Many state child welfare agencies have implemented practice models as part of reform efforts to strengthen practice and improve child and family outcomes. While definitions vary, practice models can be viewed as “conceptual maps that reflect organizational ideology and describe how the agency’s employees, families and stakeholders work together”.1

Practice models provide a basis for consistency in practice and clarify staff roles and expectations in child welfare agencies.2 A shared understanding of the agency’s philosophy becomes the basis for developing and delivering services that meet child and family needs, which in turn are expected to lead to improved outcomes.3

Between federal fiscal years 2009 and 2013 the Children’s Bureau supported five regional Child Welfare Implementation Centers (IC) to carry out multi-year implementation projects aimed at achieving sustainable systems reform. More than 50 percent of the implementation projects funded were focused on child welfare practice models. To assess changes in the projects’ implementation capacity, IC evaluators collectively developed two measures—the Implementation Process Measure (IPM) and the Implementation Capacity Analysis (ICA).4 Local evaluators held focus groups with implementation project team members and explored which implementation capacities were enhanced and which ones were particularly important to the implementation process.

This article focuses on the qualitative analysis and findings related to a subset of IC child welfare implementation projects examined in the cross-site evaluation—14 projects categorized by the evaluation team as addressing the design and/or implementation of child welfare practice models. Data were obtained from IC implementation project final reports with local evaluation findings submitted to the funding agency.

The jurisdictions with implementation projects were diverse, included 10 state child welfare agencies, one large county agency, and three tribes or tribal consortia. In seven of these jurisdictions, practice models were the primary focus of the project. In seven other jurisdictions, practice models were the secondary focus area, along with the use of data-driven practices, engaging stakeholders, strengthening workforce capacity, and/or enhancing tribal child welfare practices and culturally appropriate services to American Indian and Alaska Native children and families. The scope of the practice models varied from broad (family-centered practice model implemented statewide across the full continuum of child welfare service areas from prevention through permanency) to narrow (model to assist youth transitioning out of foster care in a few pilot sites). In addition, the practice models had slightly different foci, such as solution-based casework, in-home services, safety assessment, and systems of care. Despite their differences, most practice model implementation projects emphasized family and stakeholder engagement and shared goals of strengthening practices and improving outcomes for children, youth, and families.

Evaluation findings and IC reflections pointed to the following interrelated lessons.

In order for desired outcomes to be achieved, it is critical that an implementation project begins with a clear focus and goals that are achievable in the planned timeframe. In sites that had well-defined foci and/or practice models established at the outset of their projects, ICs were able to concentrate more quickly on supporting implementation and building capacities. Jurisdictions with less clarity regarding direction and rationale for their practice models experienced additional delays before specifying interventions.

IC staff and project stakeholders commonly emphasized the critical role of committed agency leadership to a practice model project’s success and sustainability. Leadership commitment was vital to communicating the importance of practice models to the agency’s work, building a shared vision, allocating needed resources to effective implementation, and conveying that the change effort was a priority.

Sites needed proactive involvement of a cross section of internal and external stakeholders (including youth and family members), and integration of their perspectives into project design, implementation, and evaluation.

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**PRACTICE MODEL**

A set of common core safety concepts for determining when children are safe, unsafe, or at risk of subsequent harm.
Findings

Organizational culture and climate were recognized as significant factors in implementation. Many of the evaluations assessed culture and climate and, specifically, readiness and buy-in. ICs and stakeholder participants recognized that classroom training alone was typically not sufficient to promote widespread and consistent practice changes associated with new practice models. Coaching was used to augment classroom training and help recipients apply new information on the job.

In many cases, the design and development of a new practice model occurs at the same time as other child welfare initiatives. These different initiatives can compete for attention and resources and dilute the overall impact of any single initiative. To maintain momentum, several jurisdictions found it valuable to link the practice model project with other ongoing efforts.

Several implementation projects focused both on the implementation of practice models and on using data more effectively to support data-driven practices, quality assurance, and CQI. Implementation project team members discovered the importance of identifying and articulating practice standards early to demonstrate fidelity and support practice consistency, accountability, and sustainability.

ICs recognized the importance of starting discussions and planning for sustainability early in the implementation process. In some jurisdictions, however, the T/TA providers found it challenging to engage staff in thinking about sustainability while they were still in the midst of implementation.

Implications

Using a multiple case study approach to analyze the experiences of 14 diverse jurisdictions that implemented child welfare practice models, this article offers a series of lessons that may be valuable to other states and tribes that are planning or implementing practice models, as well as to T/TA providers helping to build capacity for such systems change efforts. These lessons point to key elements that can foster practice model success, including a clear focus, supportive leadership, champions at multiple levels, broad-based stakeholder engagement, and alignment with other ongoing initiatives. Specific activities such as assessing culture and readiness, collaborative visioning, coaching to reinforce training and guide practice, and conducting fidelity assessments were also identified as essential to the consistent integration of practice models.