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.

Systemic Issues	***CAPP Child and Family Practice Model:*** ***Front-Line Practice Approach***
1. ***Weak and Insufficient Engagement Practices*** • 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-responsive and respectful, strength-based approach with families.	***1. Exploration & Engagement*** *(LEAN IN)* 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. 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.

Systemic Issues	*CAPP Child and Family Practice Model:* *Front-Line Practice Approach*
2. Lack of Family Voice and Urgent Sustained Permanency Focus • There are too few opportunities for family and youth voices in decision making. • Information directly from parents, youth, their Tribes, caregivers and others 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. • There is a lack of urgency toward permanency in the policies and administrative practices that guide workers.	**2. *Power of Family*** *(LIFT UP)* This systemic issue is addressed in the Child and Family Practice Model by six practice behaviors that recognize the *Power of Family*, and seek out, strengthen, affirm and incorporate the voice of the child and family in all casework and documentation. 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.
3. *Lack of Relevant, Timely, Well-Coordinated Services* • 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 determine families receive services with progress tracked and case plans adjusted/cases closed.	**3. *Circle of Support*** *(CONNECT)* 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 *Circle of Support* during and even beyond the time of child welfare involvement. The Circle includes caregivers and natural family, community and Tribal supports. 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.

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

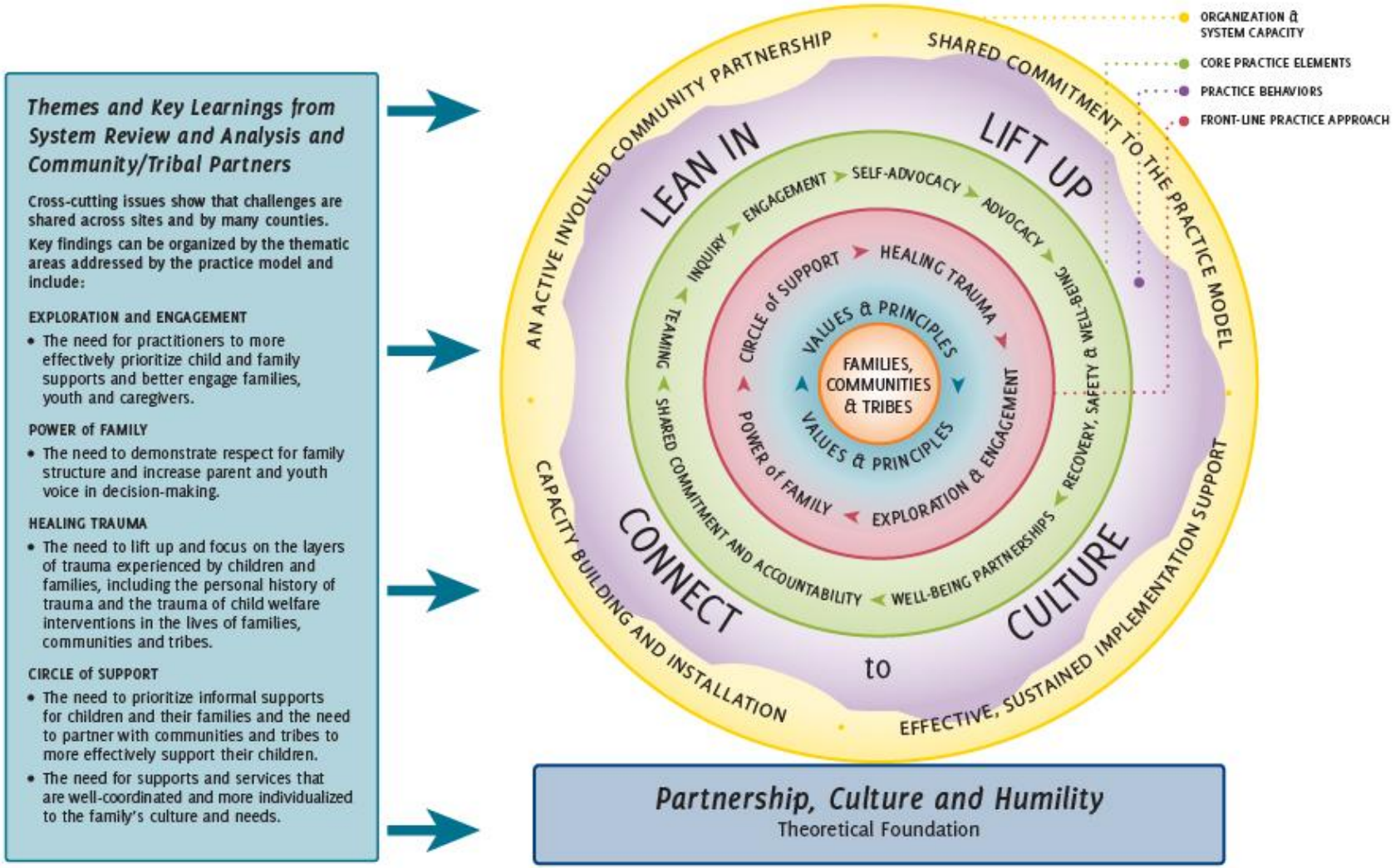
IV. Effective, Sustained Implementation Support

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 litems/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 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.

PII
PERMANENCY INNOVATIONS INITIATIVE