CARE

Creating Conditions for Change

Information Bulletin 2024

RESIDENTIAL CHILD CARE PROJECT, CORNELL UNIVERSITY

Hello,

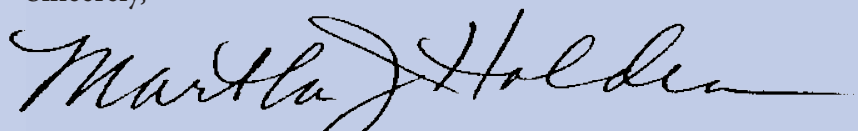
Thank you for your interest in the CARE model. CARE is a program model developed to assist child and family service agencies improve outcomes for the children in their care. CARE is listed on the California Evidence Based Clearinghouse (CEBC) as of 2017 with a Scientific Rating of 3 (Promising Research Evidence) and a High Child Welfare System Relevance Rating (http://www.cebc4cw.org/program/children-and-residential-experiences-care/detailed). This bulletin provides a description of the CARE model, an overview of our implementation strategy, the process for data collection, a sample of a CARE proposal, and information on sustaining the model.

Our experience working with our community partners has taught us that the implementation support we give to organizations is as important as the efficacy of the model. We deliver training and technical assistance at the organization to assist in fully implementing the model. Our implementation strategy is an on-site model working with the organization(s) since the organization is the unit of change. These on-site visits are supplemented with regular video conferencing. Our implementation package for the CARE model is a 4-year agreement that includes training, on-site technical assistance, and evaluation services.

The cost for implementation is dependent on the size of your organization and includes all of our travel expenses. If your organization does not have an effective crisis prevention and management system in place, a combination Therapeutic Crisis Intervention (TCI) and CARE implementation project can be developed. If your organization has previously implemented TCI, we may provide a TCI fidelity assessment prior to CARE implementation. A list of current costs is available by request.

This bulletin includes a sample proposal/scope of work for an implementation agreement. If there are several organizations in one location interested in adopting CARE, we can discuss a system-wide implementation and evaluation proposal. Let me know if you have any questions or would like additional information or if you would like to speak to other organizations that have implemented the model.

Sincerely,



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CARE: Creating Conditions for Change

Information Bulletin

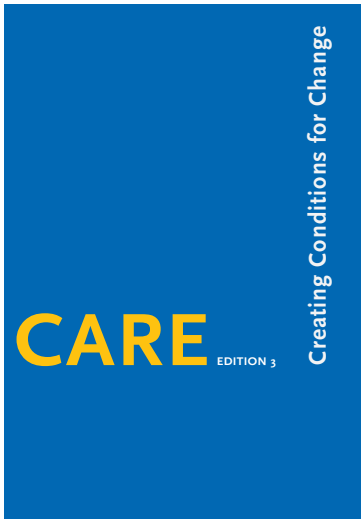
Edition 3

The Residential Child Care Project
Bronfenbrenner Center for Translational Research
Cornell Human Ecology
Cornell University, Ithaca, NY USA

If you are interested in having more in-depth knowledge about the CARE model, our book, ***CARE: Creating Conditions for Change***, is available from the Child Welfare League of America:

http://www.cwla.org/pubs/

This book describes the CARE model and is required reading for agency staff when we contract with an organization to implement CARE.



Other CARE-related articles:

Izzo, C.V., Smith, E.G., Sellers, D.E., Holden, M.J., & Nunno, M.A. (2022). Promoting a relational approach to residential child care through an organizational program model: Impacts of CARE implementation on staff outcomes. *Children and Youth Services Review*, 132, 106330.

Izzo, C.V., Smith, E.G., Sellers, D.E., Holden, M.J., & Nunno, M.A. (2020). Improving Relationship quality in group care settings: The impact of implementing the CARE model. *Children and Youth Services Review*, 109.

Holden, M. J., & Sellers, D.E. (2019). An evidence-based program model for facilitating therapeutic responses to pain-based behavior in residential care. *International Journal of Child, Youth and Family Studies*, 10(2-3):6 63-80.

Nunno, M.A., Smith, E.G, Martin, W.R. & Butcher, S.T. (2017). Benefits of Embedding Research into Practice: An Agency-University Collaboration. Washington D.C.: *Child Welfare,* 94 (3), 113-133.

Izzo, C.V., Smith, E.G., Holden, M.J., et al. (2016). Intervening at the Setting Level to Prevent Behavioral Incidents in Residential Child Care: Efficacy of the CARE Program Model. Prevention Science. This article is published with open access at Springerlink.com.

Holden, M. J., Izzo, C., Nunno, M., Smith, E. G., Endres, T., Holden, J. C., et al. (2010). Children and residential experiences: A comprehensive strategy for implementing a research-informed program model for residential care. *Child Welfare*, 89(2), 131-149.

Contents of This Bulletin

Why A Program Model?

As Al Trieschman (co-author of *The Other 23 Hours*) once stated, organizations need a "unifying something" that provides everyone who works there with a common vision, language, and approach when they make complex decisions and respond to challenging situations.

The CARE model provides organizations with a set of research and standard-informed principles to guide decision making and practice choices that are in the best interests of the children and families they serve. These best practice principles provide caregivers with clear objectives for daily routines, leisure activities, staff-client interactions, and establish a framework for all staff in their interactions with clients, other staff members, and external organizations

The goal of the CARE model is to establish a framework for practice based on a valid theory of how children change, grow, and develop that assists caregivers in providing trauma-informed enriching, therapeutic experiences for children in an environment that feels safe and provides children with developmentally appropriately opportunities to grow and thrive.

A framework for practice provides consistency in message and approach with the children and families and congruency throughout the organization. For these principles to be integrated into practice, an agency's leadership must:

1. support an organizational climate and culture that expects these principles to be integrated into practice,
2. develop professional learning and accountability systems to ensure their use on-the-job through reflective practice, data-informed decision-making, and creating a community of practice, and
3. support participatory and collaborative management practices to promote organizational learning that sustains and manages the CARE model and its long-term use.

The Bronfenbrenner Center for Translational Research (BCTR) mission is to expand, strengthen, and speed the connections between cutting-edge research and the design, evaluation, and implementation of policies and practices that enhance human development, health, and well-being. The Residential Child Care Project (RCCP), established in 1982 by funding through the National Center on Child Abuse and Neglect, is one of several projects in the BCTR relevant to the lives of children, families, and care agencies. The RCCP's goal is to develop therapeutic environments that provide safe and appropriate psychosocial processes that promote child and youth development. Research efforts undertaken by the RCCP include studies to determine what contributes to safe and developmentally sound treatment in foster care environments and to identify the primary, secondary, and tertiary intervention protocols and strategies that produce and maintain the psychosocial processes and interactional dynamics in safe and developmentally sound therapeutic environments.

Web links:

BCTR **http://www.bctr.cornell.edu**

RCCP **http://www.rccp.cornell.edu**

The CARE Program Model

The CARE program model reflects the following six practice principles.

Relationship based. Children need to establish healthy attachments and trusting, personally meaningful relationships with the adults who care for them. These relationships are essential for increased social and emotional competence. A child's ability to form relationships and positive attachments is an essential personal strength and a manifestation of resiliency associated with healthy development and life success.

Trauma informed. Many children in care have a history of violence, abuse, and neglect resulting in debilitating effects on their growth and development. Children learn to trust adults when adults respond sensitively and refrain from reacting coercively when children exhibit challenging behavior rooted in trauma and pain. Trauma sensitive responses help children regulate their emotions and maintain positive adult-child relationships.

Family involved. Contact with family is an indicator of successful treatment that has empirical validation. The family of every child is an irremovable part of the child's life regardless of circumstances. Children benefit when their families work in partnership with the child caring organizations. Retaining children's connections to family, culture, and community bolsters their resiliency and improves their self-concept.

Developmentally focused. Children need adult support and opportunities to engage their innate capacity for growth and development. Activities offered to children need to be appropriate to each child's developmental level and designed to provide them with successful experiences on tasks that they perceive as challenging, whether in the realm of intellectual, motor, emotional, or social functioning.

Competence centered. All interactions and activities should be purposeful with the aim of helping children become competent in managing their environment as well as motivate them to cope with challenges and master new skills. Problem-solving, critical thinking, and emotional regulation skills as well as flexibility and insight are all essential competencies that allow children to achieve personal goals and increase their motivation for new learning.

Ecologically oriented. To optimize growth and development, children need to live in an engaging and supportive environment. Children's relationships with caregivers are part of a larger social ecology; caregivers' face-to-face interactions with children, the activities they promote, and the physical environment in which they work all have an impact on the developmental trajectories of children.

Relationship Between the CARE Principles and a Congruent System of Care

As James Anglin identified in his book, *Pain, Normality, and The Struggle For Congruence: Reinterpreting Residential Care For Children And Youth*, congruence based on a set of common principles that address the child's best interests is an essential ingredient in effective and high-quality care. If staff at all levels of an organization make decisions based on the CARE principles and if they apply these principles congruently, then the experiences of children and families are likely to be more positive and associated with improved outcomes.

CARE lends itself to such congruence since its principles apply to various levels of an organization's structures and processes and to all its units of service delivery such as foster family care, group living, residential treatment, and other educational and therapeutic settings.

Implementing the CARE Program Model

The CARE program model incorporates research-informed findings from the social sciences literature, specifically from the fields of developmental psychology, residential care and treatment, social work, youth development, clinical psychology, and organizational development. The model is implemented through research-informed strategies such as organizational and personal self-assessment, active and targeted data analysis, and training and technical assistance. Using active data collection and analysis with agencies throughout implementation helps to promote service quality and to improve child outcomes.

Evaluating the CARE Program Model

The CARE program model incorporates a comprehensive strategy to advance evidence-based practice in child serving organizations. There are three avenues through which the evidence can inform practice:

a. Developing practices guided by a sound theory of change (See Figure 1 on page 6.) that reflects state-of-the-art research on factors that facilitate healthy child development and promote healing,

b. Studying the CARE model with a rigorous evaluation that allows for sound conclusions about its impact on children's well-being, and

c. Systematically reporting evaluation findings back to practitioners and administrators to guide program improvement efforts and refinements to the theory of change.

In North and South Carolina (US) a specially funded research project, supported by The Duke Endowment and Cornell University, used a quasi-experimental design comparing seven agencies implementing CARE to seven matched non-implementing agencies. Cornell collected data on implementation, organizational functioning, and staff and child outcomes. This study offered an opportunity to conduct a robust evaluation of the CARE model that has implications for children's services nationally and internationally, as well as qualifying the model as an evidence-based program for residential child care (journal articles referenced on page 2.)

Data Collection

Baseline data collection for all CARE agencies includes an agency-wide survey containing the University of Tennessee's Organizational Social Context survey (organizational culture and climate), staff knowledge and beliefs and current practice aligned with the CARE principles, and youth perception surveys. The surveys are administered, analyzed, and discussed with the organization to assist in decision-making, allocating resources, and measuring effects. The agencies' internal data (e.g., incident reports, intake and discharge data, staff turnover, student academic and psychometric testing) are also analyzed and considered throughout the project to help guide implementation efforts, reinforce data informed decision-making, and measure child outcomes.

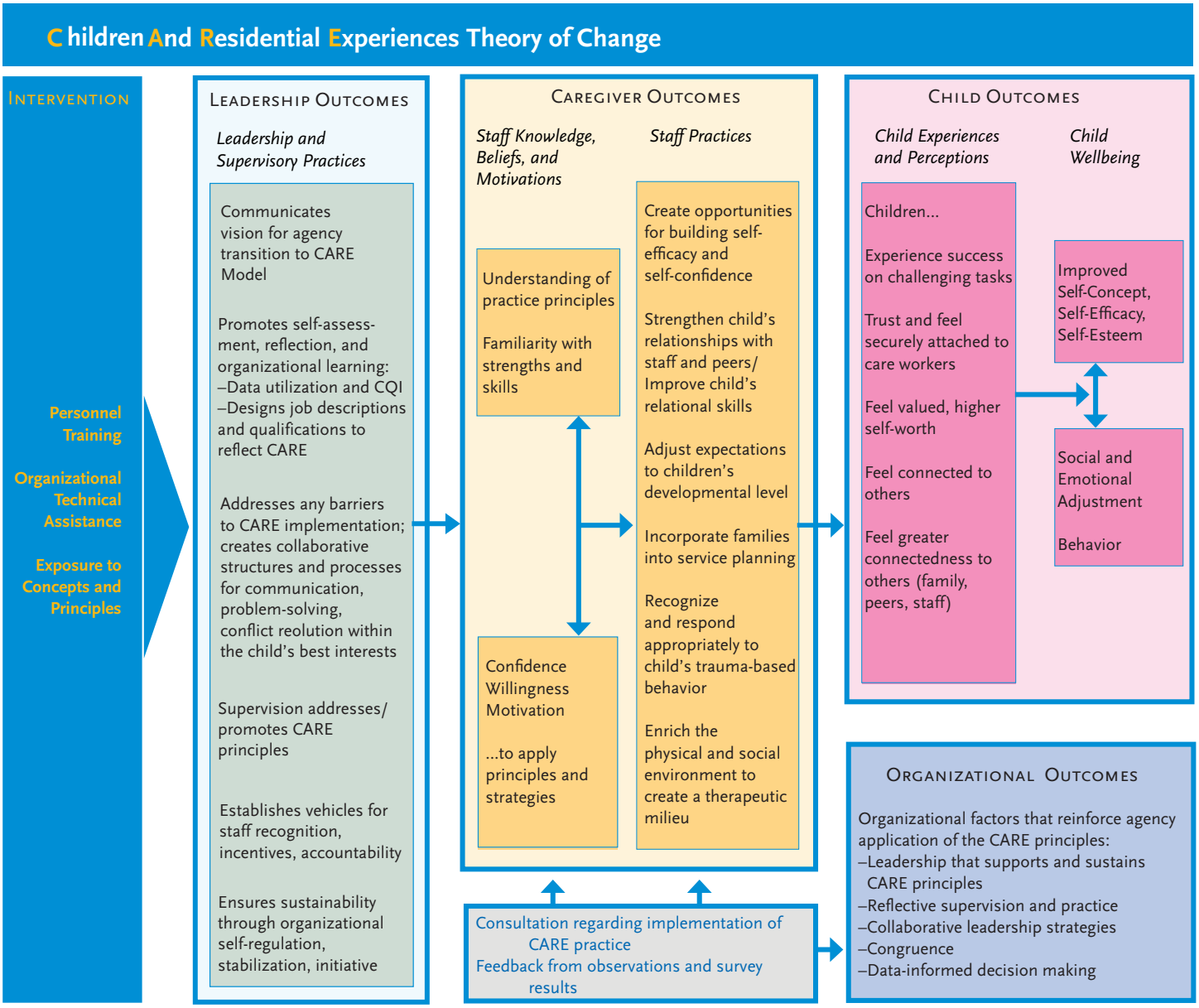


Figure 1. CARE Theory of Change

Origins of the CARE Program Model

Background and Research

In 2005, Nancy Perry (1944-2007), Executive Director of the South Carolina Association of Children's Homes and Family Services asked the RCCP at Cornell University to develop training for direct care staff that would support and reinforce strong programmatic elements common to a variety of residential care models. Over the next two years with generous support from the Association and the South Carolina Department of Social Services, Cornell convened an international group of experts and over 100 South Carolina residential child care personnel to develop, pilot, and evaluate a best practices curriculum.

In 2007, the first edition of the book, Children and Residential Experiences (CARE): Creating Conditions for Change was published by Cornell University as a training reference guide for agency personnel. During the pilot training, it became apparent that CARE was more than a training curriculum, it was a framework, a program model for working with children in care. The pilot agencies reported that to truly implement CARE, the entire organization would need to transform its structures and practices to provide the organizational support and climate necessary for caregivers to work according to the evidence informed principles. The RCCP responded by developing research-informed implementation strategies including training, technical assistance, and data analysis. From 2007-2009, pilot agencies in South Carolina and New York with the Cornell implementation team implemented the CARE model.

In 2009, two important collaborations occurred that allowed the RCCP to evaluate the CARE model. The Duke Endowment awarded the RCCP a 5-year grant to support a comprehensive evaluation of the CARE model involving 14 residential agencies in North and South Carolina. In Connecticut, Waterford Country School (WCS) with support from the Department of Children and Families, partnered with Cornell to implement CARE. WCS's data collection and reporting system provided an opportunity to examine the relationship between the implementation of CARE and the use of physical restraints and psychotropic medications. Over the next several years, these collaborations led to CARE earning a Scientific Rating of 3 on the California Evidence Based Clearinghouse (CEBC) in 2017.

Since 2007, CARE has been implemented in over 100 programs internationally including the United States, Canada, Australia, the United Kingdom, Ireland, and Spain. This international community of practice contributes to the ongoing development, research, and evaluation of the CARE model. Through this worldwide network of practitioners and researchers the CARE journey continues by sharing experiences and learning together.

Implementing CARE in Your Agency

Sample CARE Proposal/Scope of Work Agreement

The following is a sample proposal/scope of work agreement for organizations interested in adopting CARE.

Overview

Cornell University's Residential Child Care Project proposes to work with an agency to implement and integrate the CARE: Creating Conditions for Change program model throughout the organization. The CARE model will enable the agency to organize and deliver quality care of children according to evidence based principles based on the best interest of the child. The CARE model focuses on professional interactions and decision-making to provide for children's safety, permanency, and wellbeing. Cornell University is committed to assist agencies to design and support congruent organizational climates and cultures that support these principles and their implementation into professional practice and decision-making. This partnership with Cornell University would extend over a four-year period at a cost dependent on the size, scope and numbers of sites of the organization.

Background

Developed in 2006 and listed on the California Evidence Based Clearinghouse (CEBC) in 2017 with a Scientific Rating of 3 (Promising Research Evidence) and a High Child Welfare System Relevance Rating (http://www.cebc4cw.org/program/children-and-residential-experiences-care/detailed), the CARE program model is designed to enable community child welfare and mental health professionals to organize and deliver congruent and quality care in the best interests of children and families according to six research and evidence based principles. These six research and standards-informed principles are designed to guide staff's practice and interactions with children in order to create the conditions for change in children's lives. The research-informed principles support care and treatment that is developmentally focused, family involved, relationship based, competency centered, trauma informed, and ecologically oriented. These best practices principles are grounded in theory, in evidence-based practices, in practice wisdom, and in child care standards.

Project Activities

The CARE integration and implementation strategy will be designed in concert with key agency personnel. This process begins with the formation of a CARE implementation group made up of key leadership personnel responsible for the coordination and monitoring of CARE activities. The following are the range of activities that take place through regularly scheduled on-site visits and virtual meetings throughout the life of the project:

Project Activities, cont.

1. Identify a core group of agency leaders to serve as the CARE implementation and integration group.
2. Perform organizational assessments including assessment of status of the crisis prevention and management system (optional), organizational culture/climate, and current practice and programming.
3. Facilitate a leadership retreat with key leadership staff to assess strengths and challenges and develop strategies to integrate the CARE model throughout the organization.
4. Develop CARE educators within the organization to provide CARE training and staff development activities to all personnel.
5. Train agency supervisors in strategies and activities that provide support and accountability for the use of CARE principles.
6. Provide technical assistance to agency leadership to support CARE practices; to ensure long-term maintenance and sustainability; and to support, enhance, and maintain the use of the CARE principles in daily activities throughout the organization, i.e., observations, implementation group meetings, case reviews, data collection and analysis support activities, video conferences.
7. Work with agency personnel to develop the capacity to collect, analyze, and use data to make decisions regarding programming, training, and daily interactions with children, families, and staff.

Project Outcomes

1. Personnel trained in the CARE principles will integrate those principles into their practice at the appropriate level (Measured through current practice surveys, observation, and supervision).
2. Staff knowledge of CARE principles will increase (Measured through knowledge-based surveys).
3. Children and young people will have improved perceptions of staff and staff behavior. (measured through youth perception surveys.)
4. Numbers of incidents such as aggressive behavior, fighting, running away, property damage will be reduced as evidenced in agency's documentation and data collection system.
5. Training capacity to continue training staff in the CARE model will be developed through certification of CARE educators.
6. A data collection and feedback system to promote the use of data in decision-making throughout the organization will be established.

Sample CARE Proposal | 2

Project Time Table *(may vary according to the size and needs of the organization)*

Year One

- Establish the implementation/work group to meet with Cornell consultant team
- Meet with agency personnel to review current data collection instruments and set up data collection process for evaluation/administrative data collection
- Conduct organizational assessment through administration of CARE surveys and the University of Tennessee's OSC Culture/Climate Survey (OSC is optional)
- Perform assessment of current crisis prevention and management system (optional)
- Conduct leadership retreat (3-4 days on-site) to provide in-depth look at CARE principles and essential elements of the model, review survey results, make recommendations, and develop a plan for implementation/integration of CARE principles throughout the organization and delivery of training
- Schedule and conduct (may be delivered early in the second year) CARE training (either training of educators or co-training opportunity) to develop agency CARE educators (5 days on-site)
- Plan for roll out of CARE training to all staff
- Review any post-training survey reports and initial implementation of CARE principles with implementation group
- Monitor data collection and analysis for targeting technical assistance
- Video conferencing as needed

Year Two

- Review post-training survey results and integration of CARE principles throughout organization with implementation group
- Provide support to agency CARE educators as they train all agency staff and assist in setting up a schedule for ongoing CARE training and refresher strategies
- Provide workshops/training sessions focused on providing support for supervisors and management personnel (virtual or on-site)
- Provide virtual and on-site technical assistance through observing program activities, interactions, group dynamics, and/or meetings
- Video conferencing as needed
- Monitor data collection and analysis for targeting technical assistance

Year Three

- Plan for and facilitate a midterm leadership retreat (on-site)
- Provide workshops/training sessions as indicated by ongoing assessment of progress toward implementation/integration of CARE principles (virtual or on-site)
- Provide virtual and on-site technical assistance through observing program activities, interactions, group dynamics, and/or meetings
- Monitor data collection and analysis for targeting technical assistance
- Video conferencing as needed

Year Four (First Six Month)

- Plan for sustaining and maintaining the CARE model with implementation group
- Provide workshops/training sessions as indicated by ongoing assessment of progress toward implementation/integration of CARE principles (virtual or on-site)
- Provide virtual and on-site technical assistance through observing program activities, interactions, group dynamics, and/or meetings
- Monitor data collection and analysis for targeting technical assistance
- Video conferencing as needed

Year Four (Final Six Months)

- Conduct a review to assess level of CARE implementation/integration throughout the organization and meet with implementation group and leadership team to plan for CARE certification and sustaining CARE
- Establish terms for an ongoing relationship between the CARE agency and Cornell University and the ongoing sustaining agreement
- Video conferencing as needed

CARE Certification and Sustainability

At the completion of the implementation period, the agency can enter into a three-year ongoing sustainability agreement that provides for ongoing support and annual visits from the Cornell Consultants. Once the agency and Cornell have determined that CARE is fully implemented throughout the organization, the agency will participate in an assessment of fidelity to the CARE model to apply for CARE agency certification.

Certified CARE organizations will be supported while in sustainability by:

- Continued contact with CARE consultants and annual visits planned collaboratively with the agency to support CARE fidelity
- Access to regional and national CARE events
- Continued analysis of post-training surveys
- Certified CARE agencies may be invited to participate as members of the CARE Academy and may serve as mentors for new CARE organizations

Notes