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**Child Welfare Practice Models:  
*Literature Review  
and  
Implementation Considerations***

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## Key Practice Points

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This review of recent literature examines the use of practice models in child welfare including strategies for choosing and implementing a model. The work on practice models is in early stages of development, but there is a growing recognition that systematic implementation and use of a practice model allow child welfare agencies to better track the connection between service activities and system outcomes. The following key practice points are related to successful use of a practice model:

-  The practice model must include values and principles that are relevant to all agency staff, regardless of their professional function (PPCWG, 2010).
-  Practice models must be tailored to the unique needs of the agency (Casey Family Programs, 2008).
-  Effective practice models provide global direction, defining parameters for interactions between social workers and family members, colleagues, and other stakeholders (NCWRCOI, 2008; PPCWG, 2010).
-  Effective implementation and evaluation requires monitoring fidelity to ensure an ongoing connection between the model and actual daily social work practice (ACF, 2008).
-  Leadership involvement is a key factor in the successful use of practice models (CWPPG, 2008a).
-  Diversity is a key consideration in the evaluation of practice model effectiveness (Bridge et al., 2008).
-  Training the practice model must:
  -  involve all levels of staff,
  -  include specific training for various staff roles and
  -  focus on practice skills rather than policy and procedures (Barbee et al., in press).

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## Method

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Research cited in this literature review was found using the electronic catalogs at the University of California, Berkeley School of Social Welfare Library along with research and internet resources

found at <http://www.lib.berkeley.edu/SOCW/>. The following search terms were utilized in locating applicable resources for the review: *child welfare practice models, child welfare practice framework, child welfare practice values, practice model implementation, child welfare practice principles, child welfare reform, evidence-based practice*. The following electronic resources were used in the search for literature: Social Services Abstracts (CSA/Illumina and EBSCO Host), Social Work Abstracts, PsycARTICLES, Google Scholar, and Melvyl (The Catalog of the University of California's Libraries). In addition, resources were gathered from colleagues who participated in practice model development or implementation with the California Department of Social Services, Los Angeles County, and the states of Alaska and Virginia.

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## Introduction

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Although several jurisdictions in the United States and around the world have begun exploring the adoption of child welfare practice models (Léveillé & Chamberland, 2010) the available information about practice models remains limited (Barbee et al., in press). In the U.S., the decision to develop and implement statewide practice models has been driven by a variety of factors, the most prominent being a desire to reform the state's child welfare system. Some states have done so in response to legal mandates determined in class action suits—as was the case with states such as Alabama and Utah (CWPPG, 2008a). Other states, also seeing a need for system-wide child welfare reform, chose to adopt a practice model voluntarily, although the decision is often in response to efforts to improve outcomes or address an identified problem (Barbee et al., in press). Although assessment of the positive impact of the use of practice models is just beginning, the adoption and implementation of a defined model will allow a level of systematic review never before possible. Through the recent literature reviewed below, we will define the practice model concept, explore the expected benefits, and outline key strategies for implementation.

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## Defining the Concepts

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Throughout the practice model literature, the terms *practice framework* and *practice model* seem to be used synonymously. The Child Welfare Policy and Practice Group (CWPPG) defines practice as “the values, principles, relationships, approaches and techniques used at the system and casework practitioner level to enable children and families to achieve the goals of safety, stability, permanency, and well-being” (CWPPG, 2008a). Traditionally, the term *framework* refers to the basic foundation of a system or structure, whereas the term *model* connotes a more detailed version of a framework. Indeed, the CWPPG notes that a framework is “...an underlying set of ideas: a set of ideas, principles, agreements or rules that provides the basis or outline for something intended to be more fully developed at a later stage” (CWPPG, 2008a). In further developing its definition of a practice framework, the CWPPG states that a framework “outlines the values and principles that underlie an approach to working with children and families” (CWPPG, 2008a).

The establishment of organizational values and principles is crucial to a framework or model. Positioning Public Child Welfare Guidance (2010) cautions that the values and principles “must be relevant to all workers regardless of their professional functions, the settings in which they work, or the populations they serve.” This will ensure that changes in practice will be system-wide, rather than isolated to specific components of the system. Once the overarching organizational values and principles are established, a practice a framework “may also describe specific approaches and techniques considered fundamental to achieving desired outcome” (CWPPG, 2008a). These approaches may vary within the agency, depending on work function and population served, but all the approaches must remain congruent with the organizational values and principles.



Key point: Practice values and principles should be relevant to all agency staff, regardless of their professional function (PPCWG, 2010).

Florida’s Family Centered Practice Framework, likewise, states that a practice framework “encompasses the range of the major activities of child welfare practice and service delivery” (Casey Family Programs, 2010). Typically, a practice framework addresses the activities of front-line child

welfare workers (Casey Family Programs, 2010), but some frameworks have “addressed issues such as agency leadership and management and/or relationships with the community” (CWPPG, 2008a).

A practice framework, then, encompasses the core principles (CWPPG, 2008a) and the core practice functions (Casey Family Programs, 2010). Providing such specifics of strategies and activities seems to go beyond the basic definition of a framework; thus, it might be useful to separate out strategies from the framework.

Like a framework, a practice model “defines the key components, values, and principles and outcomes” that the agency will employ (PPCWG, 2010). Beyond the scope of a framework, a practice model is “a conceptual map and organizational ideology of how agency employees, families, and stakeholders should unite in creating a physical and emotional environment that focuses on the safety, permanency, and well-being of children and their families” (NCWRCOI, 2008). An effective model should include an underlying theoretical framework, a clearly described set of social worker activities and expectations, a fully developed system to support and monitor the social workers’ activities, and an evaluation component (Wandersman, 2009).

Practice models provide direction at the level of daily interactions, defining practices for all those involved with the agency to achieve defined outcomes (NCWRCOI, 2008). More specifically, practice models provide clear and specific descriptions of the types of behaviors, activities, and strategies that staff are to engage in, not only with the families and children with whom they work, but also with fellow staff, community partners, service providers, and other stakeholders (NCWRCOI, 2008; PPCWG, 2010). Practice models address all aspects of the agency, from service provision to regulations and policies (NCWRCOI, 2008). As noted in Virginia’s practice model (Virginia Department of Social Services, 2010), “the practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family.” One of the challenges in developing and implementing practice models—which, by their very

nature, are prescriptive—is allowing for “appropriate flexibility and professional discretion to support effective casework practice” (NCWRCOI, 2008).



Key point: Practice models provide global direction, defining parameters for interactions between social workers and family members, colleagues, and other stakeholders (NCWRCOI, 2008; PPCWG, 2010).

In addition to activities, practice models also include the basic rationale for the model and the individual practices, making it clear to all parties how the model relates to the agency values and the expected outcomes (NCWRCOI & NRCFCPPP, 2008). This rationale helps define the practice so the social workers and other stakeholders can identify the operationalization of the values and principles (PPCWG, 2010). These detailed descriptions of the actual practice of the agency and its workers are what distinguish a practice framework from a practice model.

Going beyond the behaviors and activities of social workers, practice models also define “how outcomes will be measured both quantitatively and qualitatively” (PPCWG, 2010). By intentionally incorporating a definition of outcomes and measurement of these outcomes, practice models facilitate the inclusion of accountability and quality assurance into the system.

Barbee et al. (in press) caution against the use of a practice framework that provides core values without the links to theory and explicit practice included in a model because such frameworks do not provide support and assistance to social workers in their efforts to carry out the framework values.

The literature notes that a few practice models for child welfare meet the criteria described above. Barbee et al. (in press) identify Solution-Based Casework and Family-Centered Practice as two models that possess all the key criteria for successful implementation and practice. An additional model in initial stages of development, Relationship-Based Child Welfare Services (Lawler et al., 2010), also holds promise.

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## Practice Model Components

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The specific principles included in child welfare practice models vary by state, but several core principles seem to be shared by many models. These basic principles can be summed up in The Child Welfare Policy and Practice Group's recommendations of 7 Basic Principles of a Practice Framework in Child Welfare (CWPPG, 2008a). They are:

1. General principles (e.g., overarching practice ideals such as family engagement, using teaming to plan and make decisions, and being strengths-based)
2. Principles relating to resource allocation and service design
3. Principles related to assessment, planning, and intervention
4. Principles relating to the system's response to alleged child abuse or neglect
5. Principles relating to children who must be placed in foster care
6. Principles related to transitions from care to reunification or independence
7. Principles related to effective collaboration with other service systems

The Children's Bureau of the Administration for Children and Families also provides a list of recommended principles, which more specifically state what these principles should look like.

According to the Children's Bureau (NCWRCOI, 2008), practice should be:

1. Child-focused
2. Family-centered
3. Individualized to meet the specific needs of children and families
4. Collaborative
5. Enhanced to strengthen parental capacity
6. Community-based
7. Culturally responsive
8. Outcome-oriented

These principles are incorporated into many of the existing state practice models, including, but not limited to, Alabama, Virginia, Tennessee, Utah, Florida, and Georgia, as well as Los Angeles County. It should be noted that not all states include all the recommended principles and that some states add additional principles to their models. For example, Virginia's model includes principles about the timeliness of response and the factual basis for intervention (Virginia Department of Social Services, 2010).

Although not much is directly mentioned about a theory of change in many of the existing practice models, it is nevertheless important to include a discussion of a theory of change when developing a practice model (Barbee et al., in press), particularly if the desired outcome of implementing a practice model is lasting and sustainable change in the child welfare system. A theory of change actively links the underlying values and assumptions of the model to processes and outcomes. Further supporting the relevance of a theory of change, Positioning Public Child Welfare Guidance points out that "the field of public child welfare articulates the underlying beliefs and assumptions that guide the delivery of services to produce change and improvement in the lives of children, youth, and families" (PPCWG, 2010).

The California Department of Social Services (CDSS) has also explicitly incorporated a theory of change in its most recent proposal for a permanency casework practice model for California. In its proposal, CDSS states that its "approach is designed based on the following theory of change: both practice and systemic transformation supported by a strengthened and coordinated statewide infrastructure for training, coaching, and quality assurance will result in reduced long-term foster care for African American, Native American and LGBTQ children and youth" (CDSS, 2010). Los Angeles County has also used a theory of change, founded in the belief that people can and do change, in its work to develop a core model of practice (Los Angeles County, 2010).

A practice model operationalizes theory with actual social work activities and helps organizations avoid the pitfall of a fragmented system by fully integrating the framework (values and principles)

into daily practice. This can only be accomplished by “mak[ing] an explicit link connecting the agency’s policy, practice, training, supervision, and quality assurance with its mission, vision, agency values, and strategic plan” (NCWRCOI, 2008).

When determining the specific strategies to include in the practice model, it is important to “provide for discrete actions that flow from the principles” (Casey Family Programs, 2008). That is, all of the actions included in the practice model should support the principles and values (the framework) that provide the overarching philosophical foundation of the model (Casey Family Programs, 2008; PPCWG, 2010; Barbee et al., in press).

In order to ensure that these connections between the model and practice are made, it is important to monitor the fidelity of practice to the model. For instance, Utah conducts annual reviews to “assess how well agencies and workers follow the model” (Administration of Children and Families, 2008). Thus, ongoing assessment and evaluation is an important consideration in ensuring that daily practice and service delivery are linked to the core values and principles of the practice model. Utah has also linked training with the practice model via their yearly review of process and qualitative case data (Administration for Children and Families, 2008). The states of Alabama, Florida, and Georgia, and Los Angeles County also have similar evaluation and monitoring mechanisms in place; all explicitly incorporate some aspect of training into their models.



Key point: Monitoring fidelity ensures an ongoing connection between the model and actual daily social work practice (ACF, 2008).

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### **Benefits of Adopting a Practice Model**

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The literature related to implementing a child welfare practice model identifies several commonly held expected benefits. These benefits include:

- ▶ Providing a basis for consistency in practice (NCWRCOI, 2008; Casey Family Programs, 2008; CWPPG, 2008a);

- ▶ Clarifying employee roles and expectations (NCWRCOI, 2008; Casey Family Programs, 2008; CWPPG, 2008a);
- ▶ Informing training, policy, and quality assurance (NCWRCOI, 2008; Casey Family Programs, 2008; CWPPG, 2008a);
- ▶ Shaping organizational design (NCWRCOI, 2008; Casey Family Programs, 2008; CWPPG, 2008a);
- ▶ Providing a moral authority for practice (Casey Family Programs, 2008; CWPPG, 2008a); and,
- ▶ Forcing attention to how children and families should experience the system (Casey Family Programs, 2008; CWPPG, 2008a).

For states like Alabama and Utah, which were mandated to implement a practice model, implementation resulted in additional benefits: “improved outcomes and cessation of court oversight” (CWPPG, 2008a). As noted by Léveillé & Chamberland (2010), for most states in general, the positive impact of practice model implementation also included:

- ▶ Improved professional and organizational collaboration,
- ▶ More collaboration with families receiving services,
- ▶ A shift to more child-centered practices,
- ▶ A change to a more holistic and inclusive practice,
- ▶ Opportunities for reflection and assessment of practices and outcomes,
- ▶ Adoption of evidence based interventions.

The National Child Welfare Resource Center for Organizational Improvement (NCWRCOI), in conjunction with the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP), explains that practice models serve to build into the agency culture a shared understanding of “the agency’s philosophy on working with children and families” (NCWRCOI, 2008). This is accomplished by “defin[ing] how the public child welfare agency engages families, youth, and the community” (PPCWG, 2010). This shared understanding should lead to the development of an array of services to fit the unique needs of the population served (PPCWG, 2010), and, ultimately, improved outcomes and sustainable change (NCRWRCOI, 2008; PPCWG,

2010). Further supporting this view of improved outcomes, the PPCWG (2010) states that “promot[ing] practice that is evidence-informed and guided by values and principles ... increases the likelihood of positive outcomes for children, youth, families, and the community.” Specifically, these improved outcomes should be related to the basic goals of a child welfare practice model, which are:

1. To protect children from abuse and neglect,
2. To provide children with stability and timely permanency in their lives,
3. To permit children to live with their own families, when possible, through the provision of services that strengthen families,
4. To enable children to achieve success in school and become stable, gainfully employed adults (CWPPG, 2008a).

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### Ensuring Practice Model Effectiveness

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In developing an effective practice model, it is important to keep in mind that there is no such thing as a “one-size-fits-all” model (NCWRCOI, 2008; Casey Family Programs, 2008). For a practice model to be truly effective, it must be “tailored to the unique needs of the agency” (Casey Family Programs, 2008). When considering the unique needs of the agency (or state), it then follows that the unique needs of the people served must be taken into account (PPCWG, 2010; NRCFCPPP, 2009).



Key point: Practice models must be tailored to the unique needs of the agency (Casey Family Programs, 2008).

Strong leadership is also essential in effective practice models. In fact, the Child Welfare Policy and Practice Group goes so far as to say that “the effectiveness of a practice framework is dependent on the priority given it by system leadership.... It should be seen as an overarching mandate at the state and local management level as well by front-line staff” (CWPPG, 2008a). The Child Welfare Policy and Practice Group as well as Casey Family Programs also emphasize the importance of providing a *moral authority* or *moral guidelines* for practice “that goes beyond policy and procedures” (Casey

Family Programs, 2008). These *moral guidelines* are associated with the values and principles which guide practice. When these guidelines are internalized, practice becomes more consistent across the system (Casey Family Programs, 2008).



Key point: Leadership involvement is a key factor in the successful use of practice models (CWPPG, 2008a).

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### Linking Practice Models to Evidence

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As Casey Family Programs states, “An effective practice model includes specific approaches and techniques considered imperative to supporting the agency’s value system. They may include promising practices [and] evidence-based approaches...” (Casey Family Programs, 2008). The use of evidence-informed strategies holds great promise for field of child welfare in that they “can help the field understand and ameliorate the root causes of maltreatment” (PPCWG, 2010). Likewise, when considering the adoption of a practice model, it is important to ensure there is evidence to support the model or a mechanism for developing the evidence to support the model.

Adopting an evidence-based model is not as simple as picking from an approved list and implementing it in the agency. It is important to distinguish between evidence-based practice models and evidence-driven practice models. Evidence-based practices are “specific...therapies that have been proven effective for specific concerns” and the models based on these practices “require adherence to the model or outcomes for validity” (Bridge et al., 2008). Evidence-driven, on the other hand, is more flexible in its application and “recognizes the unique realities of populations, agencies, and communities” (Bridge et al., 2008). Bridge et al. (2008) cautions that “the replication of any evidence-based model should be grounded in careful consideration of the strengths and limitations of the agency, the culture of the consumer and the community.” The importance of considering cultural competence in evidence-based practice models is underscored as Bridge et al. (2008) state that “implementing any practice model without careful consideration of diversity has the potential for failure and further exploitation of vulnerable consumers, especial racial and ethnic minorities.”



Key point: Diversity is a key consideration in the evaluation of practice model effectiveness (Bridge et al., 2008).

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## Practice Model Implementation

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Practice model implementation is a multi-step process that requires attention to many factors:

- ▶ Key agency attributes (see Glisson & Hemmelgarn, 1998, on organizational climate),
- ▶ Identified agency and community needs,
- ▶ Concurrent changes to individual practices and supportive infrastructures,
- ▶ Implementation evaluation,
- ▶ Outcome evaluation, and
- ▶ Sustainability planning (Barbee et al., in press).

In order to successfully implement a practice model, training must include all levels of the agency and must be extended to community stakeholders as well (Barbee et al., in press). Upper-level management training must include details about the model and practices to ensure the management team fully understands the model as they move forward with implementation (Barbee et al., in press). Training of social workers must accurately reflect the principles, values, and practices defined in the model. Training resources should be focused on practice, not policy or procedures (CWPPG, 2008a). Training should also be followed by coaching by trained practice experts (CWPPG, 2008a). Further, the CWPPG (2008a) states that “developing supervisory mentoring capacity is vital to assuring sustainability” (CWPPG, 2008a).



Key point: Training the practice model must

- involve all levels of staff,
- include specific training for various staff roles and
- focus on practice skills rather than policy and procedures (Barbee et al., in press).

Utah’s practice model implementation process relied heavily on training and skill development. Implementation involved providing information about new skills, modeling the skills to be adopted,

practicing the new skills, and receiving feedback (Casey Family Programs, 2008). The CWPPG's recommendations for training echo these basic components of the Utah's training model. According to the CWPPG (2008a), the core components of training should include (CWPPG, 2008a):

- ▶ Information
- ▶ Modeling
- ▶ Skills practice
- ▶ Feedback

Successful implementation begins with the development of the model. Before deciding on the types of services that will be defined in a child welfare practice model, it is important to “first build a set of theory and evidence-supported assumptions about the ecological contributors to child maltreatment that services will target” (PPCWG, 2010).

Barbee et al. (in press) suggest identifying key goals for the implementation of the model (such as identified continuous quality improvement goals) and assessing potential models according to criteria associated with the identified goal. For example, if one goal of practice model implementation is to improve the way case plans explicitly address identified risk factors, the prospective model should be assessed with criteria such as use of family assessment (beyond investigation of specific allegations) and use of a systematic way to connect assessed strengths and needs with case plan objectives. From there, the various values, principles, and, finally, the practices that will be incorporated into the model must be individualized for the unique needs of the organization and its service recipients (Casey Family Programs, 2008).

Specific organizational characteristics can influence successful implementation. Léveillé & Chamberland (2010) found that leadership with a “lengthy history of organizational collaboration, preparation, and signing of license agreements between organizations” was important to successful implementation, as was the “production and availability of a directory of services for children and their families in the local communities.”

These are not the only elements that lead to successful implementation. In Alabama's case, the successful implementation of its practice model was attributed to: alignment of principles to practice, supportive leadership, phased implementation, appropriate training that was aligned to principles, availability of external consultants, availability of flexible dollars, and smaller caseloads (Casey Family Programs, 2008).

The literature points to the following key elements of successful implementation:

1. Establishing the importance of adopting a different way to practice (CWPPG, 2008b)
2. Matching the model to the agency strengths (Barbee et al., in press)
3. Ensuring that the practices are driven by principles (CWPPG, 2008b)
4. Providing clarity about the process (Léveillé & Chamberland, 2010)
5. Completing implementation in phases (CWPPG, 2008b)
6. Allowing sufficient time for implementation (Léveillé & Chamberland, 2010)
7. Providing professional training (Léveillé & Chamberland, 2010)
8. Matching training to the model's principles (CWPPG, 2008b)
9. Providing adequate technical support (Léveillé & Chamberland, 2010)
10. Reducing caseload size (CWPPG, 2008b)
11. Establishing administrative arrangements (Léveillé & Chamberland, 2010)
12. Providing flexible financial support
13. Instilling staff with a sense of ownership of the model (Léveillé & Chamberland, 2010; CWPPG, 2008b)
14. Providing strong, supportive, and stable leadership (Léveillé & Chamberland, 2010; CWPPG, 2008b)
15. Facilitating reflection as part of the implementation process (Léveillé & Chamberland, 2010)
16. Building in a feedback and evaluation process that promotes accountability (CWPPG, 2008b)
17. Addressing sustainability in the implementation process (Barbee et al., in press)

A review of the process used to implement practice models in various states, organizations, and counties reveals several barriers that hinder successful implementation. Léveillé & Chamberland (2010) found that “confusion...about the roles of the various actors impeded the model’s smooth implementation.” Additional barriers include “administrative factors such as staff turnover, restructuring, and the mandate constraints of certain organisations” (Léveillé & Chamberland, 2010). Internal processes for social workers can also become barriers to successful implementation. For instance, cognitive biases such as “resistance to change, concerns about confidentiality and obtaining informed consent from families, and misperceptions of social work” and “inadequate introduction to the target model” (including insufficient training or knowledge) can be considered barriers (Léveillé & Chamberland, 2010).

Implementation difficulties can extend beyond initial implementation. Negative effects of the initial stages of implementation can influence full implementation. Léveillé & Chamberland (2010) found that “...increased workload caused by the target model’s implementation was cited as the most undesirable effect.”

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### Next Steps

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Those looking to develop and implement a practice model should keep in mind the following (NCWRCOI & NRCFCPPP, 2008):

- ▶ It is a very long process.
- ▶ The act of creating or modifying a practice model should take on the elements being encouraged in the practice model itself.
- ▶ Involving stakeholders strengthens the practice model and makes it more comprehensive.
- ▶ Consider the level of detail and direction to include in the practice model, determining the appropriate balance of administrative direction, stakeholder direction, and staff direction.
- ▶ Include a description of the agency’s primary goals, principles, or values.
- ▶ Successful implementation requires strong leadership and an invested staff. Staff should be able to discuss their concerns about the practice model.

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## Bibliography

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- Administration for Children and Families. (March 2008). Spotlight on Systems Change in Child Welfare: Practice Models in Child Welfare. *Children's Bureau Express*, 9(2). Washington, D.C.: Children's Bureau.
- Alaska Department of Health and Social Services Office of Children's Services. (2009). *Practice Model*. Retrieved from <http://hss.state.ak.us/ocs/>
- Barbee, A., Christensen, D., Antle, B., Wandersman, A., & Cahn, K. (in press). Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model.
- Bridge, T. J., Massie, E. G., & Mills, C. S. (2008). Prioritizing cultural competence in the implementation of an evidence-based practice model. *Children & Youth Services Review*, 30(10), 1111-1118.
- Casey Family Programs. (July 2008). A Practice Model Framework. Retrieved from <http://library.childwelfare.gov/cwig/ws/library/docs/gateway/Blob/67832.pdf;jsessionid=6C5F46D132736B30C0FA0557AEC9D797?w+=NATIVE%28%27recno%3D67832%27%29&upp=0&rpp=10&r=1&m=1>
- Casey Family Programs. (June 2010). Florida's Family Centered Practice Framework: Working Draft. Retrieved from [http://www.casey.org/Resources/Publications/pdf/FloridaRFP\\_PracticeFramework.pdf](http://www.casey.org/Resources/Publications/pdf/FloridaRFP_PracticeFramework.pdf)
- CDSS. (2010). California Partnership to Reduce Long-Term Foster Care.
- Child Welfare Policy and Practice Group. (2008a). Adopting a Child Welfare Practice Framework. Retrieved from <http://www.childwelfaregroup.org/documents/CWGPracticeFramework.pdf>
- Child Welfare Policy and Practice Group. (2008b). Implementation of Alabama's R.C. Consent Decree: Creating a New Culture of Practice. Retrieved from [http://www.childwelfaregroup.org/documents/AL\\_RC\\_Implementation.pdf](http://www.childwelfaregroup.org/documents/AL_RC_Implementation.pdf)
- Christensen, D., Todahl, J., & Barrett, W. (1999). *Solution-based Casework: An Introduction to Case Management Skills in Casework Practice*. Hawthorne NY: Aldine de Gruyter.
- Georgia Department of Human Resources Division of Family and Children Services. (February 2009). Family-Centered Case Practice Model. Retrieved from [http://www.gacfsrpi.org/docs/FamilyCenteredPracticeModel\\_022809.pdf](http://www.gacfsrpi.org/docs/FamilyCenteredPracticeModel_022809.pdf)

- Glisson, Charles, & Hemmelgarn, Anthony. (1998). The effects of organizational climate and interorganizational coordination on quality and outcomes of children's service systems. *Child Abuse and Neglect*, 22(5).
- Lawler, M. Shaver, P., & Goodman, G. (in press). Toward relationship-based child welfare services. *Children and Youth Services Review*.
- Léveillé, S., & Chamberland, C. (2010). Toward a general model for child welfare and protection services: A meta-evaluation of international experiences regarding the adoption of the Framework for the Assessment of Children in Need and Their Families (FACNF). *Children and Youth Services Review*, 32(7), 929-944.
- Los Angeles County Department of Children and Family Services (June 2010). Operationalizing the DCFS Practice Model within the Emergency Response (Version 7a).
- Los Angeles County. (2010). Los Angeles County Evolving Shared Child Welfare/Mental Health Core Practice Model (Draft).
- National Child Welfare Resource Center for Organizational Improvement and National Resource Center for Family-Centered Practice and Permanency Planning. (July 2008). An Introduction to the Practice Model Framework: A Working Document Series. Retrieved from <http://muskie.usm.maine.edu/helpkids/practicemodel/PracticeModelWorkingPaperIntro.pdf>
- National Resource Center for Family-Centered Practice and Permanency Planning. (July 2009). Information Packet: Family-Centered Practice Models.
- New Jersey Department of Human Services. (February 2004). A New Beginning: The Future of Child Welfare in New Jersey: Draft. Retrieved from <http://www.njstatelib.org/digit/humanSvs/newBegining.pdf>
- New Jersey Department of Children and Families. (January 2007). Case Practice Model. Retrieved from <http://www.state.nj.us/dcf/home/DCFCCasePracticeModelJan2007.pdf#ut>
- Positioning Public Child Welfare Guidance. (2010). Practice Model Guidance. Retrieved from <http://www.ppcwg.org/images/files/Practice%20Model%20Chapter%203-23-10.pdf>
- Tennessee Department of Children Services. (2003). Standards of Professional Practice For Serving Children and Families: A Model of Practice. Retrieved from [http://tennessee.gov/youth/dcsguide/DCS\\_PracticeModel11.24.03.pdf](http://tennessee.gov/youth/dcsguide/DCS_PracticeModel11.24.03.pdf)

Utah Department of Children and Family Services. (2010). *Our Practice Model*. Retrieved from [http://www.hsdcsf.utah.gov/practice\\_model.htm](http://www.hsdcsf.utah.gov/practice_model.htm)

Utah Department of Children and Family Services. (2010). *Practice and Administrative Guidelines and Rules*. Retrieved from [http://www.hsdcsf.utah.gov/guidelines\\_rules.htm](http://www.hsdcsf.utah.gov/guidelines_rules.htm)

Virginia Department of Social Services Division of Family Services. (2010). *Virginia's Children's Services Practice Model*. Retrieved from <http://www.dss.virginia.gov/division/famserv/>

Wandersman, A. (2009). Four keys to success: High hopes and challenges in participation. *American Journal of Community Psychology*, 43.