CONNECT leadership behaviors in my role and interactions as a manager
- \_\_\_\_\_ Applying CULTURE leadership behaviors in my role and interactions as a manager
- \_\_\_\_\_ Using data for decision-making and improvement
- \_\_\_\_\_ Other (Please specify practice area focus): \_\_\_\_\_

Leadership/system areas have not been focused on in executive leader coaching during the past [THREE/SIX] months.

**34. What areas of culture has coaching support by your executive leader focused on during the past [THREE OR SIX] months? (Check all that apply.)**

- Reflecting on/attending to bias and assumptions and/or dispelling stereo-types I may have
- How to support others to reflect on and attend to bias and assumptions/dispel stereo-types
- How to strengthen use of cultural lens in agency processes and partnerships
- How to strengthen my sensitivity to current, historical and/or collective trauma that may be impacting families, communities and Tribes
- How to support others to be sensitive to current, historical and/or collective trauma that may be impacting families, communities and Tribes
- How to develop and ensure access to a system of culturally responsive supports and services
- Other (Please specify area of cultural focus): \_\_\_\_\_

Culture has not been focused on in executive leader coaching during the past [THREE/SIX] months.

**35. What areas of case management has coaching support by your executive leader focused on during the past [THREE OR SIX] months? (Check all that apply.)**

- How to support supervisors to work with staff re Monthly Contacts
- How to support supervisors to work with staff re Collateral Contacts /Building Circles of Support
- How to support supervisors to work with staff re Visitation
- How to support supervisors to work with staff re Case Plans/Case Planning
- How to support supervisors to work with staff re Court Proceedings/Court Reports
- How to support supervisors to work with staff re Case Documentation (contact logs, meeting summaries, forms, etc.)
- Other (Please specify area of case mgmt focus) \_\_\_\_\_

Case Management has not been focused on in executive leader coaching during the past [THREE/SIX] months.

**CONT'D ON FOLLOWING PAGES**

**PART B: SATISFACTION WITH EXECUTIVE LEADER COACHING SUPPORT**

<i>Directions:</i>	Completely Dissatisfied	Somewhat Dissatisfied	Neither Dissatisfied or Satisfied	Somewhat Satisfied	Completely Satisfied	NA = Not applicable to you
Please answer the following questions by circling the response that best describes your satisfaction with your executive leader's coaching support.						
Please mark only one answer for each item.						
36. How satisfied are you with the helpfulness of the feedback that your exec leader has provided in supporting your coaching role and development?	1	2	3	4	5	NA
37. How well has your exec leader supported your coaching with supervisors in applying the Practice Model in their supervisory role?	1	2	3	4	5	NA
38. How well has your exec leader supported you in coaching supervisors in supporting culturally responsive social work practice with children and families?	1	2	3	4	5	NA
39. How well has your exec leader supported development of your skills in coaching others?	1	2	3	4	5	NA
40. How well has your exec leader supported you to integrate coaching into your management role?	1	2	3	4	5	NA
41. How satisfied are you that your exec leader is receptive to feedback about the coaching support they are providing to you?	1	2	3	4	5	NA
42. How satisfied are you that your exec leader demonstrates behaviors consistent with the Practice Model in their interactions with you?	1	2	3	4	5	NA
43. How satisfied are you with the frequency of exec leader coaching support available to you?	1	2	3	4	5	NA
44. How satisfied are you that coaching support by your exec leader is available when you most need it?	1	2	3	4	5	NA
45. How satisfied are you that coaching support by your exec leader has helped you to be more effective in your job?	1	2	3	4	5	NA

**PART C: SATISFACTION WITH EXECUTIVE LEADER COACHING SUPPORT**

**46. What aspects of executive leader coaching are working well in supporting you to become a competent coach for the Practice Model?**

**47. In what ways can the executive leader coaching you receive be improved in supporting you to become a competent coach for the Practice Model?**

## COACHING SURVEY RE EXTERNAL COACHING SUPPORT

Supervisors, Managers and Executive Leaders:

This survey is to assess your satisfaction regarding the External Coaching Support that you may have received. Information from this survey will only be reported in aggregate and will be used to better our External Coaching Support. Please complete this survey by [ENTER IN DATE] and return it to [NAME OF PERSON]. If you have any questions, please contact [NAME OF CONTACT].

SURVEY INFORMATION	
Date of Survey:	
Circle Position:	Sup      Mgr      Exec Leader

PART A: EXTERNAL COACHING SUPPORT FEEDBACK	
<p><b>48. For the past [THREE OR SIX] months, what types of coaching have you received? (Check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Scheduled Individual Coaching Meeting</li> <li><input type="checkbox"/> Group Coaching Meeting</li> <li><input type="checkbox"/> Coaching Demonstration or Modeling</li> <li><input type="checkbox"/> Informal Coaching Based on Event or Issue</li> <li><input type="checkbox"/> Other (Please Specify): _____</li> <li><input type="checkbox"/> I have had no external coach support during the past [THREE/SIX] months</li> </ul>	
<p><b>49. For the past [THREE OR SIX] months, in general, how often have you received the coaching that was indicated in Question 1?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> About once a week</li> <li><input type="checkbox"/> About twice a month</li> <li><input type="checkbox"/> About once a month</li> <li><input type="checkbox"/> About once every other month</li> <li><input type="checkbox"/> Once in the past three months</li> <li><input type="checkbox"/> Other (Please Specify): _____</li> <li><input type="checkbox"/> I have had no coaching contact in the past [THREE/SIX] months. <i>(If checked, please skip to Part C)</i></li> </ul>	
<p><b>50. For the past [THREE OR SIX] months, which coaches have you had some form of coaching contact with? (Check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> [INSERT NAME OF COACH]</li> </ul>	

**PART B: SATISFACTION WITH EXTERNAL COACHES**

**Directions:**

Please answer the following questions by entering in the number 1 through 5 that best describes your satisfaction with each individual coach that you have worked with. For a coach that you have not worked with, please leave that column blank.

Please use the following scale:  
 1 = Completely Dissatisfied  
 2=Somewhat Dissatisfied  
 3=Neither Dissatisfied or Satisfied  
 4=Somewhat Satisfied  
 5=Completely Satisfied

[INSERT NAME OF COACH]

1. How satisfied are you with the helpfulness of the feedback that the coach has provided during coaching?
2. How satisfied are you with the clarity of communication that the coach has provided during coaching?
3. How satisfied are you that the coach has helped you learn essential new skills related to the core elements, practice behaviors and/or leadership behaviors in the Practice Model?
4. How satisfied are you that the coach has helped you learn essential new skills related to culturally sensitive system change and alignment and/or culturally responsive practice with children and families and/or culturally respectful partnerships with communities and Tribes?
5. How satisfied are you that the coach has helped you learn essential new skills related to coaching others?
6. How satisfied are you that the coach you have worked with is really listening to what you have to say?
7. How satisfied are you that the coach you have worked with fully understands the Practice Model?

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## Acknowledgements

The information provided in this Coaching Guide is a synthesis of the development work, technical assistance, learnings and implementation experiences of four California child welfare jurisdictions (Fresno, Humboldt, and Santa Clara Counties and two offices in Los Angeles County - Pomona and Wateridge) and their agency, community and Tribal Partners. In addition, guidance, tools and resources provided by implementation specialists from the University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute, supported technical assistance in applied implementation science and greatly influenced this Coaching Guide.

None of the learnings, ideas, tools and resources included in this Coaching Guide would have been possible without their combined expertise, dedication, effort, commitment and passion.



The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM project under Cooperative Agreement 90CT0153.

The background features several overlapping circular shapes, each filled with concentric rings of varying colors. The colors include teal, light green, dark blue, and orange. The rings are white, creating a high-contrast, hypnotic effect. A dark blue horizontal bar is positioned across the middle of the image, containing the text.

Practice Behaviors, Core Elements and Front Line Practices

*Greetings,*

*The flash cards on the following pages were created as a resource to reinforce the core elements and behaviors of our Practice Model.*

*They are intended as an easy reference to support interactions with families that LEAN IN, LIFT UP and CONNECT to CULTURE!*

L – Listens with Openness  
E  
A  
N  
IN

CORE ELEMENTS . . . . . Inquiry & Engagement

FRONT-LINE PRACTICES . . . . . Exploration & Engagement

## L – Listens with Openness

Approaches all interactions with families, communities and tribes with openness.

- Listens
- Asks global questions
- Uses understandable language

L  
E — Explores Relationships  
A  
N  
IN

CORE ELEMENTS . . . . . Inquiry & Engagement

FRONT-LINE PRACTICES . . . . . Exploration & Engagement

## E — Explores Relationships

Uses tools to explore family relationships, natural supports and safety issues.

- Explores with children worries, wishes, where they feel safe and want to live

L

E

A — Actively Finds Connections

N

IN

CORE ELEMENTS . . . . . Inquiry & Engagement

FRONT-LINE PRACTICES . . . . . Exploration & Engagement

## A – Actively Finds Connections

Seeks information about non-custodial parents, relatives, significant relationships.

- Finds them thru inquiry and early/ongoing internet search, records review

L

E

A

**N** – Nurtures Honest Dialogue

IN

CORE ELEMENTS . . . . . Inquiry & Engagement

FRONT-LINE PRACTICES . . . . . Exploration & Engagement

Consistently models honest and respectful communication.

- Describes situation honestly
- Is clear what is being requested
- Facilitates dialogue

## N — Nurtures Honest Dialogue

L  
E  
A  
N

## IN — INsures Connection & Support

CORE ELEMENTS . . . . . Inquiry & Engagement

FRONT-LINE PRACTICES . . . . . Exploration & Engagement

Follows up inquiry and search.

- Words quickly to establish paternity/  
connect child to relatives
- Conveys importance as team member/  
source of support

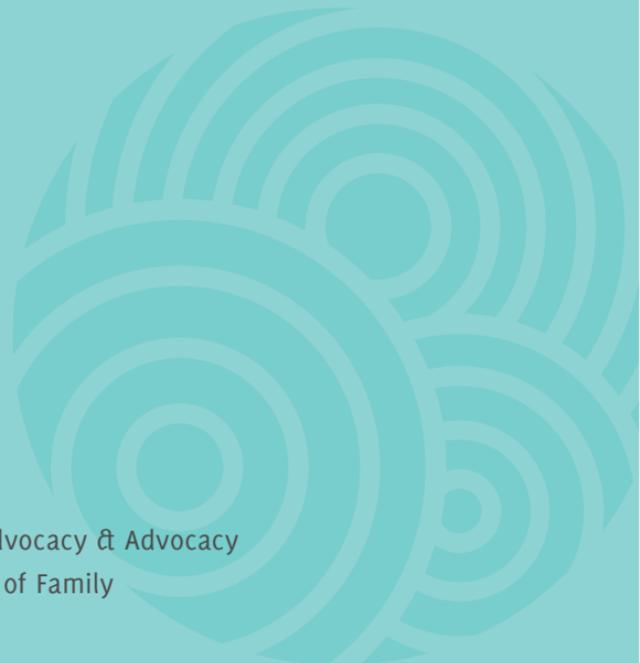
**IN** — INsures Connection & Support

# L — Links Family

I  
F  
T  
U  
P

CORE ELEMENTS . . . . . Self Advocacy & Advocacy

FRONT-LINE PRACTICES . . . . . Power of Family



## L — Links Family

Asks initially and throughout the family's involvement if they would like a support or peer advocate.

- Links family to advocates
- Coordinates with advocates

L

I – Interactions are Affirming

F

T

U

P

CORE ELEMENTS . . . . . Self Advocacy & Advocacy

FRONT-LINE PRACTICES . . . . . Power of Family



## I – Interactions are Affirming

In all interactions, affirms unique strengths, life experience and self-identified goals of family.

- Honors culture
- Explores solutions
- Assures needed support

L

I

F

– Facilitates Sharing

T

U

P

CORE ELEMENTS . . . . . Self Advocacy & Advocacy

FRONT-LINE PRACTICES . . . . . Power of Family

## F — Facilitates Sharing

Facilitates sharing of important information about child and coordinates communication among all parties.

- Explores/nurtures mentoring relationship

L

I

F

T – Team Solutions

U

P

CORE ELEMENTS . . . . . Self Advocacy & Advocacy

FRONT-LINE PRACTICES . . . . . Power of Family

Facilitates appropriate family supports and services.

- Encourages learning from cultural leaders
- Shares agency programs
- Facilitates team solutions

## T – Team Solutions

L

I

F

T

U – Uses Cultural Lens

P

CORE ELEMENTS . . . . . Self Advocacy & Advocacy

FRONT-LINE PRACTICES . . . . . Power of Family

Gathers and applies all relevant information to child/family safety and well-being.

- Uses family's cultural lens
- Engages team around supporting child

## U – Uses Cultural Lens

L

I

F

T

U

## P — Promotes Speaking Out

CORE ELEMENTS . . . . . Self Advocacy & Advocacy

FRONT-LINE PRACTICES . . . . . Power of Family

Promotes Self-Advocacy.

- Encourages and supports active youth/family voice and leadership in assessing, finding solutions, planning and decisions

**P – Promotes Speaking Out**

# C – Caregiver Respect & Resources

O  
N  
N  
E  
C  
T

CORE ELEMENTS . . . . . Teaming & Shared Commitment and Accountability  
FRONT-LINE PRACTICES . . . . . Circle of Support



## C – Caregiver Respect & Resources

Demonstrates respect to caregivers.

- Candid discussions about rights, role, responsibilities
- Includes on family team
- Provides resource information

C

O

— Optimal Team Environment

N

N

E

C

T

CORE ELEMENTS . . . . . Teaming & Shared Commitment and Accountability

FRONT-LINE PRACTICES . . . . . Circle of Support



## 0 — Optimal Team Environment

Creates environment for open/honest communication.

- Ensures team planning is informed and timely
- Follows through
- Admits biases, missteps, mistakes

C  
O  
N  
N  
E  
C  
T

N — Natural Supports

CORE ELEMENTS . . . . . Teaming & Shared Commitment and Accountability  
FRONT-LINE PRACTICES . . . . . Circle of Support



## N — Natural Supports

Establishes, continuously brings together and supports a child and family team.

- Includes natural supports and others providing services

C  
O  
N  
N  
E  
C  
T

– Normalizing Needs

CORE ELEMENTS . . . . . Teaming & Shared Commitment and Accountability  
FRONT-LINE PRACTICES . . . . . Circle of Support

## N — Normalizing Needs

Shows understanding that normal is different for everyone.

- Incorporates family's perspective of their needs and solutions in all casework and documentation

C  
O  
N  
N  
E  
C  
T

E — Explores Team Roles

- CORE ELEMENTS . . . . . Teaming & Shared Commitment and Accountability
- FRONT-LINE PRACTICES . . . . . Circle of Support

Explores with Team members what roles they can play over time to strengthen child safety and support the family.

- Helps team adapt to changing roles

## E — Explores Team Roles

C  
O  
N  
N  
E  
C  
T

C – Continuous Dialogue & Adjustments

- CORE ELEMENTS . . . . . Teaming & Shared Commitment and Accountability
- FRONT-LINE PRACTICES . . . . . Circle of Support

Facilitates continuous dialogue with the family/team about how supports and services are working.

- Makes adjustments based on family/team assessment

## C – Continuous Dialogue & Adjustments

C  
O  
N  
N  
E  
C

T — Teams Post-Permanency

CORE ELEMENTS . . . . . Teaming & Shared Commitment and Accountability

FRONT-LINE PRACTICES . . . . . Circle of Support

Emphasizes importance of family's support team beyond time of CWS.

- Facilitates agreement on post-dependency team member commitments/roles

## T — Teams Post-Permanency

# C – Customized Visitation

## U L T I M A T I V E

CORE ELEMENTS . . . . . Well-Being Partnerships Safety, Recovery & Well-Being  
FRONT-LINE PRACTICES . . . . . Healing Trauma



## C – Customized Visitation

With family/team continually assesses, arranges and structures culturally appropriate visitation activities.



C

U — Using Experiential Coaching

L

T

U

RE

CORE ELEMENTS . . . . . Well-Being Partnerships Safety, Recovery & Well-Being

FRONT-LINE PRACTICES . . . . . Healing Trauma



## U – Using Experiential Coaching

With family/team assesses need for interactive, experiential coaching during visitation to improve parenting skills.

- Arranges/advocates for when needed

C

U

L – Listening for Loss

T

U

RE

CORE ELEMENTS . . . . . Well-Being Partnerships Safety, Recovery & Well-Being

FRONT-LINE PRACTICES . . . . . Healing Trauma

## L – Listening for Loss

Listens consistently to the family's story.

- Acknowledges and validates feelings of grief/loss
- Helps family explore history, impacts, who can help address

C

U

L

T – Tailoring Supports to

U – Underlying Needs

RE

CORE ELEMENTS . . . . . Well-Being Partnerships Safety, Recovery & Well-Being

FRONT-LINE PRACTICES . . . . . Healing Trauma

Explores, connects and advocates for a broad array of services to assist with loss, grief, healing and recovery.

- Asks family who/what is helping or could help

**T** – Tailoring Supports to  
**U** – Underlying Needs

C  
U  
L  
T  
U

## RE — Recovery and Well-Being

CORE ELEMENTS . . . . . Well-Being Partnerships Safety, Recovery & Well-Being

FRONT-LINE PRACTICES . . . . . Healing Trauma

Creates shared agreement on the culturally sensitive services to address safety, well-being and family needs.

- Links to and supports use of these services

## RE — Recovery and Well-Being

*The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM Project under Cooperative Agreement 90CT0153.*



The Child and Family  
Practice Model





**FIDELITY ASSESSMENT PROTOCOL**  
*THE CHILD & FAMILY PRACTICE MODEL*

**An Orientation & Overview**

# Goals for FA Orientation

## Social Workers/Supervisors

- Define Fidelity Assessment Process
- Familiarize with the Process
- Roles & Expectations
- Feel Comfortable being Observed

## Community Partner and Staff FA Observers

- Define Fidelity Assessment Process
- Familiarize with the Process
- Roles & Expectations
- Familiarize with the Tools
- Feel Comfortable as Assessors

# ***What Is Fidelity Assessment?***

Fidelity assessment (FA) is a process designed to determine if we are effectively and consistently implementing the Child and Family Practice Model (CFPM)

# ***Why It's NOT like a Performance Evaluation***

- *Employee Performance Evaluation* - assesses an individual employee's job performance and productivity.
- *CFPM Fidelity Assessment* - helps us understand how the Practice Model is working and where we can strengthen implementation supports to ensure it is being used consistently with each family, one case to the next, one year to the next.

# *Shift in Accountability*

**The CFPM Fidelity Assessment represents a  
*SHIFT IN ACCOUNTABILITY.***

The data is used to determine if the child welfare agency and system are adequately supporting implementation of the Practice Model and addressing barriers encountered in working with children and families.

# ***Why is Fidelity Assessment Important?***

Over time, the Fidelity Assessment will allow us to:

- Build skills to use the model effectively.
- Strengthen and align the resources within our organization and system to support use of the Practice Model.
- Ensure consistent use of the core elements and practice behaviors in interactions with children and families.
- Explore the impact of implementation of the model on child and family outcomes.

# ***Why is Fidelity Assessment Important?***

Over time, the Fidelity Assessment will allow us to:

- Identify “active ingredients” of the Practice Model – those various components and practices in the model that are most closely associated with improved outcomes for children and families.
- Better interpret outcomes by considering the effectiveness of the implementation when evaluating the Practice Model.

## *What Will We Do With the FA Data?*

The information from the Fidelity Assessments will be considered in conjunction with other implementation data sources such as:

- System Support Surveys
- Coaching Feedback Surveys
- Implementation Driver Assessments

## *What Will We Do With the FA Data?*

The combined implementation data sources will be used to:

- Make improvements to coaching, training and other organizational supports for the Practice Model.
- Improve the consistency of our interactions with families.
- Assure the Practice Model remains consistent and effective over time.

## ***What Will We Do With the FA Data?***

The data will also help us facilitate changes at all levels of our organization to support the Practice Model and ensure we have:

- Feedback loops between practitioners and local leadership to assist in the identification of barriers and to communicate updates on the status of resolutions.
- Business practices that facilitate access to resources, supports and services to address each family's underlying needs.

## *Case Selection*

A case is selected at the following intervals:

- 1 year after completion of CFPM training
- Annually on an ongoing basis

Using these time periods, the cases on a CFPM-trained caseworker's caseload that meet the following criteria are identified:

## ***Case Selection – Part A***

- A 1. The child/family is assigned to a continuing worker that has been trained in and is receiving coaching in implementing the Child and Family Practice Model.
- A 2. The child/family has been with that worker at least 45 days. (Note: If the worker does not have any cases for at least 45 days, then all cases are included).
- A 3. The child/family's case has not previously been part of CFPM Fidelity Assessment for this worker.

## ***Case Selection – Part B***

- B 1. Of those cases that meet the criteria in Part A, identify all cases on the worker's caseload that are part of the agency's target population.
- B 2. If there are no target population cases on the caseload, then all cases that meet the criteria in Part A will be considered.

A case is then *randomly* selected from all cases that meet the criteria in Parts A and B above.

# ***FA Team Identification***

Fidelity Assessment Team will be identified and composed of:

- One Implementation Team Member, Coach, Manager or Supervisor

*(Note: This team member will not be a direct supervisor or ongoing coach for the Social Worker)*

- One Parent or Community Partner

*(Note: Parent or Community Partner will recuse themselves if they have prior history with the family or involvement in the case situation that would prevent them from being objective in conducting the Fidelity Assessment)*

# *Team Meeting Prep & Observation*

Once a case is selected:

- The Social Worker is advised of the case selection.
- The Social Worker identifies an upcoming meeting between with the family and their natural supports that can be observed.
- There is ongoing coordination between the agency representative or team responsible for Fidelity Assessment and the Social Worker so all planning and logistics are coordinated.

# *Team Meeting Prep & Observation*

- Priority is given to observation of a teaming meeting process that involves the family and circle of support.
- If a teaming meeting (**formal or informal**) is not available, a home visit is given second priority for the observation.
- Observation of a meeting generally occurs within 30 to 45 days of case selection, though this may be extended an additional 15-30 days to accommodate team scheduling and needs.

# *Team Meeting Prep & Observation*

PLEASE DO NOT create an additional meeting/visit for the purposes of a Fidelity Assessment.

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This is meant to be an observation of ongoing interactions and case management with the family. We also want to do it in the way that is least impactful on your already busy schedules.

# *Social Workers: What to Do*

## Obtaining Permission:

- When scheduling the meeting with the family, explain the purpose of the observation (Fidelity Assessment Introduction (FA-1)) and obtain the parent's permission for the observation to occur.
- If at anytime, before or during the observation, a parent will not agree to an observation, their decision for privacy will be respected and will be communicated to the Fidelity Assessment Team.
- If this occurs, another case will be randomly selected for the Fidelity Assessment.

# ***Social Workers: What to Do***

## **Please schedule your Meeting/Visit ASAP**

- Obtain parental permission
- Schedule meeting with family
- E-mail agency Fidelity Assessment Liaison with the following details (cc your Sup/Mgr):
  - ✓ *Date, Time and Location of Meeting/Visit*
  - ✓ *Names of all individuals and their relationships to child who will be in attendance (including parents, relatives, professionals)*
  - ✓ *Anything else that is important (Safety, parking)*

## ***Social Workers: What to Do***

Meet with the Fidelity Assessment Team 20-30 minutes before the scheduled meeting to review:

- Background Information about the meeting
- The Recommended Social Worker Script to ask the family's permission for the meeting to be observed
- How the Fidelity Assessment Team will interact with the family during the meeting
- How the Social Worker will open the meeting in order to set the context for the observers

# *Team Meeting Observation*

At the beginning of the meeting the FA Team members:

- Introduce themselves and explain that they are attending the meeting to observe the process
- Indicate that they will not participate in the discussion

The Social Worker re-obtains permission from the family for the observers to be present

## *Team Meeting Observation*

When a parent will not agree to an observation, their decision for privacy is respected and the FA Team leaves the meeting without argument.

If this occurs, another case will be randomly selected for the Fidelity Assessment.

# *Team Meeting Observation*

Each Fidelity Assessment Team member:

- Observes the meeting independently while taking notes
- Looks at interactions by agency staff with the family team (not meeting facilitation)
- Considers how well the family's voice, culture and needs are being lifted up, responded to and incorporated in case planning/decision-making
- Focuses on how effectively the family and their team are being supported given their unique culture, context, development and needs

# *Team Meeting Observation*

After the team has finished the meeting/planning (case plan/safety plan/visitation plan, etc.) and before the family and their team leave, one FA Team member asks the three End of Meeting Tool questions (OB-2) to all who are present:

Qn #1: Provides information and context for the team in moving forward

Qn #2 & 3: Provide ratings that integrate important perspectives from the family and their circle of support into the assessment process

# *Team Meeting Observation*

Following the family team meeting, the FA Team meets to:

- Share perspectives on the meeting interactions and their findings for each item on the Observation Tool
- Determine if additional context from the Social Worker is needed to complete their ratings

*Note: Each observer completes the Observation Tool and makes their own decision about scoring each item. Sharing their findings and perspectives may inform observer ratings, however there is no pressure to do so. Ratings do not need to be the same.*

# *Team Meeting Observation*

The Impl Team Member, Coach, Supervisor or Manager on the FA Team will participate in a follow-up meeting with the SW and Supervisor to:

- Debrief the team meeting
- Provide validation and support for participating in the fidelity assessment process
- Assist in identifying next steps and support that the Supervisor will provide to the SW based on the observation

# *FA Team: Things to Keep in Mind*

- Roles & Responsibilities
- Position of the FA Team in the Observation of the Meeting/Visit
- Observation Etiquette

# *Rehearsal Video – Team Mtg*

Family Support Team (<http://youtu.be/m0i4nYRUBVw?t=16m36s>)

- Chris – Youth (AA Female Yellow Shirt)
- Bobby –Chris’ Father (AA Male Blue Shirt and Vest)
- Ms. Sigmund – Chris’ Art Teacher (White Female Red Hair)
- Bobby Joe – Social Worker (Facilitator)
- Felicia – Chris’ Cousin (Young AA Female)
- Nancy – Chris’ Legal Guardian (White Female Black Sweater)
- April – Unit Manager (AA Female w/ Short Hair)
- Ms. Moore – Family Partner (AA Female in Blue Flower Blouse)
- Mrs. Blackwell – Chris’ Grandmother (AA Female Black Green Blouse)
- Mr. Blackwell – Chris’ Grandfather (AA Male Red Shirt)
- Ms. Walker – Juvenile Court Counselor (White Female Short Blonde Hair)

# *Rehearsal Video – Team Mtg*

After watching the video:

1. Independently complete Observation Tool
2. In affinity groups, discuss ratings and why you rated each question the way you did
  - Implementation Team Members, Coaches, and Supervisors
  - Parents and Community Members
  - Social Workers
3. Large group discussion about the experience

## ***Group Discussion***

- What was this experience like for you?
- Were there areas that people had different scores?
- What did you see that may be valuable perspective for other assessors?
- Overall thoughts or questions?

The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care.

To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM Project under Cooperative Agreement 90CT0153.



The Child and Family  
Practice Model



## **CFPM FIDELITY ASSESSMENT TOOLKIT**

### **OBSERVERS:**

TEAR OFF THIS PAGE AND REVIEW WITH THE SOCIAL WORKER PRIOR TO THE MEETING (leaving it with the social worker to reference before the meeting)

### **FAMILY TEAM MEETING OBSERVATION**

**SOCIAL WORKERS:** Please ask the family for permission for their meeting to be observed.

#### **Recommended Script for Social Workers** (after greeting the family):

“Our agency has adopted some new ways of working with families, which hopefully will help us work better with families, and have better results. We have a team here today who is really interested in observing our meeting so that they can get a sense of how our agency is working with you and (*insert: your extended support system, or team, or name specifically who is here today to support the family*). They would like to observe this meeting, with your permission of course, to learn about how staff are demonstrating some of these new ways of working. So, in other words, they are not here to observe *you*, they are here to observe how we are working with you and your team. They may take some notes about what is being said or done to provide some helpful feedback to us at a later time. Would this be ok with you?”

#### **Guideline for Social Workers to follow as they open the family team meeting in order to set the context of the meeting for the observers:**

- How long has the social worker had the case (been working with the family)?
- What has the social worker come to appreciate and understand about the family?
- Where is the case in the child welfare services timeframe? (for example: right before six month review, at .26, etc)
- What is the reason the family is meeting today (purpose of meeting)?

## **OBSERVER GUIDELINES**

1. The Fidelity Assessment Team is made up of a Coach and a Community Partner. (Note: The Coach on the team is not an ongoing coach for the worker being observed.)
2. The Fidelity Assessment Team meets with the social worker 20-30 minutes ahead of the scheduled meeting so that they can review the top page of this Fidelity Assessment Toolkit with the social worker and let him/her know how the Fidelity Assessment Team will interact with the family during the meeting. During this pre-meeting it is important for the Social Worker to clarify whether the case appears to be within 1-6 months of case closure, so the Fidelity Assessment Team knows whether the last question on the Observation Tool (OB-1) should be scored or marked Not Applicable.
3. During the meeting, each team member observes the meeting independently while taking notes and completing the OBSERVATION TOOL (OB-1).
4. At the end of the meeting, after the social worker has concluded the meeting and the plan (case plan/safety plan/visitation plan, etc.) one person on the Fidelity Assessment Team will ask three questions to all who are present using the OBSERVERS END OF MEETING TOOL (OB-2). These questions serve to integrate important perspectives from the Parents and their Circle of Support into the observation and documentation process.
5. After the observation, the Fidelity Assessment Team will discuss with each other their findings from the observation.

**CFPM FIDELITY ASSESSMENT  
OBSERVATION TOOL (OB-1)**

FIDELITY ASSESSMENT INFORMATION	
Assessment Tracking Number:	
Observation Date:	
Observer Name:	
Observer Role:	<input type="checkbox"/> Coach <input type="checkbox"/> Community Partner

CASE INFORMATION	
Worker Name:	
Service Component of Case:	
Date Case was Opened:	
Date Case Assigned to Worker:	

CONTEXT OF CASE	
<i>Directions:</i> Please answer the following questions.	
1. How long has the social worker had the case (been working with the family)?	
2. What has the social worker come to appreciate and understand about the family?	
3. Where is the case in the child welfare services timeframe? [For example, right before the six month review, at .26, etc.]	
4. What is the reason the family is meeting today (purpose of meeting)?	

## OBSERVATION QUESTIONS

<i>Directions:</i>	Not At All	A Little Bit	A Moderate Amount	For the Most Part	Very Much	Not Naturally Observed*
Please answer the following questions by circling the response that best describes your observation of the family.						
Please mark only one answer for each item.						
1. To what extent have you observed the family and their team demonstrating understanding of or communicating clearly about the safety and permanency issues to be addressed?	1	2	3	4	5	
2. To what extent have you observed the family and their team discuss supporting and sustaining relationships with people the child has shared are important to him/her or that others are aware are important to the child?	1	2	3	4	5	
3. To what extent have you observed the family and their team discussing what's working well, not working well, and what needs to happen to serve and support the family?	1	2	3	4	5	
4. To what extent have you observed the family and their team incorporating the child and family's cultural values, beliefs and traditions in team planning and discussions about the child and family's supports and services?	1	2	3	4	5	
5. To what extent have you observed the family's circle of support participating on the child and family team or playing a role in supporting the family and the child's safety, permanency and well-being?	1	2	3	4	5	
6. To what extent have you observed the family and their team discussing and seeking to understand the things that have had a major impact in the family's life?	1	2	3	4	5	NNO
7. To what extent have you observed the family and their team discussing and seeking to understand painful experiences in the family and the family's history that may be impacting them right now?	1	2	3	4	5	NNO

\*Not Naturally Observed (i.e. currently not an apparent issue vs. an unattended/under attended dynamic observed to impact the family)

**OBSERVATION QUESTIONS (CONTINUED)**

**Directions:**

Please answer the following questions by circling the response that best describes your observation of the family.

Not At All

A Little Bit

A Moderate Amount

For the Most Part

Very Much

Not Applicable

Please mark only one answer for each item.

8. For cases that may be within 1-6 months of case closure: to what extent have you observed the family and their team talking about or demonstrating understanding of their continuing role in supporting the family and the child's safety and permanency after the case is closed?	1	2	3	4	5	NA
---	---	---	---	---	---	----

**OBSERVATION NOTES:**

**CFPM FIDELITY ASSESSMENT  
OBSERVERS END OF MEETING TOOL (OB-2)**

**OBSERVERS END OF MEETING QUESTIONS**

**Directions:** Please document the answer to the following question in the box below. Also observe the social worker for actions that indicate a plan or effort identified persons and add to the team.

**1. Is there anyone missing in this meeting that could also be helpful in supporting this plan? If so, what is their relationship to the child/family?**

- |  |  |
|--|--|
| <input type="checkbox"/> Child's Mother/Father           | <input type="checkbox"/> Child's Teacher   |
| <input type="checkbox"/> Child's Step-Mother/Step-Father | <input type="checkbox"/> Family's Spiritual Leader/Advisor, Minister, Pastor, Priest |
| <input type="checkbox"/> Child's Brother/Sister          | <input type="checkbox"/> Family Friend   |
| <input type="checkbox"/> Child's Grandparent             | <input type="checkbox"/> Elder, Leader, Member of child/family's community or Tribe  |
| <input type="checkbox"/> Child's Aunt/Uncle              | <input type="checkbox"/> Other: _____  |

**Comments:**

**Directions:** Please answer the following questions by indicating in the left column the role/name of each individual responding to the question and note in the boxes to the right how each responded.

**2. On a scale from 1 to 10, with 1 being "I am really unclear about what I need to do for this plan to work" and 10 being "I am really clear about my role in this plan," where are you on the scale?**

PARENTS AND/OR CHILD(REN)*	← I am really unclear					I am really clear →				
	1	2	3	4	5	6	7	8	9	10
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									

CIRCLE OF SUPPORT*	← I am really unclear					I am really clear →				
	1	2	3	4	5	6	7	8	9	10
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									
e.	<input type="checkbox"/>									
f.	<input type="checkbox"/>									
g.	<input type="checkbox"/>									
h.	<input type="checkbox"/>									
i.	<input type="checkbox"/>									
j.	<input type="checkbox"/>									
k.	<input type="checkbox"/>									
l.	<input type="checkbox"/>									

CHILD WELFARE STAFF AND OTHERS*	← I am really unclear					I am really clear →				
	1	2	3	4	5	6	7	8	9	10
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									

**SPECIFIC REASONS WHY INDIVIDUALS RANKED THE WAY THEY DID:**

\*Add more rows if needed.

**OBSERVERS END OF MEETING QUESTIONS (CONTINUED)**

**Directions:** Please answer the following questions by indicating in the left column the role/name of each individual responding to the question and note in the boxes to the right how each responded.

**3. On a scale of 1 to 10, with 1 being “this plan makes no sense or won’t work” and 10 being “this is the best plan and we have thought of everything necessary to support your/this family,” where are you on the scale?**

	← No Sense/Won't Work					Thought of Everything →				
<b>PARENTS AND/OR CHILD(REN)*</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									

	← No Sense/Won't Work					Thought of Everything →				
<b>CIRCLE OF SUPPORT*</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									
e.	<input type="checkbox"/>									
f.	<input type="checkbox"/>									
g.	<input type="checkbox"/>									
h.	<input type="checkbox"/>									
i.	<input type="checkbox"/>									
j.	<input type="checkbox"/>									
k.	<input type="checkbox"/>									
l.	<input type="checkbox"/>									

	← No Sense/Won't Work					Thought of Everything →				
<b>CHILD WELFARE STAFF AND OTHERS*</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									

**SPECIFIC REASONS WHY INDIVIDUALS RANKED THE WAY THEY DID:**

\*Add more rows if needed.

**CFPM FIDELITY ASSESSMENT  
SYSTEM SUPPORT SURVEY (SS-1)**

Worker Name/No: \_\_\_\_\_ Date/Survey: \_\_\_\_\_

- Social Worker                       Supervisor  
 Case Aide                                 Other \_\_\_\_\_

(Note: This survey is not case-specific. It is administered to Social Workers consistent with other Fidelity Assessment processes – at approximately 6 and 12 months after initial practice model training, then annually. At local discretion it may be administered to other staff or combined with other surveys.)

<b>SYSTEM SUPPORT SURVEY QUESTIONS</b>					
	<b>Not At All</b>	<b>A Little Bit</b>	<b>A Moderate Amount</b>	<b>For the Most Part</b>	<b>Very Much</b>
<p align="center"><b>Directions:</b> Please answer the following questions by circling the response that best describes your experience. Please mark only one answer for each item.</p>					
1. How effective is your organization at supporting your continuous learning and development?	1	2	3	4	5
2. How effective is your organization at providing the support you need in your work with children and families when there are agency/system barriers that you cannot resolve?	1	2	3	4	5
3. How effective is your organization at supporting you to move plans forward that have been developed by families and their teams?	1	2	3	4	5
<b>FOR EACH QUESTION, PROVIDE TWO EXAMPLES WHY YOU RANKED EACH QUESTION THE WAY YOU DID</b>					

**APPENDIX 2**

**CFPM FIDELITY ASSESSMENT: OBSERVATION SCALING GUIDE**

1. To what extent have you observed the family and their team demonstrating understanding of or communicating clearly about the safety and permanency issues to be addressed?				
5	4	3	2	1
The family and their team demonstrated understanding of or communicated clearly about <b>MOST or ALL</b> of the safety and permanency issues to be addressed by actively sharing their perspectives and contributing ideas and solutions to support child or youth safety and permanency.	The family and their team demonstrated understanding of or communicated in fairly clear ways about <b>MANY</b> of the safety and permanency issues to be addressed by actively sharing their thoughts and ideas for how to support child or youth safety and permanency.	The family and their team demonstrated understanding of <b>SOME</b> of the safety and permanency issues to be addressed by participating in the discussion of how to support child or youth safety and permanency, such as by asking questions and/or sharing information or ideas.	The family and their team demonstrated understanding of <b>VERY FEW</b> of the safety or permanency issues to be addressed OR the team was <b>NOT</b> encouraged to participate in discussion of both the safety and permanency issues to be addressed.	The family and their team demonstrated that they did <b>NOT</b> understand the safety and permanency issues to be addressed OR the team <i>was discouraged</i> from discussing the safety and/or permanency issues to be addressed.
2. To what extent have you observed the family and their team discuss supporting and sustaining relationships with people the child has shared are important to him/her or that others are aware are important to the child?				
5	4	3	2	1
The family and team's discussion included planning and/or coordination of <i>specific</i> activities supporting <b>MOST or ALL</b> of the child or youth's important relationships, including <b>MOST or ALL</b> important relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion included planning and/or coordination of <i>specific</i> activities supporting <b>MANY</b> of the child or youth's important relationships, including <b>MANY</b> relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion considered <b>SOME</b> important relationships of the child/youth, including <b>SOME</b> relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion focused on <b>VERY FEW</b> important relationships OR discussion focused on supporting the child/youth's relationships on only <i>one</i> side of the family.	The family and team <i>did NOT discuss</i> important relationships of the child/youth OR the team <i>was discouraged</i> from discussing and/or supporting the child/youth's important relationships.
3. To what extent have you observed the family and their team discussing what's working well, not working well, and what needs to happen to serve and support the family?				
5	4	3	2	1
There was <i>specific</i> team discussion of the following: <ul style="list-style-type: none"> <li>• <b>MOST or ALL</b> of the family and team strengths and activities that are working well</li> <li>• <b>MOST or ALL</b> of the family activities and needed supports that are not yet in place or are not working well</li> <li>• <b>MOST or ALL</b> specific activities and adjustments needed to support the family and child safety, permanency, well-being</li> </ul>	There was <i>specific</i> team discussion of the following: <ul style="list-style-type: none"> <li>• <b>MANY</b> of the family and team strengths and activities that are working well</li> <li>• <b>MANY</b> of the family activities and needed supports that are not yet in place or are not working well</li> <li>• <b>MANY</b> specific activities and adjustments needed to support the family and child safety, permanency, well-being</li> </ul>	There was <i>specific</i> team discussion of the following: <ul style="list-style-type: none"> <li>• <b>SOME</b> of the family and team strengths and activities that are working well</li> <li>• <b>SOME</b> of the family activities and needed supports that are not yet in place or are not working well</li> <li>• <b>SOME</b> specific activities and adjustments needed to support the family and child safety, permanency, well-being</li> </ul>	There was <i>general</i> (rather than specific) team discussion of at least <b>TWO</b> of the following: <ul style="list-style-type: none"> <li>• What is working well</li> <li>• What is not working well</li> <li>• What may be needed to serve and support the family</li> </ul>	There was discussion of only <b>ONE</b> or <b>NONE</b> of the following: <ul style="list-style-type: none"> <li>• What is working well</li> <li>• What is not working well</li> <li>• Generally what may be needed to serve and support the family</li> </ul>

**General Guidelines for Bold/Italicized Words:**

All/Always = 100%    Most/Usually = 80-99%    Many/Often = 50-79%    Some/Somewhat/Sometimes =20-49%    Very Few/Occasionally = 1-19%    Not/Never/None = 0%

4. To what extent have you observed the family and their team incorporating the child and family's cultural values, beliefs and traditions in team planning and discussions about the child and family's supports and services?				
5	4	3	2	1
The team incorporated the child and family's cultural values, beliefs and traditions in their planning and discussions by actively considering, advocating for, connecting the family to or maintaining the child and family's involvement in <b>MANY</b> cultural and community services and supports adapted or individualized to this family's unique culture and needs.	The team incorporated the child and family's cultural values, beliefs and traditions in their planning and discussions by considering, advocating for, connecting the family to or maintaining the child and family's involvement in <b>SOME</b> cultural and community services and supports adapted or individualized to this family's unique culture and needs.	The team incorporated the child and family's cultural values, beliefs and traditions in their planning and discussions by considering, advocating for, connecting the family to or maintaining the child and family's involvement in <b>at least ONE</b> cultural or community service or support adapted or individualized to this family's unique culture and needs.	The team explored <b>SOME general</b> information about the child and family's cultural values, beliefs or traditions but did <b>NOT</b> adapt or individualize any of their supports or services based on this information.	The team did <b>NOT</b> explore any of the child or family's cultural values, beliefs or traditions OR the team <b>was discouraged</b> from considering the child or family's culture or advocating for cultural or community supports OR the team <b>was focused</b> on agency, service provider or worker-identified services.
5. To what extent have you observed the family's circle of support participating on the child and family team or playing a role in supporting the family and the child's safety, permanency and well-being?				
5	4	3	2	1
<b>MOST or ALL</b> members of the circle of support participated in team discussion about <b>specific</b> roles and recent activities that they are or could be involved in to support the family and the child's safety, permanency and well-being.	<b>MANY</b> members of the circle of support participated in team discussion about <b>specific</b> roles and recent activities they are or could be involved in to support the family and the child's safety, permanency and well-being.	<b>SOME</b> members of the circle of support participated in team discussion about <b>specific</b> roles and recent activities they are or could be involved in to support the family and the child's safety, permanency and well-being.	The team discussed <b>general</b> support for the family (rather than specific roles or activities) OR <b>VERY FEW</b> members of the circle of support participated in team discussion about <b>specific</b> roles and recent activities they are or could be involved in to support the family and the child's safety, permanency and well-being.	The team did <b>NOT</b> discuss or <b>was discouraged</b> from discussing the roles and activities that they are or could be involved in to support the family and the child's safety, permanency and well-being.
6. To what extent have you observed the family and their team discussing and seeking to understand the things that have had a major impact in the family's life?				
5	4	3	2	1
The perspectives of <b>MOST or ALL</b> family members (including the perspectives of the child/youth and the parents) were sought out and listened to and the team explored, acknowledged and supported family strengths and resources learned through family members' sharing of things that have impacted the family.	The perspectives of <b>MANY</b> family members (including the perspectives of the child/youth and the parents) were sought out and listened to and the team explored and supported family strengths learned through family members' sharing of things that have impacted the family.	The perspectives of <b>SOME</b> family members (including the perspectives of the child/youth and the parents) were sought out and listened to and the team explored or supported family strengths learned through family members' sharing of things that have impacted the family.	The perspectives of <b>VERY FEW</b> family members were sought out, listened to, explored and supported OR the team sought out, listened to, explored and supported <b>only the parents'</b> or <b>only the child's perspective</b> (but not both)	The perspectives of the child/youth and parents were <b>NOT</b> sought out or listened to OR discussion <b>was discouraged</b> regarding things that have impacted the family OR the team did <b>NOT</b> support family strengths learned through family members' sharing of things that have impacted the family.

**General Guidelines for Bold/Italicized Words:**

All/Always = 100%    Most/Usually = 80-99%    Many/Often = 50-79%    Some/Somewhat/Sometimes =20-49%    Very Few/Occasionally = 1-19%    Not/Never/None = 0%

7. To what extent have you observed the family and their team discussing and seeking to understand painful experiences in the family and the family's history that may be impacting them right now?				
5	4	3	2	1
When the family talked about their story or painful experiences in their lives or history, the team <b>USUALLY</b> or <b>ALWAYS</b> listened and acknowledged or validated feelings of grief and loss.	When the family talked about their story or painful experiences in their lives or history, the team <b>OFTEN</b> listened and acknowledged feelings of grief and loss.	When the family talked about their story or painful experiences in their lives or history, the team <b>SOMETIMES</b> listened and acknowledged feelings of grief and loss.	When the family talked about their story or painful experiences in their lives or history, the team <b>OCCASIONALLY</b> listened and acknowledged feelings of grief and loss.	When the family talked about their story or painful experiences in their lives or history, the team did <b>NOT</b> listen and acknowledge feelings of grief and loss OR the team <u>made assumptions</u> about the family's feelings OR the team <u>was discouraged</u> from discussing or acknowledging feelings of grief and loss.
8. For cases that may be within 1-6 months of case closure: to what extent have you observed the family and their team talking about or demonstrating understanding of their continuing role in supporting the family and the child's safety permanency and well-being after the case is closed?				
5	4	3	2	1
<b>MOST</b> or <b>ALL</b> youth/family and team members discussed <u>specific</u> team members' continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.	<b>MANY</b> youth/family and team members discussed <u>specific</u> team members' continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.	<b>SOME</b> youth/family and team members discussed <u>specific</u> team members' continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.	The team discussed <u>general</u> support for the family after case closure (rather than specific roles or activities) OR <b>VERY FEW</b> youth/family and team members discussed <u>specific</u> team members' continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.	The team did <b>NOT</b> discuss or <u>was discouraged</u> from discussing continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.

**General Guidelines for Bold/Italicized Words:**

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The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM Project under Cooperative Agreement 90CT0153.





The Child and Family  
Practice Model

# ***Fidelity Assessment Protocol***

## ***Child and Family Practice Model***

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## **FIDELITY ASSESSMENT INTRODUCTION (FA-1)**

The Child and Family Practice Model focuses on improving outcomes for all children and reducing disparities in outcomes for children who are disproportionately represented in our child welfare system.

### **WHAT IS THE CHILD AND FAMILY PRACTICE MODEL?**

With the assistance of family, community and tribal representatives, the Child and Family Practice Model is being implemented by our agency. The practice model provides a new way of working with children and families that guides all of our agency's interactions, from Social Workers and case aides to leadership and administration, so that everyone at all levels is listening, learning and working in partnership with families, communities and Tribes to meet the needs of their children. The goal of this practice model is to provide children with the greatest support possible to safely remain with their families, return to their families, or live with relatives or those with whom they have significant family or Tribal relationships.

### **HOW IS THE PRACTICE MODEL BEING IMPLEMENTED?**

Implementation requires training, coaching and ongoing support to help our staff and partners build skill in this new way of working. Every two to three months, groups of Social Workers and other staff in our agency are trained and begin implementing the practice model. This gradual approach to implementation ensures our agency can provide the support needed at this critical time of early learning and skill development. It also enables us to receive important feedback from families, community partners and staff about the practice model and our implementation, so we can make improvements where needed. Ongoing coaching and support at all levels of our organization will continue to support use of the practice model consistently over time.

### **HOW DO WE KNOW IF THE PRACTICE MODEL IS HELPFUL TO CHILDREN AND FAMILIES?**

As we implement this new way of working, we need to understand how our staff's interactions with families are changing and whether these changes are helpful to families. Team meetings provide an opportunity to observe our staff and their interactions with children and families. Periodically our staff will be asking parents if they are willing to include a small team of observers in a family meeting. This team of observers is there to observe our staff, not the family. After the meeting, their observations provide important insight into how well our agency is implementing the practice model and demonstrating this new way of working with children and families.

### **HOW WILL THE RESULTS OF THE OBSERVATIONS AND SURVEYS BE USED?**

Participation by families in the observation is completely voluntary. Results from the observations will be used to provide information about our agency's implementation of the practice model and help us to understand what we are doing well and how we can improve training, coaching and support for our staff in their work with children and families.



## FIDELITY ASSESSMENT: FREQUENTLY ASKED QUESTIONS (FA-2)

### Fidelity Assessment Overview

#### ***What Is It?***

Fidelity assessment is a process designed to determine if we are effectively and consistently implementing the Child and Family Practice Model (CFPM).

#### ***Why Do We Do It?***

Over time, the Fidelity Assessment will allow us to:

- Develop and refine the Child and Family Practice Model in the context of practice.
- Ensure consistent use and impact of the core elements and practice behaviors.
- Identify “active ingredients” of the intervention – those various parts and components of the practice model that are essential for success.
- Better interpret outcomes to determine the individual effectiveness of the implementation and the intervention.
- Strengthen and align system resources at all levels to support the use of the practice model.
- Build skills to use the model effectively.

#### ***Is the Fidelity Assessment the same as an Employee Performance Evaluation?***

No they are not the same. An Employee Performance Evaluation assesses an individual employee’s job performance and productivity. In contrast, we use a Fidelity Assessment to help us understand how the practice model is working and where improvements and other supports are needed to ensure it is being implemented consistently one case to the next, one year to the next. It represents a shift in accountability as we use it to determine if the organization and system is adequately supporting Social Workers in their implementation of the 23 Practice Behaviors and addressing barriers.

#### ***What Will It Tell Us?***

We will be exploring the use of the Child and Family Practice Model to determine to what degree:

- The practice behaviors in the model that guide interactions with families are being implemented consistently.
- There are system supports mobilized to assist staff in overcoming barriers experienced in their work with children and families.

Three Processes Are Necessary for Creating an Effective Fidelity Assessment:

1. Determining core elements, practice behaviors and indicators for the model.
2. Collecting data to measure these indicators.
3. Examining the measures to determine reliability and validity.

### ***What is the Primary Focus of the Fidelity Assessment?***

Practice Behaviors are the primary focus of the Fidelity Assessment. CFPM Practice Behaviors:

- Include clear descriptions of the core activities and behaviors of the practice.
- Are teachable, learnable and do-able in a consistent way.
- Are specific enough to be observable and recognizable to all parties involved.
- Provide a foundation for a common understanding of the expected practice so agency and community partners can create coordinated supports.
- Are required for effective implementation and evaluation of outcomes.

As the Practice Behaviors were developed in partnership with families, communities and Tribes, the Fidelity Assessment process has also been developed in partnership with families, communities and Tribes. During the process, information is gathered from:

- Observation of staff interactions during a meeting with the child(ren), the family and their circle of support.
- Survey questions about the organization's support of staff in their work with children and families.

### ***What Will We Do With the Information?***

The information gleaned from the Fidelity Assessments will:

- Inform improvements to support coaching, training and skill building.
- Identify necessary system changes to support the practice model at all levels.
- Be used continually to assure the practice model remains consistent and effective over time.

## **FIDELITY ASSESSMENT PROTOCOL**

### **CHILD AND FAMILY PRACTICE MODEL (CFPM)**

*For Fidelity Assessment (FA), one case per practicing CFPM Social Worker will be selected and observation of a meeting will occur on this one case. In addition a non-case specific survey will be periodically given to each Social Worker (SW) as part of the Fidelity Assessment process. Fidelity Assessment observations will take place at 12 months after initial Social Worker CFPM training, and be repeated annually.*

*Because an important goal of implementing the Practice Model is reducing disproportionate representation and disparate outcomes for certain target populations being served by the local child welfare agency, the FA protocol prioritizes random selection of target population cases for the Fidelity Assessment observation.*

*Coordination of Fidelity Assessment requires thoughtful preparation for and sequencing of system coordination, communication and support of Fidelity Assessment processes in order to ensure a teaming event on the selected case is available, a Fidelity Assessment observer team is present and staff and partners are prepared for the roles they will play during the process and debriefing meeting. Whoever is identified to move Fidelity Assessment planning and preparation forward needs to work closely with the agency's linked teaming structures and with the entire management and supervisory teams to ensure timely and consistent coordination and resources for Fidelity Assessment processes and a high level of communication and support for those involved.*

*The following Fidelity Assessment planning, resources and supports should be in place before proceeding with the Fidelity Assessment steps outlined in this Protocol.*

- **Identifying who is responsible for Fidelity Assessment processes** and how they will be connected with the local Practice Model Leadership and Implementation Teams.
- **Developing or adapting Fidelity Assessment Overview Training** to align with local context and needs.
- **Identifying community partners** who are interested in being FA observers and are a good fit for the role. This includes:
  - *Working with local cultural/community partners engaged by agency leadership to guide local practice and system changes – are they interested in being Fidelity Assessment observers or do they have suggestions. Consider local cultural coaches, Parent Partners, foster parents, and other agency and system partners who can bring a cultural/community lens to the observation*
  - *Ensuring interested observers understand how the Fidelity Assessment observation role is different from other roles (such as advocacy or support roles) – some potential observers will self-select out if they decide the role of silent*

*observer in the back of the room is not of interest or would be uncomfortable for them.*

- *Considering up-front if there are boundaries that cannot be crossed – for instance, if the local community group or Fidelity Assessment observer outreach strategies are likely to include parents or youth with active child welfare cases, it will be important for the agency to be upfront if involvement in a current open case prevents participation as an FA observer.*
- **Identifying who will provide Fidelity Assessment Overview Training** and who will receive it, **frequency** with which it will be offered, and **what facilities and resources** will be used.
  - *Consider whether Social Workers pending their first Fidelity Assessment will be trained with community partner observers – this can ease anxieties, de-mystify the process and reinforce agency/community partnering.*
- **Identifying or developing infrastructure and support** for System Support Survey, Fidelity Assessment case-selection, data and other logistics. Consider:
  - *Who will distribute the System Support Survey, when and how will it be distributed and who will receive the results back.*
  - *Who will be responsible for timely Fidelity Assessment case selection and who will communicate the identified case to the Social Worker and their Supervisor/Manager.*
  - *How the Social Worker will be advised about the selected case and oriented to their role in the Fidelity Assessment processes; who will the Social worker need to advise and/or coordinate with regarding the team meeting and location that is arranged if verbal consent is received.*
  - *Who will communicate with and arrange for the Fidelity Assessment Team.*
  - *What the process is for community partner observers to be reimbursed for their time - who will act as a liaison and help shepherd those processes in the agency.*
  - *Who/how is the FA observation data collected from observers.*
  - *What database or capacity has been developed or leveraged for entry/tracking/reporting of Fidelity Assessment data (both the survey and observation data) and who/how will the data be entered.*
- **Developing a rolling schedule of Fidelity Assessments** that includes:
  - *When cohorts were CFPM-trained and when their Fidelity Assessments are due - for example, if CFPM training is completed in July 2015, Fidelity Assessment observation is due in July 2016*

- *A written schedule for timely preparation activities for each cohort of Social Workers that are trained (or are up for an annual Fidelity Assessment observation) indicating who is responsible for what and when they need to do it in order for the Fidelity Assessment observation to be completed by the due date.*
  - *Consider what advance time is needed to select the case, orient the worker, provide sufficient time for the worker to discuss the Fidelity Assessment observation of staff during the meeting with the parent(s) and arrange a family team meeting if the family consents (may require 3-4 months) – sample schedule below.*

Trained Cohort	# of SW's trained	Date Trained	Case-selection and worker orientation	Outreach/discussions with family	Observer Team arranged/ observation completed
Units N4; N2	12	May 2016	Feb/Mar 2017	April 2017	Apr/May 2017
Units N5, FP1, FP2	14	July 2016	Apr/May 2017	Jun 2017	Jun/July 2017
Etc.					
Etc.					

- *A way to continue tracking and cueing up annual Fidelity Assessment observations as the composition of units will change and staff will turnover – this may involve setting up a monthly schedule and noting workers due Fidelity Assessment in that month.*
- *Establishing who/how Social Workers will be recognized and appreciated after the Fidelity Assessment process for their participation.*
- *A schedule for sharing aggregate fidelity assessment data with different audiences on a regular basis, such as sharing data with supervisors and staff, leadership and management, trainers and coaches, community and Tribal partners.*

***The person or team identified in the agency to be responsible for Fidelity Assessment ensures there are people, processes and resources consistently implementing this Protocol.***

**Step 1: Case Selection**

- A. A case is selected at the following intervals: 1 full year after initial CFPM training completion, and annually thereafter. Using these time periods, the cases on a continuing CFPM Social Worker's caseload that meet the following criteria are identified:
  - 1) The case is assigned to a Social Worker that has been trained in CFPM and is receiving coaching in implementing the Child and Family Practice Model.
  - 2) The case has been with that worker at least 45 days. If the Social Worker does not have any cases for at least 45 days, then include all cases.
  - 3) The case/family has not previously been part of a CFPM Fidelity Assessment for this worker.
- B. Of those cases that meet the criteria in A above, identify all cases on the CFPM Social Worker's caseload where the child is \_\_\_\_\_ [*insert your agency's target population*]. If there are no children from the agency's target population on the caseload, then all cases that meet the criteria in A above will be considered.
- C. Of those cases that meet the criteria in A and B above, randomly select a case.
- D. Create an Assessment Tracking Number to be used for all relevant fidelity assessment data for the selected case.
  - 1) The Assessment Tracking Number will be created from a combination of letters and numbers relating to the Social Worker, Selected Case, and month/year of Case Selection. The convention for creating the Assessment Tracking Number is as follows:
    - a. Start with the agency's number or identifier for the Social Worker, followed by a dash, followed by the first and last initial of the selected case child's name, followed by a dash, followed by the two-digit month in which the case was selected, followed by the four-digit year in which the case was selected.
    - b. As an example, if the Social Worker's number is N7A, and the Selected Case is John Fake, and the Case Selection occurs on July 31, 2012, the Assessment Tracking Number to be utilized in for entry into the data system and on all Fidelity Assessment Tools will be: N7A-JF-072012.
  - 2) The locally developed protocol is then followed to notify the Social Worker and/or their Supervisor or Manager of the case selection.

**Step 2: Team Identification and Roles**

- A. Within 2 to 3 days of case selection, identify the Fidelity Assessment Team composed of:
  - 1) One Implementation Team Member, Coach, Manager or Supervisor (*Note: The identified Observer should not be a direct Supervisor or ongoing Coach for the Social Worker*)

- 2) One Parent or Community Partner (*Note: Parent or Community Partner to recuse themselves if they have prior history with the family or involvement in the case situation that would prevent them from being objective in conducting the Fidelity Assessment.*)
    - a. Parent or Community Partner receives a stipend for their time.
- B. Fidelity Assessment Team members will be prepared to act as independent observers and will have received training on the following:
- 1) How to introduce themselves to the family and explain why they are observing the interaction;
  - 2) What their role in the observation process is;
  - 3) How to utilize the observation form and what each of the scale rankings are equivalent to;
  - 4) The scaling guide and how it may be helpful;
  - 5) The purpose of meeting together following the observation to discuss their findings;
  - 6) What to do with the completed observation form.
- C. The Fidelity Assessment Team is provided with the name and ID number of the Social Worker, the first and last name for the child/youth whose case was randomly selected from the Social Worker’s caseload, the day/month/year of initial case selection and the Assessment Tracking Number to use on all assessment forms. (Note: this tracking number will also be used in the local data system used to track Fidelity Assessment data).
- (Note: Based on locally developed protocols additional information may be provided, such as name of child’s siblings, parents, family members, caregivers, or support persons attending the meeting so there is time for an observer to recuse him or herself and for another observer to be identified.)
- D. During the period of review, the Implementation Team and the Fidelity Assessment Team coordinate the following roles and activities:

	<b>Impl Team Member, CQI or Evaluation Representative</b>	<b>Implementation Team Member, Manager, Supervisor or Coach</b>	<b>Community or Parent Partner</b>
Identify Case for Fidelity Assessment	X		
Observation of Teaming Process		X	X
Debrief Meeting with Social Worker		X	X
System Support Survey	X		

**STEP 3: Team Meeting Preparation and Observation**

- A. Once the Social Worker has been notified which child/family case has been selected, they begin working on identifying an upcoming teaming interaction or meeting with the family

that can be observed. The Social Worker will have received an overview of Fidelity Assessment processes and understand their role in the process, why Fidelity Assessment is important, and how the information being gathered will be used. The Fidelity Assessment Introduction ([FA-1](#)) and the Fidelity Assessment FAQ ([FA-2](#)) are available to provide a helpful review.

- 1) Priority is given to observation of a teaming meeting process that involves the family and their circle of support. If a teaming meeting is not available, a home visit is given second priority for the observation.
  - 2) Observation of a meeting generally occurs within 30 to 45 days of case selection, though this may be extended an additional 15-30 days to accommodate team scheduling and needs.
  - 3) Prior to the scheduled meeting, the Social Worker will explain the purpose of the observation consistent with the Fidelity Assessment Introduction ([FA-1](#)) and obtain the parent's permission for the observation to occur. If the Fidelity Assessment Introduction ([FA-1](#)) is provided in writing, the Social Worker will also review it verbally with the parent. If a parent will not agree to an observation, their decision for privacy will be respected and will be communicated to the Fidelity Assessment Team. If this occurs, another case will be randomly selected for the Fidelity Assessment.
- B. The Fidelity Assessment Team meets with the Social Worker 20-30 minutes before the scheduled meeting to review:
- 1) The Recommended [Social Worker Script](#) to ask the family for permission for their meeting to be observed;
  - 2) How the Fidelity Assessment Team will interact with the family during the meeting;
  - 3) The [Guidelines for the Social Worker](#) to follow as they open the family team meeting in order to set the context of the meeting for the observers.
- C. At the beginning of the meeting, the Fidelity Assessment Team will introduce themselves, explain that they are attending the meeting to observe the process and indicate that they will not be participating in any of the discussion.
- 1) The Social Worker will re-obtain the parent(s)' permission for the observers to be present. In the circumstance that a parent will not agree to an observation, the Fidelity Assessment Team will respect their decision for privacy and leave the meeting without argument. If this occurs, another case will be randomly selected for the Fidelity Assessment.
- D. During the meeting each Fidelity Assessment Team member observes the meeting independently while taking notes in order to complete the [Observation Tool \(OB-1\)](#) after the meeting is over. Observers are not rating the family, rather they are rating the agency's interactions with and responsiveness to the family on key indicators. The observation does not look at how well run or well facilitated the meeting is. It is about how effectively the family's voice, culture and needs are being lifted up, responded to and incorporated in planning and decision-making by the Social Worker and other agency staff. For a well-

developed active family team, the Social Worker and other agency staff may simply need to “stay out of the family’s way” during the meeting, while newer family teams may require a more active approach involving inquiry, exploration and responsiveness by the Social Worker and other agency representatives during the meeting. This focus on the interactions with the family and how effectively the family is engaged and being supported given their culture, context, composition, development and needs is a unique and important feature of the CFPM Fidelity Assessment observation.

- 1) An [Observation Scaling Guide](#) is included as Appendix 2 in case helpful. This document does not determine ratings as it cannot scale all possible actions and interactions during a meeting. However it provides helpful perspective on operationalizing and scaling a range of interactions that may occur during a meeting to assist observers in thinking about and discussing their independent ratings.
- E. After the Social Worker and family team have concluded the meeting and the plan (case plan/safety plan/visitation plan, etc.) and before the family members and circle of support leave, one person on the Fidelity Assessment Team will ask three questions ([Observers End of Meeting Tool OB-2](#)) to all who are present. The first question provides clarifying information and context for the team to consider in moving forward, while the second and third questions are ratings that integrate important perspectives from the Parents, their Circle of Support and others present in the meeting into the assessment process.
- F. After the Observers ask the End of Meeting questions, the Fidelity Assessment Team meets together to discuss their findings from the observation. Sharing team members’ perspectives of the interactions during the meeting may inform each observer’s scores, but there is no pressure to do so. Each observer makes their own decision about their rating on each item on the Observation Tool. If either or both team members need any additional context from the Social Worker to complete the [Observation Tool \(OB-1\)](#), the team arranges to get the information so they can complete their ratings.
- G. The completed Observation Tools ([OB-1](#), [OB-2](#)) are provided to \_\_\_\_\_ [*insert name of designated staff person*] for entry into the local data system that tracks Fidelity Assessment data.
- H. The Implementation Team Member, Supervisor, Manager or Coach on the Fidelity Assessment Team is responsible for following up with the Social Worker and the Social Worker’s Supervisor to debrief the team meeting, provide validation and support to the Social Worker for participating in the Fidelity Assessment process, and assist the Social Worker and Supervisor to identify next steps.
- 1) If helpful, a [Social Worker Debrief Tool](#) is included as Appendix 1 to assist in probing for additional information that may not have been observed or noted during the fidelity assessment observation.
  - 2) The Supervisor of the Social Worker is responsible for assuring ongoing supports for the Social Worker based on the debrief discussion and next steps.

- 3) The Supervisor of the Social Worker is responsible for communicating organizational and system issues back to the local CFPM Implementation Team based on the debrief discussion.
- 4) The Implementation Team is responsible for assuring ongoing practice to policy feedback loops, tracking and communication regarding any system issues that lift up or are identified.

#### **STEP 4: System Support Survey**

- A. [The System Support Survey Tool \(SS-1\)](#) is not case-specific. It is periodically administered throughout the organization to Social Workers and Supervisors in order to provide their perspective on the organization’s capacity to support their work with children and families and their professional development.
- B. The schedule for administering this survey is consistent with other Fidelity Assessment processes – at least annually. However because of ease of system-wide administration to all Social Workers and Supervisors, the survey can be administered more frequently to provide ongoing data on these important aspects of system support. The designated Implementation Team member or CQI/Evaluation Representative is responsible for administering the survey timely. The System Support Survey can be coordinated with other CFPM surveys that may be conducted at a similar frequency (such as a Coaching Feedback Survey).
- C. As the System Support Surveys are completed, they are provided to \_\_\_\_\_ *[insert name of designated staff person]* for entry into the data system that tracks Fidelity Assessment data.

#### **STEP 5: Scoring and Data for Improvement**

- A. Fidelity Assessment Observation tools ([OB-1](#), [OB-2](#)) are based on, or are converted to, a 5-point scale. The Observers End of Meeting Tool ([OB-2](#)), which uses a 10-point scale, can be converted to a 5-point scale for reporting within the local data system as follows.
  - a. 1 or 2 = 1
  - b. 3 or 4 = 2
  - c. 5 or 6 = 3
  - d. 7 or 8 = 4
  - e. 9 or 10 = 5

This allows a total average rating to be computed for the OB1 ratings, for OB2 ratings on Questions 2 and 3, and for the combined OB 1 and 2 ratings. For the OB-1 Tool, the scores from both Fidelity Assessment Team members are combined as follows:

- 1) Calculate the average of the two observer’s scores on each item for each unique combination of worker id and observation date. If there is only one score, then that gets used (i.e. observer 1 responds 5 and observer 2 does not respond, then the “average” item score=5).

- 2) Calculate a total score across item averages. Calculate the total score only if the worker has item averages for 3 or more of the first 5 questions. Note: items with score of zero (NNO, NA) are not included in the average calculation (if the 0's were included in the average, it would artificially bring the score down)

Once computed, an average score closer to 5 indicates high fidelity to the Child and Family Practice Model, while a score closer to 1 indicates low fidelity to the Child and Family Practice Model. These scores can be considered for an individual Social Worker and also aggregated by supervisor/unit, coach and/or by office/region. It is also helpful to review trends in inter-observer agreement for each item score, as well as consider the average scores across workers on each of the items. If scores are generally lower for certain observation questions, such as responsiveness to culture or trauma, partners can work together to identify and make improvements to training, coaching and other system support in these areas.

- B. As System Support Survey ratings are not case-specific and are for the purpose of understanding the effectiveness of broader system support, they are reviewed as aggregate scores by the jurisdiction for the purposes of system improvement and greater system alignment and support for the Child and Family Practice Model.
- C. The CFPM Implementation Team and linked Leadership Team review the above aggregate Fidelity Assessment data on an ongoing basis and share aggregate data with different audiences on a regular basis, such as sharing data with supervisors and staff, leadership and management, trainers and coaches, community and Tribal partners in order to assist the agency and its partners to identify trends and make improvements to training, coaching and other implementation and system supports.

## CFPM FIDELITY ASSESSMENT TOOLKIT

### **OBSERVERS:**

TEAR OFF THIS PAGE AND REVIEW WITH THE SOCIAL WORKER PRIOR TO THE MEETING (leaving it with the Social Worker to reference before the meeting)

### FAMILY TEAM MEETING OBSERVATION

**SOCIAL WORKERS: Please ask the family for permission for their meeting to be observed.**

#### Recommended Script for Social Workers (after greeting the family):

“Our agency has adopted some new ways of working with families, which hopefully will help us work better with families, and have better results. We have a team here today who is really interested in observing our meeting so that they can get a sense of how our agency is working with you and (*insert: your extended support system, or team, or name specifically who is here today to support the family*). They would like to observe this meeting, with your permission of course, to learn about how staff are demonstrating some of these new ways of working. So, in other words, they are not here to observe *you*, they are here to observe how we are working with you and your team. They may take some notes about what is being said or done to provide some helpful feedback to us at a later time. Would this be ok with you?”

#### Guideline for Social Workers to follow as they open the family team meeting in order to set the context of the meeting for the observers:

- How long has the Social Worker had the case (been working with the family)?
- What has the Social Worker come to appreciate and understand about the family?
- Where is the case in the child welfare services timeframe? (for example: right before six month review, at .26, etc)
- What is the reason the family is meeting today (purpose of meeting)?

## **OBSERVER GUIDELINES**

1. The Fidelity Assessment Team is made up of a Supervisor/Coach and a Community Partner. (Note: The Supervisor/Coach on the team is not an ongoing coach for the worker being observed.)
2. The Fidelity Assessment Team meets with the Social Worker 20-30 minutes ahead of the scheduled meeting so that they can review the top page of this Fidelity Assessment Toolkit with the Social Worker and let him/her know how the Fidelity Assessment Team will interact with the family during the meeting. During this pre-meeting it is important for the Social Worker to clarify whether the case appears to be within 1-6 months of case closure, so the Fidelity Assessment Team knows whether the last question on the Observation Tool (OB-1) should be scored or marked Not Applicable.
3. During the meeting, each team member observes the meeting interactions independently while taking notes, paying particular attention to how child welfare agency staff are interacting, and how the family is responding. The OBSERVATION TOOL (OB-1) is generally completed after the meeting when all interactions have been observed and can be considered.
4. The Fidelity Assessment Team will identify one team member to be prepared at the end of the meeting, after the Social Worker has concluded the meeting and the plan (case plan/safety plan/visitation plan, etc.), to ask three questions to all who are present using the OBSERVERS END OF MEETING TOOL (OB-2). These questions serve to integrate important perspectives from the Parents and their Circle of Support into the observation and documentation process. The verbal responses that are provided for these End of Meeting questions are documented by the Fidelity Assessment Team so they can be entered into the data system that tracks Fidelity Assessment data.
5. After the observation, the Fidelity Assessment Team will discuss with each other their ratings from the observation. This provides important cross-training and exchange of perspectives. While this may prompt one or both observers to change a score, there is no pressure to do so. Observers make independent ratings based on their own perspective of agency interactions with and responsiveness to the family and their circle of support.

**CFPM FIDELITY ASSESSMENT  
OBSERVATION TOOL (OB-1)**

FIDELITY ASSESSMENT INFORMATION	
<b>Assessment Tracking Number:</b>	
<b>Observation Date:</b>	
<b>Observer Name:</b>	
<b>Observer Role:</b>	<input type="checkbox"/> Supervisor/Coach <input type="checkbox"/> Community Partner

CASE INFORMATION	
<b>Worker Name:</b>	
<b>Service Component of Case:</b>	
<b>Date Case was Opened:</b>	
<b>Date Case Assigned to Worker:</b>	

CONTEXT OF CASE	
<b>Directions:</b> Please answer the following questions.	
1.	How long has the social worker had the case (been working with the family)?
2.	What has the social worker come to appreciate and understand about the family?
3.	Where is the case in the child welfare services timeframe? [For example, right before the six month review, at .26, etc.]
4.	What is the reason the family is meeting today (purpose of meeting)?

## OBSERVATION QUESTIONS

<i>Directions:</i>	Not At All	A Little Bit	A Moderate Amount	For the Most Part	Very Much	Not Naturally Observed*
Please answer the following questions by circling the response that best describes your observation of the family.						
Please mark only one answer for each item.						
1. To what extent have you observed the family and their team demonstrating understanding of or communicating clearly about the safety and permanency issues to be addressed?	1	2	3	4	5	
2. To what extent have you observed the family and their team discuss supporting and sustaining relationships with people the child has shared are important to him/her or that others are aware are important to the child?	1	2	3	4	5	
3. To what extent have you observed the family and their team discussing what's working well, not working well, and what needs to happen to serve and support the family?	1	2	3	4	5	
4. To what extent have you observed the family and their team incorporating the child and family's cultural values, beliefs and traditions in team planning and discussions about the child and family's supports and services?	1	2	3	4	5	
5. To what extent have you observed the family's circle of support participating on the child and family team or playing a role in supporting the family and the child's safety, permanency and well-being?	1	2	3	4	5	
6. To what extent have you observed the family and their team discussing and seeking to understand the things that have had a major impact in the family's life?	1	2	3	4	5	NNO
7. To what extent have you observed the family and their team discussing and seeking to understand painful experiences in the family and the family's history that may be impacting them right now?	1	2	3	4	5	NNO

\*Not Naturally Observed (i.e. currently not an apparent issue vs. an unattended/under attended dynamic observed to impact the family)

**OBSERVATION QUESTIONS (CONTINUED)**

**Directions:**

Please answer the following questions by circling the response that best describes your observation of the family.

Please mark only one answer for each item.

Not At All

A Little Bit

A Moderate Amount

For the Most Part

Very Much

Not Applicable

<p>8. For cases that may be within 1-6 months of case closure: to what extent have you observed the family and their team talking about or demonstrating understanding of their continuing role in supporting the family and the child’s safety and permanency after the case is closed?</p>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	NA
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**OBSERVATION NOTES:**

**CFPM FIDELITY ASSESSMENT  
OBSERVERS END OF MEETING TOOL (OB-2)**

**OBSERVERS END OF MEETING QUESTIONS**

**Directions:** Please document the answer to the following question in the box below. Also observe the social worker for actions that indicate a plan or effort identified persons and add to the team.

**1. Is there anyone missing in this meeting that could also be helpful in supporting this plan? If so, what is their relationship to the child/family?**

- |  |  |
|--|--|
| <input type="checkbox"/> Child's Mother/Father           | <input type="checkbox"/> Child's Teacher   |
| <input type="checkbox"/> Child's Step-Mother/Step-Father | <input type="checkbox"/> Family's Spiritual Leader/Advisor, Minister, Pastor, Priest |
| <input type="checkbox"/> Child's Brother/Sister          | <input type="checkbox"/> Family Friend   |
| <input type="checkbox"/> Child's Grandparent             | <input type="checkbox"/> Elder, Leader, Member of child/family's community or Tribe  |
| <input type="checkbox"/> Child's Aunt/Uncle              | <input type="checkbox"/> Other: _____  |

**Comments:**

**Directions:** Please answer the following questions by indicating in the left column the role/name of each individual responding to the question and note in the boxes to the right how each responded.

**2. On a scale from 1 to 10, with 1 being "I am really unclear about what I need to do for this plan to work" and 10 being "I am really clear about my role in this plan," where are you on the scale?**

PARENTS AND/OR CHILD(REN)*	← I am really unclear					I am really clear →				
	1	2	3	4	5	6	7	8	9	10
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									

CIRCLE OF SUPPORT*	← I am really unclear					I am really clear →				
	1	2	3	4	5	6	7	8	9	10
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									
e.	<input type="checkbox"/>									
f.	<input type="checkbox"/>									
g.	<input type="checkbox"/>									
h.	<input type="checkbox"/>									
i.	<input type="checkbox"/>									
j.	<input type="checkbox"/>									
k.	<input type="checkbox"/>									
l.	<input type="checkbox"/>									

CHILD WELFARE STAFF AND OTHERS*	← I am really unclear					I am really clear →				
	1	2	3	4	5	6	7	8	9	10
a.	<input type="checkbox"/>									
b.	<input type="checkbox"/>									
c.	<input type="checkbox"/>									
d.	<input type="checkbox"/>									

**SPECIFIC REASONS WHY INDIVIDUALS RANKED THE WAY THEY DID:**

\*Add more rows if needed.



**CFPM FIDELITY ASSESSMENT  
SYSTEM SUPPORT SURVEY (SS-1)**

Worker Name/No: \_\_\_\_\_ Date/Survey: \_\_\_\_\_

- Social Worker                       Supervisor  
 Case Aide                               Other \_\_\_\_\_

(Note: This survey is not case-specific. It is administered to Social Workers and Supervisors at least annually. At local discretion it may be administered to other staff or combined with other surveys or administered more frequently.)

<b>SYSTEM SUPPORT SURVEY QUESTIONS</b>					
	<b>Not At All</b>	<b>A Little Bit</b>	<b>A Moderate Amount</b>	<b>For the Most Part</b>	<b>Very Much</b>
<b>Directions:</b> Please answer the following questions by circling the response that best describes your experience. Please mark only one answer for each item.					
1. How effective is your organization at supporting your continuous learning and development?	1	2	3	4	5
2. How effective is your organization at providing the support you need in your work with children and families when there are agency/system barriers that you cannot resolve?	1	2	3	4	5
3. How effective is your organization at supporting you to move plans forward that have been developed by families and their teams?	1	2	3	4	5
<b>FOR EACH QUESTION, PROVIDE TWO EXAMPLES WHY YOU RANKED EACH QUESTION THE WAY YOU DID</b>					

## **APPENDIX 1**

### **CFPM FIDELITY ASSESSMENT: SOCIAL WORKER DEBRIEF TOOL**

The following questions can assist in probing for additional information that may not have been observed or noted during the fidelity assessment observation. They are offered for use while debriefing with the Social Worker and the Social Worker's Supervisor.

#### DEBRIEF QUESTIONS:

1. How does the family identify its own culture?
2. How did you learn about the family's culture?
3. How have you learned about who is important to the child in the family/community?
4. How have you supported those connections?
5. How did you learn about each of the members of the family's support team?
6. How have you learned about the child(ren)'s perspective related to their sense of safety?
7. What perspectives have the family and their team shared about family strengths, needs, and potential solutions?
8. What are the family's perspectives related to reasons for removal of children?
9. What are the perspectives of family's team related to removal?
10. How did you learn about these perspectives?
11. Describe the family's circle of support.
12. Describe the family's circle of support – Probe about participation of caregiver and father/paternal family involvement.
13. How have you supported the family and their team to have a voice in assessment and planning related to visitation?
14. How have you incorporated the family's ideas and own understanding of their family's culture, traditions, and relationships into visitation?
15. How have assessments, engagement, planning, and support/services been organized around the family's culture?
16. What emotions have you observed in the family and the family team?
17. What needs have family members and other support persons expressed related to feelings of loss, grief, or trauma?
18. How have you supported the family and their team to work through emotional pain? [Consider questions about worker awareness of historical trauma that may exist.]
19. How will you incorporate the plan that was created by the family and their circle of support during the team meeting into your next case plan and court report?

**APPENDIX 2**

**CFPM FIDELITY ASSESSMENT: OBSERVATION SCALING GUIDE**

1. To what extent have you observed the family and their team demonstrating understanding of or communicating clearly about the safety and permanency issues to be addressed?				
5	4	3	2	1
The family and their team demonstrated understanding of or communicated clearly about <b>MOST or ALL</b> of the safety and permanency issues to be addressed by actively sharing their perspectives and contributing ideas and solutions to support child or youth safety and permanency.	The family and their team demonstrated understanding of or communicated in fairly clear ways about <b>MANY</b> of the safety and permanency issues to be addressed by actively sharing their thoughts and ideas for how to support child or youth safety and permanency.	The family and their team demonstrated understanding of <b>SOME</b> of the safety and permanency issues to be addressed by participating in the discussion of how to support child or youth safety and permanency, such as by asking questions and/or sharing information or ideas.	The family and their team demonstrated understanding of <b>VERY FEW</b> of the safety or permanency issues to be addressed OR the team was <b>NOT</b> encouraged to participate in discussion of both the safety and permanency issues to be addressed.	The family and their team demonstrated that they did <b>NOT</b> understand the safety and permanency issues to be addressed OR the team <i>was discouraged</i> from discussing the safety and/or permanency issues to be addressed.
2. To what extent have you observed the family and their team discuss supporting and sustaining relationships with people the child has shared are important to him/her or that others are aware are important to the child?				
5	4	3	2	1
The family and team's discussion included planning and/or coordination of <i>specific</i> activities supporting <b>MOST or ALL</b> of the child or youth's important relationships, including <b>MOST or ALL</b> important relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion included planning and/or coordination of <i>specific</i> activities supporting <b>MANY</b> of the child or youth's important relationships, including <b>MANY</b> relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion considered <b>SOME</b> important relationships of the child/youth, including <b>SOME</b> relationships on <i>both</i> maternal and paternal sides of the family if available.	The family and team's discussion focused on <b>VERY FEW</b> important relationships OR discussion focused on supporting the child/youth's relationships on only <i>one</i> side of the family.	The family and team <i>did NOT discuss</i> important relationships of the child/youth OR the team <i>was discouraged</i> from discussing and/or supporting the child/youth's important relationships.
3. To what extent have you observed the family and their team discussing what's working well, not working well, and what needs to happen to serve and support the family?				
5	4	3	2	1
There was <i>specific</i> team discussion of the following: <ul style="list-style-type: none"> <li>• <b>MOST or ALL</b> of the family and team strengths and activities that are working well</li> <li>• <b>MOST or ALL</b> of the family activities and needed supports that are not yet in place or are not working well</li> <li>• <b>MOST or ALL</b> specific activities and adjustments needed to support the family and child safety, permanency, well-being</li> </ul>	There was <i>specific</i> team discussion of the following: <ul style="list-style-type: none"> <li>• <b>MANY</b> of the family and team strengths and activities that are working well</li> <li>• <b>MANY</b> of the family activities and needed supports that are not yet in place or are not working well</li> <li>• <b>MANY</b> specific activities and adjustments needed to support the family and child safety, permanency, well-being</li> </ul>	There was <i>specific</i> team discussion of the following: <ul style="list-style-type: none"> <li>• <b>SOME</b> of the family and team strengths and activities that are working well</li> <li>• <b>SOME</b> of the family activities and needed supports that are not yet in place or are not working well</li> <li>• <b>SOME</b> specific activities and adjustments needed to support the family and child safety, permanency, well-being</li> </ul>	There was <i>general</i> (rather than specific) team discussion of at least <b>TWO</b> of the following: <ul style="list-style-type: none"> <li>• What is working well</li> <li>• What is not working well</li> <li>• What may be needed to serve and support the family</li> </ul>	There was discussion of only <b>ONE</b> or <b>NONE</b> of the following: <ul style="list-style-type: none"> <li>• What is working well</li> <li>• What is not working well</li> <li>• Generally what may be needed to serve and support the family</li> </ul>

**General Guidelines for Bold/Italicized Words:**

All/Always = 100%    Most/Usually = 80-99%    Many/Often = 50-79%    Some/Somewhat/Sometimes =20-49%    Very Few/Occasionally = 1-19%    Not/Never/None = 0%

4. To what extent have you observed the family and their team incorporating the child and family's cultural values, beliefs and traditions in team planning and discussions about the child and family's supports and services?				
5	4	3	2	1
The team incorporated the child and family's cultural values, beliefs and traditions in their planning and discussions by actively considering, advocating for, connecting the family to or maintaining the child and family's involvement in <b>MANY</b> cultural and community services and supports adapted or individualized to this family's unique culture and needs.	The team incorporated the child and family's cultural values, beliefs and traditions in their planning and discussions by considering, advocating for, connecting the family to or maintaining the child and family's involvement in <b>SOME</b> cultural and community services and supports adapted or individualized to this family's unique culture and needs.	The team incorporated the child and family's cultural values, beliefs and traditions in their planning and discussions by considering, advocating for, connecting the family to or maintaining the child and family's involvement in <b>at least ONE</b> cultural or community service or support adapted or individualized to this family's unique culture and needs.	The team explored <b>SOME general</b> information about the child and family's cultural values, beliefs or traditions but did <b>NOT</b> adapt or individualize any of their supports or services based on this information.	The team did <b>NOT</b> explore any of the child or family's cultural values, beliefs or traditions OR the team <b>was discouraged</b> from considering the child or family's culture or advocating for cultural or community supports OR the team <b>was focused</b> on agency, service provider or worker-identified services.
5. To what extent have you observed the family's circle of support participating on the child and family team or playing a role in supporting the family and the child's safety, permanency and well-being?				
5	4	3	2	1
<b>MOST or ALL</b> members of the circle of support participated in team discussion about <b>specific</b> roles and recent activities that they are or could be involved in to support the family and the child's safety, permanency and well-being.	<b>MANY</b> members of the circle of support participated in team discussion about <b>specific</b> roles and recent activities they are or could be involved in to support the family and the child's safety, permanency and well-being.	<b>SOME</b> members of the circle of support participated in team discussion about <b>specific</b> roles and recent activities they are or could be involved in to support the family and the child's safety, permanency and well-being.	The team discussed <b>general</b> support for the family (rather than specific roles or activities) OR <b>VERY FEW</b> members of the circle of support participated in team discussion about <b>specific</b> roles and recent activities they are or could be involved in to support the family and the child's safety, permanency and well-being.	The team did <b>NOT</b> discuss or <b>was discouraged</b> from discussing the roles and activities that they are or could be involved in to support the family and the child's safety, permanency and well-being.
6. To what extent have you observed the family and their team discussing and seeking to understand the things that have had a major impact in the family's life?				
5	4	3	2	1
The perspectives of <b>MOST or ALL</b> family members (including the perspectives of the child/youth and the parents) were sought out and listened to and the team explored, acknowledged and supported family strengths and resources learned through family members' sharing of things that have impacted the family.	The perspectives of <b>MANY</b> family members (including the perspectives of the child/youth and the parents) were sought out and listened to and the team explored and supported family strengths learned through family members' sharing of things that have impacted the family.	The perspectives of <b>SOME</b> family members (including the perspectives of the child/youth and the parents) were sought out and listened to and the team explored or supported family strengths learned through family members' sharing of things that have impacted the family.	The perspectives of <b>VERY FEW</b> family members were sought out, listened to, explored and supported OR the team sought out, listened to, explored and supported <b>only the parents'</b> or <b>only the child's perspective</b> (but not both)	The perspectives of the child/youth and parents were <b>NOT</b> sought out or listened to OR discussion <b>was discouraged</b> regarding things that have impacted the family OR the team did <b>NOT</b> support family strengths learned through family members' sharing of things that have impacted the family.

**General Guidelines for Bold/Italicized Words:**

**All/Always = 100%**    **Most/Usually = 80-99%**    **Many/Often = 50-79%**    **Some/Somewhat/Sometimes =20-49%**    **Very Few/Occasionally = 1-19%**    **Not/Never/None = 0%**

7. To what extent have you observed the family and their team discussing and seeking to understand painful experiences in the family and the family's history that may be impacting them right now?				
5	4	3	2	1
When the family talked about their story or painful experiences in their lives or history, the team <b>USUALLY</b> or <b>ALWAYS</b> listened and acknowledged or validated feelings of grief and loss.	When the family talked about their story or painful experiences in their lives or history, the team <b>OFTEN</b> listened and acknowledged feelings of grief and loss.	When the family talked about their story or painful experiences in their lives or history, the team <b>SOMETIMES</b> listened and acknowledged feelings of grief and loss.	When the family talked about their story or painful experiences in their lives or history, the team <b>OCCASIONALLY</b> listened and acknowledged feelings of grief and loss.	When the family talked about their story or painful experiences in their lives or history, the team did <b>NOT</b> listen and acknowledge feelings of grief and loss OR the team <u>made assumptions</u> about the family's feelings OR the team <u>was discouraged</u> from discussing or acknowledging feelings of grief and loss.
8. For cases that may be within 1-6 months of case closure: to what extent have you observed the family and their team talking about or demonstrating understanding of their continuing role in supporting the family and the child's safety permanency and well-being after the case is closed?				
5	4	3	2	1
<b>MOST</b> or <b>ALL</b> youth/family and team members discussed <u>specific</u> team members' continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.	<b>MANY</b> youth/family and team members discussed <u>specific</u> team members' continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.	<b>SOME</b> youth/family and team members discussed <u>specific</u> team members' continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.	The team discussed <u>general</u> support for the family after case closure (rather than specific roles or activities) OR <b>VERY FEW</b> youth/family and team members discussed <u>specific</u> team members' continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.	The team did <b>NOT</b> discuss or <u>was discouraged</u> from discussing continuing roles in supporting the family and next steps to prepare for case closure and build the team's capacity to communicate and coordinate ongoing support for the child's continued safety, permanency and well-being.

**General Guidelines for Bold/Italicized Words:**

All/Always = 100%    Most/Usually = 80-99%    Many/Often = 50-79%    Some/Somewhat/Sometimes =20-49%    Very Few/Occasionally = 1-19%    Not/Never/None = 0%

## Parent and Caregiver Survey Frequently Asked Questions (FAQ)

### Background

The Parent and Caregiver Surveys are important tools that lift up the experiences of the children and families served through the Child and Family Practice Model (CFPM or Practice Model). Using the surveys provides an opportunity to gather information firsthand from parents and caregivers about their relationship and interactions with the social worker, as well as provides an important feedback loop to help child welfare agencies and their community and Tribal partners improve implementation supports and sustain the practice model.

The Surveys were developed as a part of the Permanency Innovations Initiative (PII) to gather important information on short-term outcomes of the Practice Model, including the involvement of parents in identifying problems and working with their circle of support on solutions. The surveys can be an invaluable tool for periodically seeking local input from parents and caregivers to help assess the effectiveness of the Practice Model and make the needed changes to better serve and support children and families.

This FAQ is intended to pose questions and provide answers about the Parent and Caregiver Surveys..

### Parent and Caregiver Survey Questions and Answers

What are the Parent and Caregiver Surveys?

- *The parent and caregiver surveys are tools to understand how the Practice Model is being experienced. The surveys are designed for use with parents and legal guardians who are receiving Family Reunification services and caregivers of children in Permanency Planning.*
- *The surveys include questions about the parent or caregiver's relationship with the social worker; their sense of hopefulness and locus of control; family, friend, community, and Tribal member involvement in supporting the child and family; the occurrence of casework events such as visitation and family team meetings; and general demographics on the participant and their child.*

Why were the Parent and Caregiver Surveys developed?

- *In developing and testing an intervention, it's important to ensure that short-term outcomes are moving in the right direction and that the approach is not harming children or producing negative results. The Parent and Caregiver Survey data will help jurisdictions implementing the Practice Model to understand if families have:*
  - *positive and productive relationships with caseworkers, or*
  - *connection to and support from extended family, community and Tribes.*

*The Parent and Caregiver Surveys have been designed to gather information about these and other expected short-term outcomes of the Practice Model.*

How were the surveys developed?

- *The developers of the Child and Family Practice Model worked collaboratively with federal PII evaluation partners to develop the Parent and Caregiver Surveys. The questions were adapted from two reliable instruments already tested and in use:*
  - *Measuring the Integrity of Systems of Care – Family Scale (Decker-Fham, Farloss & Woodbridge, 1998)*
  - *Cultural Competence Assessment – Primary Care (Switzer, Scholle, Johnson, et al., 1998)*

*Additionally, the survey contains CFPM-specific items that implementing sites and their community partners helped develop in early work on short-term Practice Model outcomes.*

How were the Surveys used in the PII Formative Evaluation of the Practice Model and what was learned?

- *During the initial CFPM Formative Evaluation in late 2013, telephone administration of an earlier version of the parent-legal guardian survey was attempted with approximately 95 parents/guardians served by CFPM-trained workers in Fresno, California.*
- *While the survey appeared to be a good measure of parents' perceptions of their interactions and relationship with their caseworker, telephone administration of the survey was not effective. The low response rate highlighted the need for further development and testing of survey processes to increase response rates.*

How can we be sure the questions in the Parent and Caregiver Surveys are understandable to parents and caregivers?

- *The surveys have gone through a process called Cognitive Testing. This occurred in early 2015 and was designed to study the Parent and Caregiver Surveys to ensure the survey's instructions, wording and formatting were understandable to respondents, and that the questions were getting at the intended information.*
- *During early 2015 up to 10 parents-legal guardians and 10 caregivers being served by CFPM-trained workers in Fresno were identified to test and provide feedback on survey wording, flow and timing. After taking the survey each parent and caregiver was interviewed to learn about any issues with the survey. This process informed needed revisions to ensure the current version of the survey is as clear and understandable as possible for parents and caregivers.*

How can survey response rates be increased to provide sufficient data about CFPM short-term outcomes?

- *Pilot Testing of the survey was also completed to test and refine survey administration processes. It provided an opportunity for the Parent and Caregiver Surveys to be distributed to a small sample of parents and caregivers in order to study the type, timing and percentage of responses.*
- *Pilot Testing took place during the spring of 2015. At that time surveys were distributed to approximately 28 parents and 28 caregivers in Los Angeles and Santa Clara Counties.*

*Survey distribution included at least 2 rounds of follow-up reminders to encourage participants to complete the survey.*

- *The results of Pilot Testing identified survey processes likely to result in sufficient survey data for meaningful analysis of CFPM short-term outcomes. This included in-person distribution of Parent Surveys by social workers during a monthly contact (with 2 rounds of in-person follow-up reminders in subsequent monthly contacts) and distribution of Caregiver Surveys by mail with several rounds of post-card and phone follow-up.*

When were the Parent and Caregiver surveys distributed as part of the federal PII Evaluation?

- *The surveys were not able to be distributed as part of the federal evaluation. Internal Review Board (IRB) approval for the Parent and Caregiver Survey Study was received in late 2015, however the federal Office of Management and Budget (OMB) did not provide their approval for the process.*
- *Sites implementing the Practice Model are exploring strategies for handling survey administration and data collection locally.*

Are the surveys designed to be distributed to particular target populations, such as African American and American Indian parents and children who are being served by the Practice Model?

- *Distributing surveys broadly to the many diverse families being served by the Practice Model will provide the best information to understand how the Practice Model is impacting casework and short-term outcomes for families.*

Once the federal PII evaluation of the Practice Model is completed, will the Parent and Caregiver Surveys be available for use by CFPM counties and other interested jurisdictions?

- *Yes. In addition to training, coaching, fidelity and outcome data, survey data from parents and caregivers could be helpful in local efforts to support and sustain the Practice Model.*
- *The final survey instruments are available on the CFPM website ([www.reducefostercarenow.org](http://www.reducefostercarenow.org)).*

The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM Project under Cooperative Agreement 90CT0153.





**3. In the last 3 months, this social worker has asked about relatives and other people in my life who are helping me.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**4. In the last 3 months, this social worker has asked me about supports and services that my child needs.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**5. In the last 3 months, this social worker has asked me about supports and services that my family needs.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**6. In the last 3 months, this social worker has tried to learn about my family's values, beliefs, culture and traditions.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**7. In the last 3 months, this social worker has respected my family's values, beliefs, culture and traditions when making decisions about supports and services for us.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**8. In the last 3 months, this social worker has tried to understand the things that have had a major impact on our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**9. In the last 3 months, this social worker has been honest.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**10. In the last 3 months, this social worker has been respectful.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**11. In the last 3 months, this social worker has made an effort to understand the grief and pain my family is feeling as a result of my child being placed in foster care.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section B

These questions ask you about the people in your life, such as family members and other people in your community or tribe who work closely with you and support you during your Child Welfare Services case. These are people other than your Child Welfare Services social worker or other child welfare staff. Your social worker may sometimes call this group of people your "circle of support." Please think about the people who have played an important role in helping and supporting your family during your involvement with Child Welfare Services **over the past 3 months**.

**12a. Please indicate whether each person below has been helping you by marking Yes, No, or NA. Mark N/A (Not Applicable/Does not apply) if the person is deceased; or you don't have a brother, a sister, etc.; or if the person is not in your life.**

Person Category	12a. Is this person a part of your circle of support?		
	Yes	No	N/A
Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your adult child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your cousin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your aunt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your uncle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbor(s)/co-worker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The family of your child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child's teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your counselor(s) or therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual leader/advisor, minister, pastor or priest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder(s), leader(s), member(s) of your community or tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12b. Which 3-5 persons in your circle of support have been the most helpful to your family during your involvement with Child Welfare Services over the past 3 months? (You may mark up to 5 boxes below.)

Relationship Codes		
<input type="checkbox"/> 1. Your mother	<input type="checkbox"/> 8. Your stepmother	<input type="checkbox"/> 14. Your child's father/mother
<input type="checkbox"/> 2. Your father	<input type="checkbox"/> 9. Your stepfather	<input type="checkbox"/> 15. The family of your child's father/mother
<input type="checkbox"/> 3. Your sister(s)	<input type="checkbox"/> 10. Your aunt(s)	<input type="checkbox"/> 16. Your child's teacher
<input type="checkbox"/> 4. Your brother(s)	<input type="checkbox"/> 11. Your uncle(s)	<input type="checkbox"/> 17. Your counselor(s) or therapist(s)
<input type="checkbox"/> 5. Your grandparent(s)	<input type="checkbox"/> 12. Your friend(s)	<input type="checkbox"/> 18. Spiritual leader/advisor, minister, pastor or priest
<input type="checkbox"/> 6. Your adult child(ren)	<input type="checkbox"/> 13. Your neighbor(s)/ co-worker(s)	<input type="checkbox"/> 19. Elder(s), leader(s), member(s) of your community or tribe
<input type="checkbox"/> 7. Your cousin(s)		

**13. In the last 3 months, my circle of support and I have worked together to find solutions to the problems my family is facing.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**14. In the last 3 months, my circle of support has helped me do what I need to do to bring my child home and to close my family's case.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**15. In the last 3 months, my circle of support and I have worked as a team to develop services and supports that respect my family's way of life, our preferences, and our priorities.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**16. In the last 3 months, when I'm in meetings with Child Welfare Services about my child, my circle of support and I have had the opportunity to express our goals for my family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section C

*These questions ask about how you feel about your family's future in relation to your child coming home. Think about the child involved with Child Welfare Services that you identified at the beginning of the questionnaire when you answer these questions. Please  your response.*

**17. In the last 3 months, I have gotten the support I needed to help me with my feelings in this situation.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**18. In the last 3 months, my child has gotten the support he/she needed to deal with his/her feelings about this situation.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**19. I believe I can influence the decisions that are being made about my child's future.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**20. I believe that my child will have family and other loving relationships to support him/her through his/her life.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**21. I believe that my child will be able to live safely with me without Child Welfare Services being involved.**

- a. Yes → **CONTINUE TO QUESTION #22**
- b. Maybe → **CONTINUE TO QUESTION #22**
- c. No → **SKIP TO QUESTION #26**

**22. I believe that friends and family will give me the help and support that I need to care for my child at home.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**23. I believe I can handle most of the difficulties I might face in caring for my child when he/she comes home.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**24. I believe I can count on myself to manage things well at home when my child comes home.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**25. I believe I can make plans for my family's future and take steps to make those plans come true.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section D

### Case Activities with Family and Friends

You may have children involved in Child Welfare Services *other than* the child you named at the beginning of the questionnaire. Please answer these next questions about *any* of your children.

**26. I have told my social worker about family or friends who may be able to help my child(ren) and me reunite and stay together as a family.**

- a. Yes → **CONTINUE TO QUESTION #27**
- b. No → **SKIP TO QUESTION #29**

**27. These family members or friends are helping my child(ren) and me reunite and stay together as a family.**

- a. Yes
- b. No

**28. The family or friends that I have identified have participated with me in one or more team meetings with my social worker.**

- a. Yes
- b. No

**29. Case Activities with Community Representatives**

*In the questions below, Community and Tribal representatives include the following:*

- Teachers
- Counselors or therapists
- Spiritual or Church leaders or advisors, such as ministers pastors or priests
- Other community leaders or elders
- Other tribal representatives

**29a. I have told my social worker about Community or Tribal representatives who are important to my child(ren) or our family.**

- a. Yes → **CONTINUE TO QUESTION #30**  
 b. No → **SKIP TO QUESTION #32**

**30. Community or Tribal representatives are helping my child(ren) and me reunite and stay together as a family.**

- a. Yes  
 b. No

**31. Community or Tribal representatives have participated with me in one or more team meetings with my social worker.**

- a. Yes  
 b. No

Case Activities with You

**32. With my social worker, I have identified ways to change my behavior so my child(ren) can be safe in my care.**

- a. Yes  
 b. No

**33. I have taken steps to change my behavior so my child(ren) can be safe in my care.**

- a. Yes  
 b. No

**34. My social worker and I have talked about how I am changing my behavior so my child(ren) can be safe in my care.**

- a. Yes  
 b. No

**35. I have completed one or more supervised visitations with one or more of my child(ren).**

- a. Yes  
 b. No  
 c. I have not been cleared for visitation with my child(ren).

**36. I have completed one or more unsupervised visitations with one or more of my child(ren).**

- a. Yes  
 b. No  
 c. I have not been cleared for visitation with my child(ren).

**37. I have completed one or more overnight visitations with one or more of my child(ren).**

- a. Yes  
 b. No  
 c. I have not been cleared for visitation with my child(ren).

## Section E

**38. How many children do you currently have involved with Child Welfare Services?**

Number of children

**39. Thinking about the child named at the beginning of the survey, what is this child's gender?**

- a. Male  
 b. Female

**40. What is this child's date of birth?**

 /  / 

Month

Day

Year

**41a. Is this child Hispanic, Latino, or Spanish?**

- a. Yes  
 b. No

**41b. What is this child's race?**  
*(Please mark one or more)*

- a. American Indian  
 b. Alaska Native  
 c. Asian  
 d. Black or African American  
 e. Native Hawaiian or Other Pacific Islander  
 f. White  
 g. Other

Please specify:

**42. What is your relationship to this child?**

- a. Biological mother or father  
 b. Adoptive mother or father  
 c. Relative guardian

Please specify:

- d. Non-relative guardian

Please specify:

**43. What is your gender?**

- a. Male  
 b. Female

**44. What is your age?**

years

**45a. Are you Hispanic, Latino, or Spanish?**

- a. Yes  
 b. No

**45b. What is your race?**  
*(Please mark one or more)*

- a. American Indian  
 b. Alaska Native  
 c. Asian  
 d. Black or African American  
 e. Native Hawaiian or Other Pacific Islander  
 f. White  
 g. Other

Please specify:



3. **En los últimos 3 meses, este trabajador social ha preguntado sobre familiares y otras personas en mi vida que me están ayudando.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

4. **En los últimos 3 meses, este trabajador social me ha preguntado acerca de apoyo y servicios que yo pienso que mi niño necesita.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

5. **En los últimos 3 meses, este trabajador social me ha preguntado acerca de apoyo y servicios que yo pienso que mi familia necesita.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

6. **En los últimos 3 meses, este trabajador social ha tratado de aprender acerca de los valores, creencias, cultura y tradiciones de mi familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

7. **En los últimos 3 meses, este trabajador social ha respetado los valores, creencias, cultura y tradiciones de mi familia al tomar decisiones acerca de apoyo y servicios para nosotros.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

8. **En los últimos 3 meses, este trabajador social ha tratado de entender las cosas que han tenido un gran impacto en nuestra familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

9. **En los últimos 3 meses, este trabajador social ha sido honesto.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

10. **En los últimos 3 meses, este trabajador social ha sido respetuoso.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

11. **En los últimos 3 meses, este trabajador social ha hecho un esfuerzo por entender el dolor y tristeza que mi familia está sintiendo debido a que mi niño fue asignado a cuidado temporal.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

## Sección B

Estas preguntas son acerca de las personas en su vida, tales como familiares y otras personas en su comunidad o tribu quienes trabajan de cerca con usted y lo apoyan durante su caso con los Servicios de Bienestar Infantil. Estas son personas aparte de su trabajador social de Servicios de Bienestar Infantil o de otro personal de bienestar infantil. Es posible que el trabajador social se refiera a veces a este grupo de personas como su "círculo de apoyo". Piense en las personas que han tenido un papel importante en ayudar y apoyar a su familia durante su inclusión en los Servicios de Bienestar Infantil **durante los últimos 3 meses.**

**12a. Marque la opción Sí, No o N/A para indicar si cada una de las personas a continuación lo han estado ayudando. Marque N/A (No aplica/No corresponde) si la persona falleció; o si usted no tiene hermano, hermana, etc.; o si la persona no es parte de su vida.**

Persona	12a. ¿Es esta persona parte de su círculo de apoyo?		
	Sí	No	N/A
Su madre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su padre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) hermana(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) hermano(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) abuelo(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) hijo(s) adulto(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) primo(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su madrastra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su padrastro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) tía(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) tío(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) amigo(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) vecino(s)/compañero(s) de trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El padre o la madre de su niño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La familia de la madre o el padre de su niño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El maestro de su niño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) consejero(s) o terapeuta(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Líder o consejero espiritual, ministro, pastor o sacerdote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persona(s) mayor(es), líder(es), miembro(s) de su comunidad o tribu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12b. Indique entre 3 a 5 personas en su círculo de apoyo que hayan sido las más serviciales para su familia durante su inclusión en los Servicios de Bienestar Infantil durante los últimos 3 meses (puede marcar hasta 5 casilleros a continuación).**

<b>Relación o parentesco</b>		
<input type="checkbox"/> 1. Su madre	<input type="checkbox"/> 8. Su madrastra	<input type="checkbox"/> 14. El padre o la madre de su niño
<input type="checkbox"/> 2. Su padre	<input type="checkbox"/> 9. Su padrastro	<input type="checkbox"/> 15. La familia de la madre o el padre su niño
<input type="checkbox"/> 3. Su(s) hermana(s)	<input type="checkbox"/> 10. Su(s) tía(s)	<input type="checkbox"/> 16. El maestro de su niño
<input type="checkbox"/> 4. Su(s) hermano(s)	<input type="checkbox"/> 11. Su(s) tío(s)	<input type="checkbox"/> 17. Su(s) consejero(s) o terapeuta(s)
<input type="checkbox"/> 5. Su(s) abuelo(s)	<input type="checkbox"/> 12. Su(s) amigo(s)	<input type="checkbox"/> 18. Líder o consejero espiritual, ministro, pastor o sacerdote
<input type="checkbox"/> 6. Su(s) hijo(s) adulto(s)	<input type="checkbox"/> 13. Su(s) vecino(s)/ compañero(s) de trabajo	<input type="checkbox"/> 19. Persona(s) mayor(es), líder(es), miembro(s) de su comunidad o tribu
<input type="checkbox"/> 7. Su(s) primo(s)		

**13. En los últimos 3 meses, mi círculo de apoyo y yo hemos trabajado en equipo para encontrar soluciones a los problemas que enfrenta mi familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**14. En los últimos 3 meses, mi círculo de apoyo me ha ayudado a hacer lo necesario para que mi niño regrese a casa y cerrar el caso de mi familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**15. En los últimos 3 meses, mi círculo de apoyo y yo hemos trabajado en equipo para crear servicios y apoyo que respetan el estilo de vida de mi familia, nuestras preferencias y nuestras prioridades.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**16. En los últimos 3 meses, cuando estoy en reuniones con los Servicios de Bienestar Infantil acerca de mi niño, mi círculo de apoyo y yo hemos tenido la oportunidad de expresar nuestras metas para mi familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

## Sección C

*Estas preguntas son acerca de cómo se siente acerca del futuro de su familia respecto al regreso de su niño a casa. Cuando conteste estas preguntas, piense en el niño incluido en los Servicios de Bienestar Infantil que usted identificó al comienzo del cuestionario. Por favor, marque con una  su respuesta.*

**17. En los últimos 3 meses, he obtenido el apoyo que necesitaba para ayudarme con mis sentimientos en esta situación.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**18. En los últimos 3 meses, mi niño ha obtenido el apoyo que él/ella necesitaba con sus sentimientos hacia esta situación.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**19. Creo que puedo influir en las decisiones que se están tomando respecto al futuro de mi niño.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**20. Creo que mi niño tendrá una familia y otras relaciones cariñosas que lo apoyen en la vida.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

21. **Creo que mi niño podrá vivir conmigo de manera segura sin que los Servicios de Bienestar Infantil estén incluidos.**

- a. Sí → **CONTINÚE CON LA PREGUNTA #22**
- b. Tal vez → **CONTINÚE CON LA PREGUNTA #22**
- c. No → **VAYA A LA PREGUNTA #26**

22. **Creo que mis amigos y familia me darán la ayuda y el apoyo que necesito para cuidar a mi niño en casa.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

23. **Creo que puedo manejar la mayoría de dificultades que se me podrían presentar en el cuidado de mi niño cuando él/ella regrese a casa.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

24. **Creo que puedo manejar las cosas por mi cuenta en casa cuando mi niño regrese a casa.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

25. **Creo que puedo hacer planes para el futuro de mi familia y dar pasos para la realización de esos planes.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

## Sección D

Actividades del caso con familiares y amigos

*Es posible que tenga otros niños incluidos en los Servicios de Bienestar Infantil aparte del niño que usted nombró al comienzo del cuestionario. Conteste las siguientes preguntas pensando acerca de cualquiera de sus niños.*

26. **Le he contado a mi trabajador social acerca de familiares o amigos que podrían ayudarnos a mi(s) niño(s) y a mí a reunirnos y a permanecer juntos como familia.**

- a. Sí → **CONTINÚE CON LA PREGUNTA #27**
- b. No → **VAYA A LA PREGUNTA #29**

27. **Estos familiares o amigos me están ayudando a mí y a mi(s) niño(s) a reunirnos y a permanecer juntos como familia.**

- a. Sí
- b. No

28. **Los familiares o amigos que he identificado han participado conmigo en una o más reuniones de equipo con mi trabajador social.**

- a. Sí
- b. No

**29. Actividades del caso con representantes de la comunidad**

*En las preguntas a continuación, los representantes de la comunidad y de la tribu incluyen a:*

- Maestros
- Consejeros o terapeutas
- Líderes o consejeros –espirituales o religiosos– tales como ministros, pastores o sacerdotes
- Otros líderes de la comunidad o personas mayores
- Otros representantes de la tribu

**29a. Le he contado a mi trabajador social acerca de representantes de la comunidad o tribu que son importantes para mi(s) niño(s) o nuestra familia.**

- a. Sí → CONTINÚE CON LA PREGUNTA #30  
 b. No → VAYA A LA PREGUNTA #32

**30. Los representantes de la comunidad o de la tribu están ayudando a que mi(s) niño(s) y yo nos reunamos y permanezcamos juntos como familia.**

- a. Sí  
 b. No

**31. Los representantes de la comunidad o de la tribu han participado conmigo en una o más reuniones de equipo con mi trabajador social.**

- a. Sí  
 b. No

**Actividades del caso con usted**

**32. Junto con mi trabajador social he identificado maneras de cambiar mi comportamiento para que mi(s) niño(s) puedan estar seguros bajo mi cuidado.**

- a. Sí  
 b. No

**33. He dado pasos para cambiar mi comportamiento de modo que mi(s) niño(s) pueda(n) estar seguro(s) bajo mi cuidado.**

- a. Sí  
 b. No

**34. Mi trabajador social y yo hemos hablado acerca de cómo estoy cambiando mi comportamiento para que mi(s) niño(s) puedan estar seguros bajo mi cuidado.**

- a. Sí  
 b. No

**35. He completado una o más visitas supervisadas a uno o más de mis niños.**

- a. Sí  
 b. No  
 c. No tengo aprobación para visitar a mi(s) niño(s).

**36. He completado una o más visitas sin supervisión a uno o más de mis niños.**

- a. Sí  
 b. No  
 c. No tengo aprobación para visitar a mi(s) niño(s).

**37. He completado una o más visitas de por lo menos una noche a uno o más de mis niños.**

- a. Sí  
 b. No  
 c. No tengo aprobación para visitar a mi(s) niño(s).

## Sección E

38. ¿Cuántos de sus niños están incluidos actualmente en los Servicios de Bienestar Infantil?

--	--

 Número de niños

39. Piense en el niño nombrado al comienzo del cuestionario. ¿Cuál es el género de este niño?

- a. Hombre  
 b. Mujer

40. ¿Cuál es la fecha de nacimiento de este niño?

		/			/				
mes			día			año			

41a. ¿Es este niño de origen hispano, latino o español?

- a. Sí  
 b. No

41b. ¿Cuál es la raza de este niño?  
(Marque una o más opciones)

- a. India americana  
 b. Nativa de Alaska  
 c. Asiática  
 d. Negra o africana americana  
 e. Nativa de Hawái o de otra isla del Pacífico  
 f. Blanca  
 g. Otra

especifique:

--

42. ¿Cuál es su relación o parentesco con este niño?

- a. Madre o padre biológico  
 b. Madre o padre adoptivo  
 c. Tutor que es un familiar

especifique:

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- d. Tutor que no es un familiar  
especifique:

--

43. ¿De qué género es usted?

- a. Hombre  
 b. Mujer

44. ¿Cuántos años tiene usted?

--	--

 años

45a. ¿Es usted de origen hispano, latino o español?

- a. Sí  
 b. No

45b. ¿Cuál es su raza?

(Marque una o más opciones)

- a. India americana  
 b. Nativa de Alaska  
 c. Asiática  
 d. Negra o africana americana  
 e. Nativa de Hawái o de otra isla del Pacífico  
 f. Blanca  
 g. Otra

especifique:

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# CFPM Caregiver Questionnaire

Thank you for answering the questions on this questionnaire. Many of the questions will ask you about a child in your care who is involved in Child Welfare Services, sometimes called "CPS", and the social worker at << Insert Agency Name >> who has been working with the child. They are named below.

Insert sticker here with  
social worker name and child  
first name and last initial.

Please think about these two individuals above whenever you are asked about "this social worker" or "this child." **Your responses will not be provided to the child's social worker, cannot be used in court, and will not affect the child welfare case.**

## Section A

Please think about your experiences with the social worker named at the beginning of the questionnaire, and your response to the following statements. Please  your response.

1. In the last 3 months, this social worker has taken the time to listen to things I have to share about this child.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

2. In the last 3 months, this social worker has kept me informed about appointments, meetings and court dates.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

3. In the last 3 months, this social worker has asked about relatives and other people in the life of the child and our family who might be helpful to the child and our family.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

4. In the last 3 months, this social worker has asked me about supports and services that I think the **child** needs.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

5. **In the last 3 months, this social worker has asked me about supports and services that I think our *family* needs.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

6. **In the last 3 months, this social worker has tried to learn about the values, beliefs, culture and traditions of the child and our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

7. **In the last 3 months, this social worker has respected the values, beliefs, culture and traditions of the child and our family when making decisions about supports and services for us.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

8. **In the last 3 months, this social worker has tried to understand the things that have had a major impact on the child and our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

9. **In the last 3 months, this social worker has been honest.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

10. **In the last 3 months, this social worker has been respectful.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

11. **In the last 3 months, this social worker has made an effort to understand the grief and pain the child may be feeling as a result of being placed in foster care.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

12. **In the last 3 months, this social worker has made an effort to understand how the grief and pain this child may be feeling is affecting our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section B

These questions ask you about the people in your life, such as family members and other people in your community or tribe who work closely with you and support you and the child during the Child Welfare Services case. These are people other than the Child Welfare Services social worker or other child welfare staff. The social worker may sometimes call this group of people a "circle of support." Please think about the people who have played an important role in helping and supporting the child and your family during the child's involvement with Child Welfare Services **over the past 3 months**.

**13a. Please indicate whether each person below has been helping the child and your family by marking Yes, No, or NA. Mark N/A (Not Applicable/Does not apply) if the person is deceased; or you don't have a brother, a sister, etc.; or if the person is not in your life.**

Person Category	13a. Is this person a part of your circle of support?		
	Yes	No	N/A
Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your adult child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your cousin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your aunt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your uncle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbor(s)/co-worker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The family of the child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's counselor(s) or therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual leader/advisor, minister, pastor or priest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder(s), leader(s), member(s) of your community or tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13b. Which 3-5 persons in your circle of support have been the most helpful to the child and your family during your involvement with Child Welfare Services over the past 3 months? (You may mark up to 5 boxes below.)**

Relationship Codes		
<input type="checkbox"/> 1. Your mother	<input type="checkbox"/> 8. Your stepmother	<input type="checkbox"/> 14. Child's father/mother
<input type="checkbox"/> 2. Your father	<input type="checkbox"/> 9. Your stepfather	<input type="checkbox"/> 15. Family of child's father/mother
<input type="checkbox"/> 3. Your sister(s)	<input type="checkbox"/> 10. Your aunt(s)	<input type="checkbox"/> 16. Child's teacher
<input type="checkbox"/> 4. Your brother(s)	<input type="checkbox"/> 11. Your uncle(s)	<input type="checkbox"/> 17. Child's counselor(s) or therapist(s)
<input type="checkbox"/> 5. Your grandparent(s)	<input type="checkbox"/> 12. Your friend(s)	<input type="checkbox"/> 18. Spiritual leader/advisor, minister, pastor or priest
<input type="checkbox"/> 6. Your adult child(ren)	<input type="checkbox"/> 13. Your neighbor(s)/ co-worker(s)	<input type="checkbox"/> 19. Elder(s), leader(s), member(s) of your community or tribe
<input type="checkbox"/> 7. Your cousin(s)		

**14. In the last 3 months, the child's circle of support and I have worked together to find solutions to the problems that the child and our family have faced.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**15. In the last 3 months, the child's circle of support has helped me do what I need to support permanency for the child.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**16. In the last 3 months, the child's circle of support and I have worked as a team to develop services and supports for the child that respect the child's way of life, preferences and priorities.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**17. In the last 3 months, the child's circle of support and I have worked as a team to develop services and supports for our family that are respectful of our family's way of life, our preferences and our priorities.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**18. In the last 3 months, when I'm in meetings with Child Welfare Services about the child, the child's circle of support and I have had the opportunity to express our goals for the child and our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section C

*These questions ask about how you feel about your family's future in relation to the child in your care. Think about the child involved with Child Welfare Services that was named at the beginning of the questionnaire when you answer these questions. Please ☒ your response.*

**19. In the last 3 months, I have gotten the support I needed to help me with my feelings in caring for this child.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**20. In the last 3 months, this child has gotten the support he/she needed to deal with his/her feelings about his/her living situation.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**21. In the last 3 months, this child has gotten the support he/she needed to deal with his/her feelings about his/her *family* situation.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**22. I believe that this child will have family and other loving relationships to support him/her through his/her life.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**23. I feel I can influence the decisions that are being made about this child's future.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**24. I believe that in the future this child will live permanently in *my family* without Child Welfare Services being involved.**

- a. Yes → CONTINUE TO QUESTION #25
- b. Maybe → CONTINUE TO QUESTION #25
- c. No → SKIP TO QUESTION #28

**25. I believe that friends and family will give the help and support needed for this child to be a permanent part of our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**26. I believe our family can handle most of the difficulties we might face in caring for this child as a permanent member of our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**27. I feel I can make plans for the future of this child and our family and take steps to make those plans come true.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**If you answered Questions 25-27, skip to Question #29.**

**28. I believe that in the future this child will be able to live permanently in *a family* without Child Welfare Services being involved.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section D

These questions are about activities that you and other important people participate in with the social worker and child involved with Child Welfare Services from page 1 of the questionnaire. Please answer yes or no to the following questions:

**29. I have participated in one or more team meetings with this social worker about this child.**

- a. Yes
- b. No

**30. I have told this social worker about people who are important sources of support for this child and our family.**

- a. Yes
- b. No

**31. The people I identified as important sources of support are helping our family care for and support this child.**

- a. Yes
- b. No

**32. The people I have identified as important sources of support have participated with me in one or more team meetings with this social worker.**

- a. Yes
- b. No

## Section E

**33. Which best describes your caregiving relationship to this child?**

- a. Relative Caregiver
- b. Non-Relative Extended Family Member Caregiver
- c. County Licensed Foster Parent
- d. Foster Family Agency Foster Parent
- e. Other

Please specify:

**34a. Is this child Hispanic, Latino, or Spanish?**

- a. Yes
- b. No

**34b. What is this child's race?**  
*(Please mark one or more)*

- a. American Indian
- b. Alaska Native
- c. Asian
- d. Black or African American
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other

Please specify:

**35. How many children do you currently have placed with you who are involved with Child Welfare Services?**

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 Number of children

**36. What is your gender?**

- a. Male
- b. Female

**37. What is your age?**

--	--

 years

**38a. Are you Hispanic, Latino, or Spanish?**

- a. Yes
- b. No

**38b. What is your race?**  
*(Please mark one or more)*

- a. American Indian
- b. Alaska Native
- c. Asian
- d. Black or African American
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other

Please specify:

# Cuestionario de CFPM para cuidadores

Gracias por contestar las preguntas de este cuestionario. Muchas de las preguntas serán acerca de un niño bajo su cuidado que está incluido en los Servicios de Bienestar Infantil, también conocidos como CPS, por sus siglas en inglés, y acerca del trabajador social de los Servicios de Bienestar Infantil de << *Insert Agency Name* >> , quien ha venido trabajando con el niño. Los nombramos a continuación.

*Insert sticker here with  
social worker name and child  
first name and last initial.*

Por favor piense en estas dos personas mencionadas anteriormente cuando se le pregunte acerca de "este trabajador social" o "este niño." **Sus respuestas no se le darán a conocer a su trabajador social, no se usarán en un tribunal y no afectarán el caso de bienestar infantil o "child welfare."**

## Sección A

Piense en su experiencia con el trabajador social que se menciona al comienzo del cuestionario y en su respuesta a las siguientes afirmaciones. Por favor, marque con una  su respuesta.

- 1. En los últimos 3 meses, este trabajador social se ha tomado el tiempo de escuchar lo que tengo que decir acerca de este niño.**
  - a. Bastante
  - b. La mayoría de veces
  - c. Algo
  - d. Muy poco
  - e. Nada
- 2. En los últimos 3 meses, este trabajador social me ha mantenido informado de las citas, reuniones y fechas para ir al tribunal.**
  - a. Bastante
  - b. La mayoría de veces
  - c. Algo
  - d. Muy poco
  - e. Nada
- 3. En los últimos 3 meses, este trabajador social ha preguntado acerca de familiares y otras personas en la vida del niño y en nuestra familia, quienes podrían ser de ayuda para el niño y para nuestra familia.**
  - a. Bastante
  - b. La mayoría de veces
  - c. Algo
  - d. Muy poco
  - e. Nada
- 4. En los últimos 3 meses, este trabajador social me ha preguntado acerca de apoyo y servicios que yo pienso que el niño necesita.**
  - a. Bastante
  - b. La mayoría de veces
  - c. Algo
  - d. Muy poco
  - e. Nada

5. **En los últimos 3 meses, este trabajador social me ha preguntado acerca de apoyo y servicios que yo pienso que nuestra *familia* necesita.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

6. **En los últimos 3 meses, este trabajador social ha tratado de aprender acerca de los valores, creencias, cultura y tradiciones del niño y de nuestra familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

7. **En los últimos 3 meses, este trabajador social ha respetado los valores, creencias, cultura y tradiciones del niño y de nuestra familia al tomar decisiones acerca del apoyo y servicios para nosotros.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

8. **En los últimos 3 meses, este trabajador social ha tratado de entender las cosas que han tenido un gran impacto en el niño y en nuestra familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

9. **En los últimos 3 meses, este trabajador social ha sido honesto.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

10. **En los últimos 3 meses, este trabajador social ha sido respetuoso.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

11. **En los últimos 3 meses, este trabajador social ha hecho un esfuerzo por entender el dolor y la tristeza que el niño podría estar sintiendo debido a que lo asignaron a cuidado temporal.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

12. **En los últimos 3 meses, este trabajador social ha hecho un esfuerzo por entender cómo el dolor y la tristeza que este niño podría estar sintiendo están afectando a nuestra familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

## Sección B

Estas preguntas son acerca de las personas en su vida, tales como familiares y otras personas en su comunidad o tribu quienes trabajan de cerca con usted y lo apoyan a usted y al niño durante el caso con los Servicios de Bienestar Infantil. Estas son personas aparte del trabajador social de Servicios de Bienestar Infantil o de otro personal de bienestar infantil. Es posible que el trabajador social se refiera a veces a este grupo de personas como "círculo de apoyo." Piense en las personas que han tenido un papel importante en ayudar y apoyar al niño y a su familia durante la inclusión del niño en los Servicios de Bienestar Infantil **durante los últimos 3 meses.**

**13a. Indique la opción Sí, No o N/A para indicar si cada una de las personas a continuación han estado ayudando al niño y a su familia. Marque N/A (No aplica/No corresponde) si la persona falleció; o si usted no tiene hermano, hermana, etc.; o si la persona no es parte de su vida.**

Persona	13a. ¿Es esta persona parte del círculo de apoyo del niño?		
	Sí	No	N/A
Su madre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su padre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) hermana(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) hermano(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) abuelo(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) hijo(s) adulto(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) primo(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su madrastra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su padrastro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) tía(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) tío(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) amigo(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Su(s) vecino(s)/compañero(s) de trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El padre o la madre del niño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La familia de la madre o el padre del niño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El maestro del niño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consejero(s) o terapeuta(s) del niño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Líder o consejero espiritual, ministro, pastor o sacerdote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persona(s) mayor(es), líder(es), miembro(s) de la comunidad o tribu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13b. Indique entre 3 a 5 personas en su círculo de apoyo que hayan sido las más serviciales para el niño y su familia durante su inclusión en los Servicios de Bienestar Infantil durante los últimos 3 meses (puede marcar hasta 5 casilleros a continuación).**

<b>Relación o parentesco</b>		
<input type="checkbox"/> 1. Su madre	<input type="checkbox"/> 8. Su madrastra	<input type="checkbox"/> 14. El padre o la madre del niño
<input type="checkbox"/> 2. Su padre	<input type="checkbox"/> 9. Su padrastro	<input type="checkbox"/> 15. La familia de la madre o el padre del niño
<input type="checkbox"/> 3. Su(s) hermana(s)	<input type="checkbox"/> 10. Su(s) tía(s)	<input type="checkbox"/> 16. El maestro del niño
<input type="checkbox"/> 4. Su(s) hermano(s)	<input type="checkbox"/> 11. Su(s) tío(s)	<input type="checkbox"/> 17. Consejero(s) o terapeuta(s) del niño
<input type="checkbox"/> 5. Su(s) abuelo(s)	<input type="checkbox"/> 12. Su(s) amigo(s)	<input type="checkbox"/> 18. Líder o consejero espiritual, ministro, pastor o sacerdote
<input type="checkbox"/> 6. Su(s) hijo(s) adulto(s)	<input type="checkbox"/> 13. Su(s) vecino(s)/ compañero(s) de trabajo	<input type="checkbox"/> 19. Persona(s) mayor(es), líder(es), miembro(s) de su comunidad o tribu
<input type="checkbox"/> 7. Su(s) primo(s)		

**14. En los últimos 3 meses, el círculo de apoyo del niño y yo hemos trabajado en equipo para encontrar soluciones a los problemas que han enfrentado el niño y nuestra familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**15. En los últimos 3 meses, el círculo de apoyo del niño me ha ayudado a hacer lo necesario para respaldar la permanencia del niño.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**16. En los últimos 3 meses, el círculo de apoyo del niño y yo hemos trabajado en equipo para crear servicios y apoyo para el niño que respetan el estilo de vida, las preferencias y prioridades del niño.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**17. En los últimos 3 meses, el círculo de apoyo del niño y yo hemos trabajado en equipo para crear servicios y apoyo que respetan el estilo de vida de mi familia, nuestras preferencias y nuestras prioridades.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**18. En los últimos 3 meses, cuando estoy en reuniones con los Servicios de Bienestar Infantil acerca del niño, el círculo de apoyo del niño y yo hemos tenido la oportunidad de expresar nuestras metas para el niño y nuestra familia.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

## Sección C

*Estas preguntas son acerca de cómo se siente acerca del futuro de su familia respecto al niño bajo su cuidado. Cuando conteste estas preguntas, piense en el niño incluido en los Servicios de Bienestar Infantil que se nombró al comienzo del cuestionario. Por favor, marque con una  su respuesta.*

**19. En los últimos 3 meses, he obtenido el apoyo que necesitaba para ayudarme con mis sentimientos hacia el cuidado de este niño.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

**20. En los últimos 3 meses, este niño ha obtenido el apoyo que él/ella necesitaba con sus sentimientos hacia su situación de vivienda.**

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

21. En los últimos 3 meses, este niño ha obtenido el apoyo que él/ella necesitaba con sus sentimientos hacia la situación de su *familia*.

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

22. Creo que este niño tendrá una familia y otras relaciones cariñosas que lo apoyen en la vida.

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

23. Siento que puedo influir en las decisiones que se están tomando respecto al futuro de este niño.

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

24. Creo que en el futuro este niño podrá vivir permanentemente en *mi familia* sin que los Servicios de Bienestar Infantil estén incluidos.

- a. Sí → CONTINÚE CON LA PREGUNTA #25
- b. Tal vez → CONTINÚE CON LA PREGUNTA #25
- c. No → VAYA A LA PREGUNTA #28

25. Creo que mis amigos y familia me darán la ayuda y apoyo necesarios para que este niño sea un miembro permanente de nuestra familia.

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

26. Creo que mi familia puede manejar la mayoría de dificultades que se podrían presentar en el cuidado de este niño como miembro permanente de nuestra familia.

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

27. Siento que puedo hacer planes para el futuro de este niño y de nuestra familia y dar pasos para la realización de esos planes.

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

Si contestó las preguntas 25 a la 27, vaya a la pregunta #29.

28. Creo que en el futuro este niño podrá vivir permanentemente en *una familia* sin que los Servicios de Bienestar Infantil estén incluidos.

- a. Bastante
- b. La mayoría de veces
- c. Algo
- d. Muy poco
- e. Nada

## Sección D

Estas preguntas son acerca de actividades en las que usted y otras personas importantes participan junto con el trabajador social y el niño incluido en los Servicios de Bienestar Infantil en la página 1 del cuestionario. Conteste sí o no a las siguientes preguntas:

**29. He participado en una o más reuniones de equipo con este trabajador social acerca de este niño.**

- a. Sí
- b. No

**30. Le he contado a este trabajador social acerca de personas que son fuentes importantes de apoyo para este niño y nuestra familia.**

- a. Sí
- b. No

**31. Las personas que he identificado como fuentes importantes de apoyo están ayudando a nuestra familia en el cuidado y apoyo de este niño.**

- a. Sí
- b. No

**32. Las personas que he identificado como fuentes importantes de apoyo han participado conmigo en una o más reuniones de equipo con este trabajador social.**

- a. Sí
- b. No

## Sección E

**33. ¿Qué respuesta describe mejor su relación como cuidador de este niño?**

- a. Cuidador que es familiar
- b. Miembro de la familia extendida que no es familiar del niño
- c. Padre o madre temporal con licencia del condado
- d. Padre o madre temporal de una agencia de familia temporal
- e. Otro

especifique:

**34a. ¿Es este niño de origen hispano, latino o español?**

- a. Sí
- b. No

**34b. ¿Cuál es la raza de este niño?  
(Marque una o más opciones)**

- a. India americana
- b. Nativa de Alaska
- c. Asiática
- d. Negra o africana americana
- e. Nativa de Hawái o de otra isla del Pacífico
- f. Blanca
- g. Otra

especifique:

**35. ¿Cuántos niños tiene actualmente asignados y que están incluidos en los Servicios de Bienestar Infantil?**

<input type="text"/>	<input type="text"/>
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 Número de niños

**36. ¿De qué género es usted?**

- a. Hombre
- b. Mujer

**37. ¿Cuántos años tiene usted?**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 años

**38a. ¿Es usted de origen hispano, latino o español?**

- a. Sí
- b. No

**38b. ¿Cuál es su raza?  
(Marque una o más opciones)**

- a. India americana
- b. Nativa de Alaska
- c. Asiática
- d. Negra o africana americana
- e. Nativa de Hawái o de otra isla del Pacífico
- f. Blanca
- g. Otra

especifique:

## SCREENER NARRATIVE

This document was designed using the Child and Family Practice Model to guide the screener when taking a report of abuse and/or neglect, specifically how to document the information obtained in each section of the Screener Narrative template to ensure consistency in Screener Narratives.

### Considerations:

After obtaining the demographic information, the screener engages and guides the reporting party in reporting the allegations for the narrative. Mapping the three questions with the reporting party elicits the potential harm and danger to the children and complicating factors in order to apply this to the safety and risk assessment hotline tool definitions to determine if in person response is needed.

### **Family/Household information:**

- Who does the child live with include custody and visitation arrangements.
- Where is the child now?
- Where is the alleged perpetrator now?
- When were the children last seen and by whom?
- Who else lives in the home?
- Child's school/special education needs.
- Developmental issues or delays and/or health concerns of the child and/or household members.

### **Tribal affiliation:**

- Name the specific Tribe and/or Tribes.
- Who, in the household, is an enrolled member and to what Tribe are they enrolled, eligible for enrollment, not enrolled or pending enrollment.
- If the reporting party does not know, document this in this section of narrative.
- Follow the Tribal Collaboration protocol by contacting the designated Tribal representative to inquire as to the child/ren's enrollment status: inform them of the allegations/worries in the report we received if the child is enrolled, eligible for enrollment but not yet enrolled or pending enrollment. Ask for any additional information he/she may have and add it to the Screener Narrative.
- Using the Tribal Collaboration Checklist document your collaboration/contact with any of the eight local Tribes in the narrative.

### **Harm and Danger (gain understanding if/ how the parents' behaviors are impacting the child/ren):**

- Who (those involved and those who know about the problem)
- What (they have seen or heard)
- Where (where this happens)
- When (time frame of the most recent event, dates and times)
- How (the alleged abuse or neglect occurred)
- Who else is as worried as you are?
- Example questions to illicit behavioral descriptions:
  - What about this situation worries you the most?
  - What convinced you to call today?
  - How is this behavior a problem for you?
  - Is this behavior/incident a problem for other children in the home?
  - Have you done anything (apart from making the call today) to address the problem or do you know if anyone else has done anything?
  - What do you see as the cause of the problem?
  - Have you talked about the matters with anyone who knows the family? What would they say? Would others agree with your perspective?

### **What is working well (gain understanding of actions by caregiver(s) that have protected**

### **PRACTICE TIPS & NOTES**

*Always write down what the reporting party doesn't know; this demonstrates that the screener asked the question.*

*Avoid using generalizations: For example: "She is mentally ill" does not describe the behaviors of the person that affect her parenting, safety of the child/ren and that lead the reporting party to believe the caregiver is mentally ill. Ask questions that raise behavioral descriptors and avoid jargon and vagueness. Always reveal how the problem is impacting the child. Use questions like the following: "What do you observe or hear that leads you to think that? What caregiver behaviors are associated with it? When do those behaviors show themselves? What does the child know? What has the child seen? What are you worried will happen or is happening?" When someone says "He is an alcoholic" ask "What does he drink? When? Where is the child when he drinks? What are the caregiver behaviors? When do the behaviors happen and how are they impacting the child? How do you know they are impacting the child?"*

*Example: "She is stable" - ask questions around what stability means. Stable from what, what caregiver behaviors are associated with stability? When do those behaviors show themselves? How do those behaviors impact the child?*

### **PRACTICE TIPS & NOTES**

**the child/ren, supportive people or services in their lives, and what aids in keeping child/ren safe):**

- What is the impact of this behavior on the child? Be behaviorally descriptive.
- Example exceptions and strengths questions:
  - If this has happened before. What have you seen the family do to sort this out?
  - You mentioned that it is not always like this. Can you tell me what is happening when the situation is okay? What is different about those times?
  - Are there times when the mother is attentive rather than neglectful? Can you tell me more about those times? What did the parent and child do instead? What do you think contributed to the parents responding differently?
  - You said the child always seems miserable and withdrawn. Are there any times when you have seen him/her come out of her shell? What is he/she like?
  - How do family members usually solve this? What have you seen them doing?
  - Are there times that they call on other people to help solve problems? When do they do that? Who do they call on?
  - Can you relate anything good about these parents?
  - What do you see positive about the relationship between the parents/children?
  - Are there aspects of your relationship with the family that, in conjunction with our intervention, might help influence them for the better?
  - Are you familiar with any of the extended family?

**What needs to happen next (explore interventions that have occurred and their outcome and resources that are a natural support to the family):**

- Example questions to illicit a response:
  - What do you think should happen? How would that solve this problem?
  - Calling this agency is a big step. What convinced you to make this call?
  - In your opinion, what would it take to make the children safer?
  - Have you taken actions other than making this call to address this problem?
  - Have you talked about these concerns with anyone else who knows the family?
  - Did you tell the parents you would be calling? How did they react?
  - What do you think is the cause of the problem?
  - Do you think any other agency might be able to help with this situation?
  - What do you think this family should do? What are they capable of doing?
  - Are the parents concerned about the problem? How do you think the parents will go about resolving this? How might you know when the problem is solved?
  - What do the children say that they want or what do you think they want?
  - If this situation remained unchanged, how would you rate the level of safety in the home on a scale from 1 to 10, 10 being very safe/no concerns and 0 being very dangerous? What needs to happen to move one point higher on the scale?

**CWS/CMS (State SACWIS System) search:**

- Search for the involved clients in CMS. Document the family members because different names searched may bring up different history.
- Summarize relevant case and referral history regarding the family in a brief paragraph and include dates of referrals and/or cases.
- Document when the last referral was received and if it's similar allegations and any conclusions that were reached during the last investigation.
- If there is a current assigned referral or open case, include the name of the assigned SW and the worries and/or allegation(s) in the referral/case.

**Develop a preliminary harm and danger statement:**

- Take the information gathered from your inquiry into how the child was harmed and/or the worries about future danger. This should be related to what you are marking on the safety and risk assessment hotline tools.

*Example: Physical Abuse referral - it is relevant to know if the child has been abused in the past or if the alleged perpetrator has abused children in the past.*

*Example of CMS search, "Searched CMS for Jane Doe and found 2 referrals linked to her name between 2008-2014. 1 for General Neglect which was investigated in May 2008 unfounded; Oct. 2013 substantiated-failure to protect from physical abuse-case opened. Concerns were about parental substance abuse and inadequate shelter. FM case opened. Case history: Court FM Oct. 2013-June 2014. According to the case closure summary, at the close of the case the parents had completed AOD treatment, had been in recovery for 10 months and had demonstrated their ability to parent without physical discipline.*

*Example Harm and Danger statements: "CWS is worried that the father may hit the child again causing the child to have bruises, broken bones, or more serious injuries." "CWS is worried that the mother will drive under the influence with the children in the car and that the children could get hurt or killed in a car accident." CWS is worried that the mother will not provide enough food for the kids and the children could become malnourished and get sick."*

The **Implementation Driver Assessment** survey is grounded in the National Implementation Research Network (NIRN) framework of organizational and systemic factors that facilitate successful implementation. The measure tracks progress by local CFPM sites in building implementation infrastructure capacity. The driver assessment survey comprises six sections that correspond to implementation driver areas. These areas are: training, coaching, fidelity assessment, facilitative administration, systems intervention, and leadership. In sections A-F of the survey, please indicate, to the best of your knowledge, the occurrence of events related to the questions in each of these implementation driver areas.

**SECTION A: Competency Driver: Training**

The training of staff in the CFPM represents a new way of providing services to children and families. Training helps social workers, supervisors, and other partners in the local site learn when, how, and with whom to use the Practice Model. Training is a way to:

- provide information related to the history, theory, philosophy, and values of the Practice Model;
- introduce the components and rationales of key practices such as engagement, teaming, and cultural humility, etc.; and
- provide opportunities to practice new skills and receive feedback.

Please answer questions A1-A10 to the best of your knowledge. To what extent did the following events occur to facilitate CFPM training? If there is no direct knowledge of the event, please select "Don't know." Note that questions A9 and A10 ask for an opinion, rather than facts about a concrete event.

**A1.** One or more lead persons have been designated as responsible for the development and monitoring of the CFPM training process in your county.

In place, indicate the name(s) of the person(s) responsible (if you know): \_\_\_\_\_.

**A2.** Local training on the Practice Model has been provided to social workers and supervisors in your county before they are required to use specific components of the Practice Model.

**A3.** Trainers in your county have been trained in the Practice Model.

**A4.** Trainers in your county have been provided with feedback on their training skills and knowledge of the Practice Model by qualified persons who know the Practice Model.

**A5.** In your county, training serves to develop the skills of the social worker through the use of interactive activities (e.g. role plays) that require the social worker to practice skills in the classroom

that will be used in the field.

**A6.** In your county, training outcome data (post-test data) have been collected, analyzed, and used to improve training content and process.

**A7.** In your county there is a process in place to review and use data (e.g. fidelity assessment and coaching data) to assess and improve the effectiveness of training.

**A8.** In your county training data (e.g. post-test data) have been reviewed and used to improve other implementation drivers (e.g. training, coaching, administrative supports).

**A9.** Given your understanding of the local CFPM training process, how do you rate the likelihood of training facilitating the development and enhancement of the skills that social workers and supervisors need to effectively use the Practice Model with children and families?

**A10.** To what extent is training important to achieving the desired outcomes of CFPM in your county?

## SECTION B: Competency Driver: Coaching

"On the job" coaching of staff members is a method by which to hone the skills needed to implement the Practice Model. Through direct observation and reflection, a coach provides feedback on skill development as well as advice, encouragement, and opportunities to practice skills specific to CFPM.

Please answer questions B1-B12 to the best of your knowledge. To what extent did the following events occur to facilitate staff coaching? If there is no direct knowledge of the event please select "Don't know." Please note, in these questions, the phrase "those coaching" may refer to anyone internal or external to the child welfare system acting as a coach, or to supervisors acting as coaches. Also note that questions B11 and B12 ask for an opinion rather than facts about a concrete event.

**B1.** One or more lead persons have been designated as responsible for the development and monitoring of the coaching process to support implementation of the Practice Model in your county.

In place, indicate the name(s) of the person(s) responsible (if you know): \_\_\_\_\_

**B2.** Those coaching in your county have demonstrated the skills required to implement the Practice Model.

**B3.** A coaching plan is in place that contains specific details about the "where, when, with whom, and how often" coaching occurs to support implementation of the Practice Model in your county.

**B4.** Those coaching in your county have used multiple sources of information (e.g. direct observation, group coaching, practice reflection) to provide feedback to social workers.

**B5.** Those coaching in your county have directly observed social workers performing behaviors in the Practice Model.

**B6.** In your county there is a process for reviewing and using coaching data (e.g. feedback surveys, coaching logs) to improve other implementation drivers (e.g. training, fidelity assessment, administrative supports).

**B7.** In your county there is a process in place for using data (e.g. fidelity assessment data or training data) to assess and improve the effectiveness of coaching.

**B8:** Administrative staff members in your county who have responsibilities for implementing the Practice Model have regularly reviewed the coaches' activities to ensure that the local coaching plan is being implemented with integrity.

**B9.** CFPM coaches in your county have received feedback about their coaching based on surveys completed by social workers and/or supervisors.

**B10. Final Version:** Supervisors who are being trained as coaches in your county have received feedback about their coaching from other experienced CFPM coaches.

**B11.** Given your understanding of the local coaching process, how do you rate the likelihood of coaching in your county facilitating the development and enhancement of the skills needed to implement the Practice Model in interactions with children and families?

**B12.** To what extent is coaching important to the desired outcome of CFPM?

## SECTION C: Competency Driver: Fidelity Assessment

Fidelity assessment is designed to assess whether the Practice Model is being used consistently and effectively in interactions with children and families. These assessments can also be a source of information for key implementation staff members such as trainers, coaches, and program managers, who can use the data to reflect on the quality and relevance of the local training and coaching processes as well as administrative support.

Please answer questions C1-C12 to the best of your knowledge. To what extent did the following events occur to facilitate fidelity assessment? If there is no direct knowledge of the event, please select "Don't know." Please note that questions C11 and C12 ask for an opinion rather than facts about a concrete event.

**C1.** One or more lead persons have been designated as responsible for the development and monitoring of the fidelity assessment process in your county.

In place, indicate the name(s) of the person(s) responsible (if you know): \_\_\_\_\_

**C2.** Staff members in your county have received an orientation to the fidelity assessment process that provides clear description and rationales related to the processes and procedures used for assessing fidelity.

**C3.** A fidelity assessment process has been established that is likely to facilitate achieving the desired outcomes of CFPM.

**C4.** Fidelity assessments have been conducted in your county for each CFPM social worker within 6-9 months of being trained in CFPM, and they are continuing on an annual basis.

**C5.** A manageable fidelity assessment process is in place in your county and observers have been oriented to the CFPM fidelity assessment tools, process, and scaling guide.

**C6.** The CFPM fidelity assessment is a good gauge of the degree to which the 23 behaviors of the Practice Model are being used in interactions with children and families.

**C7.** Through the use of direct observation, the fidelity assessment measures the competence of social workers and other agency representatives in using the Practice Model in their interactions with children and families.

**C8.** There is a process by which social workers in your county that participate in the fidelity assessment process receive positive feedback for their participation in the process.

**C9.** In your county there is a process for reviewing and using fidelity assessment data to improve other implementation drivers (e.g. training, coaching, administrative supports).

**C10.** In your county there is a process for using data (e.g. coaching data, training data) to evaluate and improve the effectiveness of the fidelity assessment.

**C11.** Given your understanding of the fidelity assessment process in your county, how do you rate the likelihood that the fidelity assessment process reflects the quality of the work and interactions that are occurring with children and families?

**C12.** To what extent is the fidelity assessment process in your county important to achieving the desired outcomes of CFPM?

## SECTION D: Organization Driver: Facilitative Administration Supports

Facilitative administration provides leadership and makes use of a range of information from a variety of sources to inform decision-making, to support the overall intervention and implementation processes, and to keep staff members organized and focused on the desired outcomes of CFPM. Attention is given by local leaders and managers to policies, procedures, organizational structures, culture, and climate to address alignment with the needs of staff interacting with children and families. Facilitative leaders also make use of resources to ensure that staff has the time, skill, and supports they need to implement the Practice Model.

Please answer questions D1-D8 to the best of your knowledge. To what extent did the following events occur to support facilitative administration? If there is no direct knowledge of the event, please select "Don't know." Note that questions D7 and D8 ask for an opinion rather than facts about a concrete event. Please also note that the term "leadership" in the questions below is used broadly to include one or more executive leaders or managers in the child welfare organization, or a local team that has been designated to provide leadership in CFPM implementation.

**D1.** In your county, leadership is engaged in resolving barriers and supporting implementation of the Practice Model.

**D2.** There are communication processes in place in your county that allow issues related to the Practice Model to be raised, moved to the next level of supervision or management, and progress toward solutions communicated back.

**D3.** Leadership has developed practices and policies to support the community partnership and implementation work associated with the Practice Model.

**D4.** There is a process for leadership in your county to solicit and analyze feedback from social workers to facilitate their work with children and families.

**D5.** There is a process for leadership in your county to solicit and analyze feedback from coaches to facilitate the work of social workers with children and families.

**D6.** There is a process for leadership in your county to solicit and analyze feedback from supervisors to facilitate the work of social workers with children and families.

**D7.** Given your understanding of facilitative administrative supports, how do you rate the likelihood of leadership in your county facilitating implementation of CFPM?

**D8.** To what extent are facilitative administrative supports important for achieving the desired outcomes of the Practice Model?

## SECTION E: Organization Driver: Systems Intervention

Systems interventions are strategies for the child welfare agency to use in working with leaders and staff of other organizations to ensure that financial, organizational, and human resources are available to support use of the Practice Model. Systems interventions address external issues that impact the ability to implement the Practice Model within the child welfare agency and system. Systems interventions are designed to help create a context in which services can be provided.

Please answer questions E1-E7 to the best of your knowledge. To what extent did the following events occur to facilitate systems intervention? If you have no direct knowledge of the event, please select "Don't know." Note that questions F6 and F7 ask for an opinion rather than facts about a concrete event. Also note that the term "leadership" in the questions below is used broadly to include one or more executive leaders or managers in the child welfare organization, or a local team that has been designated to provide leadership in CFPM implementation.

**E1.** In your county, leadership works with community/tribal partners and high-level representatives from other county agencies and state offices.

**E2.** Leadership in your county has a process that identifies and works to address barriers with external systems (such as Courts, Probation, Law Enforcement, Service Providers, etc.) that may be impacting the implementation of the Practice Model.

**E3.** Leadership in your county has a process to communicate barriers to the person or persons above them on the chain of command.

**E4.** Leadership in your county has a process to propose potential solutions to identified external barriers to those above them on the chain of command.

**E5.** Leadership in your county communicates CFPM progress and successes to external systems.

**E6.** Given your understanding of system interventions, how do you rate the likelihood that leadership in your county will resolve external issues impacting the effective use of the Practice Model?

**E7.** To what extent is systems intervention important to the desired outcomes of the Practice Model?

## SECTION F: Leadership Driver: Technical Leadership

The critical role of leadership at the agency and system level is widely acknowledged. Recent studies have found that "leadership" is not a person, but rather different people over time engaging in various types of leadership activities to establish and sustain effective programs. This means that leadership strategies change as implementation progresses and different challenges arise. It is useful to understand two types of leadership: adaptive and technical. Adaptive leadership is needed when there is no consensus about the definition of the problem, values, ways of work, or certainty about how to solve the problem. Adaptive challenges are characterized by legitimate but competing agendas. The need for adaptive leadership can occur at any time. Once the supports are defined and operationalized (e.g. attending to scheduling, developing coaching plans, implementing fidelity assessment procedures), technical leadership approaches are needed to manage the on-going implementation.

Please answer questions F1-F9, regarding adaptive leadership, to the best of your knowledge. To what extent did the following events occur to facilitate adaptive leadership? If there is no direct knowledge of the event, please select "Don't know." Note that questions F8 and F9 ask for an opinion rather than facts about a concrete event.

**F1.** In your county, leadership within the agency has ensured alignment between the Practice Model and the overall mission, values, and philosophy of the agency.

**F2.** In your county, leadership within the agency has facilitated building a consensus around issues related to CFPM that were difficult to define or for which there was little agreement about how to proceed.

**F3.** In your county, leadership is communicating with social workers to provide information about CFPM.

**F4.** In your county, leadership within the agency is communicating with social workers to hear their successes and concerns about the Practice Model.

**F5.** In your county, leadership within the agency has established clear lines of communication to respond to feedback about the Practice Model from social workers, supervisors and partners.

**F6.** In your county, leadership within the agency has participated in aspects of the implementation of the Practice Model (e.g. training, coaching, fidelity assessment).

**F7.** In your county, leadership within the agency is using implementation data and information to inform decision-making regarding CFPM.

**F8.** Given your understanding of the adaptive leadership strategies, how do you rate the likelihood of adaptive leadership within the agency positively impacting the implementation of the Practice Model?

**F9. To what extent is adaptive leadership important to the desired outcomes of the Practice Model?**

The Child and Family Practice Model was developed as part of a five-year federally funded project to reduce long-term foster care. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact [CFPMinfo@cfpic.org](mailto:CFPMinfo@cfpic.org). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, who funded the CAPP/CFPM Project under Cooperative Agreement 90CT0153.

