

Leadership Village Press Publications

THE NEW CHILD PROTECTION PARADIGM

By Gary A. Crow, Ph.D.

226 Middle Avenue
Elyria, Ohio 44035
(440) 329-5333
GAC@GaryCrow.net

Table of Contents

| | |
|---|----|
| THE NEW CHILD PROTECTION PARADIGM | 1 |
| The New Child Protection Paradigm | 3 |
| Getting Started:..... | 3 |
| Study Questions: | 4 |
| Building The New Paradigm: | 4 |
| A: Rules <<>> Outcomes <<>> Principles | 10 |
| Study Questions: | 11 |
| B: Procedures <<>> Continuous Invention <<>> Best Practice | 13 |
| Study Questions: | 14 |
| C: Bureaucracy <<>> Empowerment <<>> Professional Judgment | 16 |
| Study Questions: | 16 |
| D: Safety <<>> Permanence <<>> Sustained Well-being | 19 |
| Study Questions: | 19 |
| E: Staff-determined <<>> Services-determined <<>> Protocol-determined | 22 |
| Study Questions: | 23 |
| F: Program-centered <<>> Family-centered <<>> Community-centered | 25 |
| Study Questions: | 26 |
| G: Agency-focused <<>> Network-focused <<>> Variable Resource-focused..... | 29 |
| Study Questions: | 30 |
| H: Closed Structures <<>> Open Structures <<>> Dynamic Structures | 32 |
| Study Questions: | 33 |
| I: Collaboration <<>> Partnering <<>> Unified Commitment..... | 36 |
| Study Questions: | 37 |
| J: Quality Assurance <<>> Continuous Quality Improvement <<>> Values-centered Practice..... | 39 |
| Study Questions: | 40 |
| K: Cost <<>> Process <<>> Performance..... | 42 |
| Study Questions: | 43 |
| L: Authority <<>> Assessment & Planning <<>> Rights & Responsibilities | 46 |
| Study Questions: | 47 |

The New Child Protection Paradigm

Getting Started:

To understand the new child protection paradigm, first think about what is meant by a “paradigm.” It is a set of assumptions, concepts, and approaches guiding practice in a specific field. The child protection paradigm, then, is the set of assumptions, concepts, and approaches child protection workers use to protect abused and neglected children.

Assumptions: An assumption is something people believe but cannot necessarily prove. For example, children should be protected from people who have harmed them or who are likely to harm them. Children should be kept out of harm’s way.

As you can see, keeping children out of harm’s way is an idea with which most people would agree, although there is no way to “prove” it is the right thing to do. It is an assumption, something most people believe is true.

Concepts: A concept is a general idea or way of thinking about something based on specific observations or experiences. For example, the concept of child development is based on seeing children grow and mature as they get older. The idea is children “develop” from less complex people to more complex people. This is based on many observations of different children at different times and on the experience of many observers. “Child development,” for example, is a concept used to think about and talk about a particular aspect of childhood.

Of course, “childhood” is also a concept used to think about and talk about another, particular set of observations and experiences. “Abuse,” “neglect,” and “protection” are themselves concepts based on observations and experience.

Approaches: An “approach” is a set of strategies and actions used to direct what people do as

they practice their profession. For example, child protection workers “investigate” reports of child abuse and do not simply take children away from their parents based on unsubstantiated reports.

“Investigating” is an “approach.” Similarly, workers go to the child’s home and do not simply expect parents to bring the child to the worker’s office. “Home visiting” is another “approach.”

Study Questions:

1. What are some assumptions guiding your child protection practice?

2. What are some concepts you use as you think about and talk about your practice?

3. What approaches do you use in your practice?

Building The New Paradigm:

Child protection practice is multi-leveled. Public agencies are created and regulated by federal and state legislation and administrative rules. Many public agencies are further regulated by accreditation standards to which they voluntarily subscribe. Collectively, these laws, rules, and standards are the foundation for the basic practice level in the new child protection paradigm.

The agencies develop or adopt criteria used to measure the success of internal programs and services. These quantitative performance targets shape the intermediate practice level in the new child protection paradigm.

Agencies adopt principles they believe should govern programs and services. These are basic truths or assumptions against which the work of the agency is judged. Only when practice conforms to these principles is practice considered fully appropriate and successful. This perspective shapes the advanced level in the new child protection paradigm.

Figure 1: The New Child Protection Paradigm

| | Basic Practice | | Intermediate Practice | | Advanced Practice | |
|------------|-----------------------|---------|--------------------------------|---------|---------------------------|---------|
| A. | Rules | | Outcomes | | Principles | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| B. | Procedures | | Continuous Invention | | Best Practice | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| C. | Bureaucracy | | Empowerment | | Professional Judgment | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| D. | Safety | | Permanence | | Sustained Well-being | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| E. | Staff-determined | | Services-determined | | Protocol-determined | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| F. | Program-centered | | Family-centered | | Community-centered | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| G. | Agency-focused | | Network-focused | | Variable Resource-focused | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| H. | Closed Structures | | Open Structures | | Dynamic Structures | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| I. | Collaboration | | Partnering | | Unified Commitment | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| J. | Quality Assurance | | Continuous Quality Improvement | | Values-centered Practice | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| K. | Cost | | Process | | Performance | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| L. | Authority | | Assessment & Planning | | Rights & Responsibilities | |
| | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| TOT | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| SC | 0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |

Practice Rating _____

Figure 1 summarizes the new child protection paradigm. The left set of elements represents the basic practice level. The middle set of elements represents the intermediate practice level and the right set of elements represents the advanced practice level. The following twelve workbook sections (A-L) discuss the new child protection paradigm in relation to the twelve element clusters included across the rows of Figure 1.

At the end of each section, you are invited to rate your practice, your agency, or a specific department or program. Circle the number on the scale best characterizing where practice currently falls along the scale.

The scale ranges from 0 to 5. “0” indicates practice has not incorporated the first element in the cluster and “1” indicates it has. “2” indicates the middle element is partially but not completely integrated into practice and “3” indicates it is fully integrated. “4” indicates the third element in the cluster is partially but not completely integrated into practice and “5” indicates it is fully integrated.

When you have completed the scales at the ends of all twelve sections, here is how to find the score for your practice, program, or agency.

1. At the ends of sections A: - L:, look at the number you circled on the chart. Find the corresponding number in Figure 1. Put a checkmark beside that number.

For example, If in section A: you circled “4” to indicate Principles are partially but not completely integrated into practice, put a checkmark beside the “4” in the row below “A” in Figure 1.

2. Once you have put a checkmark in each of rows A: through L: in Figure 1, count the number of checkmarks in each column and put the total beside the appropriate number in the “TOT” row. That lets you see, at a glance, the number of checkmarks you have for each practice level across the row.

3. On the TOT row, multiply each printed number by the number you entered beside of it. Write the

answer on the appropriate blank in the “SC” row.

For example, If you have 5 checkmarks in the “3” column in Figure 1, you put a “5” beside the “3” in the TOT row. You multiply 3 times 5 and get 15. You then write “15” beside the “3” in the “SC” row.

4. Below Figure 1, there is a blank to record the “Practice Level.” Add together the numbers you have written on the “SC” row of Figure 1. Write the total (0 to 60) on the “Practice Level” blank. That is the current practice level for your practice, program, or agency. Here is how to interpret your rating.

0 to 20 = Basic Practice Level

21 to 40 = Intermediate Practice Level

41 to 60 = Advanced Practice Level

(Note) In each section, A: - L:, there are “Study Questions.” The questions reflect basic, intermediate, and advanced practice levels. This means you may not have an appropriate answer for some of the study questions. This is not a problem. Simply skip any question for which you do not have an appropriate answer at this time

A: Rules <<>> Outcomes <<>> Principles

At the basic practice level, Rules guide child protection practice. This guidance is primarily in the form of “how to” instructions incorporated in laws and administrative code at the federal and state levels.

In addition to the legislative prescriptions and administrative guidance, “how to” rules are also incorporated within the standards promulgated by various professional organizations. Examples include the Child Welfare League of America (CWLA), the Council on Accreditation of Services to Children and Families (COA), and the Public Children Services Association of Ohio (PCSAO). Child protection workers practice in accord with explicit legislative and administrative instructions combined with the promulgated standards to which their agencies subscribe. For example, public child protection agencies are required (by rule) to receive and screen all reports of suspected child abuse or neglect within their service area.

At the intermediate Practice level, rules combine with outcomes to shape practice. This broader perspective is primarily in terms of data-based performance criteria. Practice conforms to both the rules and the expected outcomes.

These outcome criteria may be absolute, e.g., 90% of investigations completed within thirty days of the first report of a suspected incident. They also may be relative, e.g., the average completion time for investigations initiated by the agency not exceeding the statewide average by more than ten days.

Whether the criteria are absolute or relative, they serve as touchstones whereby practice is evaluated. As such, they represent the expected outcomes for a specific program or service.

At the advanced level, practice expands beyond data-based outcomes to incorporate principles guiding practice. This guidance is primarily in the form of basic truths or assumptions shaping decisions,

choices, and practice. These guiding principles are not fully provable or disprovable. Rather, they are held to be largely self-evident.

Examples of guiding principles include;

- “A stable, nurturing family is the optimal environment for children to grow and develop.”
- “The adverse effects of abuse and neglect on children are cumulative and persisting.”
- “Over time, appropriate, quality services are less expensive than inappropriate or inadequate services.”

How it works:

In the new paradigm, for example, investigations are conducted in accord with specific, prescriptive rules, are completed within thirty days of first report, and assure children and families receive timely, appropriate, quality services.

Study Questions:

1. What is one specific rule directing your practice? (Use your own words to explain the rule.)

2. What is one specific outcome you are expected to achieve through your practice?

3. What is one specific principle guiding your practice?

Rating Scale (Rate your practice, program, or agency):

0. A: "Rules" not integrated into practice.
1. A: "Rules" integrated into practice.
2. A: "Outcomes" partially integrated into practice.
3. A: "Outcomes" integrated into practice.
4. A: "Principles" partially integrated into practice.
5. A: "Principles" integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the "2" level, what three strategies will you use to increase your practice level to "3?"

1.

2.

3.

B: Procedures <<>> Continuous Invention <<>> Best Practice

At the basic practice level, agencies interpret and then reframe the rules as detailed procedures, covering every aspect of day-to-day child protection practice. These procedures are more detailed and prescriptive than the rules on which they are based and reflect local interpretations and preferences. This results in significant variation in practice from agency to agency.

At the basic practice level, Workers have little latitude or need for independent judgment. Practice is, for the most part, a matter of following agency procedures. Even so, practice varies from worker to worker based on individual interpretation of the procedures and personal practice preferences. The extent of this variance is a function of management tolerance for deviation from procedures and the extent to which supervisory controls limit the variance.

At the intermediate practice level, continuous invention expands practice beyond procedures. Workers create or invent new and innovative strategies and techniques to achieve specific outcomes. These inventions conform to the relevant procedures. They represent the critical difference in practice achieving expected outcomes and practice that does not.

At the advanced practice level, the expansion to best practice as the basis for intervention is integral to the principles practice element. Best practice in this context means most decisions and actions are primarily guided by formal theory and empirical evidence of effectiveness. Further, the theoretical and empirical underpinning for decisions and actions changes over time, as improved theoretical constructs and newer research replace older knowledge and understanding. “Best practice” is not based on opinion, personal preference, or exigent circumstances. Instead, “best practice” is based on approaches, strategies, and interventions validated as effective through research, evaluation, and through other techniques empirically demonstrating their utility and practice value.

How it works:

At the basic practice level, practice is directed, within management controlled limits, by designated procedures. At the intermediate practice level, within the procedure context, workers continuously invent strategies and techniques to achieve specific outcomes for individual children. At the advanced practice level, those inventions, in turn, conform to and are guided by best practice.

Study Questions:

1. What is one specific procedure directing your practice? (Briefly explain in your own words.)

2. What is one specific “invention” you have used to expand your practice beyond the specific actions required by a program or agency procedure? This is a time when you went beyond or outside of the procedure to “make it work” for your client.

3. What is one specific example of “best practice” you use in your day to day work? This is an action or approach primarily guided by formal theory and empirical evidence of effectiveness.

Rating Scale (Rate your practice, program, or agency.):

0. B: “Procedures” not integrated into practice.
1. B: “Procedures” integrated into practice.

2. B: “Continuous Invention” partially integrated into practice.

3. B: “Continuous Invention” integrated into practice.

4. B: “Best Practice” partially integrated into practice.

5. B: “Best Practice” integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the “2” level, what three strategies will you use to increase your practice level to “3?”

1.

2.

3.

C: Bureaucracy <<>> Empowerment <<>> Professional Judgment

At the basic practice level, bureaucratic structures develop to implement procedures. Within all but the smallest agencies, the range and volume of procedures require specialization in order for workers to have sufficient familiarity and understanding of a procedure area to permit adequate implementation of the applicable procedures. Efficient practice requires compartmentalization of roles and functions.

At the intermediate level, achieving expected outcomes depends, in part, on the creativity of workers and on their capacity to continuously invent. Compartmentalization of their behavior and actions is, at times, counterproductive. Empowerment to go outside the bureaucratic constraints is integral to the creative processes supporting continuous invention.

At the advanced practice level, empowerment expands to incorporate professional judgment. Familiarity with, understanding of, and adherence to best practice are expected. Workers may not base their practice on personal experience, beliefs, values, opinions, and idiosyncrasies. Rather, they need to base their practice on generally accepted theory and research, informed by their professional experience and that of professional colleagues.

How it works:

Bureaucratic compartmentalization enables workers to develop adequate familiarity with the extensive procedures regulating their practice area. To facilitate continuous invention, workers are empowered to practice beyond the compartmental limits when necessary to achieve expected outcomes for children. This empowerment is constrained and guided by best practice-based professional judgment.

Study Questions:

1. What is one specific bureaucratic structure or compartment within your agency?

2. What is one specific example of your being empowered to go outside the bureaucratic constraints of your program or agency?

3. What is one specific example of your using your professional judgment instead of relying on rules and procedures?

Rating Scale: (Rate your practice, program, or agency.)

0. C: “Bureaucracy” not integrated into practice.
1. C: “Bureaucracy” integrated into practice.
2. C: “Empowerment” partially integrated into practice.
3. C: “Empowerment” integrated into practice.
4. C: “Professional Judgment” partially integrated into practice.
5. C: “Professional Judgment” integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the “2” level, what three strategies will you use to increase your practice level to “3?”

- 1.

2.

3.

D: Safety <<>> Permanence <<>> Sustained Well-being

At the basic practice level, agencies organize into those divisions or departments most efficient for administrative purposes. The goal of the resulting structure is to protect children who have already been abused or neglected or who are already dependent. The focus is on arrangements and environments where children are safe and do not experience further abuse or neglect.

Safety is best assured at the intermediate practice level when the related arrangements and environments are stable and persisting, *i.e.*, when they are permanent. This means the outcome for each child should be such that the basic arrangements and specific environment for the child does not change over time. For example, a child's having to move from one home to another indicates the permanence outcome is not achieved.

The multi-leveled nature of the new child protection paradigm is particularly evident in the expansion from safety to permanence to sustained well-being. Here, sustained well-being includes supporting and managing the physical, emotional, moral, social, intellectual, and environmental needs, problems, and vulnerabilities of children in ways assuring sustained progress now and indefinitely into the future. Safety and permanence are, then, not ends but prerequisites to adequate child protection practice.

How it works:

Safe children are of the essence of child protection at the basic practice level. Permanence is then necessary in order to effectively sustain the Well-being of children, with sustained Well-being representing the over-arching goal of child protection.

Study Questions:

1. What is one specific way you keep children safe?

2. What is one specific way you achieve “permanence” for children?

3. What is one specific way in which you assure sustained well-being for children?

Rating Scale (Rate your practice, program, or agency.):

0. D: “Safety” not integrated into practice.

1. D: “Safety” integrated into practice.

2. D: “Permanence” partially integrated into practice.

3. D: “Permanence” integrated into practice.

4. D: “Sustained Well-being” partially integrated into practice.

5. D: “Sustained Well-being” integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the “2” level, what three strategies will you use to increase your practice level to “3?”

1.

2.

3.

E: Staff-determined <<>> Services-determined <<>> Protocol-determined

At the basic practice level, the protection of children is accomplished through the allocation of resources, including the provision of services either by workers from appropriate departments or by workers from outside agencies identified to provide specific services. Emphasis is on having sufficient trained workers available, either internally or externally, to follow relevant procedures in relation to the services to which the child is assigned. Child protection is staff-centered, assuring trained workers are available to provide procedurally defined services.

An example of a procedurally defined service is administering a complete “risk assessment” for every family “assigned” for investigation after initial screening. The complete service is delivered with no further regard to whether the assessment is needed. The worker is not permitted to abbreviate, expand, or modify the process once it has been initiated.

At the intermediate practice level, emphasis expands to incorporate the availability of the specific services needed to adequately serve each child. The criterion is delivering the right service at the right time to the right child.

The perspective expands from the staff delivering the services to the services being delivered in relation to individual children and their needs. The goal is developing an array of services that can be mixed, modified, and blended in highly individualized ways. Services need to fit the needs of individual children. Additional services need to be quickly accessible when children require atypical services or services only rarely needed.

At the advanced practice level, practice expands to incorporate intervention protocols. These protocols are based on best practices, given the individual situation, condition, and circumstances of the child being served. The protocols evolve over time as research and theory development proceed and

Rating Scale (Rate your practice, program, or agency.):

- 0. E: “Staff-determined” not integrated into practice.
- 1. E: “Staff-determined” integrated into practice.
- 2. E: “Services-determined” partially integrated into practice.
- 3. E: “Services-determined” integrated into practice.
- 4. E: “Protocol-determined” partially integrated into practice.
- 5. E: “Protocol-determined” integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the “2” level, what three strategies will you use to increase your practice level to “3?”

- 1.
- 2.
- 3.

F: Program-centered <<>> Family-centered <<>> Community-centered

At the basic practice level, worker activities are prescribed by the procedures associated with the program to which the worker is assigned. Children are clients of specific programs that may include resources, services, and workers from multiple departments within the agency. Although children can be clients of more than one program, they typically are not.

For example, clients of the foster care program are usually not clients of the adoption program. Clients of the ongoing services program are not clients of the investigation program. If a child's status or situation change, he (or she) transfers to another program better fitting his (or her) new status or situation.

At the intermediate practice level, practice incorporates workers doing what is needed to achieve family outcomes prescribed by individualized case plans developed jointly between the worker and the family. The family is the locus for services development instead of the program.

At the advanced practice level, expansion is to community centered practice. This does not mean family-centered practice displaces program-centered practice or community-centered practice displaces family-centered practice. Rather, it means practice becomes fully three-dimensional.

Community-centered practice is not an option, it is a requirement. Children cannot adequately cope with their needs, problems, and vulnerabilities without the support and assistance of a nurturing family. Families cannot adequately cope without the support and assistance of a nurturing community. It is not possible to appropriately and adequately protect children in the absence of community-centered practice.

“Community” refers to the array of services, opportunities, and resources available to and accessible by the family. Child protection practice involves the identification and, if necessary,

development of the services, opportunities, and resources required by each family. You and your agency or program may or may not be directly involved in services provision. Rather, you assure the availability of and the family's access to the array of services, opportunities, and resources needed to optimally respond to the family's interests and needs. If "community organization" is developing and organizing services, opportunities, and resources for identified groups or sub-populations, community-centered services is "community organization," one family or child at a time.

How it works:

Program-centered practice expands to incorporate family-centered approaches through the development and implementation of individualized family case plans. In turn, practice expands to incorporate community-centered approaches and strategies to assure availability of and access to the services, opportunities, and resources required by each family.

Study Questions:

1. What is one specific example of a "program" within your agency to which children are assigned, including (a) The program to which children are assigned and (b) The "services" which all children assigned to the program receive?

2. What is one specific example of family-centered service delivery in which you are involved?

This is a situation where the services and resources made available to the family are not based on program eligibility or the family's being assigned to a "program". Rather, services and resources are "bundled" based on the specific interests and needs of the family.

3. What is one specific example of community-centered services you delivered for a specific family or child?

Rating Scale: (Rate your practice, program, or agency.):

0. F: “Program-centered” not integrated into practice.
1. F: “Program-centered” integrated into practice.
2. F: “Family-centered” partially integrated into practice.
3. F: “Family-centered” integrated into practice.
4. F: “Community-centered” partially integrated into practice.
5. F: “Community-centered” integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the “2” level, what three strategies will you use to increase your practice level to “3?”

- 1.

- 2.

G: Agency-focused <<>> Network-focused <<>> Variable Resource-focused

At the basic practice level, the programs to which children are assigned and the services arranged for each child are agency focused. For internally delivered services, the agency retains responsibility. If services are external, the external entity providing those services is responsible for both the services and the aspect of the child related to those services.

For example, if a child is placed in an external setting, responsibility for the care, well-being, and safety of the child shifts to the external agency. Services and responsibility thus become fragmented and diffused.

At the intermediate practice level, focus expands from the agency to a network of agencies, programs, and services including the agency and its programs and services. The participants and services in the network are relatively fixed and stable. For example, health services to child protection clients are typically delivered through a fairly static network of agencies, programs, and providers.

Each community funds and develops an array of services and resources specifically for children. Among these are schools, faith-based programs, health services, recreation facilities, mental health and substance abuse programs, police agencies, daycare services, public child protection agencies, and many others. Collectively, these programs and services represent the community's commitment to the well-being and long-term success of its children. This array of services and programs in each community may be thought of as the children's safety net. On the one hand, the children's safety net provides services and resources to meet the individual needs of children and to resolve their unique problems. On the other hand, it compensates for the special vulnerabilities of children by standing as a guardian in harm's way. In turn, there are normally divisions or sub-nets within the children's safety net. For example, there is usually a sub-net for health care, one for education, one for recreation, and so on.

Practice expands at the advanced practice level to incorporate a Variable Resource focus. Within an agency or network focus, services and resources are often too static and pre-defined to exactly fit the needs of specific children and families. The expanded focus incorporates strategies and arrangements whereby resources may be mixed, reconfigured, shifted, and created on an individualized, just-in-time basis. This includes access to specific programs, using specific services, and the full range of resources required by a child or family at any particular time.

How it works:

Child protection practice is initially agency focused. Programs and services are organized and implemented from an agency-centric perspective. Practice expands to incorporate a network perspective extending beyond the agency to the children's safety net and its sub-nets within the community. The network perspective expands to incorporate a variable resource perspective where programs and services are flexible and able to blend and reform to exactly fit the needs and interests of individual children and families.

Study Questions:

1. What is one specific example of an agency-focused service you provide for your clients?

2. What is one specific example of a network-focused service in which you, your program, or agency participate?

3. What is one specific situation where you went outside the children's safety net or its sub-nets

to deliver Variable Resource focused services to a child?

Rating Scale:

- 0. G: “Agency-focused” not integrated into practice.
- 1. G: “Agency-focused” integrated into practice.
- 2. G: “Network-focused” partially integrated into practice.
- 3. G: “Network-focused” integrated into practice.
- 4. G: “Variable Resource-focused” partially integrated into practice.
- 5. G: “Variable Resource-focused” integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the “2” level, what three strategies will you use to increase your practice level to “3?”

- 1.
- 2.
- 3.

H: Closed Structures <<>> Open Structures <<>> Dynamic Structures

At the basic practice level, internal focus results in closed structures or boxes that are self-contained and relatively impermeable. It is like having a “wall” around the program or agency through which people and information pass very slowly, if at all. This phenomenon applies to the programs within the agency. It also applies to an even greater extent to the programs and entities external to the agency.

In addition to the obvious communication and resource management issues associated with these closed structures, there are both recognized and unrecognized issues related to program and services appropriateness for individual children. These issues include, among other problems, extended delays related to reassigning children from one program to another and limited effectiveness caused by restricting children to the services available within a program. Minimal consideration is given to the optimal resource and services array for individual children.

Closed structures expand to open structures at the intermediate practice level when the divisions and barriers among and between departments, programs, and operating units dissolve and reconfigure on an as needed basis. The configuration of the agency is dynamic and responds to the focal outcomes present at any specific time. The internal configuration, personnel assignment, and resource distribution optimize so as to maximize the achievement of designated outcomes. For all but very small agencies, the transition from closed to open structures within the agency is among the most challenging shifts as organizations expand practice.

Importantly, open structures are not merely programs and agencies that work well with each other. Instead, open structures exist when programs, services, and whole agencies are continuously redefining boundaries, redefining roles and responsibilities, and reconfiguring people and resources to respond to the interests and needs of children.

As open structures expand in the advanced practice level to variable Resource-focus, the underlying structures expand to conform to client and practice requirements. At this level, the agency and the Children's Safety Net are in a process of continuous re-engineering and re-configuration. Assuring variable Resource-focus within dynamic structures represents the optimal strategy for adequate child protection practice.

How it works:

Closed internal and external structures are self-contained and relatively impermeable. As practice expands, structures dissolve and reconfigure on an as needed basis to respond to the needs and interests of children and families. These structures develop a variable resource focus where the available services and program opportunities are dynamic and dependent on the needs and interests of the specific children and families being served.

Study Questions:

1. What is one specific example of a closed structure with which you and your clients need to deal, including the problems the closed structure causes for you or your clients?

2. What is one specific example of an open structure within your agency, including evidence of its being an open structure? This is a situation where people and resources within two or

more programs or operating units blend and reconfigure on an as needed basis in order to respond to the needs and interests of clients. This includes separate programs, staff, and resources subordinating individual identity or roles to the interests of shared clients.

3. What is one specific example of variable Resource-focus within your agency or within the children's safety net in your community?

Rating Scale (Rate your practice, program, or agency.):

0. H: "Closed Structures" not integrated into practice.
1. H: "Closed Structures" integrated into practice.
2. H: "Open Structures" partially integrated into practice.
3. H: "Open Structures" integrated into practice.
4. H: "Dynamic Structures" partially integrated into practice.
5. H: "Dynamic Structures" integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the "2" level, what three strategies will you use to increase your practice level to "3?"

- 1.

2.

3.

I: Collaboration <<>> Partnering <<>> Unified Commitment

At the basic practice level, collaboration involves workers from different agencies or programs working cooperatively to improve services delivery to shared clients. The primary benefit is improved communication and problem solving. Collaborative efforts are generally child specific, focusing on resolving conflicts, communication issues, and coordination problems between programs. They are program-centric in so far as the purpose of collaboration is to improve the ability of workers to provide services within their program or to reduce barriers to their delivering services in a manner consistent with the procedures associated with those services.

Partnering at the intermediate practice level involves opening the interface between two or more programs that may be internal or external. The goal is to develop and deliver a shared services or resource array the individual program cannot deliver. This creates a derivative program drawing resources from the partnership participants. The partnership is intended to achieve better outcomes for the shared clients of the derivative program.

Collaboration and partnering expand at the advanced practice level to incorporate a Unified Commitment to practice excellence for children and families. It is not enough for workers to collaborate to improve communication and to resolve services issues and barriers. Nor is it enough for programs and agencies to partner in order to initiate co-ventures or form new or derivative programs and services to benefit children and families. These are both useful and necessary endeavors. Nonetheless, anything less than a unified commitment to practice excellence is a less than encompassing approach and fragments child protection for children and families.

How it works.

At the basic practice level, problems and issues between programs are resolved through

collaboration. This process is intended to improve services provided by each program to children and families who are clients of both programs. At the intermediate practice level, practice expands to dissolve the boundaries between the programs, creating a partnership or derivative program providing the same or new services array for the clients of the antecedent programs. Practice expands at the advanced practice level beyond partnering to incorporate a unified commitment to practice excellence wherein program structures disappear. The needs and interests of the child or family being served is the sole determinate of the available structure and services array.

Study Questions:

1. What is one specific example of collaboration in which you are involved?

2. What is one specific example of partnering in which you are involved? You and another program or worker have blended your services and resources in order to provide a new or derivative service or services array for selected, shared clients.

3. What is one specific example of a Unified Commitment to practice excellence, including the participants and the new or derivative services being provided?

Rating Scale (Rate your practice, program, or agency.):

0. I: "Collaboration" not integrated into practice.

1. I: "Collaboration" integrated into practice.
2. I: "Partnering" partially integrated into practice.
3. I: "Partnering" integrated into practice.
4. I: "Unified Commitment" partially integrated into practice.
5. I: "Unified Commitment" integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the "2" level, what three strategies will you use to increase your practice level to "3?"

1.

2.

3.

J: Quality Assurance <<>> Continuous Quality Improvement <<>> Values-centered Practice

At the basic practice level, quality Assurance activities monitor how closely each program and its services are conforming to the expectations defined by the program's associated procedures. The primary result of Quality Assurance activities is finding a program and its workers in or out of compliance with relevant procedures.

If out of compliance, the workers in the program develop a program improvement plan which, when approved, becomes a major focus of their work. This leads to an iterative process through which compliance increases over time.

Quality Assurance expands at the intermediate practice level to incorporate Continuous Quality Improvement (CQI). The concept here is fairly simple.

Quality Assurance focuses on compliance with rules and procedures, determining the extent of compliance/non-compliance. Intervention, then, involves developing and following a plan to bring areas of non-compliance into compliance. In theory, it is possible to be in complete compliance.

CQI focuses on outcomes achievement, determining the extent to which the outcomes are being achieved. Intervention, then, involves developing a plan to more nearly achieve the specified outcomes. It is not possible to fully achieve the outcomes since, as outcome achievement is approached, the outcomes are modified or recalibrated to assure there is more room for improvement. This process is called "raising the bar."

At the advanced practice level, values-centered practice is expected of all participants. Quality assurance and continuous quality improvement are assumed. Decisions and actions are in compliance with the rules and continuously improving in terms of quality and outcome attainment. Practice rests on shared value propositions.

2. J: “Continuous Quality Improvement” partially integrated into practice.

3. J: “Continuous Quality Improvement” integrated into practice.

4. J: “Values-centered Practice” partially integrated into practice.

5. J: “Values-centered Practice” integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the “2” level, what three strategies will you use to increase your practice level to “3?”

1.

2.

3.

K: Cost <<>> Process <<>> Performance

At the basic practice level, cost is the central criterion for most program and service decisions. There is a fixed funding level for each program. Within the allocation, a detailed budget covers direct, indirect, and overhead costs for the personnel and resources available to the program.

Within the budgeted limits, managers acquire goods and services from various departments and external sources, with cost being the primary selection factor. The result is an array of resources and personnel collectively representing the capacity of the program. The per-child allocation for children assigned to the program then varies, depending on the number of children in the program at any specific time.

Cost also is a primary evaluative criterion for programs, services, and workers. Well-managed programs are those staying within allocations, operate within the line item appropriations, and are in compliance with the rules.

The cost or resource requirement of a given program or service is the primary determinate of whether the program or service is available. Additionally, the choice of one service or another is largely based on cost. For example, when deciding which placement resource to use for a child, lowest cost is a major decision criterion.

As practice expands into the intermediate practice level, process has a higher priority than cost. In order to get a specified outcome for a child or group of children, a known services array needs to be present. For example, placement resources are judged in terms of the services array available for the children using the placement resource and how the services are delivered to the children. The availability and delivery of services represent the process aspect of the resource.

The process criteria need to be satisfied before cost becomes an issue. At a very simple level, a

group of children may need mental health services to help with their behavior and emotional problems. Focusing only on cost leads to developing or acquiring mental health services delivered for a fixed per-child or per-hour cost. Focusing on process leads to identifying mental health professionals with specific credentials and expertise to deliver specified services to specific children to get pre-defined outcomes. Only when these process criteria are met is cost a consideration.

At the advanced practice level, The primary aspect of any program, service, or action is performance. Further, all decisions and actions are driven primarily by performance considerations before cost or process. Here, performance refers to whether services adhere to the shared value propositions, incorporate best practice strategies and protocols, and demonstratively assure safety, permanence, and sustained well-being for each child served.

How it works.

When practice is fully expanded, performance is the primary consideration for all programs and services. Will the child or family be appreciably better off after receiving the service or participating in the program? Process consideration then asks, “Is the program or service delivered by appropriately qualified practitioners, delivering the right services to the right children and families?” Only then is “How much does it cost?” asked.

Study Questions:

1. What is a specific example of cost being the primary selection factor for services or resources within your practice?

2. What is an example of specified outcomes for a child or group of children being the primary

selection criteria within your practice?

3. What is an example of performance considerations being the primary selection criteria for services and resources in your practice?

Rating Scale:

0. K: “Cost” not integrated into practice.
1. K: “Cost” integrated into practice.
2. K: “Process” partially integrated into practice.
3. K: “Process” integrated into practice.
4. K: “Performance” partially integrated into practice.
5. K: “Performance” integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the “2” level, what three strategies will you use to increase your practice level to “3?”

1.

2.

L: Authority <<>> Assessment & Planning <<>> Rights & Responsibilities

At the basic practice level, actions and decisions are based on the authority of the individual taking the action or making the decision. This authority derives from the next level above the individual. Thus there is an authority hierarchy within the agency.

The agency itself has authority deriving from state and federal laws and administrative code. The result is services are, for the most part, based on rules and the associated authority derived from those rules.

As practice expands into the intermediate practice level, action is based on assessment and planning. The expansion is from what is supposed to happen to what needs to happen, from how it is supposed to be done to how to achieve the desired outcomes.

When action is based on assessment and planning instead of rules and authority, the associated behavior and actions are less predictable and less consistent. There is also more variability from agency to agency and from worker to worker. The outcomes for individual children, then, may be better or worse, depending on which agency provides the needed services and which worker is providing the services. This lack of services equity, thus, has to be weighed against the improved outcomes for some but not all children.

Practice expands in the advanced practice level beyond the authority derived from rules and hierarchical structures, beyond assessment and planning. Rights and responsibilities represent the authorizing structure for practice. Both agencies and workers are extended rights, including the right to deliver defined services to specified clients. These rights are typically conveyed as licenses, accreditations, or certifications issued by units of government or professional organizations. These rights are accompanied by responsibilities including minimum professional qualifications, ethics requirements,

and practice standards. Specific rules and outcomes represent the contextual environment for principle-based practice.

How it works.

The authority derived from organizational position and from associated rules and procedures expands to incorporate practice and associated activities primarily authorized through assessment and planning with specific children and families. It then proceeds as directed and constrained by the rights and responsibilities of both the clients and the workers.

Study Questions:

1. What is a specific example of your practicing based on the "authority" of your position?

2. What is a specific example of your practice being based on assessment and planning instead of on rules and authority?

3. What is a specific example of your practice being based on Rights and responsibilities?

Rating Scale:

0. L: "Authority" not integrated into practice.
1. L: "Authority" integrated into practice.
2. L: "Assessment & Planning" partially integrated into practice.

3. L: "Assessment & Planning" integrated into practice.

4. L: "Rights & Responsibilities" partially integrated into practice.

5. L: "Rights & Responsibilities" integrated into practice.

Practice Strategies:

Now list three specific strategies you will use to increase your practice level. For example, if you rated your practice at the "2" level, what three strategies will you use to increase your practice level to "3?"

1.

2.

3.