



DESCRIPTION OF THE COMPONENTS OF THE CFPM

Theoretical Framework

The theoretical underpinnings of the Child and Family Practice Model 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** is the foundation of the CFPM – 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*, 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*. The printout resource below reflects how 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 ¹	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, and 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, and socioeconomic backgrounds and perspectives; and asking the groups that are most affected by our policies, services, and interventions to guide their development.
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.

¹ 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.

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.

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.

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

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. The table below illustrates key findings regarding system barriers and how they are addressed by the four CFPM frontline practices.

Systemic Issues and CFPM Frontline Practice Approach

<i>Systemic Issues</i>	<i>CFPM Frontline Practice Approach</i>
<p>1. <i>Weak and Insufficient Engagement Practices</i></p> <ul style="list-style-type: none"> • 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. • There are inadequate systems of accountability and support for a culturally sensitive and respectful, strength-based approach with families. 	<p>1. <i>LEAN IN: Exploration & Engagement</i></p> <p>Skillful use of appreciative inquiry, honest and respectful interactions with families, and active 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>2. <i>Lack of Family Voice and Urgent Sustained Permanency Focus</i></p> <ul style="list-style-type: none"> • 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. • 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. 	<p>2. <i>LIFT UP: Power of Family</i></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>3. <i>Lack of Relevant, Timely, Well-Coordinated Services</i></p> <ul style="list-style-type: none"> • Lack of system coordination and meaningful involvement of families, communities and Tribes to effectively identify and address underlying family needs. • Poor systems of accountability to ensure families receive services, progress is tracked, and case plans are adjusted and/or cases closed based on progress. 	<p>3. <i>CONNECT: Circle of Support</i></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>4. <i>Lack of Accurate Understanding of Family Strengths and Needs</i></p> <ul style="list-style-type: none"> • Problematic administrative protocols and practices that do not focus on strengths and underlying needs of families. 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. • There are inadequate resources to support parents and caregivers in their ability to heal and parent children. 	<p>4. <i>CULTURE: Healing Trauma</i></p> <p>Partnering with families and their communities and Tribes to understand and meet the underlying needs of children and their families. Identifying and 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>

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 as outlined below. 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.

Frontline Practices and Core Practice Elements

EXPLORATION AND ENGAGEMENT (LEAN IN):

- **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.

POWER OF FAMILY (LIFT UP):

- **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 families, meeting their needs, finding their voice, and developing the ability to advocate for themselves (includes caseworkers, attorneys, Tribal and community representatives, CASAs, service providers, etc.).

CIRCLE OF SUPPORT (CONNECT):

- **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 also 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.

HEALING TRAUMA (CULTURE):

- **WELL-BEING PARTNERSHIPS:** 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.
- **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.

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.” The diagram below shows 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 and a more abbreviated version with the CFPM Condensed Practice Behaviors. Each can be helpful for various audiences and purposes.



	LEAN IN	LIFT UP	CONNECT	CULTURE
PRACTICE BEHAVIORS	Listens with Openness Explores Relationships Actively Finds Connections Nurtures Honest Dialogue INsures Connection & Support	Links Family Interactions are Affirming Facilitates Sharing Team Solutions Uses Cultural Lens Promotes Speaking Out	Caregiver Respect & Resources Optimal Team Environment Natural Supports Normalizing Needs Explores Team Roles Continuous Dialogue & Adjustment Teams Post-Permanency	Customized Visitation Using Experiential Coaching Listening for Loss Tailoring Supports to Underlying Needs REcovery and Well-Being
CORE ELEMENTS	Inquiry; Engagement	Self Advocacy; Advocacy	Teaming; Shared Commitment and Accountability	Well-Being Partnerships Safety, Recovery and Well-Being
FRONTLINE PRACTICES	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, or contact 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.

Leadership Behaviors

The leadership behaviors on the following page 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.



LEANING IN and STAYING IN

Organization and System Leadership Behaviors

LEAN IN <i>Listen, Engage, and Explore</i>	LIFT UP <i>Strengthen, Affirm, and Develop</i>	CONNECT <small>to</small> <i>Organize and Energize Teamwork</i>	CULTURE <i>Promote Healing Relationships and Supports</i>
<ul style="list-style-type: none"> • Model the practice behaviors expected of staff at all levels of the organization and communicate in clear, honest, and respectful ways. • 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. • Engage cultural, community, and Tribal partners as key advisors in local practice and system changes to advocate for and support improvements. • Reflect on one's own beliefs, biases, and assumptions and the impact on staff, partners, organizational processes, and decision making. 	<ul style="list-style-type: none"> • 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. • Ensure staff and partners have the training, coaching, and system supports needed to effectively implement the practice model. • 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. • 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. 	<ul style="list-style-type: none"> • 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. • Involve the management team in making, communicating, and supporting all decisions that will affect staff implementation, system alignment, and support of the Practice Model. • Support staff and partners to move forward plans identified by families and their teams, including resourcing and developing culturally sensitive supports and services. • 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. 	<ul style="list-style-type: none"> • 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, 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 that can assist local families with loss, grief, hurt, pain, healing, and recovery