



Positioning Public Child Welfare Initiative:
Strengthening Families in the 21st Century

**Charter
Practice Model Subcommittee**

OVERVIEW

The National Association of Public Child Welfare Administrators (NAPCWA), in partnership with Casey Family Programs (CFP), has undertaken a major initiative, *Positioning Public Child Welfare Initiative: Strengthening Families for the 21st Century*. The initiative is designed to position the field to speak with one voice about its purpose and roles in improving outcomes for vulnerable children, youth and families; the principles and standards that should guide its work and its professionals; and the ways in which the field evaluates itself and continuously innovates. Anticipated benefits to the field include improved outcomes, credibility with the communities it serves, and increased public value and political legitimacy needed to secure continuing investment.

As defined by Paul DiMaggio and Walter Powell, a field is made up of “sets of organizations that, in the aggregate, constitute an area of institutional life; key suppliers, resources and product consumers, regulatory agencies and other organizations that produce similar services or products.”¹ These “sets” then interact with one another or are influenced by each other in a meaningful way.² Therefore, the field of public child welfare consists of agencies, organizations and stakeholders which engage with each other to provide services and contribute to positive outcomes for children, youth and families.

Creating a unified voice requires the field to reach consensus on a number of critical areas that materially affect performance in public child welfare. We call these performance drivers “domains,” and identify them in the attached analytical framework. The analytical framework reflects the full range of work that public child welfare must address in order to be fully recognized as a mature and legitimate field.

The framework recognizes first and foremost that the purpose of public child welfare is to improve outcomes for vulnerable children, youth and families and that those outcomes are materially affected by how any agency conducts business. The framework also recognizes that innovative service delivery and front-line practice alone will not improve outcomes. An agency must examine and build its capacity in critical areas such as workforce, administrative practices, change management and communications.

¹ Greenwood, Suddaby, and Hinings. Theorizing Change: The Role of Professional Associations in the Transformation of Institutionalized Fields. *Academy of Management Journal*, 45: 58-80.

² Greenwood, Suddaby, and Hinings. Theorizing Change: The Role of Professional Associations in the Transformation of Institutionalized Fields. *Academy of Management Journal*, 45: 58-80.

GOVERNANCE

NAPCWA's Executive Committee will be continually monitoring the project and is the body ultimately responsible for sanctioning all final products.

In partnership with CFP, NAPCWA established the governance structure supporting the initiative. A sponsor group was formed to be responsible for overseeing the initiative and all issues related to its scope and administration. It provides frequent feedback to the project manager and is available to set operating parameters and test ideas. The sponsor group includes NAPCWA executive committee members, CFP leadership, and external partners from organizations such as Chapin Hall and the Child and Family Policy Institute of California.

A National Advisory Committee (NAC) was established to advise the sponsor group with the development of guidance to include reviewing the analytical framework; determining whether and to what extent there is current and agreed-upon guidance in a particular domain; chartering subcommittees; and reviewing recommended principles and standards. This is a large group representing a wide range of critical stakeholders including all sponsor group members, state and local child welfare administrators and CEOs, subject matter experts, and customers. It will convene twice and it is assumed that many, if not most, of the members will also serve on subcommittees or participate as subject matter experts.

A subcommittee will be established for each domain of the analytical framework. Subcommittees report to the sponsor group within the parameters set by the National Advisory Committee and the charters. Subcommittees are considered working groups and, as such, will be relatively small, with membership determined by the nature of the individual domain. Access to additional expertise will be available as needed.

OPERATING PARAMETERS

When providing guidance to the field, the subcommittee is asked to use the following operating parameters as their foundation:

Parameter I: Values and Principles

1. Value: Shared Responsibility

Principle: Supporting the well-being of children, youth, and families is a shared government and community responsibility. The field of public child welfare supports well-being by promoting the safety and permanency of children and youth whose families are unwilling or unable to meet their needs or protect them. Public child welfare also serves as a catalyst in identifying the role and responsibility of the community to assist these same children, youth, and families.

2. Value: Child Centered

Principle: Children are entitled to live in a safe and permanent home and need families to be successful.

3. Value: Family Focused

Principle: Families of origin have the right and the responsibility to raise their children. The field recognizes its responsibility to provide a range of preventative and/or supportive services to families having difficulty in providing a safe and permanent environment.

4. Value: Culturally Competent

Principle: The field has a responsibility to understand and serve children, youth and families within the context of their unique beliefs, values, race, ethnicity, history, culture, religion and language.

5. Value: Inclusive

Principle: The field of public child welfare recognizes that the child, the biological family and individuals in the child's life can bring valuable perspectives and should be active participants in the planning and decision-making process.

6. Value: Trustworthy

Principle: The field of public child welfare recognizes that it must be benevolent, act with integrity, perform reliably and demonstrate competence in all interactions.

7. Value: Accountable

Principle: The field of public child welfare recognizes its responsibility to itself and its stakeholders to assess and manage its performance, self-correct, innovate and enhance its ability to achieve positive outcomes.

8. Value: Collaborative

Principle: The field of public child welfare recognizes the need to work in collaboration with stakeholders and the community to promote safety, permanency and well-being for children, youth and families.

9. Value: Transparent

Principle: The field of public child welfare recognizes the need for all practices, service delivery, communications and behaviors to be easily understood, fully defined and explained, candid and open.

10. Value: Data and Evidence Informed

Principle: The field of public child welfare recognizes that the use of data and evidence informed practice is critical for effective decision-making on behalf of children, youth and families.

Parameter II: Disproportionality and Disparity

Disproportionality is a pervasive issue throughout the child welfare system. Disparate treatment related to the need for, access to, utilization of, and/or quality of services received by children of color and certain other cohorts of children impacts the occurrence of disproportionality. Because this issue holds such significance for the field of public child welfare, its occurrence is addressed within each domain of the analytical framework. A subcommittee on disproportionality was established to examine the relationship between disproportionality and the field of public child welfare, and to develop guidance on how to address it. It is the expectation that the work of this subcommittee will inform the work of all other subcommittees. Additionally, each other

subcommittee will develop guidance on the subject of disproportionality from the perspective of their own domain.

Parameter III: Target Population

The target population for whom public child welfare has primary responsibility consists of the following:

- Children, youth and families where allegations of abuse and/or neglect have been made
- Children, youth and families where a high risk of abuse and/or neglect has been identified
- Children and youth who are in the custody of the public child welfare system and their families
- Children, youth and their families who are not in the custody of the public child welfare system, but for whom the provision of services or ongoing oversight is mandated by a court

The target population for whom public child welfare has a shared responsibility with the community consists of the following:

- Children, youth and families where need is self identified or allegations have not risen to a founded case but who may still need services
- Children and youth who were in custody of the public child welfare system and their families (refers to children and youth in adoptive homes, in kinship and guardianship, etc.)
- Youth who are emancipated or transitioned

Parameter IV: Role

The role of public child welfare related to its primary population is:

- To identify and prevent child abuse and neglect
- To secure a basic level of care commensurate with the needs of the target population that includes the following:
 - To investigate abuse and neglect
 - To assess the overall functioning of families who come to the attention of public child welfare
 - To determine the safety, risk and permanency needs of children and youth
 - To develop, implement and monitor a service plan designed to achieve the identified outcomes for children, youth and families
- To engage and empower children, youth and families as they navigate the public child welfare system
- To advocate for and provide services from both the public and private sector to the targeted populations

The role of public child welfare in conjunction with the community in a “shared responsibility” relationship is:

- To identify and prevent child abuse and neglect
- To provide education and awareness of child welfare issues
- To protect children and youth from abuse and neglect
- To pursue services in a variety of areas of need for emancipated or transitioned youth

ENVIRONMENTAL PARAMETERS

The subcommittee is asked to consider the following overarching environmental factors in drafting guidance and making recommendations. Additionally, other environmental factors may be considered by the subcommittees as needed to guide their work.

1. The increasing diversity of human service customers and workforce
2. The increased awareness of child abuse and neglect issues within the community
3. A greater emphasis on evidence and research based practice
4. The impact of unions on workforce and practice issues in child welfare
5. The change in the how families are viewed by the public child welfare system, e.g. more engagement in the planning process
6. The impact of leadership turnover in the child welfare system
7. Awareness of poor outcomes as a result of disparate treatment in the quality of care, access to care and the utilization of services
8. The rapidly changing expectations and needs of clients, communities and critical stakeholders
9. Rapid advances in technology and increasing user sophistication
10. Increasing reality of major disruption of services due to national disaster, e.g., flu pandemic
11. Increasing need to partner with private agencies in the provision of services
12. An increasingly challenging relationship with the federal government including increased oversight and penalties
13. The increasing complexity of the work of public child welfare
14. Widening of human service “portfolio” to include non-traditional areas, e.g., immigration; juvenile justice, etc.
15. The ongoing insufficient investment of resources for human services, in particular, child welfare services
16. The diversity of issues, challenges and expectations specific to state- and county-administered systems
17. The differences in needs of states and localities, depending on size and location
18. The impact that litigation has on public child welfare agencies and their ability to be transparent and flexible in delivering effective services to children, youth and families

DOMAIN DEFINITION

Within the analytical framework, the template domain is defined as follows:

The field of public child welfare defines how to effectively deliver services to children, youth, and families. The practice model includes the following elements: desired outcomes, principles, theory of change, evidence informed practice, process and quality of care, and service array.

Principles: The field of public child welfare has an obligation to behaviorally define and model the basic values of performance with regard to the services provided to children, youth, and families. These values should be relevant to all workers regardless of their professional functions, the settings in which they work, or the populations they serve.

Theory of Change: The field of public child welfare articulates the underlying beliefs and assumptions that guide the delivery of services to produce change and improvement in the lives of children, youth, and families.

Evidence Informed Practice: The field of public child welfare shall follow practice standards and make appropriate decisions which are based on research and data, which are clearly defined and measurable and are designed to meet specific outcomes.

Process and Quality of Care: The field of public child welfare shall develop and expand the use of “best practices” so each child, youth, and family receives the most effective and efficient delivery of service designed to maximize individual functioning and promote community strength and stability. The developmental life cycle of the child, youth and family must be considered in the delivery of services.

Service Array: The field of public child welfare shall provide a range of available services and access to the services necessary to meet the needs of the target population being served.

CHARGE

The subcommittee is asked to provide written guidance in two areas.

The subcommittee is asked to address, but not be limited to, the following questions. In identifying standards the committee should use commonly accepted practice or current thinking. The subcommittee is asked to include written protocols, templates and models wherever possible to minimize users’ development time and to create consistency across the field.

Area I: Address what constitutes an effective practice model that delivers services that achieve positive outcomes for children, youth, and families thereby strengthening communities.

1. What are the purpose, objectives, principles and outcomes of an effective practice model?
2. What is the logic path that should be used to reflect the linkage between the practice model and improved outcomes?
3. What is the basic or minimum level of care which a practice model must deliver? What is the work required and what are the standards; e.g. service protocols; process and quality of care; service array?
4. What policies, statutes and regulations, processes and procedures are needed to support the practice model and what are the standards; e.g. frequency of visits?
5. What are the critical tools, guides, materials and templates that support the practice model and what are the standards for them; e.g. safety assessment tool; record documentation?
6. How often and for what reasons should a practice model be updated?
7. Who are the critical stakeholders in the practice model and what do they need and value; e.g. parents; judges?
8. What are the roles and responsibilities for staff at all levels in the organization related to the practice model including what decisions are made by whom and under what conditions?

Area II: Address the resources and/or capacities required to implement, monitor and continuously improve an agency’s practice model.

1. Where and with whom should responsibility be vested for the implementation, monitoring and continuous improvement of a practice model?
2. What stakeholders, including staff, should be included in the implementation, monitoring and continuous improvement of a practice model? In what ways and under what conditions should they be included?
3. What are the individual and organizational capacities required to implement, monitor and continuously improve the practice model; e.g. workforce, infrastructure?
4. What are the non-personnel resources required to implement, monitor and continuously improve the practice model?
5. What processes, mechanisms or tools need to be in place so that all agency functions/units are aligned with and support the practice model; e.g. contracting processes?
6. What factors may enhance or hinder the effort to implement, monitor and continuously improve the practice model and how should these be handled?
7. When and in what ways should the practice model be communicated to staff and other critical stakeholders?
8. How will the practice model be monitored, evaluated and outcomes measured?

APPROACH

The subcommittee is asked to complete and report to the sponsor group in four phases, or at any time it requires guidance from the sponsor group to move forward. Subcommittee members are asked to work by consensus; if it is not possible to reach a decision, members are asked to identify the issue and involved factors to the sponsor group.

Phase I: Within 90 days of inception of the subcommittee:

- A detailed work plan, including a logic model, timeframes, major decision and reporting points, and assignments
- Identification and rationale for additional subcommittee members and/or use of subject matter experts
- Preliminary research results and additional data/research needs
- Detailed outline of the final product with brief explanation of how and why constructed and major unresolved issues
- Identification of any cross-cutting issues the subcommittee wants to bring to the attention of the sponsor group

Phase II: Within 150 days of inception of subcommittee:

- First draft of final product with brief explanation of how and why constructed and identification of any issues affecting development of remaining sections
- Modifications to the work plan that materially affect the overall timetable or work of other subcommittees
- Additional or different staff support required

Phase III: Within 210 days of inception of the subcommittee:

- Preliminary final product with critical decisions required from sponsor group
- Identification of issues not resolved by consensus

Phase IV: Within 270 days of inception of the subcommittee:

- Final draft of product with resolution of any outstanding issues
- Comments on products of and/or response to final drafts of other subcommittees

LOGISTICS AND RESOURCES

- Uma Ahluwalia is the chair of the subcommittee.
- Kathy Jones Kelley is your subcommittee staff liaison.
- It is expected that the subcommittee will convene by conference call at least twice per month in Phase I. In Phase II, Phase III and Phase IV, the subcommittee will convene by conference call at least monthly, or more frequently as dictated by the work.
- The subcommittee may invite, at its discretion, subject matter experts to present and/or provide information and materials the subcommittee wishes to consider.
- Subcommittee members are expected to provide input, materials or original work products; e.g., draft language and provide examples and models.
- APHSA staff liaisons are available to assist in developing the subcommittee's work plans and meeting agendas; researching and preparing background materials and decision memos; documenting subcommittee deliberations and decisions; drafting guidance, protocols, templates and other materials; and identifying cross-cutting issues that may require resolution between and among subcommittees.
- The subcommittee will be provided with a general format guide for writing that will be standard across all subcommittees.