Hello, my name is Angela Pie. I am the CPS Practice Model specialist for the state of TX. I'm here today to introduce you to the CPS Practice Model, The Framework. As most of you already know, changing to a practice model means undergoing a transformation, which is what we are all doing right now in TX. You might think transformation and change are the same, but they really aren't. Change is about fixing the past and transformation is about creating a different future in our work—to make all children of Texas forever safe, a term you might hear more than once throughout this introduction.

We can't change the past but together we have a chance to build a different future to go in a different and more helpful direction. So this overview will highlight what this might look like for all of us. What I want to accomplish in our time today is I want to give you our vision and our best hopes for the TX CPS Practice Model. I also want to take you through the six core competencies. Along the way, I'd like to highlight how these changes will benefit us all as employees and how these changes will impact children and families in a positive way. Let's also consider the TX CPS Practice Model as having a mission. Finally, I'd like to show you how the Practice Model represents an organizational shift in practice at all levels.

So let's take a moment to reflect on our mission. "The mission of Child Protective Services is to protect children and to act in the children's best interest. To seek active involvement of the children's parents and other family members to solve problems that lead to abuse and neglect." It's why you get up and come to work every day and why you do the work that we do. But the focus of the practice model is to partner with families and communities to address child abuse and neglect with the goal of keeping children forever safe. The practice model formalizes how we actually carry out this purpose. The practice model acknowledges things that you and your staff already do, such as partnering with families and communities, bringing everyone to the table to make joint decisions, letting families express what they need, and helping families keep their children safe. We need to continue developing and fostering strong relationships with families and communities and creating safety networks that include schools, doctors, therapists, and anyone else committed to keeping children and youth forever safe. Not only does this approach benefit the families we serve, it also benefits you and your staff. Partnering with families and communities to develop joint goals means that the forever safety of children does not rest solely on staff's shoulders but that families, their safety networks, and their communities also play a role in ensuring forever safety.
So, the CPS Practice Model has specific desired outcomes. We want to ensure that children and youth feel safe. We also want to be sure that children have not only legal permanency but we want to ensure that they have relational permanency; that they have a connection to their families and that they know who they are and where they came from. We also want to ensure that children are part of families that are strong and happy.

I'd like you to take a moment to name one CPS value that you feel is important or that embodies the work that we do. (Pause)

To achieve our desired outcomes, the practice model adopts the values of CPS; the first value being respect. Respect is demonstrating our understanding that our clients are more than the reason that brought them to us, and seeking ways for them to guide the help they receive. Our clients are more than just an intake. They are more than just a case transfer from a different stage of service. We need to be sure that our clients understand that we respect and that we value them.

Our next value of the CPS practice model is commitment. Commitment is about pursuing the best outcome for each of the children, youth, and families we work with, knowing our interventions have important implications. It means staying committed to our work, showing our children, youth, and families that we're committed through the life of the case.

The next value that we'll discuss is integrity: communicating our purpose and how we make decision in a way that is easily understood; following through on our words and obligations. It's just doing what we say we're going to do.

We also want to ensure that we are upholding the value of equity. This is applying our methods fairly and consistently, and customizing our interventions to the unique cultural and community context of children, youth, and families. Recognizing that although we're all different, that we're equal and that we should all be treated that way, putting our differences and biases to the side in all the work that we do.

The last value of the CPS Practice Model is urgency. We want to work with a sense of urgency in each of our interventions to reach safety, permanency, and well-being for every child and youth. Meaning, we not only want to work effectively, we want to work efficiently.

The CPS Practice Model embodies a set of beliefs that are also known as our principles. They are the way we go about doing our work. I'd like you to take a moment and reflect on one principle that you think is important. (Pause)
Now that you've taken a moment to reflect on a principle you think is important, let's take a look at the 6 principles of the practice model. Although the principles might be titled a little differently, you will recognize these principles in the work that you and your staff are already doing. This is our approach. We want to ensure that we are safety organized. Our focus here is to minimize vulnerability factors and danger indicators, ensuring that safety is what's first. We also want to ensure that we are child-centered. Children are in the middle of every single thing we do. We talk with them and listen to their fears and worries. We understand that our children have a voice and we give them that voice. Not only do we want to make sure that our children have a voice, we want to ensure that the families know that they have a voice as well and this is where our approach is family focused. We bring all family members and their safety networks to the table. We ask all the adults who care about the child to help us think through what should happen. We also want to make sure that we are collaborative, that we're teaming with the families we work with because in honesty, the likelihood of permanent safety is more likely when we together than when we work apart. We want to ensure that our work is sustainable. That we're joining with families and their networks to create innovative safety plans developed and agreed to by everyone involved and that these plans are lasting for the child. We want to ensure that our work is also innovative and evidence informed. Here we use ethical and state of the art methods in our casework practice. We rely on our values we discussed earlier, our principles that we are discussing now, support from our peers and our supervisors and the basic fundamentals of social work. Because in reality, although the CPS Practice Model is something new, it's also based off a lot of the good work that many of you have already been doing. However, we have to understand that although many of you have the background in social work, there are many staff that work for the agency who don't have a background in social work and we want to ensure that we're getting to the core of those social work values.

As it applies to the TX CPS Practice Model, we now have the capacity to make our actions become a reality. We have developed a number of core competencies. These are engaging, assessing, teaming, planning, intervening, and evaluating. These core competencies, we use every day to achieve the outcomes of forever safety, permanency, and child, youth, and family well-being. As we go through each of these core competencies, I'd like you to think about how you already incorporate these principles into your everyday work.
Our first core competency is engaging. Engaging represents what should be considered the building block of child safety. It's also the heart and soul of what we do every day and represents a primary competency and the bullet points you see in front of you. In reality, it is all about the development of constructive working relationships between you, the family, the family's safety network, and the professional community you come into contact with. It only takes a few minutes to grasp the truth that relationships and our capacity to engage are the foundation for human change and growth. Engagement as a competency takes a more objective and balanced view of what it might look like in actual practice. We want to be able to recognize the hazards, risks, and danger. But we also want to be able to aspire to develop the hope and belief that people can change by developing positive relationships and empowering families. To engage with families, we don't want the family to think that we know more than what they do. Rather, we work as best we can to preserve a professional and respectful working relationship. We do this through a solution-building approach in our conversations, trusting that parents and their networks have the capacity to think through the danger that exists and develop a plan for making each and every child safe. I think we know that when we come into contact with families, there is one central emotion - a combination of fear and terror about losing their children. We also know that for families to start thinking about what they need to change there has to be less fear and more hope, motivation, or personal power. It takes courage to change and for this to happen with families we have to be at our best with engaging.
Child protection practice is probably the most demanding and scrutinized among all the helping professions because we are dealing with the more marginalized and vulnerable populations—children who suffer abuse and neglect. In our work, we are constantly having to make decisions daily or sometimes on the spot about whether a child is safe enough to stay in their home, is unsafe but should remain in their home, or is so unsafe that the child must be removed. Whatever happens must be based on decisions that are critically thought through with the clearest judgment based on the best information that has been analyzed thoroughly. Decisions must be consistent across all stages of service. In this case, the importance of assessing becomes critical to what we do and needs to be balanced, unbiased, and factually supported. You will see the major bullet point outlined in assessing. However, we narrow them down as coming from three sources: our ability to get information quickly, in a rigorous way that relates to the vulnerabilities and danger indicators the child faces, our capacity to assess this danger from the good things that might be happening, particularly those protective actions that mitigate danger, and last, to gather perspective of what the child is experiencing by listening to the child’s voice. We do this by using state of the art tools that help us understand what the child is thinking, feeling, fearful of, or what the child really wants. Assessing should be considered as something that is always on-going with every contact we have. It does not start and stop at the first meeting. In fact, assessing and closing the case go hand-in-hand. We should be less focused on compliance of services and more aware of all of the behaviors and actions a parent has taken over time that has demonstrated to everyone their child or children are safe.

So now we will discuss teaming. Teaming is the CPS Practice Model's blueprint for bringing together those important people in the child's life that will play a long lasting part in the lives of children, youth, and families for sustainable safety to occur. These are other professionals, community members, and resource families that are important contributors when we team. From the first moment we meet families, we can be thinking about teaming because it's our visible attempt to once more develop and sustain constructive relationships with all those involved. We know this works because a large body of knowledge has been accumulated that tells us the best outcomes for vulnerable children happen when we have productive relationships with caregivers and professionals. As I said earlier, our work keeps children in the middle and with teaming, it is still the same. To team with others, means we mobilize families and safety network members and pay attention to those actions that will address the danger so that real time day-to-day safety of the child or youth will happen. This means safe, positive, and healthy connections for each child. The safety network is our partner and ultimately, they are the ones that, along with the family, who will provide the necessary conditions, to keep their child or children forever safe. The logic of this is that we cannot be in any family's life forever and we cannot monitor how they carry out their lives but caring safety networks can.
So our next core competency we'll discuss is planning. Perhaps you've heard the saying, "It's a long day on the golf course if you don't know where the hole is." If the golfer needs to figure out how to get to the green, so too, we need to be mindful about our planning. Planning represents our ability to critically think with our supervisor as well as our families about the steps that need to be taken to achieve forever safety. Planning represents setting goals, developing strategies, and prioritizing tasks and schedules to meet those goals. Another way of looking at planning is to think of all the things we will be doing as a trajectory. Here, a trajectory is something you use that is specifically tailored to each case. It's a route, a track, a certain course you are going on with a family to get to an end goal- forever safety. Thus, you set goals, develop step by step strategies, and move in a direction that is doable for everyone involved. What makes this possible is the Texas CPS Practice Model's resolve is to engage and work towards joint agreements about a course of action. What makes planning very unique to the TX CPS Practice Model is the inclusion of children and youth. We take the position that children need to be involved every step of the way in a manner that is sensitive to their development. We want to move away from children and youth being seen and not heard. They deserve to know what's going to happen and it is essential we do this in a child friendly way. There are state of the art tools that you are either familiar with or that you will become familiar with over the next six months like The Three Houses, the Safety House, or the Future House- all have a way of making what is confusing much more clear. Again, what we hope you are seeing, is that to do this, we need to be really clear about how we engage children and youth, how we sit and listen to what their worries are, or what they want to be safe. Good planning will come together when it is clarified in a language that is simple, free of jargon, and includes the ideas and recommendations of everyone involved. To do this, we can think again of how a trajectory will help us. Here and through mutual planning and agreement, we can create a step by step plan written out in such a way that lets everyone know the hows of what is going to be done. While a list of rules might work for the adults, the words and picture storybook is a simple yet specific tool to let the child know the details of what lies ahead in our plan.
So our next core competency is intervening. We all know that the best kind of intervening is when we do so quickly and thoroughly and in a way that is the least intrusive to the child, youth, and their family. Why this can work for the TX CPS Practice Model is that we do all this with the family and safety network at the table. There will be lots of opportunities for dialogue with hopefully lots of creative thinking and choices for what can happen. Again, our intervening does not take our bottom lines out of the mix. We still have expectations for what we need to see to happen to close a case. This doesn't mean that our working relationship becomes adversarial or that families have to be overwhelmed. We know, and you probably have heard or seen this time and time again in your work, that you can intervene and do your best work when you are firm but you are also kind and respectful. You listen, ask lots of questions instead of telling families what to do, you recognize accomplishments no matter how small, and you build hope from the smallest intention.

The final core competency we have to achieve our outcomes is evaluation. The creation of forever safety for each child is journey we go on with families. To be successful, we need to be constantly focused together with the family about what safety looks like and what protective actions are necessary that will mitigate the danger. At the same time, there is always room to be flexible in how we plan and evaluate. After all, there can and often are many changes happening at once. We need to be able to adjust and to adapt. When we think about what is measureable, we are always wanting to be specific and concrete. Again, making certain all safety and all protective actions are behavioral. In some ways, when we measure in this way, it affords us one more way to monitor what's happening which once more, is part of defining our outcomes. As a final sidebar, we think it is important for you to have one last set of benefits as to how this practice model will be helpful to you. We think there are 4 concrete gains for you. First, and maybe to reiterate, the TX CPS Practice Model is truly about your shared decision making with families and their networks even in the face of our bottom lines and expectations. Second, the TX CPS Practice Model allows each of you to be fully transparent with everyone but in a way that is forward moving about what the future can bring for forever safety. Third, the TX CPS Practice Model helps you find those things families do that are successful, that help to maintain safety, and which are positive and strength-based. In many ways, we want to find what's strong and not what's wrong. Fourth and last, the TX CPS Practice Model is a test and learn approach for you. Families have the capacity to critically think through their dilemmas and plan accordingly, but the learning comes in baby steps. Sometimes it will fall short but those are the times that the families can regroup and start over. We might see this as two steps forward but one step back.
So now let’s review how our organizational strategies are addressed by the CPS Practice Model. Building excellence in practice requires leadership. The practice model aspires to build a culture in which we invest in deepening our practice, using critical thinking, and making productive decisions in an environment where good work is supported and acknowledged. This will, in turn, create a shared learning environment. It is well-known that many casework skills are developed by watching and listening. The practice model supports the idea that we grow professionally when our success is validated and confirmed by our professional community. The practice model recognizes that all employees contribute equally to the success of the organization from the caseworker to that support staff who answers a frantic, angry parent's call, to the program administrator- we are all agents of change. The values and outcomes of the practice model complement the roles and skills of every employee. Along the way, the model supports effective supervision, mentorship, the development of critical thinking skills, and the ability to practice with innovation, courage, and agility.

Questions

What does operationalize mean?

What we mean by operationalizing is that we are going to formalize the good work that you are already doing. We understand that there are many people in the field who use these core competencies and the values and principles but we want to ensure that TX is supporting the work that you do by writing it down and making it formal. We want to ensure that there is consistency across the state of TX and that it is the expectation of all staff to be working this way with children and families.

What is a safety network?

So, safety networks come from Signs of Safety which is our practice step that we'll be rolling out state wide over the next few years. But that doesn't mean that we cannot use safety networks now. And what safety networks are, are just involving people that are in the child or youth's life that are willing to come to the table and be accountable for the safety and well-being of the child. What we know is that CPS is not always going to be involved in that child's life or that family's life but those people that are in that safety network, they probably will. Whether that's a neighbor, a teacher, family members, a pediatrician that's been involved in the child's life for a couple months or several years, it's any person that is willing to raise their hand and say, "I'm willing to come to the table and be accountable for the safety and well-being of this child.

Does the practice model apply to every stage of service?
Yes, the practice model impacts every stage of service. This isn't just about Intake, Investigations, FBSS, or CVS, this is about working with children and families through the life of a case. The CPS Practice Model is really about changing how we work with children, youth, and families across all stages. It's not specific to just one.

So now we've given you an overview of the CPS Practice Model: The Framework. So what's next? There are various resources that have been provided to you guys over the last few months in Meeting in a Box, various emails sent out by myself, the Practice Model Brief, and the Practice Model Handbook. We will continue to have webinars each month that go over the six core competencies. Along with those webinars in the following months, in Meeting in a Box, we will provide practice guides regarding each of those core competencies that will give you a more complex, in detail, information about that particular competency. Additionally, we have determined to provide face to face presentations in each region. The details have not been decided yet but we will keep you informed on when those presentations will occur.

So thank you for taking time out to review the CPS Practice Model: Framework. I look forward to seeing each and every one of you out in the regions. Thank you.

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