

Using Comprehensive Family Assessments  
to Improve Child Welfare Outcomes  
Ramsey County Community Human Services &  
University of Minnesota School of Social Work  
St. Paul, Minnesota

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# Comprehensive Family Assessment Formative Evaluation

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Findings, Implications, and Recommendations

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## Introduction

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In 2007, Ramsey County Community Human Services Department received a Children's Bureau grant to adapt and implement their current child protection assessment process to incorporate the Comprehensive Family Assessment (CFA) guidelines developed by the Children's Bureau. Comprehensive Family Assessment as a practice model is based on a process in which a child protection worker, with an emphasis on establishing a relationship with the family as partners in the development of services, incorporates safety and risk assessments within a comprehensive framework that includes an entire family's strengths and needs and develops a service plan that addresses child permanency and well-being needs in addition to safety (Children's Bureau, 2005). As part of the Children's Bureau grant process, Ramsey County partnered with the University of Minnesota School Social Work to evaluate the implementation of the Comprehensive Family Assessment practice model.

The Comprehensive Family Assessment Formative Evaluation was designed to assess the implementation of the CFA practice model in Ramsey County's Child Protection case management units. This report aims to highlight the strengths and challenges of the implementation of the CFA practice model based on Ramsey County's Worker Guide (March 24, 2009 version). The purpose of this formative evaluation is to clarify program goals and identify those elements of the implementation of the intervention that are successful and those elements that are in need of improvement (Weston, McAlpine & Bordonaro, 1995).

The Formative Evaluation Report consists of three components: a fidelity study of child protection case management workers' implementation of the CFA practice model, interviews with case aides, and a supervisor observation study. The fidelity study was comprised of in-person interviews with workers and selected case record reviews. Data obtained through these sources were utilized to assess how front line workers were implementing the CFA practice model in their daily work with families involved with Ramsey County Child Protection. Five dimensions of fidelity were examined (Dane and Schneider, 1998): 1) adherence/compliance, or how well the program components were delivered, used or received, 2) exposure, or the amount of program content that is

delivered to the participants, 3) quality of delivery, 4) participant responsiveness, and 5) program differentiation (for example, the features of CFA that distinguish it from previous practice models, such as Family Centered Assessment). In addition, the evaluation team examined the “drift” between control and test groups and the extent to which a clear protocol for the intervention was implemented through effective training (Spillane, Byrne, Byrne, Leathem, O’Malley & Cupples, 2007). As a means of assessing these dimensions of fidelity, all workers in Ramsey County Child Protection case management units utilizing the Ramsey County CFA practice model were interviewed about their implementation of the model in practice. A single case record review complemented each worker’s interview to offer an additional means of assessing the implementation of the CFA practice model in case management units. In addition, workers were interviewed about their experiences with training and ongoing consultation and support regarding the CFA model.

Secondly, results of earlier baseline studies in both Ramsey County Child Protection Intake and Case Management (Program) led University of Minnesota evaluators to believe that case aide duties varied significantly among units and individual case aides. The implementation of the CFA practice model may have led to additional changes in the way case aides were utilized in Ramsey County Child Protection. Therefore, interviews with case aides were utilized to better understand the current duties of the case aides as well as their experience with the implementation of the CFA practice model.

The final component of the formative evaluation consisted of observing child protection case management supervisors. Supervision plays an important role in the Ramsey County CFA practice model, in providing efficient and effective services to clients by offering oversight and support to frontline workers (Ramsey County CFA Guide for Workers, 2009; Tsui, 2005). The current version of Ramsey County’s CFA model specifies that supervisors should be meeting with workers regularly (both formally and informally) at multiple, specific times throughout the life of the case. However, results of the aforementioned baseline studies indicated that there were substantial unit-level and individual differences among supervisor responsibilities in Ramsey County Child Protection case management units. As a means of assessing the varied responsibilities of supervisors and evaluating the potential “fit” of the current CFA practice model’s

supervisory responsibilities in Ramsey County Child Protection case management units, a supervisor observation and interview process was included in the formative evaluation.

## Worker Interviews

### Method

#### Introduction

Fidelity is an important factor when evaluating the validity and reliability of an intervention program. According to Spillane, Byrne, Byrne, Leathen, O'Malley and Cupples (2007), if fidelity is not accounted for then results that are significant cannot reliably be accounted for by the intervention (p. 345). Spillane et al. (2007) outlined two criteria that are important in fidelity evaluation; assessing for intervention drift between control and test groups, and clear and reliable training to ensure the recipients receive adequate skills to carry out the intervention.

The Ramsey County Community Human Services Department (Ramsey County) Comprehensive Family Assessment (CFA) is a strengths-based, holistic, and culturally grounded practice model. Ramsey County's CFA practice model is comprised of five stages during which a child protection case management worker engages with a family to develop a case plan and set of service provisions that enables the behavioral changes needed to improve family functioning, reduce safety risks and threats, and promotes the well-being and permanency of children (see Table 1).

**Table 1: Components of a Comprehensive Family Assessment**

<b>Ten Components of a Comprehensive Family Assessment</b>				
<b>Stage 1: Transfer communication and information review</b>	<b>Stage 2: Conducting a Comprehensive Family Functional Assessment</b>	<b>Stage 3: behaviorally Based Case Plan Development</b>	<b>Stage 4: Ongoing (Continuous Assessment)</b>	<b>Stage 5: Case Closure</b>
<ul style="list-style-type: none"> <li>• Thorough review of existing documentation</li> <li>• Meet with intake worker</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with family</li> <li>• Engagement with all relevant stakeholders to coordinate case planning and services</li> <li>• Conduct and/or make referrals for specialized assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with supervisors and families to develop case plans</li> <li>• Document activities in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>• Engage in ongoing assessments of progress and needs</li> <li>• Share information with family members, service providers and courts and updating service plans</li> </ul>	<ul style="list-style-type: none"> <li>• Reassess safety issues and risks prior to case closure</li> </ul>

Ramsey County piloted the CFA practice model from January to March, 2009. Two child protection case management workers were purposively selected to use the CFA practice model on one new case assigned in January 2009. Six weeks after the pilot workers implemented the CFA practice model a pilot fidelity study consisting of interviews with pilot case workers and case record reviews was conducted. The pilot fidelity study enabled the evaluation team to pilot the fidelity study instrument. Findings from the pilot implementation were presented to Ramsey County during regularly scheduled biweekly steering committee meetings.

Training on the CFA practice model was held in March 2009. Fourteen child protection case management workers in two purposively selected units implemented the CFA practice model. Workers used the CFA practice model for all new case assignments in the first month following the training, and in the second month on cases that were open more than 30 days but less than six months as of May 15, 2009. Cases that were involved in court (permanency actions) or long-term foster care were excluded.

Following the implementation of the CFA practice model in case management, a fidelity study was conducted (from August to November 2009). Case record reviews of five control group case files were first evaluated for program drift in August, 2009. Control cases that fit the sampling frame requirements noted above were randomly selected by University of Minnesota evaluators. Cases were reviewed for evidence of wording in case notes and case plans that resembled language about elements of the CFA model. Results of the case record review found no evidence of program drift.

Results of the fidelity study are presented in terms of areas of strength and areas of needed improvement related to the five stages of the CFA model. Inconsistencies, or areas in which adherence to model was difficult to determine based on differences between interviews and case record reviews, are also reported. In addition, the formative evaluation presents a summary of the CFA model's areas of strengths and areas of needed improvement as assessed by the child protection program case workers.



### **Sample**

All fourteen child protection case management workers utilizing Ramsey County's CFA practice model were interviewed one time (in a random order) in the months between August and November, 2009. In addition to the interviews, evaluators reviewed one case randomly selected from each worker's existing cases. The randomly selected case had to be one in which the CFA model was currently being implemented. Workers were informed that any information shared as part of the evaluation would be de-identified, anonymous and presented in the aggregate. Workers were also informed that they had the ability offer a "no response" on any question. All of the workers signed informed consent authorizing the use of the information they shared with the evaluation team.

### **Instrumentation**

In order to determine the strengths and challenges of the implementation of the CFA model, the Case Management Fidelity study consisted of two parts – a worker interview and a case record review (see Appendix A). A team of evaluators conducted all the interviews (one facilitator and one note-taker), with the same individual member of the research team present for 93% of the interviews. The purpose of the instrument was to capture the process child protection case management workers used throughout the life of a case as well as to rate adherence to Ramsey County's CFA practice model based on their March 24, 2009 Worker's Guide. The case record review was also used to evaluate the thoroughness of workers' documentation. Interviews with workers were documented by a note-taker from the evaluation team on a computer along with the interviewer's notes. Qualitative data obtained through the worker interviews were used to provide added insight about the workers' process of implementing the CFA practice model.

The instrument consisted of two sections structured to correspond with the phases of the CFA practice model. A semi-structured interview protocol covered the five stages plus three additional areas of interest corresponding to the Ramsey County's CFA model: *reviewing existing information and transfer meeting, family engagement and initial assessment, assessment, case planning, supervision, case closure, documentation, and program differentiation*. The interview consisted of 79 questions designed to reflect various aspects of the model. The interviewer then completed 49 ratings based on the worker's

responses using a five-point Likert scale, and evaluated the extent to which the worker's process matched the elements of the CFA practice model. On average, interviews with workers were approximately 90 minutes in length. The case record review portion of the instrument utilized a similar Likert-scale rating system for 35-items which the researcher rated for consistency of workers' implementation of the model and the thoroughness of workers' documentation. Using a five-point Likert scale, workers were also asked to rate to what extent the CFA practice model differed from their previously used assessment model (FCA) for seventeen specific areas of the model, as well as one general rating of the overall difference between the two models (see Appendix A).

## **Fidelity Study Results**

Results from the fidelity study are presented as areas of strength and areas in need of improvement in four parts. First, based on worker interviews and case record reviews, the fidelity study results follow the stages of the CFA practice model, indicating results that show areas of strength throughout the stages of Ramsey County's CFA model. Second, areas in need of improvement in each of the stages are highlighted. In the third section, general themes that were identified as overall areas in need of improvement across the model are highlighted. Finally, worker's perceptions of the areas of strength and areas in need of improvement regarding the CFA practice model are presented.

### ***Areas of Strength***

#### Stage 1: Transfer communication and information review

Based on worker interviews and case record reviews the implementation of Stage 1 of the CFA practice model, **review of existing information and the transfer meeting, was an area of strength.** All of the workers reported reviewing "most" (64%) or "all" (36%) of the existing information in the case file prior to meeting with the family for the first time. In addition, **the extent to which workers gathered information was an area of strength.** Most workers were able to obtain "most" or "all" of the information needed to effectively begin the case (see Table 2).

**Table 2: Review of existing information as reported in worker interviews (n=14)**

	None	Little	Some	Most	All
Thoroughness of information obtained	-	-	-	64%	36%
Extent of information was sufficient to begin working with family	-	-	-	57%	43%

**The transfer meeting between the child protection program worker and the intake worker was also an area of strength.** All but two workers conducted a face-to-face transfer meeting with the intake worker. One worker conducted the transfer meeting with the intake worker over the phone. Workers who participated in a transfer meeting with the intake worker were asked to describe what they discussed with the intake worker. The majority of the workers reported they used the transfer meeting to solicit information about why the case came in to child protection and to learn about family members and other important stakeholders. Workers also sought information about the current safety threats and safety risks, the level of family's cooperation during the investigative process and the intake worker's recommendations.

The top five items workers reported they sought from their own case file review included how and why the case came in to child protection, reports (shelter, police, school), the family members and stakeholders involved, safety risks and threats, and maltreatment findings and report (see Table 3).

**Table 3: Information workers sought about the family during transfer meeting as reported in worker interviews (n=14)**

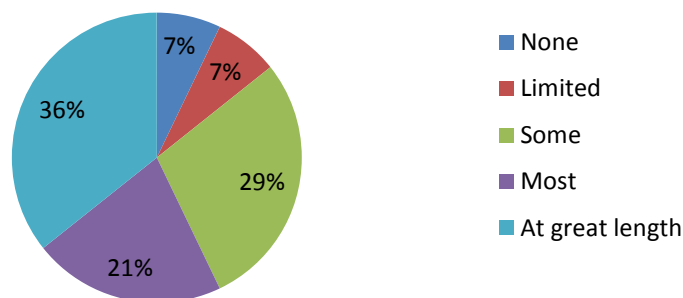
	From case file review	From transfer meeting with intake worker
How the case came in	57%	57%
Reports (shelter, police, school)	36%	-
Who is involved/stakeholders	21%	50%
Safety risks/threats & SDM	21%	36%
Maltreatment findings/reports	21%	7%
Family interview by intake worker	21%	-
Placement issues	21%	-
Family's history/CPS history	14%	2%
Family's needs/functioning	14%	-
Intake worker's recommendations	-	36%
Family's cooperation level	-	36%
Family functional Assessment	-	21%

## Stage 2: Conducting a comprehensive Family Functional Assessment

Stage 2 of the CFA model is described in the worker guide as engaging with the family and developing a comprehensive family functional assessment. In the first meeting with a family, a worker begins to establish a rapport with the family members in order to assess the family's strengths, protective factors, resources, needs, and readiness for services. **Overall, the implementation of Stage 2 was an area of strength.**

**Workers thoroughly and consistently explained their role to the family and their commitment to helping the family, and assessed the family's capacities and needs.**

Figure 1: Worker explained role and purpose of CP during initial introduction to family (n=14)



Regarding their first visit with the family, workers reported they discussed with the family the reason(s) for child protection involvement, the difference between their role and that of the intake worker or police officer, and what services the family needed or wanted (see Table 4 for other themes).

**Table 4: Worker’s description of first visit with family (n=14)**

	First visit
Worker explained their role to family	93%
Reason for child protection involvement	50%
Asked what services family needed/wanted	36%
Case plan mentioned	29%
Identified goals to work on	29%
"Here to work with you/your family"	21%
Explained difference between ongoing worker and intake worker	14%
First visit in court	14%
First visit in hospital setting	14%

Assessment is a major component of Stage 2 of the CFA practice model. Ramsey County’s worker’s guide directs workers to assess a family’s resources and needs, readiness to use help and make change, and engagement in self-assessment. Workers are also expected to assess parenting and bonding, current living conditions and basic needs, family and support systems, cultural factors and cultural health, mental and physical health of the caregivers and each child, domestic violence, substance abuse and the developmental and educational needs of each child.

**Overall, the initial assessment of the needs, resources and strengths of families was an area of strength.** All of the workers reported assessing some to all of the factors needed to get both detailed and big picture information about the family’s needs, resources, readiness for change and self-assessment in their case notes in the interviews (see Table 5).

**Table 5: Extent of initial assessment (n=14)**

	No assessment or not documented	Some detail, no big picture	Some detail, some big picture	Most detail and big picture	All aspects
Worker interview	-	-	36%	28%	36%
Case record review	7%	7%	57%	15%	14%

The top five areas workers described assessing included mental health, services the family was or had received from other agencies, basic needs, parenting and the family’s social supports. Other areas workers mentioned assessing included are shown in Table 6.

**Table 6: Assessment themes as reported in interviews with workers (n=14)**

Mental health	86%
Services/assessments – received by other agencies	64%
Basic needs (housing, shelter, food)	57%
Parenting	57%
Social supports/family/other	50%
SDM/Formal assessment tools	43%
Physical health	43%
Substance/chemical dependency	43%
Domestic violence	36%
Education needs	36%
Does not use formal assessment tools/"no forms"	29%
Parental history (CP history or "upbringing")	29%
Family Functional Assessment	21%
Protective capacities	21%
Cultural factors	14%
Sexual abuse	14%

### Stage 3: Developing a behaviorally based case plan

Once the worker has a clear understanding of the family's needs, resources and readiness for services, the worker can begin to engage the family in developing a case plan that maximizes parental behavior changes that lead to improved child safety and well-being. According to the Ramsey County worker's guide, Stage 3 of the CFA model is focused on the development of the case plan with the involvement of the family. **The areas of strength in Stage 3 include visits with mothers and children, engaging mothers in case plan development, engaging family toward positive change and service completion, sharing information and involving stakeholders and documenting in a timely manner.**

Workers are expected to have face-to-face visits at least once per month, or as deemed sufficient to ensure the safety, permanency and well-being of the child and to promote case goals. **Visits with mothers and children were an area of strength.** Contact with families occurred more frequently in the beginning of the case. Workers described visiting the family as often as once or twice a week in the beginning and several described frequent (weekly) phone contact with the family members. Table 7 shows that the majority of the contact with moms and children were once a month or more, although there is a

discrepancy between frequency of visits reported by workers and what workers documented in the case file.

**Table 7: Frequency of visits with mother and children (n=14)**

Reported by worker	N/A	Never	Less than 1x/ month	At least 1x/month	Less than 1x/week
Mother – worker interview	7%	-	7%	<b>57%</b>	<b>29%</b>
Child – worker interview	-	-	22%	<b>57%</b>	<b>21%</b>
<b>Case Record Review</b>					
Mother – case record	7%	-	29%	<b>43%</b>	<b>21%</b>
Child – case record	-	-	36%	<b>43%</b>	<b>21%</b>

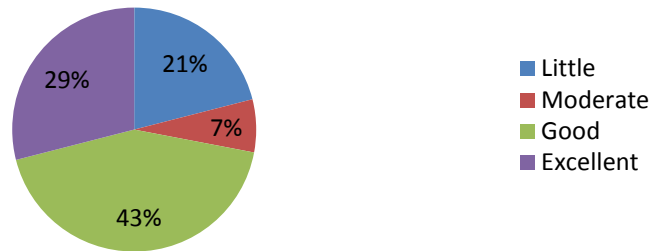
**Workers involved mothers in the case plan in a high percentage of the cases.** In a few of the cases, the mother was not available.

**Figure 2: Mother involved in case plan development (n=14)**



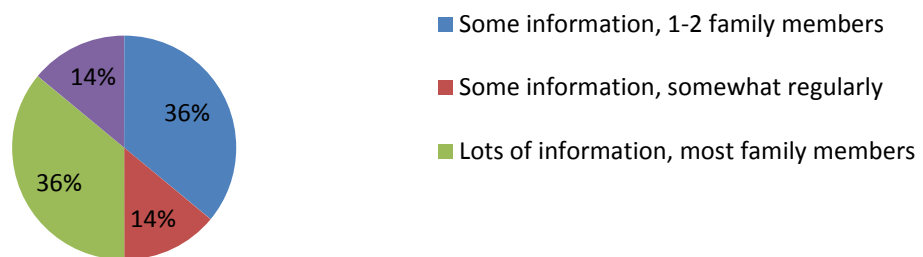
**Engaging families toward positive change and service completion was an area of strength.** All of the workers engaged to some degree with the family members (Figure 3). In the interviews, many of the workers stated they established rapport through identifying and encouraging the parent or child’s behavior changes or attitudes. Other workers helped identify barriers or needs the family had not identified. For example one worker asked the parent “if there was some reason why they weren’t meeting with providers – wrong time of night, wrong time of day?” When asked how they engage the family around change some workers mentioned they talk about changes in behavior rather than meeting goals.

**Figure 3: Engaged family towards positive change and service completion (n=14)**



Sharing information with the family, extended family members, services providers and the courts help the family in the development and engagement in services that promote change. **Sharing information with family was an area of strength.** All of the workers shared information on a regular basis with at least a few family members (Figure 4).

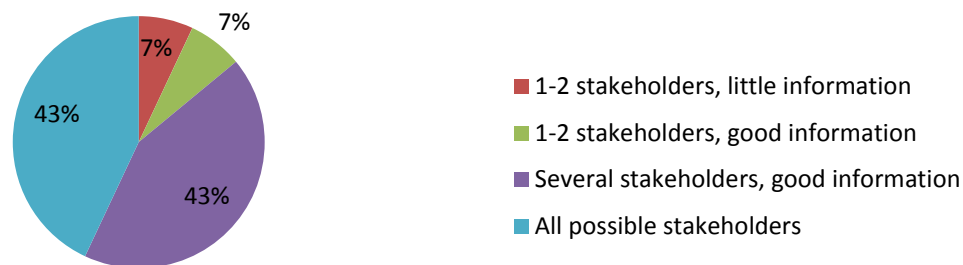
**Figure 4: Worker sufficiently shared information with family (n=14)**



**Involving stakeholders was a definite area of strength.** In total, 86% of the workers identified and involved several to all possible stakeholders, which enabled the worker to receive important information about the family (see Figure 5). The most frequent stakeholders workers described collaborating with included mental health workers, school staff, Guardian ad litem and foster parents. CADI workers, county attorneys and service providers were also mentioned. One worker stated, “The more [people] I can talk to, the clearer the picture.”

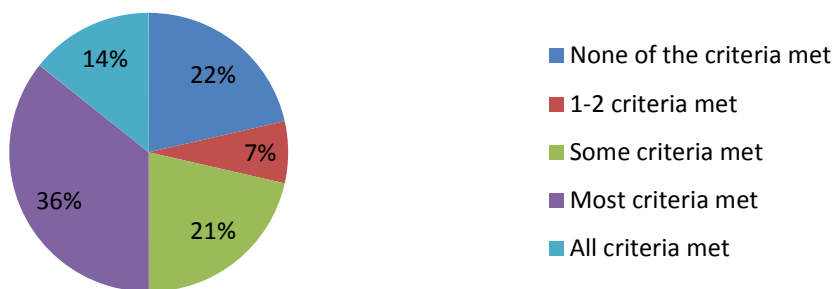


Figure 5: Worker involved stakeholders (n=14)



According to the worker guide, case plans should directly link to safety assessment, describe necessary changes in behavioral terms, identify individual interventions and actions to address the family’s needs, and facilitate the necessary changes to ensure safety, permanency and well-being using the family’s self-identified strengths. Based on case record reviews two-thirds of the workers case plans were based at least somewhat on the CFA practice model criteria.

Figure 6: Quality of worker’s case plan based on CFA criteria (n=14)



#### Stage 4: Ongoing assessment

Throughout the life of a case, workers assessed family needs, strengths and functioning, especially as family circumstances changed. **Conducting ongoing assessments of mothers and children and documenting case plans in a timely manner were areas of strength** in Stage 4.

According to the worker interviews, ongoing assessments were completed by most of the workers. An extensive amount of ongoing assessment was found in the case files for

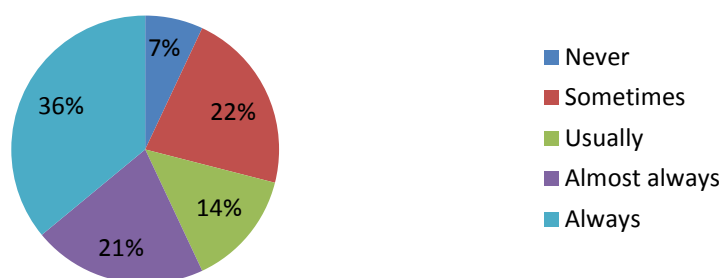
mothers. **Conducting ongoing assessments of mothers and children was an area of strength.** In the interviews, workers overwhelmingly responded that assessment was, as one worker stated, “ongoing, every time I see the family.”

**Table 8: Extent worker completed ongoing assessments (n=14)**

	None	Minimal	Some	Good amount	Extensive
Worker interview	14%	7%	22%	43%	22%
Case record review – Mother	22%	21%	21%	29%	7%
Case record review – Children	14%	29%	14%	43%	-

A case record review found that just over a third of the workers always documented activities in a timely manner and 21% almost always documented within the expected time frame. The rest of the workers varied, with a few never documenting activities in a timely manner (see Figure 7). Documentation is one of the components in Stage 4 of the CFA model. Overall, **documenting in a timely manner is an area of strength.**

**Figure 7: Documentation completed in a timely manner (n=14)**



#### Stage 5: Case closure

Stage 5 focuses on the assessment of safety risks and threats prior to the decision to close a case. During the review period there were no cases that had closed. One case was under assessment for case closure. As a result, Stage 5 will not be included in the remainder of the formative evaluation.

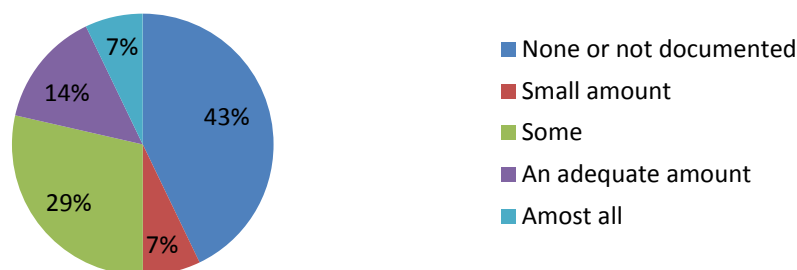
### ***Areas in need of improvement***

#### Stage 1: Transfer communication and information review

In Stage 1 of the CFA model, workers were overall strong in their fidelity to the process of the review of information. One area in this stage in which **improvement was needed was in the extent to which the worker documented the case file review.**

Workers described in great detail their process of reviewing information, however the case file notes often did not include any notation of a case file review (43%) or if a notation was included, it often was described as “reviewed case file” without specific details about the review (see Figure 8)

**Figure 8: Extent worker documented case file review (n=14)**



#### Stage 2: Conducting a comprehensive Family Functional Assessment

Identifying fathers is an important first step in the process. Workers described having difficulty finding fathers. In the majority of the cases the workers did not have any contact information on the father. In other cases, the workers received some contact information for the child’s father from the mother, but as of the interview date the workers had not made contact. Some workers mentioned the agency’s Kinship unit or the court system as separate departments that focus on finding information on fathers as reason why the worker themselves did not do an extended search. As a result of the difficulty in finding fathers, **engagement with fathers was an area of needed improvement.** Table 9 shows worker’s descriptions of engaging with fathers.

**Table 9: Workers' descriptions of engaging with fathers (n=14)**

No contact information for father	64%
Multiple fathers	36%
"Dad is not in the picture"	36%
Received limited contact information from mom	36%
Kinship or courts are working on finding fathers	21%
Contact with father limited, no services	21%
Father's contacted only if possibility of out of home placement	14%
Met with father and included him in services	14%

**Another area of needed improvement was found regarding the documentation of efforts to find and/or engage fathers.** Case notes show a discrepancy between what was reported in the interview and what was documented. In the interviews workers described their efforts to find and/or engage with fathers, however, the case file notes do not include descriptions of these efforts.

Very few of the fathers were involved in the case plan (see Table 10). In a few cases, fathers were identified and the worker had some form of limited contact but the father was not included in the case plan and did not receive services.

**Table 10: Engagement of fathers in the case plan (n=14)**

	Not Available	Not present, not engaged or info not	Limited attempt	Some attempt	Good effort	Considerable engagement
Worker interview	-	29%	22%	21%	7%	21%
Case record review	7%	43%	22%	7%	-	21%

In the CFA practice model, during the initial visit with the family workers are to assess if the family has immediate needs that could be addressed by services. Workers varied in their process of offering services for immediate needs. In terms of the extent of services offered during the initial contact, most offered little or limited services (Table 11).

**Table 11: Service provision during initial contact (n=14)**

	No needs requiring services	No services offered for needs	Limited services, not always matching need	Some services, some match needs	Most applicable services offered	Services offered to each need for each family member
Worker interview	7%	14%	7%	36%	22%	14%
Case record	7%	22%	7%	43%	15%	7%

Patterns of service provision for case record reviews and the interviews were similar. While the data shows that the majority of workers are providing at least a limited amount of services to families during the initial visit, **documentation of worker’s attempts to connect families with services in the initial phase is an area in need of improvement.**

Stage 3: Developing a behaviorally based case plan

**Areas of Stage 3 in need of improvement include incorporating family and community strengths into the case plan, family team meetings, engaging with fathers in the case planning process and incorporating cultural factors.**

As mentioned above, in general workers did not identify or engage with fathers. As a result, **visits with fathers was an area of needed improvement.**

**Table 12: Frequency of visits with fathers (n=14)**

	N/A	Never	Less than 1x/ month	At least 1x/month	Less than 1x/week
Father – worker interview	21%	43%	29%	7%	-
Father – case record	22%	50%	14%	14%	-

**The inclusion of fathers in the case plan development was also an area in need of improvement.** Barriers to engagement with fathers include nonexistent or limited contact information, resistance from the mother, and cases where the father was incarcerated or there was an order for protection against the father. Several workers discussed the complexity of engaging fathers in families in which there were multiple fathers. A few workers stated that fathers were only contacted if the worker was considering an out of home placement. One worker stated, “I wasn’t looking for an alternative placement for the kids.” Another said, “I only contact the fathers if the kids are getting to point where they can’t go home.”

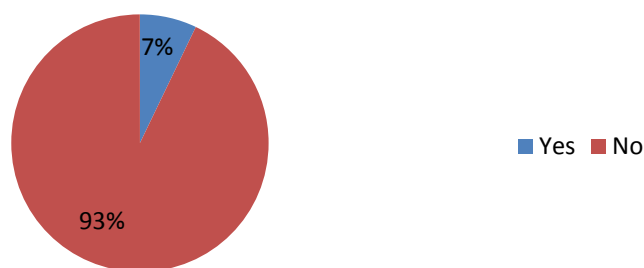
The subject child or children were involved in 50% of the cases (see Table 13). Reasons given for not involving the subject child or children included the age of the child or the child’s cognitive ability to understand a case plan.

**Table 13: Family involved in case plan development (n=14)**

	Yes	No	N/A
Father	<b>21%</b>	50%	29%
Children	<b>50%</b>	50%	-

As part of Ramsey County’s CFA practice model, Family Team Meetings were designed to help provide a fuller picture of the family’s situation and networks. Based on the interviews and case record readings, **conducting a Family Team Meeting is an area of needed improvement. Ninety-three percent of the workers did not conduct a Family Team Meeting** (Figure 8). Workers were unclear about the term “Family Team Meeting” and often asked if we meant “Family Group Decision Making” meeting. One worker mentioned conducting a “7-day meeting” with the family, using language from a previous practice model. Workers were clearly uncertain about the definition and process involved in a Family Team Meeting.

**Figure 8: Family Team Meeting conducted (n=14)**



Most workers somewhat assessed for family and community strengths but fully **incorporating family and community strengths in the case planning process is an area of needed improvement.** Workers are expected to assess for family’s strengths (including the family’s self-identified strengths) and parents’ protective capacities (cognitive, emotional and behavioral) and incorporate these into the case plan. Workers were asked to describe how they worked with the family members to identify family and community strengths. Workers were also asked if they ask the family to self-identify strengths, and if so, how were those strengths used. Tables 14 and 15 below show the extent to which workers assessed family and community strengths and incorporated those in the case planning process.

In interviews, the highest proportion of workers (43%) reported assessing at least a few (1-3) strengths. The same percentage of workers went further in assessing family and

community strengths. Documentation, however, showed a higher proportion of case records in which few or no family or community strengths were recorded (see Table 14).

**Table 14: Assessment of family and community strengths (n=14)**

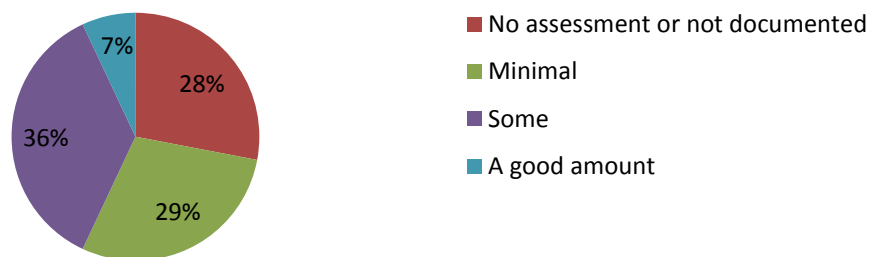
	None	1-3 strengths	4-5 strengths	6-8 strengths	9+ strengths
Worker interview	14%	43%	29%	14%	-
Case record review	36%	36%	21%	7%	-

**Table 15: Use of family and community strengths in case planning process (n=14)**

	None	Minimal 1-2	Some 2-3	Several 3-4	Major emphasis
Worker interview	29%	29%	21%	21%	-
Case record review	36%	36%	21%	7%	-

When a worker’s observations indicate there may be a need for specialized assessments the CFA practice model requires the worker to consult with peers, supervisors, relevant stakeholders and specialists to obtain and incorporate culturally appropriate assessments and recommendations into the case plan. While workers made an effort to make referrals for specialized assessments, **the incorporation of, or documentation of the incorporation of, specialized assessments into the case plan was an area in need of improvement.**

**Figure 9: Specialized assessments incorporated into case plan (n=14)**

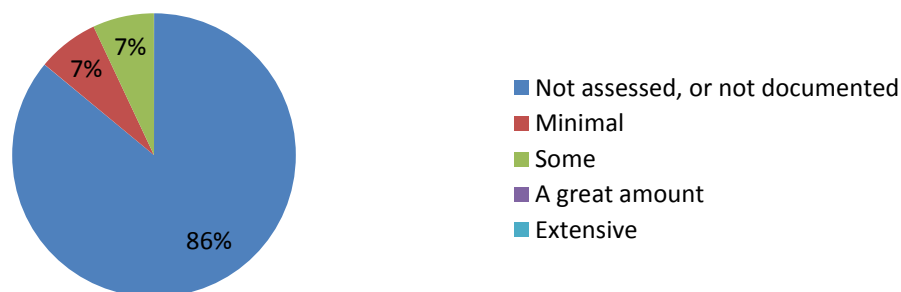


When workers determine that caregivers do not possess the capacities to safely care for their children, the worker’s role is to move from seeking to change caregiver behaviors towards developing a “wrap” around the children using kin, community and/or services. Workers were asked if they determined the caregivers were able to possess the capacities

to safely care for their children, and whether they developed a wrap plan. Most of the workers questioned the term “wrap plan” and after interviewers read a definition of “wrap plan” the majority responded that a wrap plan was not needed. Other workers responded that a wrap plan was not created although providers were not able to care for the child, and a few responded that a wrap plan of supplemental services and supports was incorporated in the case plan.

The majority of the workers (86%) did not assess or did not document the assessment of cultural context in the initial assessment. The majority of the workers (86%) also did not mention cultural context, or there was no document of cultural context, regarding specialized assessments in the case plan. Results of the use of cultural factors were the same for both initial assessment and specialized assessments (see Figure 10).

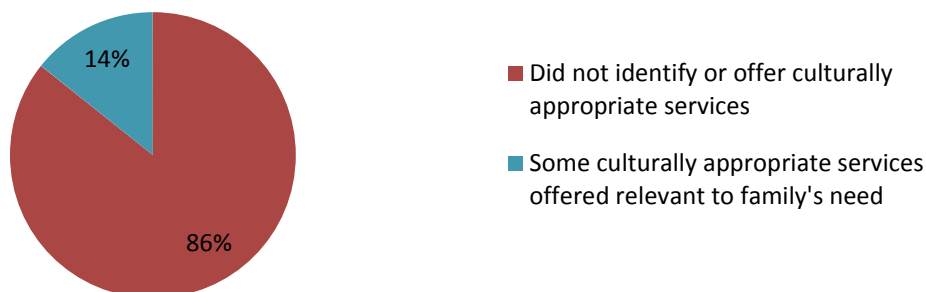
**Figure 10: Extent cultural factors assessed were documented in the case record (n=14)**



**Addressing culturally appropriate services and incorporating culture into the case plan were also areas of needed improvement.** Eighty-six percent of the workers did not address cultural factors in service provision, such as asking the family if they wanted culturally-specific service providers (Figure 11).



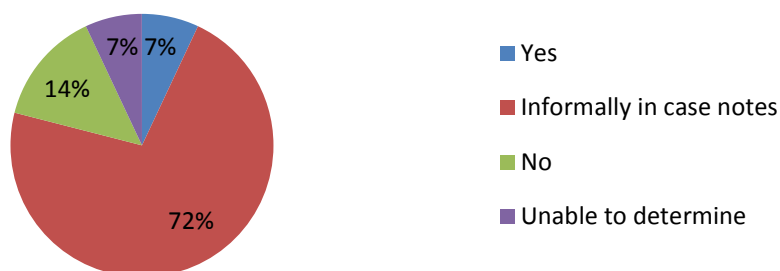
Figure 11: Extent cultural services offered, if appropriate (n=14)



#### Stage 4: Ongoing assessment

Case records were reviewed to assess the extent the worker monitored and updated the case plan as the family's situation changed. In a very small number of the case records, new case plans were written. By far the majority of the workers (72%) updated the family's situation through the case notes instead of a new case plan. Only 14% of the case records did not include case plan updates. In 7% of the cases, it was difficult to determine if the worker updated the case plan (see Figure 12).

Figure 12: Case plans updated in case records (n=14)



Use of clinical supervision is a key component to the Ramsey County CFA practice model. **Use of clinical supervision was an area of needed improvement.** Workers expressed varied reactions to the increased supervision requirement of the Ramsey County CFA practice model. Half of the workers experienced the increased supervision as helpful.

One worker stated that the increased supervision “[helped me] and my supervisor make the commitment.” Two workers specifically stated that the supervision was helpful because it helped the worker focus better.

**Table 16: Supervision (n=14)**

	Yes	No	Other
Before first contact with family	36%	57%	7%
Within 5 days of first contact	21%	72%	7%
At point of case plan development	71%	29%	0%
When deciding on assessments to request	43%	57%	0%
When struggling with specific issues/needs	57%	22%	21%
When making placement/permanency, court intervention, reunification or case closure decisions	72%	21%	7%
Twice a month after case plan development	7%	29%	64%

Many workers stated they were more likely to use informal supervision in place of the required twice monthly formal meetings. These workers expressed they felt they could just “drop in when needed.” Most of these workers utilized informal supervision for crisis issues, when “really stuck” or, as one worker stated, “supervision tends to be about CYA (cover your ass) or when really stumped.” One worker stated that they utilized supervision “a lot more in the beginning, not so much in the middle, and more often again in the end [of a case].” Several workers expressed they did not need the amount of supervision on their case as the CFA practice model requires. These workers attributed this to their personal qualities or their skills as “seasoned” workers.

***Areas in need of improvement: Other themes***

Documentation

Overall, one of the general themes that emerged from the fidelity study was that documentation in the case file was often inconsistent with what the worker reported in the interviews. In most cases, the inconsistencies were not regarding contradictions between what was reported in the worker’s interview and the case record review. In most cases where inconsistencies were noted it was a result of the case file or case notes lack of documentation about the specific component of the CFA model.

Fathers

Throughout all stages of the model, **working with fathers, from engagement all the way through to case closure, was an area of needed improvement. Worker’s fidelity of the CFA model was higher when workers identified the fathers early on in the case.** In the majority of the cases the workers did not have any contact information on the father. In other cases, the workers received some contact information for the child’s father from the mother, but as of the interview date the workers had not made contact. Some workers mentioned the agency’s Kinship unit or the court system as separate departments that focus on finding information on fathers as reason why the worker themselves did not do an extended search. As a result visits with fathers, engaging fathers in case plans and providing services for fathers was an area in need of improvement.

Culture

**Cultural context was another area of the CFA practice model most program case management workers struggled with and was an area of needed improvement in all areas of the CFA practice model.** Throughout the assessment process, the Ramsey County CFA practice model expects workers will learn about a family’s culture (defined by the family and includes, but is not limited to, race, ethnicity, traditions, rituals, religion, values, and family interactions) and incorporate family culture into the case plan, specialized assessments and services.

**Table 17: Incorporation of family culture in service/case plan (n=14)**

	None	Minimal info, not in case plan	Some info, minimal in case plan	Good info, some inclusion in case plan	Family’s definition, extensive use in case plan
Worker interview	29%	21%	36%	14%	-
Case record review	86%	-	7%	7%	-

In general, **conversations about culture and cultural factors was an area in which many workers struggled to incorporate into the CFA model.** Workers reported they gained information about family’s culture through direct questions or observations about family routines, faith or religious activities and from what parents shared about their own histories. About a third of the workers specifically talked to their families about culture, asking the family about culturally-specific services or service providers. For most

of the other workers, culture was less specifically addressed but still considered. A few workers stated that information about the family's culture was observed more than specifically asked. One worker stated, "You ask things. Depends upon how they present it to you. They usually tell us what is important. I get a feel for their culture from the conversation." A few workers stated that culture was "a broad swipe." One worker expressed that it was difficult to get culturally-specific services in some instances. The worker stated, "Services were limited for this child so it was hard to incorporate culture into services. [The] staff and community were not diverse."

Case record review documentation revealed a discrepancy compared to the worker's interviews regarding family culture. According to the worker interviews, 21% of the workers minimally included information about culture in assessments or case plans, 36% included some information and 14% included a good amount of information. In the case record reviews, however, the majority of workers (86%) did not include the family's cultural context in the case plans or specialized assessments, compared to 29% reported by workers in the interviews.

### ***Worker's perceptions***

#### Overall framework/thought process

Workers were asked to describe how the features of the Ramsey County CFA practice were different from the previous model. They were then asked to rate the difference using a 5-point Likert scale. In most categories, workers overwhelmingly thought there was little to no difference between the Ramsey County CFA practice model and the Family Centered Assessment model used previously (see Table 22). Areas in which workers expressed greater difference between the models included engagement with family around change, case planning, supervision, documents used, and the overall framework/thought process. Although the majority of the workers rated the overall framework and thought process "somewhat" "much" or "to a great extent" different, responses were more mixed in the interviews.

**Table 18: Differentiation of CFA compared to FCA (n=14)**

	Not at all	Very little	Somewhat	Much different	To a great extent
Review of existing information	<b>93%</b>	7%	-	-	-
First visit with family	<b>79%</b>	14%	7%	-	-
Assessment questions/process	57%	22%	14%	7%	-
Specialized assessments	64%	7%	22%	7%	-
Frequency of visits	<b>86%</b>	14%	-	-	-
Content of visits	<b>79%</b>	14%	7%	--	--
Family involvement	<b>72%</b>	21%	7%	-	-
Engagement with father	<b>71%</b>	-	29%	-	-
Engagement with family around change	43%	22%	21%	7%	<b>7%</b>
Case planning	22%	7%	21%	29%	<b>21%</b>
Using family strengths	<b>86%</b>	7%	7%	-	-
Involving family culture	<b>79%</b>	14%	7%	-	-
Service connection	<b>72%</b>	7%	14%	7%	-
Conversations with stakeholders	62%	15%	-	15%	<b>8%</b>
Supervision	36%	7%	29%	21%	<b>7%</b>
Documents used	29%	29%	21%	21%	-
Overall framework/thought process	14%	14%	36%	29%	<b>7%</b>

### Strengths

Overall, **case management workers reported they appreciated that the CFA model was strengths based.** Of all the ongoing supports offered by Ramsey County, **the group consultations in particular were singled out by workers as most helpful.** Positive comments about the Ramsey County CFA practice model included “It’s been helpful since it helps me focus on the problem,” and, “It can better show the gaps in terms of where we missed in terms of the assessment. And, better determine how services can be provided.” Workers also thought the Ramsey County CFA practice model was beneficial in helping workers look for changes in behaviors. One worker said, “Previously I was focused on compliance but in the back of the mind, we thought have things changed? Now...I think, ‘has mom’s behavior changed?’” Another stated, “The way I look for change is different. I used to look at completion of services, if you’re done, you’re done. Now I do observe, ‘have things changed?’” Some workers reported the CFA practice model could emphasize critical thinking. One worker stated, “It’s helpful to new [workers] to have emphasis in critical thinking rather than emphasizing how things should be worded in a case plan.”

Areas needing improvement

**Concerns about the CFA practice model included a common theme that the CFA practice model focuses too narrowly on safety risk and threat and not enough on child well-being and permanency.** One worker stated, “Lots of people are frustrated with the model because we leave too many needs unaddressed. [The] model is great, but we need judgment.” A worker said, “You have to make sure all these elements are being covered...my mind is always trying to think about if I am going to get everything covered.” **Some workers thought the CFA practice model was focused too heavily on case plans.** “The focus is only on case plans and we lost everything else,” stated one worker.

Workers were concerned about struggling to get others on board (including service providers, courts, and key stakeholders) and having to educate stakeholders about the CFA model so that these stakeholders could know how to look for behavioral changes from the family. Another theme that frequently surfaced during the worker interviews was the **concern that the Ramsey County CFA model did not address the Child Service Family Review (CFSR)** issues that were highlighted as a problem in the last federal review, or the specific items that Ramsey County needs to address in their Program Improvement Plan (PIP). Half of the workers specifically stated that the Ramsey County CFA practice model did not address the CFSR. A few workers stated that the Ramsey County CFA practice model lacked “input from frontline workers.”

**Workers were concerned that the CFA model did not always fit their cases.** The most common case that workers identified was educational neglect. Workers wondered how the CFA model and its emphasis on safety risks and threats fit with cases in which there was no safety risk or threat, especially educational neglect cases. One worker said, “It will be tough to know in cases where you don’t see a lot of behavioral changes, but also not a lot of risk. How do you know when to close?” **Workers also wondered how to measure behavioral change.** One worker said, “I think it is going to be hard in a lot of our cases to always see behavioral changes down the line and to measure that, especially if you are talking about court cases. How do you measure real changes?”

## Conclusions

Overall, case management workers appreciated that the CFA model was strengths based. Although many workers felt the trainings needed improving, overall they were positive about the group consultations and found them helpful. Workers were concerned about the CFA practice model's focus on safety over well being and permanency and felt the CFA practice model did not fit all types of cases. Finally, although the workers thought the change in focus from compliance to behavior change made sense to them, they also thought this shift was largely about "wording" case plans.

Worker interviews and case record reviews highlighted areas of strength and areas of needed improvement regarding practice fidelity for the CFA practice model. **Areas of strength included reviewing existing information through case record reviews and meetings with the intake worker, first visit with the family and explaining role, using family strengths, and assessments.** In terms of assessments, workers were informally assessing family members on an ongoing basis. All but one worker stated they assessed the family every time they interacted. Involving mothers in case planning was definitely an area of strength, although involving fathers was an area in need of improvement.

**Reviewing existing information was also an area of strength.** The one area in need of improvement in terms of meeting with the intake worker was the result of a structural issue rather than a worker issue. Because the CFA practice model was first implemented in program and implementation in intake will happen later, program workers expressed some frustration with using the transfer meeting form with intake workers who were not familiar with the CFA process regarding transfer meetings. However, based on the strength of the review of information for program workers in other areas it would be likely that the transfer meeting would also be an area of strength once both intake and program have implemented the CFA practice model.

**Areas in need of improvement included engagement of fathers and including fathers on the case plan.** Some workers saw their main priority as working with mothers and children and only included fathers if they considered the possibility of placing the children out of the home. Fathers were left out of assessments as well. **Another area of needed improvement is around culture.** The extent to which culture was incorporated into assessments or case plans was minimal. Workers expressed that defining culture was Traci LaLiberte, Ph.D. [lali0017@umn.edu](mailto:lali0017@umn.edu) or Jenny Gordon [Jenny.Gordon@co.ramsey.mn.us](mailto:Jenny.Gordon@co.ramsey.mn.us)  
School of Social Work, University of Minnesota

difficult because it was “a broad swipe” and that culturally specific services are sometimes limited and/or difficult to find. In addition, at times the worker’s account of implementing the CFA practice model was not reflected in the documentation in the case notes or electronic case record. Although workers were found to be timely overall in their documentation of services, **the case records did not always include as much detail about the worker’s implementation of the CFA practice model as was reported in the interviews.** This area of needed improvement will likely be addressed in the near future when Ramsey County implements a new system of documentation expectations county-wide.

According to Dane and Schneider (1998), quality training, including training manuals that clearly and specifically define and describe the implementation of the model is integral to program fidelity as it “may decrease resistance to the proposed intervention, which in turn, may increase implementation” (p. 25). The importance of quality training, training materials and continued support through supervision and consultation has been associated with higher levels of fidelity (Stein et al, 2008). Additionally, Zvoch (2009) points to variations in program fidelity as the result of the amount and quality of professional development support (training, supervision and consultation) provided to the workers implementing the intervention. **Workers expressed a desire for a different model for training the CFA practice model.** Workers stated that the training did not adequately meet their needs in terms of preparing them to implement the CFA practice model with their families. **Smaller groups for trainings and more in-person versus phone consultations were thought to be more helpful and conducive to helping workers problem solve with cases in which they struggled with implementing the CFA practice model.**

Workers overall did not assess the CFA practice model as different from the model they had been previously using. Workers assessed the areas of review of existing information, first visit with family, assessment process, specialized assessments, frequency and content of visits, involvement with family, engagement with fathers, engagement with family around change, using family strengths, involving family culture, service connection and conversations with stakeholders as “not at all” or “very little” different.



Evaluating for fidelity helps service delivery agencies recognize and address potential gaps in the process or delivery of services before the service intervention goes program wide. Some of the gaps that were identified through the interviews with program workers and case record reviews include a need for clarification of how the CFA practice model builds off of and adds to the previous practice model and fulfills the federal CFSR requirements; a desire from workers for additional support through ongoing training; and a need for increased communication, especially inter-departmental and multi-level (management, supervisors, and workers).

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## Case Aide Interviews

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### **Methods**

#### ***Introduction***

Ramsey County employs case aides to assist social work staff in the implementation of casework in a variety of ways. Case aide workers often engaged in select portions of the CFA practice model as part of their regular job duties, especially regarding intentional visitation. Based on the worker interviews, case record readings and discussions with the Ramsey County steering committee, the formative evaluation was amended to include case aide workers.

#### ***Sample***

In February 2010 the evaluation team interviewed four case aides in the case management units currently implementing the CFA practice model to gather information about the incorporation of CFA practice in their job tasks. The case aides working in the two units currently utilizing the CFA practice model have the job classification of Case Aide 3. All four case aides agreed to participate in the interviews and signed informed consent. The case aides were informed that participation was voluntary and they were free to not answer any of the questions if they chose. They were also informed that any information they shared during the interview would be de-identified, anonymous, and presented only in aggregate form.

#### ***Interview process***

Interviews were conducted using a ten-question, open-ended, semi-structured interview format (see Appendix B). Two team members from the University of Minnesota evaluation team conducted the interviews; one researcher facilitated all of the interviews and the other researcher recorded the information. All of the interviews took place at Ramsey County during the last week in January and first week of February, 2010. The typical length of the interviews was fifteen minutes.

The evaluation team created the instrument questions by assessing the job functions specified by Ramsey County for the Case Aide 3 position along with the March 24, 2009 Comprehensive Family Assessment Guide for Workers created by Ramsey County. The instrument questions were based on the job functions that correlated to specific parts of the CFA model. In particular, the job functions for Case Aid 3 workers include assessing client needs, assisting in the development and implementation of service plans, and assisting clients in obtaining required services. Although not explicitly stated in the job functions, case aides were regularly performing supervised visitation between parents and children placed out of the home. Interviews were qualitatively coded to analyze themes.

## **Results**

### ***Training***

Case aides were asked to describe their experience of training regarding the Ramsey County CFA practice model. Case aides were not included in the initial formal training sessions, however three months after the Ramsey County CFA practice model had been implemented in the two child protection units, two members of the management team conducted a targeted training session with the case aides. The case aides were not able to describe specific elements of the training except that the training was about supervised visitation. One worker commented that they were told they would receive more information about supervised visitation but stated no further information was presented. A couple of case aides mentioned attending “general sessions,” however, it appeared these were not the general training sessions and the case aides may have been referring to the phone consultations.

### ***Information gathering***

Case aides were asked what information they gathered about a client family prior to their first meeting with the family or child, and how that information was collected. **Case aides reported they typically obtain the client's name(s), ages, date of birth, and contact information.** Case aides obtained this information from SSIS and the social worker. They also reported that they asked why the case came in and what concerns the social worker might have regarding the family. One worker created a working file for each family separate from and in addition to the official case file, for the case aide's own benefit.

### ***Typical interactions***

Case aides were asked to describe the types of interactions they typically have with clients. **Transportation and supervising visitation were listed as the most typical interactions case aides have with clients.** Case aides were also asked how they assessed client's needs. Activities involving assessments were limited to observing parent-child interactions during supervised visitation and reporting these observations to social workers. Case aides did not report assisting clients with service plan development or implementation and did not make any referrals or recommend services.

### ***Information sharing and documentation***

Case workers were asked to describe how and with whom they shared information about their interactions with families. **Case aides reported they share information with social workers and supervisors responsible for the specific cases they are working.** Case aides reported sharing a limited amount of information with other stakeholders including parenting workers, Guardian ad litem, foster parents, therapists, and parents. **The information that was shared typically focused on the parent and children interactions during supervised visitation or the occasional issue that occurred during the transportation of a client related to client safety or well being.** All the case aides documented their interactions with clients in SSIS. Most of the case aides reported documenting conversations with the social worker in their case notes. Case aides did not report the extent to which they document sharing information with other stakeholders.

### ***Application to CFA***

Based on their understanding of the Ramsey County CFA practice model, case aides were asked to describe what pieces of the model apply and do not apply to the case aide job functions. Case aides were also asked to describe how they incorporate the CFA practice model in their interactions with clients. **Half of the workers mentioned visitation as a part of the CFA practice model that applies to their job functions. The case aides were unable to describe parts of the model that did not apply. As a result, case aides have not incorporated the CFA practice model into their interactions with clients.** One case aide stated, “what I am doing is sufficient because I am documenting everything. The [child protection case management] social worker makes decisions based on my observations.” In response to the question about how Ramsey County’s CFA mode is incorporated into their work with clients, another worker stated, “I don’t think I do. **We got a general meeting, but we never got a training. It is really inconsistent.**”

## Conclusions

Assessing client needs, assisting in the development and implementation of service plans, and assisting clients in obtaining required services are part of the written job functions for the Case Aid 3 position. These tasks are an integral component in the Ramsey County CFA practice model. In addition, case aides are regularly performing supervised visitation between parents and children placed out of the home, corresponding to the intentional visitation portion of the CFA model. **The current Ramsey County CFA worker manual practice model does not incorporate the utilization of case aides in the support of child protection case management and does not provide guidance for case aides regarding intentional visitation.**

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## Supervisor Observations

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### Methods

#### *Sample*

All four case management supervisors in RCCSHD Child Protection were invited to participate in the supervisor observation process by University of Minnesota evaluation staff. Two Child Protection supervisors (and their corresponding units) were using Comprehensive Family Assessment and two supervisors (and their corresponding units)

were using Family-Centered Assessment (or a derivative of FCA) at the time of the observation. All four supervisors agreed to participate in the observation process after being presented with informed consent procedures by University of Minnesota evaluation staff. Supervisors were advised that they were free to elect not to participate and that neither participation nor non-participation would affect their employment status at RCCSHD. Supervisors were also told that if they chose to participate, their responses would be kept anonymous and results would only be presented in aggregate form.

### ***Observation Process***

The observation process consisted of three phases – a pre-observation interview, a week-long observation, and a post-observation interview. In preparation for the observation process, University evaluation staff (who were acting as observers) each underwent six hours of training utilizing the observation instrument under the guidance of Carol Hafford of James Bell and Associates, an external evaluation consultant for the Children’s Bureau. During the training, observers were instructed on observational methods (i.e., ethics and rapport-building in qualitative research, items to keep on hand during an observation, etc.) and use of the observation instrument. Observers were also given time to practice observing a staff member at the School of Social Work and then debrief about the experience as a team to agree upon responses and discuss questions that resulted from the trial observation.

The first phase of the observation process, the pre-observation interview, occurred approximately one to two weeks prior to each supervisor’s scheduled observation. During the pre-observation interview, two University of Minnesota evaluation staff (one acting as the interviewer and one acting as a note taker) met with each supervisor to inform the supervisor about the study and obtain consent to participate, clarify logistics for the observation week (i.e., supervisor’s schedule, off-site meetings/trainings, preferred seating for the observer, etc.), and ask questions about supervision practices at RCCSHD based on *Building a Model and Framework for Child Welfare Supervision* (Hess, Kanak & Atkins, 2009). (See Appendix C for the pre-observation interview questions.)

Following the pre-observation interview, supervisors were observed for a one week period using a fixed interval instantaneous sampling method. During the observation week

one observer (acting as part of a two-person observer team) shadowed the supervisor and recorded the following information at five-minute intervals: the activity the supervisor was doing; the setting in which the activity took place; the actors involved in the activity; the communication mode of the activity; whether the activity was unplanned; the consequence of any unplanned activity; and the aim of supervision (if appropriate) based on Kadushin and Harkness's (2002) aims of supervision. (See Appendix D for the observation instrument and key, as co-developed by University evaluators and Carol Hafford of James Bell and Associates.)

All observations took place during the first three weeks in December in an attempt to avoid end-of-year celebrations and vacations. Two supervisors were observed for a full, five-day work week; however, one supervisor was observed on four of five consecutive days in a work week and one supervisor was observed on four of five consecutive days across a two week period due to scheduling constraints of these supervisors. The observation plan was for supervisors to be observed from the moment they started their work day until the moment they finished their workday, including lunch and smaller break periods. However, on two occasions the full workday was not accounted for by observers. On the first occasion, a supervisor began the workday approximately 35 minutes before their typical start time without communicating this change to the observer; this resulted in a 30 minute interval (seven observations) of work time that was not accounted for by the observation data. On the second occasion, a supervisor had finished work for the day but was asked to informally provide supervision to a worker on a case after the observer had finished observations for the day; in this instance, the supervisor communicated details of the supervision to the observer and the time was able to be accurately accounted for in the observation data. On average, supervisors were observed for a total of 38.9 hours of time (range 33.4 – 47.3 hours), which included both paid and unpaid break time as well as standard working time. During the observation period, observers discussed issues that arose (e.g., updated supervisor schedules, coding concerns, etc.) with at least one additional observer on a regular basis and completed reflection sheets which were regularly read by the other member of the two-person observation team, thus helping to ensure consistency

of coding across the observers. In addition, all four observers met as a large group following the observation period to debrief the observation process.

The post-observation interview occurred approximately two to three weeks after the observation period. During the post-observation interview, two University of Minnesota evaluation staff (one acting as the interviewer and one acting as a note taker) met separately with each supervisor to share preliminary findings from the observations and pre-observation interviews, clarify any questions the observers had about the observation week, clarify the perceived accuracy of the preliminary findings, and ask questions about the CFA model and its implementation at RCCHSD (for those supervisors using CFA). (See Appendix E for the post-observation interview questions.)

## Results

### *Supervision at RCCHSD*

Demographic characteristics of supervisors

Case Management supervisors in Ramsey County Child Protection all work under the job description of “Social Worker 4/Child Protection Supervisor.” Supervisors have been in their current position ranging from 10 months to eight and a half years and oversee anywhere between nine and sixteen staff members, including case aides and clerical staff. Supervisors estimate they oversee between 125 and 240 cases, but do not directly serve any cases themselves. Supervisors report they provide one to one and a half hours of formal monthly supervision with each of their workers, but that workers often request informal supervision as well.

Obstacles to supervision

**Obstacles that supervisors identified as hindering their ability to carry out their job effectively include the high amount of administrative tasks, meetings, and dealing with billing and accountability to monthly reporting statistics. Supervisors note these tasks leave less time for what supervisors want to do, which is providing clinical supervision to their workers. Other obstacles mentioned include office politics and unclear communication.** Supervisors overwhelmingly felt their feedback to management regarding the obstacles mentioned was not acknowledged or implemented.



Supervisors identified several other challenges including inconsistency in policies relating to where cases should be assigned, workers that use supervision to “vent” rather than for consultation or clinical supervision, the need for more training, and the feeling that supervisors are not always heard as a collective group and their concerns are not valued by management.

Supports for supervision

**Supervisors identified management, peers, and workers as being their greatest supports in managing their job tasks, even though management was also identified as an obstacle for supervision.** The contradictory nature of these statements may be a reflection of the various requirements management has of supervisors (e.g., some requirements create obstacles for supervisors and some requirements present opportunities for managers to provide support, such as during supervisors’ own supervision) or it may be a reflection of the multiple levels of management (e.g., managers, directors, etc.) all being referred to as “management”. Supervisors identified a number of issues around training that could be improved. More overview training for workers and for specific trainings for workers and supervisors was identified as being potentially helpful. Supervisors mentioned that in the past RCCHSD has provided helpful trainings. Some of the training ideas mentioned by supervisors include help with RCCHSD’s interpretation of DHS bulletins, legislative changes and their impact on child protection, and clinical supervision.

Expectations of workers

**Supervisors identified their greatest expectations of their workers as seeing their clients on a monthly basis, providing competent assessments, following up with clients’ needs and referrals, and documentation. Also mentioned was worker’s accountability for their time and workers keeping supervisors informed of important changes in the case, such as court, out-of-home placement, and significant safety changes.**

Supervisors reported that many of their caseworkers are able to balance the needs and expectations of their jobs. A common theme regarding the obstacles workers face was related to documentation. Supervisors report that some workers “prioritize the work more than the documentation.” Supervisors also identified dwindling resources (financial), a lack



of culturally specific providers such as psychologists, chemical dependency programs or parenting evaluators that speak languages other than English, and inconsistencies in SSIS reports as challenges for workers.

#### Supervisory styles

**There was varied emphasis across supervisors in terms of how they spent their time on documentation (reading reports and reviewing cases), the amount of individual and group supervision they provided, the type of supervision (formal vs. informal) most often provided, and their physical activity level in the office (roaming amongst workers' offices vs. spending most time occupied in the supervisor's personal office).** Supervisors were also divided in the amount of importance they assigned to using evidence-informed practice or information management systems to improve outcomes, recruiting, selecting, training, and retaining workers, and providing leadership within the agency and community. However, supervisors agreed that they find tasks associated with assisting the development of workers' skills, managing relationships between units, providing leadership to their units, and supporting workers by managing time and workload, and preventing stress and burnout as important tasks.

#### Supervisory tasks

The aim of the supervisor observation was to better understand the responsibilities and expectations of supervisors in RCCHSD Child Protection case management units as a means of better assessing the potential "fit" of CFA within the supervision role. University evaluators were interested in understanding how supervisors structured their workweek to accommodate current RCCHSD supervisory responsibilities and expectations. It was important to observe all four supervisors in case management units because the current model of CFA requires intensive supervision and may present differing strengths and challenges depending on supervisory styles and the prioritization of supervisor responsibilities.

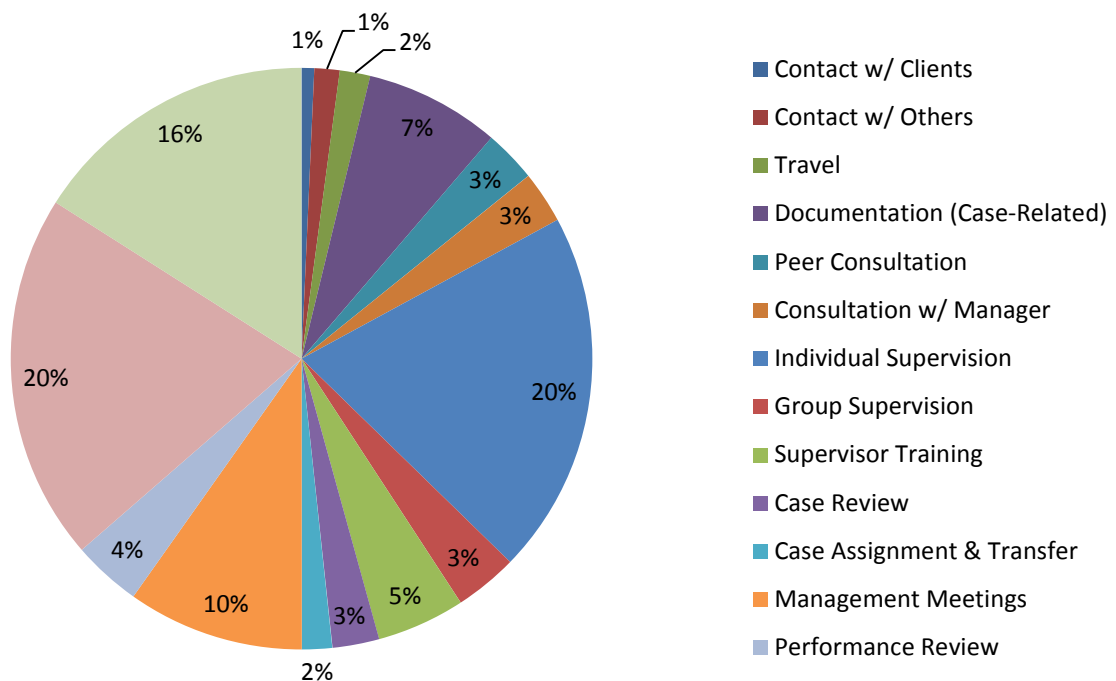
**Although supervisors varied substantially in style from one another, results of the supervisor observations revealed that supervisors spend the most time on the same top three tasks (individual supervision, administration/clerical work, and**

other, non-work related activities), with the fourth top task shared by two of the four supervisors (attending management meetings).

Two tasks accounted equally for requiring the most amount of time from supervisors during the observation weeks: providing individual, face-to-face or remote (via email or telephone) supervision to workers, and completing administrative or clerical work (e.g., signing off on time sheets, reading and writing reports, etc.) – each accounting for approximately 20% of supervisors’ time.

Providing individual supervision ranged from 13-25% of supervisors’ total time and completing administrative or clerical work ranged from 16-26% of supervisors’ total time. The third shared top task among supervisors was other, non-work related activity (coffee breaks, lunch breaks, etc.). This task accounted for approximately 16% of supervisors’ time and ranged from 12-22% of supervisors’ total time. The fourth top task was shared by two of the four supervisors. Attending internal management meetings at RCCHSD accounted for 10% of supervisors’ time (range 5-15% of total time). See Figure 13 for a depiction of time spent on various tasks.

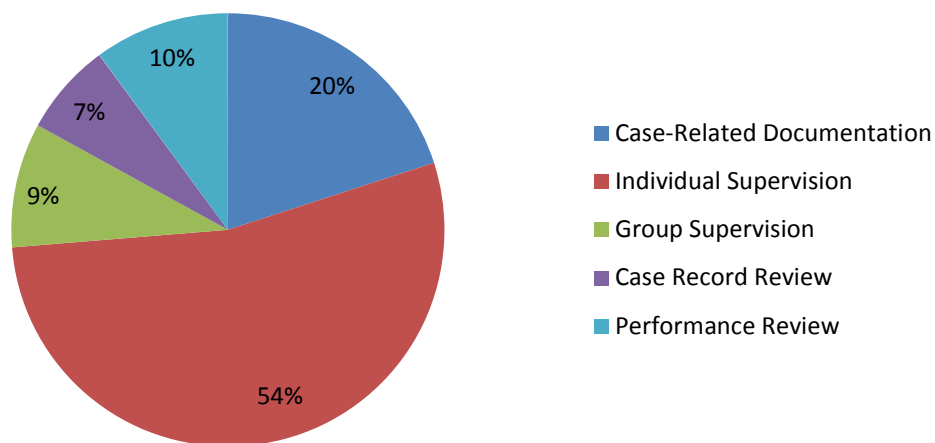
Figure 13: Supervisor time (n=4)



**Providing supervision to workers was one of the most highly prioritized tasks by supervisors** in the pre-observation interviews. In the supervisor observations, several tasks were collapsed to determine the amount of time supervisors spent in supervision with workers. These tasks included completing case-related documentation (e.g., entering case notes), providing individual and group supervision to workers, reviewing case records, and completing performance reviews. In total, these supervision tasks accounted for 38% of supervisors' total time, ranging from 34-41% of total time.

**Results of the supervisor observations revealed that supervisors dedicated most (54%) of their supervision time to providing individual supervision to workers, whether this was provided face-to-face or remotely (via email or telephone), formally or informally.** Supervisors also spent a large portion (20%) of their supervision time completing case-related documentation. Other supervision tasks – providing group supervision, reviewing case records, and completing performance reviews – were nearly equal in their share of supervision time. (See Figure 16 for a depiction of each supervision task in comparison to total supervision time).

Figure 14: Supervisory tasks (n=4)



It is important to note that **the amount of time supervisors spent on these tasks varied substantially from supervisor to supervisor** – oftentimes by as much as 10% of supervisor's total time. (See Table 19.)

**Table: 19. Variability of time spent on supervisory tasks as compared to supervisor’s total time (n=4)**

	Average	Minimum	Maximum
Case-related documentation	7.5%	4.3%	11.8%
Individual supervision	20.2%	12.9%	25.4%
Group supervision	3.5%	1.7%	6.7%
Case record review	2.6%	1.4%	5.4%
Performance review <sup>1</sup>	3.8%	0.0%	10.2%

Formal and informal supervision

The CFA practice model requires a balance of both formal and informal opportunities for supervision across the life of a case. The current practice model of CFA requires workers to meet with supervisors prior to the first meeting with the family, and then again within five days of the first meeting with the family; and twice per month during the case review process, including at the point of case plan development, anytime the worker is struggling with the case, when making placement/permanency, court intervention, reunification, or case closure decisions, or when deciding what assessments to request. In order to better understand current supervision in RCCHSD Child Protection case management units, observers noted whether activities of supervisors were unplanned and what the consequences of unplanned activities were. This method of was used to determine whether supervision was formal (planned) or informal (unplanned) as a means of assessing the potential “fit” of the CFA practice model with the current responsibilities and expectations of case management supervisors.

**Results of supervisor observations revealed that supervisors spend a majority of their supervision time (75%) in formal supervision, and that this proportion of time is very consistent across supervisors (range= 74.5-76.8% of supervision time).** All formal supervision took place in the supervisor’s office. When informal (unplanned) supervision occurred, it mostly took place in the supervisor’s own office (84%). However, a small amount of informal supervision (10%) occurred in common spaces (e.g., hallways, mailroom, etc.), worker’s offices (5%), or the manager’s office (1%).

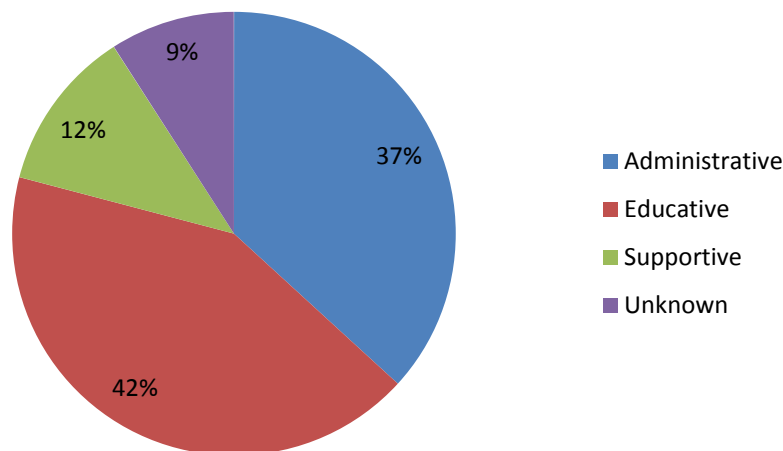
<sup>1</sup> Performance reviews are a point-in-time task and are only completed once per year for each worker. Traci LaLiberte, Ph.D. [lali0017@umn.edu](mailto:lali0017@umn.edu) or Jenny Gordon [Jenny.Gordon@co.ramsey.mn.us](mailto:Jenny.Gordon@co.ramsey.mn.us)  
 School of Social Work, University of Minnesota

### Aims of Supervision

In addition to understanding the amount of supervision that took place during the observation weeks and how it occurred (formally vs. informally), evaluators also wanted to recognize what was happening during supervision with workers. Kudushin and Harkness (2002) emphasize a balance of aims are necessary for effective supervision, including providing administrative oversight, education, and support to frontline workers. The priorities of administrative supervision are to adhere to agency policies and procedures and to implement them effectively. Educational supervision addresses the worker's level of professional knowledge and skills, and aims to improve workers' competence in practice. The supportive-expressive function of supervision is fulfilled by taking care of workload, stress, and morale, in order to improve job satisfaction and motivation of workers.

**The results of the supervisor observations revealed that supervisors utilized all three aims when providing supervision to workers, though supervisors generally favored providing education and administrative oversight over providing support to workers.** (See Figure 17.) Providing education to workers was the top aim of supervision (range=27-53%); providing administrative oversight was the second ranked aim of supervision (range=26-57%); and providing support was the least used aim of supervision (range=5-16%). As was the case in all supervisor observations (and can be seen by looking at the ranges of each aim), **supervisors were quite varied in how they interacted with their workers during supervision.** Some supervisors favored providing education over providing administrative oversight, while some supervisors favored providing administrative oversight over providing education. Also, though providing support was the least frequently used aim across all supervisors, some supervisors utilized this aim very little in supervision while other supervisors utilized it moderately during supervision.

Figure 15: Aims of Supervision (n=4)



### Limitations

Although supervisors noted that the results of the observations seemed quite accurate in terms of the tasks that structured their days and the proportion of time spent on each of these tasks, supervisors thought that some supervision may not have been accurately accounted for because some workers were absent due to inclement weather, scheduled vacations, and illness. Some supervisors also thought workers did not stop by as often for unplanned consultations or supervision because of the observers' presence, even though supervisors regularly told their workers to "go about normal business." Supervisors noted that performance reviews, CFSR self-assessment meetings, and end-of-year celebrations (which contributed to other, non-work activities) were tasks that were atypical for an average week. Because supervisors were only observed for one week, the results of the observations should not be generalized to reflect daily activities of supervisors over time.

During the observation week supervisors were frequently interrupted in their tasks. In fact, nine percent of all observations were documented as unplanned and they happened sporadically throughout the day. Most often the unplanned activities were in regard to workers requesting consultation on a case (informal supervision). However, the changing nature of the supervisory role (i.e., attending to regular business amidst interruptions) made it difficult to accurately discern unplanned activities. Therefore unplanned activities (and therefore, informal supervision) may be underreported in these findings. The amount

of formal supervision recorded was inconsistent with observers' reflections of the daily observances. The potential for underreporting unplanned activities may be a contributing factor to this. Another explanation for this inconsistency may be the observational technique (instantaneous fixed interval sampling) used. For example, most informal supervisions lasted less than five minutes and some informal supervision may have occurred between observations. A third explanation is the difference between frequency and time. Observers would need to document a minimum of 12 informal supervisions to equal one hour of formal supervision in this analysis. So, while it may appear as though supervision is more often informal, that is a representation of frequency (not time); the amount of time spent in formal supervision may outweigh the amount of time spent in informal supervision.

A final limitation to this analysis is that supervisor schedules are not static. There were a few times where unexpected, and at times, un-communicated schedule changes were not captured in the data. Therefore data do not reflect a full work week for all supervisors.

### ***Supervisor Reflections on CFA***

The intent of the supervisor observation process was to better understand the responsibilities and expectations of supervision in RCCHSD Child Protection case management units as a means of ascertaining the potential "fit" of CFA in Case Management supervision. Therefore the post-observation interview with the two supervisors currently utilizing CFA included questions regarding strengths, challenges, and recommendations for amending the current CFA model.

#### Strengths

One supervisor stated the model is helpful as a clarification tool for assessment and intervention. "It clarifies things – what to pay attention to and what not to pay attention to. You know what domain areas to focus on. You assess, you design an intervention, and you can see the outcomes." The philosophy of the model was a strength for another supervisor, who stated, "The initial spirit and intent of CFA as it was written with staff – the strengths based, the theoretical model is a good model. Practically, it needs some tweaking."

## Challenges

When asked what was challenging about utilizing CFA in their role as supervisor, each supervisor expressed different challenges. One challenge mentioned was the lack of clarity about the fourth stage of the model and the idea of CFA being “cookie cutter” that didn’t include concrete examples for how CFA can be applied to a variety of cases.

**Supervisors stated the model needs to be more adaptable to the variety of cases that workers manage. Another issue that was presented by the supervisors was concern that the CFA model was in contradiction with the CFSR and federal timelines.** The supervisor stated the CFSR required more time to look at behavioral changes, and that these changes “take longer than we have in our time frame.” Another of the challenges mentioned was that of overload. One supervisor stated, “I believe in the integrity of model, but I believe we take on too much just because we get a grant...it is overload. Supervisors are feeling overloaded.” Training was mentioned as the final challenge to implementing CFA in practice.

## Training

**In response to questions about challenges of implementing CFA in practice, supervisors reported the thought process behind the CFA model was fine, it was the implementation and specifically, the training, that was problematic.** Overall, supervisors experienced the training process as negative. One supervisor commented that it was difficult to teach and supervise workers when the supervisors did not receive additional training specific to *how to supervise workers* in implementing the CFA model. The phone consultations were also mentioned as a frustration. One supervisor suggested it would be more helpful to have a live person rather than a phone consultation. One of the supervisors mentioned that during the initial training, workers and supervisors alike left with unanswered questions because the trainer perceived questions as a challenge to the model. The supervisor stated, “When people ask questions they are not challenging the idea or the person, but they want more information.”

This lack of clarity about the model led to less successful implementation of CFA in practice than had been anticipated by project leaders. Supervisors felt challenged to name parts of the CFA practice model they felt they had been successfully implemented in



practice, including intentional visitation, transfer meetings, behavioral based case plans/wording, and how CFA distinguishes itself as different from the previous model. The assessment piece was the only area that was mentioned as clear.

CFA guides and tools

**Supervisors had mixed feelings about CFA guides and tools. They expressed that certain areas were helpful but some parts of the manuals lacked clarity.** One supervisor commented specifically that Stage 4 was challenging and lacked examples. Supervisors also commented that they would like a better understanding of how CFA fits in with all the other “hats” they wear – CFSR, CWTCM, court time frames, billing and skill level of staff.

Supervisors’ Wish List

**When asked if there was anything they’d like to see added or changed about CFA, supervisors commented on many different facets, including CFA guides, initial and on-going training, communication, and inclusion in model building.** Supervisors suggested the following:

1. More context and examples in the guides;
2. In-person consultations so workers and supervisors can ask questions;
3. Have RCCHSD address CFA in context to the larger focus of the county. One supervisor stated, “We have had Casey, anti-racism, CFA, strength-based planning, CFSR, FA, CWTCM billing, anything and everything. There needs to be some sort of understanding about what the ‘bigger picture’ is and what our philosophy is.”
4. Incorporate worker and supervisor feedback as “true insights” as to how the model works in day-to-day practice.” One supervisor stated, “[Workers] don’t feel like they can offer input and make it theirs. Take ownership. It would be helpful for staff to be able to ‘own’ the model.”
5. More work with father engagement. One supervisor stated that certain areas, such as engaging families in case planning, seems to be improving. However engagement with fathers still needs to be addressed.

6. Offer opportunities to address supervisor and worker questions. One supervisor commented that “a lot of questions are not answered. They always say that these things will help with the outcomes of the CFSR but the workers’ and supervisors’ questions are not always addressed.”

## Conclusion

The combination of interviews with supervisors about their supervisory role; supervisor observations; and interviews with supervisors regarding the implementation of CFA provided a multi-faceted view of supervision at Ramsey County and will help determine the potential “fit” of CFA in case Management units. The supervisor observation process revealed that **though supervisors have differing work styles, they also share similarities as a group. In particular, supervisors devote relatively large chunks of their time to the same three (or four) tasks. Additionally, supervisors prioritize supervision and assisting their workers in their supervisory roles.** For example, some supervisors were surprised at the amount of actual time observers recorded supervision and thought the amount of time would have been higher. One supervisor stated, “Focus should be more on the practice – on supervision – focusing on cases and helping families and children (ideally).” Two of the supervisors commented that supervision should take up half their time. **Some supervision styles, such as those styles observed of supervisors who rely heavily on formal supervision (versus informal supervision) and those that utilize more educational and supportive aims of supervision in their practice, appear to be a better fit with the CFA practice model.**

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## Formative Evaluation Discussion

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### Conclusions

According to Wholey (1995) formative evaluations are useful in helping policy makers and program managers clarify goals and objectives and “fine tune” changes that improve the quality of services. Overall, child protection case management workers and supervisors appreciated the intent of Ramsey County’s CFA practice model. Supervisors especially saw the benefit of assessing domain areas and felt this was helpful in attaining a

holistic and comprehensive view of the family. Many workers also found the behavioral case plans useful. Specific and important concerns, however, were evident. Workers and supervisors alike expressed some ambiguity regarding Ramsey County's CFA practice model overall. Additionally, discrepancies about how the practice model was being implemented were evident between documentation efforts and worker descriptions of daily practice. Worker descriptions were often much more specific about utilization of CFA practice than their case notes indicated.

Fidelity study instrumentation was guided by the federal guidelines for CFA. Two such areas from the federal guidelines are finding and including fathers in the assessment process, and working with families to understand and include culture in the assessment process. These are two areas that Ramsey County has not yet incorporated into their training repertoire. As a result, finding and involving fathers, and incorporating family culture are areas of needed improvement.

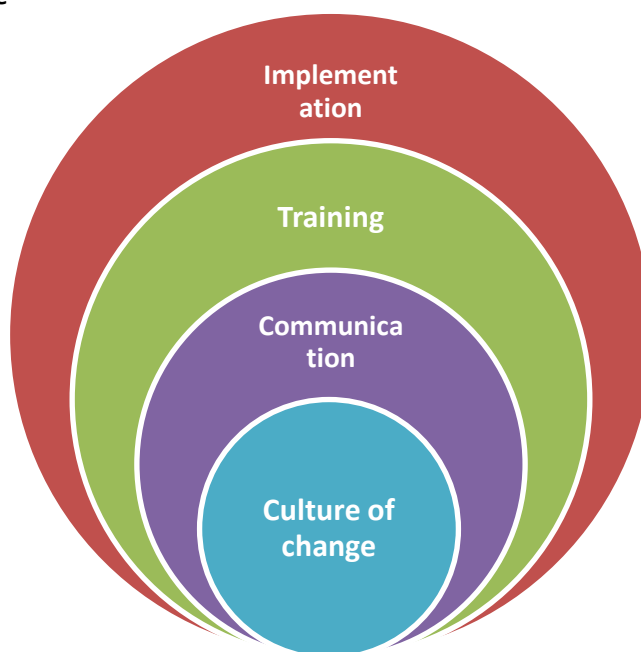
There was a unanimous belief that improved training on the CFA practice model would be beneficial. Among the suggestions that workers and supervisors made were being trained in smaller units, continued on-going training, and a training environment that facilitated, rather than discouraged, worker participation through asking questions and soliciting feedback. Case aides reported not receiving training on CFA, and therefore could not fully support the workers with whom they collaborated under the new practice model,

Finally, a call for clear and consistent communication regarding the CFA practice model, especially regarding how the CFA practice model fits with the overall vision and mission of Ramsey County, was another area both workers and supervisors thought needed improvement. Supervisors asked for a more explicit articulation on the part of Ramsey County about how the CFA practice model fits with the overall context of the county's vision. Supervisors also recognized the incongruence between their current time commitments and the additional duties required in the CFA practice model. Workers expressed questions about how the CFA practice model fit in with Ramsey County's "big picture." Phrases such as "flavor of the month" used to reference the CFA practice model suggest that workers see new initiatives such as the CFA practice model as temporary solution rather than part of an overall, deliberate shift in practice.

### ***Systems Approach***

The Formative Evaluation examines the implementation of Ramsey County's CFA practice model from a systems perspective. A systems approach considers the individual worker as only one of many factors (Munroe 2005); improved outcomes are the result of the total interaction between organizational culture, human performance and technical support. In this framework, an individual child protection worker's decisions are not made in isolation but located specifically within an organizational culture. Therefore, the conclusion to the current report includes recommendations based on findings of the Formative Evaluation at multiple, systemic levels. These four tiers include: 1) culture of change, 2) communication, 3) training, and 4) implementation.

**Figure: 16. Systems Change**



### **Implications**

Formative evaluations are typically conducted during the development or improvement of a practice change with the intent to continue improvement (Scriven, 1991). A formative evaluation must move beyond stating simple conclusions, but also lead to developing recommendations that will ultimately help to guide and shape changes in the process of practice change. As a result of evaluating the implementation of the practice model in Ramsey County Child Protection Case Management, University of Minnesota evaluators suggest that Ramsey County and its partners consider building upon and

adjusting where necessary, the CFA practice model and the implementation process within Ramsey County.

## **Recommendations**

### ***Tier 1-Culture of Change***

Over the past few years, Ramsey County has implemented several programmatic changes, including the CFA practice model. This has led to workers reporting that although many support and understand new initiatives and changes, oftentimes changes are viewed as temporary and lack connection with agency mission and goals.

Framing the CFA practice model as a shift in practice rather than as an initiative, project, or model may be important for supporting Ramsey County's vision. Additionally, communicating and implementing a lasting practice shift will require action that reflects on-going commitment to the practice. While language is important, action may also include things such as frequent updates and displays of commitment from agency leaders, developing a process for communicating other agency initiatives within the context of CFA, and creating and communicating a plan for sustaining CFA practice beyond the federally-funded period.

The other facet to consider is in regard to facilitating a culture of learning across all levels of Ramsey County staffing. A culture of learning is one in which asking questions as a means of clarifying information is encouraged and seen as a way of improving critical thinking as opposed to a challenge to people or ideas, or as an indication of not "buying in." A culture of learning values learning as a process of trial and error in which it is okay to make mistakes, fosters collaborative problem-solving (e.g., one person doesn't always have to know the right answer but people have to have a process for figuring out the answer), and offers supportive consultation when needed. It is recommended that Ramsey County and its partners consider and have conversations about policies which promote a learning culture within Ramsey County. For example, staff frequently reported discomfort in making mistakes for fear that they would be reflected in performance evaluations.

### ***Tier 2 –Communication***

Creating a culture of learning is not possible without clear and frequent communication between and across all levels of staff within Ramsey County. Therefore, we recommend that Ramsey County create a communication plan that is focused on increasing and maintaining regular communication about practice at all levels of the organization. Recommendations for improving communication include using communication to connect new information to the “big picture” of Ramsey’s vision for practice, and therefore, CFA. A clear process that dictates roles and responsibilities for managing the on-going receipt of information from inside and outside the agency, whether it be policy updates, programmatic changes, restructuring information, CFSR and PIP information, internal mandates, etc. This is likely a detailed and complex on-going process due to the multiple activities and on-going changes that Ramsey County experiences. Having a clear plan will allow staff to obtain consistent information and recognize how everything that comes in the door has a meaning and purpose that is connected and guided by the overarching agency mission and goals.

### ***Tier 3- Training***

Across all stages of the formative evaluation there was a call for additional training. While initial CFA training at Ramsey County has laid the groundwork for worker and supervisor understanding, more in depth, focused training has been requested. University of Minnesota researchers recommend developing a training plan to ensure future training is thorough, thoughtful, and on-going. A training plan would include a plan for training newly hired managers, supervisors, workers and case aides. Additionally, a training plan could include strategies and timelines for providing on-going “refresher” training for all staff to ensure CFA practice is consistent within and among units long term.

There has also been a call from within Ramsey County for additional formal training during the roll-out stage of implementation. More frequent, on-going training in varied formats (in-person, large group, small group, individual consultation) will help Ramsey County staff to work toward fidelity. Training aides and guides are also recommended as a learning tool and take away for trainees. This is particularly important in the early stages of

practice change. Guides and training aides provide front line staff with much needed references at an arm's reach, when face to face consultation is not available. Additionally, training guides have the potential to serve as tools for training newly hired child protection staff. Developing formalized guides encourages workers to use universal materials to guide and understand their work. Providing such resources keeps workers from developing their own practice guides, which have the potential to individualize assessment practices, moving away from CFA practice model fidelity. Training guides assist in universalizing language and terminology. For example, staff will become familiarized with terms and processes like protective capacities, family functional assessments, and family team meetings. Providing concrete case examples in training materials will also help eliminate confusion and ambiguity. Even with comprehensive training guides, day to day coaching and support will be important, particularly in the early stages of practice model implementation.

University of Minnesota researchers also suggest developing specialized training for supervisors and case aides. The roles both supervisors and case aides assume under the CFA practice model are quite specific and require different tasks than case managers. It is unclear at this time if the CFA practice model has been refined with specific attention to roles and responsibilities for these two groups and therefore additional conceptual or development work may be necessary prior to creating specialized training. Additional development of training materials to accompany specialized training could also be beneficial. Specialized worker training may also be helpful. For example, reflecting upon how ICWA units may assess differently than other units utilizing the CFA practice model will be an important consideration for future training.

In concert with a culture of change and a culture of learning, interactive training is a strategy that may benefit Ramsey County in the implementation of the CFA practice model. Interactive training will give Ramsey County staff the opportunity to engage with the trainers, the material and one another. Interactive training also provides an opportunity for practice simulation with role playing and practice model application to existing cases. This practice translates most clearly to child protection work in the field.

### ***Tier 4-Implementation***

When large practice shifts are undertaken, invariably there are details and kinks that need ironing out along the journey. As Ramsey County moves forward in implementation of the CFA practice model it will be important to develop a clear process for decision making and clarifying practice direction when it is not clearly outlined in the model. For example, if a certain case does not fit within the flow of the practice model, who will make decisions about how to handle the case? How will that process be handled? Workers frequently reported that the practice model did not fit when working with cases where there were no clear safety threats or the level of risk was not high. Educational neglect cases were the most frequently cited example. It will be imperative to determine a process for how to respond to these cases under the CFA practice model.

Another factor to consider as implementation continues is how supervision will be affected with the implementation of CFA. Currently supervisors are involved in numerous tasks and responsible for activities beyond direct supervision. Under the CFA practice model, a higher level of direct clinical supervision of front-line staff is emphasized. Adjusting supervisor responsibilities to accommodate the supervisory expectations under the CFA practice model may need to be considered, or revising direct supervision expectations may be in order. Ramsey County leadership may want to consider which route is possible and preferable.

Beyond internal staff, it will also be important to continue to keep stakeholders consistently updated and involved throughout the process of model modification, training, and implementation. Ramsey County's community partners will be instrumental in the success of implementation. Stakeholders will need to be clearly informed about how CFA assessment will look different than previous assessment processes. For example, judges and county attorneys will need information about the CFA practice model in order to make appropriate recommendations and ruling on new case plans that are grounded in behavioral change rather than on monitoring compliance. Contracted service providers can aide in the process of continual assessment, but must understand the basic components of the model and what their role in the CFA model assessment process entails (e.g., intentional visitation, required documentation of behavioral change, etc.).



Implementation of a practice overhaul is not an exact science. Trial, error, and revision are an integral, and expected, component of systems change. The formative evaluation results presented in this report are intended to assist Ramsey County in the process of revision. The CFA practice model that Ramsey County has developed and implemented is a significant change in practice and practice philosophy. No significant change can occur over night, particularly given the number of people involved (e.g., workers, supervisors, managers, community partners, trainer, etc.). There is no question that the process of change is well underway at RCCHSD. Concrete changes are evident. Ramsey County's plan of confronting higher level challenges - even moving beyond CFA - and focusing attention on policies and practices that affect the CFA practice model, such as engaging fathers and including family culture, will be an important next step in the refinement process. Continual formative evaluation will serve as a feedback cycle throughout Ramsey County's refinement process.

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## Appendix A: Fidelity Instrument

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### A. Reviewing Existing Information and Transfer Meeting

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#### A1. Documents and Contacts

*Purpose:* A worker should be reviewing all relevant documents before meeting with a family for the first time. Those include:

- Abuse and/or neglect report that necessitated the investigation
- The investigation summary with recommendation
- Any collateral reports related to the investigation (police, medical, school etc.)
- If the case received previous cp case management, documents should include: Intake reports, intake summaries, closing summaries

A worker should also talk with the investigative worker about the case. During a transfer meeting, a worker should ask the investigative worker to:

- Describe the specific safety threats
- Describe the behaviors or conditions of caregivers that contributed to children being unsafe
- Describe the safety plan that was put in place
- Describe any safety threats to worker that may exist

*Sources of Information:*

#### **Worker interview**

- Did the case receive previous child protection case management?
- What documents did you review prior to your first meeting with the family?
- Did you talk with the investigative worker? If so, what did you talk to the investigative worker about?

1) *Rate the thoroughness of the review of existing information:*

- 1= No review, or review not documented by worker
- 2= A little review (1-2 documents)
- 3= Some review (2-4 documents)
- 4= Most but not all sources reviewed (many documents)
- 5= All possible sources reviewed

#### **Case Record Review**

In the case record, look for the worker's account of documents/contacts that were reviewed prior to meeting with the family for the first time.

a) *Rate the thoroughness of the review of existing information:*

- 1= No review, or review not documented by worker
- 2= A little review (1-2 documents)
- 3= Some review (2-4 documents)
- 4= Most but not all sources reviewed (many documents)
- 5= All possible sources reviewed

- b) *Rate the extent to which the worker used information provided by the investigative worker?*
- 1=Did not meet with investigative worker for review or meeting was not documented by worker
  - 2=Documented meeting with investigative worker but no information reported
  - 3=Some information from investigative worker documented
  - 4=A great amount of information from investigative worker documented
  - 5= All relevant information from investigative worker documented

## A2. Content

*Purpose:* From the review, workers should gain information about the family in order to: better understand the client's situation; so the client does not have to repeat information; to use time more efficiently; and to prepare the worker for issues they will be confronting. They should get the following information about the family from the review:

- "Key players" of a case: where are they now, how can they be contacted
- Family's history with CP
- Who has more family info (community providers, etc.)
- Safety concerns specific to each child
- Level of family engagement
- Family strengths
- Natural supports (relatives) as opposed to "artificial supports" (agencies, etc.)
- If PREVIOUS CP CONTACT:
  - Interventions and services tried in the past
  - Court history
  - Family cooperation with CP

*Sources of Information:*

### **Worker interview**

- (If worker did review documents) What were you looking for in reviewing information about the family?
- What did you learn about the family?

- 1) *Rate the extent to which the worker gained sufficient information about the family in order to effectively start the case.*

- 1= No information gathered or information not recorded
- 2= A small amount of information gathered/recorded (1-2 items from list)
- 3= Some information summarized/gathered (3-4 items)
- 4= An adequate amount of information gathered and recorded (5-6 items)
- 5= Almost all relevant/important information about the family was gathered and recorded

### **Case Record Review**

Review what the worker documents about the amount and type of information gathered from talking with the investigative worker and reviewing other existing documents.

- a) *Rate the quality and thoroughness of the review of existing information.*

- 1= No information gathered or information not recorded
- 2= A small amount of information gathered/recorded (1-2 items from list)
- 3= Some information summarized/gathered (3-4 items)
- 4= An adequate amount of information gathered and recorded (5-6 items)
- 5= Almost all relevant/important information about the family was gathered and recorded

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## B. Family Engagement & Initial Assessment

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### B1. Explaining Role

*Purpose:* A worker explains to the family why case is open, their role, and the purpose of cp.

*Source of Information:*

#### **Worker Interview**

- Describe how you introduced yourself to the family.

1) *Describe the worker's initial introduction to family.*

- 1= No introduction/explanation
- 2= Very limited introduction/explanation of role
- 3= Some explanation of role
- 4= Explained most aspects of role and purpose of cp
- 5= Went to great length to explain role of self and cp

### B2. Engagement with Father

*Purpose:* The worker should attempt to identify the father (if not already present). If the father is **not** present or the whereabouts unknown, the worker should check: child support registry, order child's birth certificate, or use other means to find father. Worker should also assess for potential ways to engage with the father or his family.

*Source of Information:*

#### **Worker Interview**

- Was the father present during the initial meeting?
- If yes, what did you do to engage with the father and his family during the first meeting or immediately after?
  
- If no, what did you do to find the whereabouts of the father or engage with the father's family during initial meeting or immediately after?

1) *Rate the level of engagement with the father.*

0= NA: father deceased/order of protection, TPR, etc.

1=father not present in first meeting and did not identify whereabouts, or father present and did not engage

2=limited attempt to find father/family or father present and very minimal attempt to engage

3= some attempt to find father/family or engage with present father

4=a good effort made to identify father or engage with present father

5=did everything possible to identify whereabouts or engage with father, spent considerable time in this area

#### **Case Record Review**

Review documentation from the first meeting and immediately after to assess whether the worker engaged with the father or attempted to find/engage father and his family.

a) *Rate the level of engagement with the father.*

0= NA: father deceased/order of protection, TPR, etc.

1=father not present in first meeting and did not identify whereabouts, or father present and did not engage

2=limited attempt to find father/family or father present and very minimal attempt to engage

3= some attempt to find father/family or engage with present father

4=a good effort made to identify father or engage with present father

5=did everything possible to identify whereabouts or engage with father, spent considerable time in this area

### **B3. Initial Assessment**

*Purpose:* The worker should talk to parents about strengths/protective factors, resources/needs, and assess readiness to use help and make change. The family should be encouraged to engage in self-assessment about what they believe is happening and why they are involved. Also assess:

- Parenting/bonding/including history of how parents were cared for/parented
- Living conditions/finances/housing food/basic needs and any immediate situations which may present as an emergency such as no utilities, unable to pay rent, etc.
- Kinship/neighbor care options, family connections, support system
- Cultural factors and cultural context
- Caregivers' mental health
- Domestic violence
- Parents' health
- Parent substance abuse
- For EACH CHILD:
  - Child mental health/substance abuse
  - Health
  - Developmental/educational needs

*Source of Information:*

#### **Worker Interview**

Describe what you assessed about the family during the initial 1-3 contacts. (Prompts: What type of questions did you ask? What information were you able to capture? Prompt to get information about each bullet point above)

1) *Rate the extent of the worker's assessment during the first contact with family.*

1=nothing captured or no documentation

2=some detail but no big picture about family

3=some detail, some big picture

4=most detail and most big picture items captured

5=almost all aspects of big picture assessment captured

#### **Case Record Review**

Review the case record to see if the abovementioned content about the family was documented by the worker during the initial 1-3 meetings with the family.

a) *Rate the extent of the worker's assessment during the first contact with family.*

1=nothing captured or no documentation

- 2=some detail but no big picture about family
- 3=some detail, some big picture
- 4= most detail and most big picture items captured
- 5=almost all aspects of big picture assessment captured

b) *Rate the extent to which cultural contexts or cultural factors were assessed during the first contact with family*

- 1=cultural contexts or cultural factors not assessed or not documented
- 2=a minimal amount of cultural context or information gathered/assessed
- 3=some amount of cultural context or information gathered/assessed
- 4=a great amount of cultural context or information gathered/assessed
- 5=cultural context or information extensively factored in information gathered/assessed

## **B4. Services for Immediate Need**

*Purpose:* Provide services for immediate needs, if needed (rent payment, etc.) Offer developmental and MH screening, beginning of case plan. Also offer culturally appropriate services, if applicable.

*Source of Information:*

### **Worker Interview**

- What were the immediate needs of the individual family members that you were able to assess during the first visit?
- What services, if any, did you offer the family on the initial visit?

1) *Rate the extent of service provision during initial contact:*

- 0=NA; no immediate needs that required services
- 1=There were family needs but no services mentioned or offered
- 2= A limited amount of services offered or explored, but not necessarily matching family need
- 3= Some services offered, some matching family need
- 4= Most applicable services offered
- 5= All applicable services offered and worker spent quality time matching need of each family member to a service

### **Case Record Review**

- Based on the initial assessment in the case record, what were the immediate needs of the individual family members?
- What services, if any, did the worker offer the family on the initial visit?

a) *Rate the extent of service provision during initial contact:*

- 0=NA; no immediate needs that required services
- 1=There were family needs but no services mentioned or offered
- 2= A limited amount of services offered or explored, but not necessarily matching family need
- 3= Some services offered, some matching family need
- 4= Most applicable services offered
- 5= All applicable services offered and worker spent quality time matching need of each family member to a service

b) *Rate the extent to which cultural services were offered, if appropriate.*

- 0=Not applicable, no cultural services needed
- 1=Worker did not identify or offer culturally appropriate services
- 2=Worker identified cultural needs but did not offer services
- 3= Worker offered culturally appropriate services but did not identify family's need
- 4= Some culturally appropriate services offered with documentation of relevance to family's needs
- 5=Worker spent quality time matching culturally appropriate services to each family member as needed

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## C. Assessment

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### C1. Specialized Assessments

*Purpose:* When the worker's observations indicate that there may be a need for specialized assessments (developmental, mental health, drugs, cognitive abilities of children, physical health issues) the worker should:

- Consult with peers, supervisors, relevant stakeholders
- Consider cultural appropriateness
- Focus attention of the specialist on specific areas of concern
- Have a sense of what effect the findings have on decision-making
- Incorporate recommendations of assessment into plan

*Source of Information:*

#### **Worker Interview**

- Based on the needs of family members, were specialized assessments needed?
- If so, describe how you found an appropriate assessment and communicated with the specialist.
- How did you incorporate the recommendations into the case plan?

1) *Based on family need, rate the extent to which the worker used special assessments to gather more information about individual family functioning.*

- 0= Not applicable, no specialized assessment needed
- 1= Specialized assessment could have been used based on need, but worker did not utilize or there is no document of specialized assessment
- 2=Minimal use of specialized assessments
- 3=Some use of specialized assessments
- 4=A good amount of use of specialized assessments
- 5=Extensive amount of use of specialized assessments with input from specialist(s)

#### **Case Record Review**

Review the case record to determine both the needs of the family members and any specialized assessments that were completed. Look for how the assessments were then used to develop the case plan.

- a) *Were there any problems that could have been addressed by specialized assessments (mental health, behavioral, drugs, cognitive, etc.) but were not?*  
Yes, No, NA (If Yes, explain)



- b) *Based on family need, rate the extent to which the worker used special assessments to gather more information about individual family functioning.*

0= Not applicable, no specialized assessment needed  
1= Specialized assessment could have been used based on need, but worker did not utilize or there is no document of specialized assessment  
2=Minimal use of specialized assessments  
3=Some use of specialized assessments  
4=A good amount of use of specialized assessments  
5=Extensive amount of use of specialized assessments with input from specialist(s)

- c) *Based on family need, rate the extent to which the worker incorporated special assessments in the case plan*

0= Not applicable, no specialized assessment needed  
1= Specialized assessment could have been used based on need, but worker did not utilize or there is no document of specialized assessment  
2=Specialized assessments not necessarily or minimally incorporated into case plan  
3=Specialized assessments somewhat incorporated into case plan  
4=A fair amount of specialized assessments incorporated into case plan  
5=Extensive use of specialized assessments incorporated into case plan

- d) *Based on family need, rate the extent to which the worker incorporated cultural context in the case plan*

0= Not applicable, no specialized assessment needed  
1= Worker did not mention cultural context or there is no document of worker mentioning cultural context regarding specialized assessments or case plan  
2= A minimal amount of cultural context included in the specialized assessments and case plan  
3= Some cultural context included in the specialized assessments and case plan  
4=A fair amount of cultural context included in the specialized assessments and case plan  
5= Cultural context extensively included in the specialized assessments and case plan

## C2. Worker Visits

*Purpose:* A worker should meet with each family member at least once per month with face-to-face visits, or as is deemed sufficient to ensure the safety, permanency, and well-being of the child and promotion of case goals. When meeting with the children, the following should be emphasized:

- Assess overall health, activity levels, development, communication skills
- Ensure the children understand next steps and agency's intent
- Explain court involvement

*Source of Information:*

### **Worker Interview**

*Quantity:* How often did you meet with the [mother/father/child(ren)]?

- 1a) *Frequency of visits with mother*

0=NA, 1= Never, 2=less than once a month, 3= At least once a month, 4=less than once a week, 5= once a week+

1b) *Frequency of visits with father*

0=NA, 1= Never, 2=less than once a month, 3= At least once a month, 4=less than once a week, 5= once a week+

1c) *Frequency of visits with child(ren)*

0=NA, 1= Never, 2=less than once a month, 3= At least once a month, 4=less than once a week, 5= once a week+

Also: what attempts were made to contact family members?

- *Quality*: Describe your visits with the subject child(ren) and siblings.
- 2) (Prompt: Did you meet with child alone? What did you assess, how did you engage with child and make child feel comfortable, how did you explain next steps and possible court involvement, etc.)

*Did the frequency of the visits between the caseworker and [mother/father/children] appear to be sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?*

3a) *Frequency of visits with mother*

0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent

3b) *Frequency of visits with father*

0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent

3c) *Frequency of visits with child(ren)*

0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent

*Did the quality of the visits between the caseworker and child(ren) appear to be sufficient to assess the child and engage with/inform child about the case?*

- 4) 0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent

**Case Record Review**

*What was the most typical pattern of visits between the caseworker or other responsible party and the [mother/father/child(ren)]?*

a1) *With mother*

0=NA, 1= Never, 2=less than once a month, 3= At least once a month, 4=less than once a week, 5= once a week+

a2) *With father*

0=NA, 1= Never, 2=less than once a month, 3= At least once a month, 4=less than once a week, 5= once a week+

a3) *With child(ren)*

0=NA, 1= Never, 2=less than once a month, 3= At least once a month, 4=less than once a week, 5= once a week+

*Did the frequency of the visits between the caseworker and [mother/father/children] appear to be sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?*

- b1) *With mother*  
0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent
- b2) *With father*  
0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent
- b3) *With child(ren)*  
0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent

*Did the quality of the visits between the caseworker and [mother/father/children] appear to be sufficient to ensure the safety, permanency, and well-being of the child and promote the achievement of case goals?*

- c1) *With mother*  
0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent
- c2) *With father*  
0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent
- c3) *With child(ren)*  
0=NA, 1=Not at all, 2= Somewhat, 3=To a Great Extent

*Item Response Coding*

*0=NA: deceased, child too young, whereabouts unknown, etc.*

*1= Did not meet with this family member*

*2= Some visits (less than once a month or every month), but not completely sufficient to capture all needs or provide services*

*3= At least once a month or more, sufficient in capturing all necessary information about family and provide extensive case management*

### **C3. Family Team Meeting**

*Purpose:* These meetings help provide a fuller picture of the family situation and networks, and they help clarify who can be involved in the change process. A worker should identify key people, obtain consent to invite all members, & prepare invitees by explaining how meetings work and the issues that will be discussed. They should also:

- a. Explore connections to faith/communities/tribe/neighbors, etc.
- b. Genograms, ecomaps, ethnographic interviewing helpful tools
- c. Work with parents to identify key players, invite parents, children, identified providers, family, friends etc. (Consider who should not be present for safety reasons)
- d. Work with participants to clarify their past role in assisting with needs, and how they might help in future

Further refine the case plan using the information gathered at the Family Team Meeting.

*Source of Information:*

**Worker Interview**

- Did you conduct a Family Team Meeting? If so, describe the preparation for this process and the information gathered. (Who was present in the meeting? How did you prepare for the meeting? What was the purpose/intent of conducting the

meeting, and were these goals met? What tools, if any, were used during the meeting?)

- How did you incorporate the information from the Family Team Meeting into the case plan?

1) *Did the worker conduct a Family Team Meeting?* (If Yes, answer next question)  
Yes/No (If not, why not?)

2) *Rate the thoroughness of the Family Team Meeting.* (e.g. Attempts to include everyone, all relevant parties present, information sufficiently communicated, useful content captured, tools used, goals met, etc.)

1= No meeting conducted, no attempt made

2= Attempt made, no meeting conducted or very limited (small) meeting

3= Meeting conducted with some stakeholders and family members

4= Most stakeholders and family members present, most tools used and goals met

5= All relevant stakeholders and family members present, all appropriate tools used and goals met

#### **C4. Consulting with Stakeholders**

*Purpose:* A worker should talk with relevant stakeholders, including individuals involved in the child/family's life who may provide insight about family functioning. Included: family and kin, friends, neighbors, and providers the family is already involved with. Purpose of meetings:

- Gain better understanding of needs related to safety, child well-being
- Determine effective ways of engaging family in change
- Identify impact of services so far
- With providers: clarify provider's role, clarify their services, clarify family needs

*Source of Information:*

##### **Worker Interview**

- Did you meet with stakeholders involved in the case? If yes, list all of those who you spoke with? (Prompt: family/kin, friends, neighbors, providers, etc.)
  - What was the purpose of these conversations/meetings?
  - What information did you receive about the family and/or providers?

*The worker was thorough in involving the appropriate stakeholders.*

1= Worker did not talk with stakeholders.

2= Worker met with 1-2 stakeholders, but did not receive much relevant information.

3= Worker met with 1-2 stakeholders and received some good information.

4= Worker met with several stakeholders and received good information.

5= Worker met with almost all possible stakeholders and received a lot of "big picture" information.

#### **C5. Sharing Information and Engagement**

*Purpose:* Worker should exchange information with the family, extended family members, services providers and court regularly. As information is gathered from different sources, worker should meet with family to help them understand how their specific needs are informing development of service plan. The family must understand what has to change to achieve positive outcomes, and these conversations are part of engaging the family in participating in services that promote change. Attention should be paid to fathers who are not viewed as integral by mother or tribal child welfare programs, if applicable.

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*Source of Information:*

**Worker Interview**

- Describe who you shared information with throughout the case. (Prompt those listed above).
- How often was information relating to the service plan discussed with:
  - Mother
  - Father (What was status of father?)
  - Child(ren)
- How did you determine how often you spoke with family and providers?
- How did you engage family members to participate in the services that promote necessary change? What worked, what didn't work?

1) *Rate the extent to which the worker sufficiently shared information with the entire family as the case progressed.*

1= Did not share info with family regularly

2= Shared a bit information with 1-2 family members on sporadic basis

3= Shared some information with most family members on somewhat regular basis

4= Shared a lot of information with most family members regularly as circumstances changed

5= Shared all applicable information with all family members and applicable parties as circumstances changed

2) *Rate the extent to which the worker attempted to engage with the family towards positive change and service completion.*

1= No engagement with the family

2= Very little engagement towards change

3= Moderate amount of engagement with family

4= Did a good job engaging with family members

5= An excellent job engaging all family members towards completion of services (including fathers, if applicable)

## **C6. Family and Community Strengths**

*Purpose:* Special attention should be made to capturing family and community strengths in the assessment process and using them in the case plan. (Note: family **self-identified strengths** should be used in the case plan as well.) Examples of **family strengths**: child characteristics, emotional/mental health, housing, life skills, parent's concern for child, sobriety, positive relationships, employment, interpersonal skills, etc. **Community strengths**: after school care, counseling, cultural resources, educational resources, medical resource, transportation, chemical dependency treatment, food bank, etc.

### **Protective Capacities**

*Purpose:* Workers should assess for the protective capacities of the parents.

*Definition:* Personal and parenting behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective of one's children. These are unique strengths that contribute to being protective.

**Cognitive:** accurate perception of child, recognition of child's needs, understanding protective role, intellectually able, understands and recognizes threats

**Emotional:** Bonding with child, positive attachment with child, love and empathy for child, stability and emotional control, meets own emotional needs

**Behavioral:** physical capacity and energy, ability to set aside own needs, adaptive, assertive and responsive, takes action, impulse control, history of being protective

*Source of Information:*

**Worker Interview**

- How did you work with the family to identify family strengths and community strengths?
- Did you ask the family about self-identified strengths? If so, how were they used?
- Did you assess for protective capacities? How so, and what did you find?

1) *Rate the extent to which the worker assessed both family and community strengths and used them in the case planning process.*

1= No strengths noted or used in case plan.

2= A few (1-3) family or community strengths noted in assessment sporadically

3= Some family/community strengths (4-5) somewhat sporadically

4= 6-8 family/community strengths noted on a regular basis

5= 9+ strengths noted throughout life of case

2) *Rate the extent to which the worker used family and community strengths in the case planning process.*

1=No connection of family or community strengths in case plan

2=Minimal connection of family/community strengths connected to case plan (1-2

Strengths included)

3=Some family/community strengths connected to case plan(2-3 strengths included)

4= Several family/community strengths connected to case plan (3-4, plus self-identified)

5=Family/community strengths were a major emphasis in case plan

**Case Record Review**

Review the case and note how many family and community strengths were captured in the assessment and if/how they were used in the case plan.

a) *Rate the extent to which the worker captured both family and community strengths.*

1= No strengths noted or used in case plan.

2= A few (1-3) family or community strengths noted in assessment sporadically,

3= Some family/community strengths (4-5) somewhat sporadically

4= 6-8 family/community strengths noted on a regular basis

5= 9+ strengths noted throughout life of case

b) *Rate the extent to which the worker used family and community strengths in the case planning process.*

1=No connection of family or community strengths in case plan

2=Minimal connection of family/community strengths connected to case Plan (1-2 Strengths included)

3=Some family/community strengths connected to case plan(2-3 strengths included)

4= Several family/community strengths connected to case plan (3-4, plus self-identified)

5=Family/community strengths were a major emphasis in case plan

## C7. Family Culture

*Purpose:* Throughout the assessment process, a worker should learn about a family's culture and how to incorporate this into the case plan, specialized assessments, or service plan. Culture can be defined in different ways and should be defined by the family, but can include: race, ethnicity, traditions, rituals, religion, values, family interactions, etc.

*Source of Information:*

### **Worker Interview**

- Did you ask the family about their culture? If so, how did you bring this up with the family and what did you learn?
- Were you able to incorporate this into the case plan? How so?

1) *Rate the extent to which the worker learned about the family's culture and incorporated this into the case/service plan.*

1= Did not ask about culture/no mention in assessment or plan

2= Did ask or include some information but minimal, not in plan or services

3= Some information found, minimal inclusion in plan or services

4= Worker did a good job having family define culture and explain how this relates to own family, some inclusion in plan or services

5= Worker had family define culture, used this information throughout case, and included culture in the plan or services to a great degree

### **Case Record Review**

Look through the case to see if the worker included the family's culture in the assessment process, as well as case plan and service provision.

a) *Rate the extent to which the worker learned about the family's culture and incorporated this into the case/service plan.*

1= Did not ask about culture/no mention in assessment or plan

2= Did ask or include some information but minimal, not in plan or services

3= Some information found, minimal inclusion in plan or services

4= Worker did a good job having family define culture and explain how this relates to own family, some inclusion in plan or services

5= Worker had family define culture, used this information throughout case, and included culture in the plan or services to a great degree

## C8. Ongoing Assessments

*Purpose:* Worker should assess family needs, strengths, and functioning throughout the life of a case, especially as family circumstances change. A worker should be continuously assessing for child well-being and safety, using Likert scale Signs of Safety, and meeting monthly with each child. On a quarterly basis they should complete the SDM, review court documents, and update the case plan.

*Source of Information:*

### **Worker Interview**

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- How did you assess needs and strengths throughout the case? (Forms used, how to determine when to assess, etc.)
  - How did you continue to engage with family as the situation changed (e.g. child returned home, etc.)?
  - How often did you reassess [mother/father/child]?
- 1) *Rate the extent to which the worker sufficiently completed ongoing assessments in order to evaluate needs, problems, and family functioning as the situation changed, as well as ensure the safety and well-being of the child.*
- 1= No ongoing assessment
  - 2= Minimal; 1-2 updates throughout life of case
  - 3= Some updates, less than once a month in some of the abovementioned areas
  - 4= A good amount; updated assessments with family member once a month, assessment in most areas
  - 5= Extensive ongoing assessment in almost all areas with family member, quarterly assessment with SDM, etc.

### **Case Record Review**

*To what extent did the worker conduct ongoing comprehensive family assessments\* of each family member over time or when the family circumstances changed (e.g., new information received, parent moves in or out of household, etc.).*

a) **Mother**

- 1= No ongoing assessment
- 2= Minimal; 1-2 updates throughout life of case
- 3= Some updates, less than once a month in some of the abovementioned areas
- 4= A good amount; updated assessments with family member once a month, assessment in most areas
- 5= Extensive ongoing assessment in almost all areas with family member, quarterly assessment with SDM, etc.

b) **Father**

- 1= No ongoing assessment
- 2= Minimal; 1-2 updates throughout life of case
- 3= Some updates, less than once a month in some of the abovementioned areas
- 4= A good amount; updated assessments with family member once a month, assessment in most areas
- 5= Extensive ongoing assessment in almost all areas with family member, quarterly assessment with SDM, etc.

c) **Child(ren)** - Make note if just subject child or if all children in the home were assessed

- 1= No ongoing assessment
- 2= Minimal; 1-2 updates throughout life of case
- 3= Some updates, less than once a month in some of the abovementioned areas
- 4= A good amount; updated assessments with family member once a month, assessment in most areas
- 5= Extensive ongoing assessment in almost all areas with family member, quarterly assessment with SDM, etc.



*\*A CFA is the process of gathering information to understand the significant factors affecting the child's safety, the parental protective capacities, and the family's ability to assure the safety of their children. A worker should be continuously assessing things such as the physical environment, family interactions, engagement with the father, strengths, supports, service compliance, etc.*

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## D. Case Planning

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### D1. Family Involvement

*Purpose:* The worker should use assessment information to make judgments and formulate decisions, linking the CFA to the development of the case plan. The CFA provides information to address the needs of all family members in the service plan. The plan should be completed only after analyzing all material the worker has collected and with the family's involvement.

*Source of Information:*

#### **Worker Interview**

- What family members were involved in the most recent case planning process? How were they involved?
- 1) *Did the worker involve the family members in the most recent case plan as appropriate?*  
Mother/mother substitute.....Yes/No/Unknown/NA (deceased, TPR, TLC)  
Father/father sub.....Yes/No/Unknown/NA (deceased, TPR, TLC)  
Children.....Yes/No/Unknown/NA (deceased, TPR, TLC)
  - 2) *Rate the extent to which ALL appropriate family members were involved in the case planning process throughout the life of the case.*  
1= No family involvement in case plan  
2= Minimal family involvement with 1-2 family members  
3= Some involvement with more than 1 family member  
4= Most family members involved to a good degree  
5= Went to great length to involve all family members throughout case

### D2. Content

*Purpose:* A plan should:

- Be directly linked to safety assessment
- Describe in **behavioral terms** that families can fully understand what needs to change in order for children to be safe or enhance child well-being.
- Identify individual interventions and actions to address family's needs and to facilitate changes necessary to achieve safety, permanency, and well-being.
- Use protective factors/capacities as points of leverage for change
- Include family's self-identified strengths

*Source of Information:*

#### **Case Record Review**

Review the case plan and look for the abovementioned criteria.

- a) *Rate the quality of the worker's case plan based on the abovementioned criteria.*

- 1= Almost none of criteria met
- 2= Minimal criteria met (1-2 of abovementioned criteria met)
- 3= Some criteria met (e.g., identified actions, strengths, linked to safety assessment, but did not identify protective factors or describe in behavioral terms)
- 4= Most criteria met (e.g., identified individual actions, strengths, protective capacities, linked to safety assessment, but did not describe in behavioral terms)
- 5= All criteria met

### **“Wrap” plan**

There are times when we learn that the caregivers do not possess the capacities to safely care for their children. When this is the case, our role moves from seeking to change behaviors that caused the children to be unsafe and instead developing a “wrap” around the children to ensure their safety. The “wrap” may involve kin, community members, or an array of services. (See Appendix \_\_ for a flow of the decision making process).

### **Worker Interview**

- Did you determine that the caregiver(s) did not possess the capacities to safely care for their children? (If no, wrap plan N/A)
- If yes, did you develop a wrap plan? (If no, rate below as “1”)
- If yes, what was included in the wrap plan? (Look for ...supplemental services or supports in case plan)

#### 1) *Rate the quality of the wrap plan.*

0= N/A; no wrap plan needed

1= Providers not able to care for child, but no wrap plan created.

2=Wrap plan created that included supplemental services and supports, and was incorporated in case plan.

## **D3. Case Plan Review**

*Purpose:* A worker monitors the case plan and makes changes as necessary. Case plans should be reviewed when: families make progress in changing behaviors or conditions that caused children to be unsafe; when families face setbacks; parent’s stage of readiness to change evolves or deteriorates; new information is received; family circumstances change; any time any member of the team requests it.

*Source of Information:*

### **Case Record Review**

- a) *Did the worker monitor and update the case plan as the situation changed, e.g. changes in household members, etc.? These changes may be in a formal document or may be in the narrative.*

1=Yes, new case plans were written

2=Yes, there were updates in plans made with the family but they are not reflected in a formal document. They were found in the case notes.

3=No

4=Unable to determine

5=NA- no changes or need or time before case closing (e.g., case only open two months with no changes in living situation)

## **D4. Ongoing Services**

*Purpose:* A worker should make judgments about:

- Prioritizing services so that they address the top three needs identified in the Strength and Needs Assessment Tool
- Which intervention will most effectively address the family's needs
- How to use family's strengths as part of planning process

*Source of Information:*

**Worker Interview**

- Describe the process of identifying appropriate services for family members.
  - Did you prioritize services? If so, on what basis did you prioritize them?
- What were the main needs of the individual family members?
  - Were services targeting those specific needs, and if so, what were those services?

1) *The worker used appropriate tools to identify and prioritize needs.*  
Yes, No

2) *The worker effectively prioritized needs and connected them to an appropriate service for all family members.*

1= Did not prioritize need or connect to appropriate service

2= Minimally prioritized needs or connected to minimal appropriate service for some

3= Some prioritization and appropriate service connection for some members

4= Good prioritization and appropriate service connection for most members

5= Excellent prioritization and appropriate services for all family members

**Case Record Review**

a) *Were there any needs of the [mother/father/child(ren)] in the household that were apparent in the case record but not specifically addressed by the worker? In this question, 'addressed' means the record contained information about the problem but the worker didn't identify it as a need the children had.*

1=Yes

2=No, all known needs were clearly identified by the caseworker

3=Unclear

4=NA, no needs apparent

b) *Were there any needs of the [mother/fatherchildren] that were not addressed by services?*

1=Yes

2=No, all needs were addressed by services

3=Unclear

4=NA, no needs noted

## **D5. Supervised Visits**

In this model the visitations are explicitly linked to helping parents change the behaviors that caused children to be unsafe. This means that the visitation activities need to be carefully planned and everyone involved in the visitation process must be aware of the focus of the visit activities (visitation center staff, case aides, kin or other involved in supporting visitation efforts). Following each visit the worker or person supporting the worker in the visitation asks the birth parents the following questions:

- Did the visit activities help them to develop the behaviors so that they can more safely care for their children?

- What else do they think they could do or what other skills do they need to develop to safety parent their children?

**Worker Interview** (for out-of-home placements only)

- Were supervised visits conducted?
  - If so, what went into the planning process?
  - Were the visitations used to assess parental behavior development? If so, how was this assessed and used?
- 1) *Rate the extent to which the supervised visits were used to assess parental behavior change.*  
0=N/A; no supervised visits took place  
1=Visits conducted, but not carefully planned and no follow-up assessment with parent  
2= Minimal planning; minimal follow-up with parents  
3=Some planning with some parties involved and aware; spoke with parents afterwards about visit in general  
4=Planned with most parties involved and aware of visit; worked with parents afterwards to talk about behaviors in general  
5=Carefully planned (all parties involved and aware of process); followed-up with parents after visit by assessing behavior change and developing behavior goals to work on

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## E. Supervision

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### E1. Meeting with Supervisor and Team

*Purpose:* A worker should meet with his/her supervisor and/or team on a regular basis to discuss case at following points:

*Source of Information:*

**Worker Interview**

Did you meet with the supervisor or team during the following times:

- 1) Before first contact depending if applicable (egregious harm case, etc.)  
Yes/No/NA
- 2) Within 5 days after first contact with family to map out strategy  
Yes/No
- 3) At point of case plan development
- 4) When deciding what assessments to request
- 5) After case plan development twice per month throughout case  
(How many months was this case open?)
- 6) When you were struggling to address specific areas/issues/needs
- 7) When making placement/permanency, court intervention, reunification, case closure decisions
- 8) *Rate the extent to which the worker utilized supervision or consult with team.*  
1= Very minimal consults\*  
2= Limited consults \*  
3= Some consults \*  
4= Met with supervisor/team at most of the abovementioned times \*  
5= Met with supervisor or team at all of the abovementioned times \*

*\*Numbers will vary based on how long the case is open.*

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## F. Case Closure

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### F1. Decision-Making

*Purpose:* Case closure is a significant decision that should reflect the achievement of satisfactory outcomes. Achieving permanence for a child through a permanency plan does not immediately result in case closure. Post-permanency services are typically needed to support families and children as they work to achieve a new equilibrium. Once these are provided, case closure is a possibility, and the child and family's situation are reassessed in the new context. Questions similar to those raised in the beginning are explored prior to making final determination to close the case. Worker should look at:

- Status of initial risk factors/new risk factors
- View of child and parents about the possibility of case closure
- Parent strengths and their ability to care for child, including efforts they make to meet child's needs and resolve new problems
- Kinship resources
- Community resources

*Source of Information:*

#### **Worker Interview**

- What information did you gather from the family prior to making the final decision to close the case? (Can prompt abovementioned criteria).
- What factors contributed to your decision to close the case?

1) *Rate the extent to which the worker assessed all above areas in order to make an informed decision about case closure.*

1= Completed no reassessment of family prior to case closure

2= Minimally reassessed

3= Somewhat reassessed

4= Reassessed most of abovementioned criteria

5= Reassessed all abovementioned criteria

### F2. Assessing Needs and Strengths

*Purpose:* Worker will reassess strengths and needs of entire family prior to case closure. (Look for SDM in case record).

*Source of Information:*

#### **Case Record Review**

- Which of the following were reassessed prior to case closure?
  - Mother/Mother Substitute strengths (Yes/No/NA)
  - Mother's needs
  - Child's needs
  - Child's strengths
  - Father's strengths
  - Father's needs

a) *Rate the quantity of the worker's reassessment of needs/strengths?*

1= No strengths or noted.

2= A few (1-3) family or community strengths/needs noted for 1-2 members

- 3= Some family/community strengths and needs(4-5)
- 4= Many family/community strengths and needs noted for most family members
- 5= Many strengths/needs noted for all family members

### **F3. Documents**

*Purpose:* Several forms should be completed at the point of closing the case.

*Source of Information:*

#### **Case Record Review**

- Which of the following were completed at the point of closing the case?
  - SDM risk reassessment (Yes/No)
  - RCW 1478 case closing form
  - Signs of Safety assessment
  - Case closing interview
  - Satisfaction survey regarding services provided
- a) *Rate the extent to which the worker completed proper documentation prior to case closure.*
  - 1= None completed
  - 2= Minimally completed
  - 3= Some completed
  - 4= Most completed
  - 5= All completed

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## **G. Documentation**

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### **G1. Documentation**

*Purpose:* At the completion of the initial process of family assessments and when the information is updated, clear and full documentation should be included in case file. Documentation incorporates what is known from the assessment of safety concerns, risks, strengths, protective factors and needs; it is framed in a way that suggests what expectations services, and interventions would help meet the family's needs. Each child should be mentioned individually. Although the family's signature is needed on the service plan, the signature alone is not sufficient documentation of the family's involvement in the process [ICWA requirements].

#### **“Timely” Documentation:**

Relevant Info: done within 48 hours

- Any info tied to case plan goal
- Any info identified with MA billing
- Any info critical to the immediate/emergency decision making in a case related to the improvement or decrease in safety, wellbeing, or stability

Daily info: done within week (5 days)

- Court conversations
- Phone calls
- Meetings
- Review reports
- Clients visits

*Source of Information:*

#### **Case Record Review**

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School of Social Work, University of Minnesota

- a) *How timely was documentation completed?*  
1=Never recorded relevant info in 48 hours or daily info in 5 days  
2=Sometimes “ “  
3=Usually “ “  
4=Almost always “  
5=Always “ “
- b) *Based on your overall review of the case record, as well as a comparison between what the worker said they did during the interview compared with what they documented, rate the quality of worker documentation.*  
1= Documentation rarely matched what they reported in interview, or very minimal/unclear documentation throughout case  
2= Documented occasionally, but not regularly; minimally connected needs, risks, or strengths to services  
3= Documented for the most part, but connection to services only some of time  
4= Most things documented in thorough/clear manner, connection to services most of the time  
5= Almost all things documented in thoroughly, matching interview responses, and connection to intervention clear and explicit

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## H. Program Differentiation

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### H1. Comparison to FCA

*Purpose:* To identify unique features of new CFA and differentiate from old model

*Source of Information:*

#### **Worker Interview**

- Describe how this model is different from the one you used previously
- Rate how different this model is from the model used previously  
1= Not at all, 2= Very little, 3=Somewhat, 4= Much different 5=To a Great Extent

Using same scale, rate to what extent the new model changes these aspects:

- Review of existing information
- First visit with family
- Assessment questions/process
- specialized assessments
- Frequency of visits
- Content of visits (with whom, face to face, etc.)
- Family Involvement
- Engagement with father
- Engagement with family around change
- Case planning
- Using family strengths
- Involving family culture
- Service connection

- conversations with stakeholders
  - supervision
  - documents used
  - overall framework/thought process
- 
- What parts of the CFA training were helpful? What parts remain unclear?
  - What parts of the training did you attend?
    - Day 1      am      pm              how many hours?
    - Day 2      am      pm              how many hours?
  - What are your thoughts about the on-going consultations?
  - Any other comments you want to add?



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## Appendix B: Case Aide Interview Instrument

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### Program Fidelity - Case Aide Instrument

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1. Please tell me a little bit about your experience of training regarding Comprehensive Family Assessment
2. Before meeting a client/family, what information do you gather about them?
3. How or where do you collect this background information? (Probe: case file review, SSIS, meeting with an intake worker or a child protection program worker)?
4. Please describe the typical types of interaction you have with clients. (Probe: supervising intentional/planned visitation, transporting clients, paperwork for referral/service, etc.)?
5. How do you assess client's needs? (Prompt: formal tools like SDM, observations)?
6. How and with whom do you share information you have received from interactions with families? (Probe: family's child protection program worker, supervisor, other stakeholders)?
7. How do you document your work with families? With program workers?
8. Based upon what you understand about the Comprehensive Family Assessment model, what pieces do you think apply to the job duties of case aides?
9. What parts do not apply? Why?
10. Could you please describe how you incorporate (if any) the CFA model in your interactions with clients?

## Appendix C: Supervisor Pre-Observation Interview

### *Questions for All Supervisors*

1. Position Title
2. Years in Current Position
3. Number of caseworkers you supervise
4. Average number of cases assigned to each of your workers
5. Total number of cases you supervise
6. Number of cases you directly serve (if any)
7. Please describe your current model for of supervision (formal or informal).
8. Other than time and money, are there serious obstacles to your ability to carry out your current job responsibilities effectively? (Probe: training and information sharing, administrative/fiscal, recruitment and retention, enhancing/managing/evaluating caseworker performance, anticipating and managing risk, ethics in supervision)
  - 8a. Have these obstacles been addressed? If so, how? With what outcomes?
  - 8b. Are there obstacles to carrying out your responsibilities that you and/or the agency have been unable to address? Please describe.
9. What (or who in what positions) are the greatest supports to you in carrying out these responsibilities effectively? (Probe: training and information sharing, administrative/fiscal, recruitment and retention, enhancing/managing/evaluating caseworker performance, anticipating and managing risk, ethics in supervision),
  - 9a. In what ways are these supports helpful to you?
  - 9b. Are there support you have needed to carry out your job responsibilities you/RCCHSD has been unable to access?
10. In your position as supervisor what are the three greatest needs/expectations that you have of the caseworkers that you supervise?
11. Do your caseworkers effectively address these needs/expectations? If yes, what do you believe supports them in doing so? If no, what obstacles do they face in doing so?
12. Is there information we have not asked about that you believe in relevant to the ability of supervisors to provide effective child welfare supervision? If so, please describe.

Job responsibility	Most important to you (and reasons)	Important to you	Not important to you (and reasons)	Not applicable/ Not aware
a. Develop/monitor caseworkers' family-centered practice competence				
b. Develop/monitor caseworkers' cultural competence				
c. Assist caseworkers in applying learning from training, workshops, etc.				
d. Promote evidence-informed practice (assisting caseworkers in using practice and outcome data to assess practice effectiveness and adjust practice strategies to promote desired outcomes)				
e. Promote caseworkers' self reflective practice and critical thinking and case decision-making				
f. Recruit, select, train (or arrange for training), and retain staff				
g. Identify/Manage/Evaluate caseworker performance (reward excellent performance, address performance difficulties)				
h. Provide on-going professional development for caseworkers (develop knowledge/skill/career)				
i. Case staffing/case reviews				
j. Anticipate/address/manage change within agency				
k. Anticipate/address/manage change within unit				
l. Facilitate communication and collaboration (supervisor-caseworker, agency-community (public and media), agency-foster parents, supervisor-agency, agency-courts, administrators, supervisor-caseworker-contractual service providers)				
m. Build and maintain working relationships with other units in agency				

Job responsibility	Most important to you (and reasons)	Important to you	Not important to you (and reasons)	Not applicable/ Not aware
n. Influence agency (re: goals, policy, structure, processes, resources, short-and long-term planning)				
o. Interpret and influence the organizational culture within the unit				
p. Prevent/address stress/secondary traumatic stress/burnout for caseworkers				
q. Prevent/address stress/secondary traumatic stress/burnout for supervisor				
r. Enhance caseworkers' job satisfaction/Build and maintain morale				
s. Anticipate/Manage risk (safety) (to clients, caseworkers, supervisors)				
t. Manage caseloads (assign and cover cases)				
u. Manage time and workflow for caseworkers				
v. Manage time and workflow for supervisor				
w. Use management information systems (MIS) (to evaluate outcomes; manage caseloads; identify resource needs, training needs, policy problems)				
x. Monitor caseworker responsibilities to supervisor (timely information sharing, develop agenda for formal supervision, ongoing self-assessment re: training needs/stress level/professional development needs)				
y. Address ethics in caseworkers' practice (boundary issues, confidentiality)				
z. Address ethics in supervision (boundary issues, confidentiality)				

Job responsibility	Most important to you (and reasons)	Important to you	Not important to you (and reasons)	Not applicable/ Not aware
aa. Provide ongoing professional development for supervisor				
bb. Provide leadership to unit				
cc. Provide leadership within organization				
dd. Provide leadership within community				
ee.				
ff.				

## Appendix D: Supervisor Observation Instrument and Key

For data entry use only:

Date of observation: \_\_\_\_\_

Supervisor ID: \_\_\_\_\_

Day of week:            M   T   W   Th   F  
circle

Observation team ID: \_\_\_\_\_

**Directions:** Enter the hour and time of day along the first column. At five minute intervals record the following: (1) the setting of the Supervisor's activity; (2) the persons (actors) with whom the Supervisor is interacting; (3) the form of communication

Time Interval	1 Setting			2 Actors	3 Communication mode	4 Activity	5a Unplanned activity?	5b Consequence	6 Supervision
	In the appropriate column, enter the code to indicate the setting of the Supervisor's activity. If using "Other", note "Oth" in the column and provide a brief note in the margin.			Enter the code to indicate with whom the Supervisor is interacting. Always indicate the number of other persons (e.g., S/W2 means the Supervisor and 2 Workers). Use all that apply. Indicate "Other."	Enter the code that best describes the mode of the activity: F, T, e, S	Enter the code that best describes the Supervisor's activity: 00 - 51. See "Decision Rules" for further guidance. Follow-up with 6 Supervision where applicable.	Check here if this was an unplanned activity or an interruption.	If this was an unplanned activity or an interruption, what was the consequence?	If the code in the Activity column = 38 Supervision, indicate whether the Supervisor-Worker interaction is best described as 1 = Administrative, 2 = Educative, 3 = Supportive, 4 = Don't know (provide brief description).
	On-site	Off-site	In transit						
0									
5									
10									
15									
20									
25									
30									
35									
40									
45									
50									
55									

<b>Setting</b>	<b>Activity</b> (focus on primary activity)	<b>Activity (continued)</b>	<b>Aims of Supervision (Kadushan, 1992)</b>
<p><b>On-site at agency</b></p> <ul style="list-style-type: none"> <li>OO = Own office</li> <li>WO = Worker office</li> <li>MO = Manager office</li> <li>MCR = Meeting/conference room</li> <li>CS = Common space (e.g., hallway, kitchen, copy room)</li> <li>Oth = Other: _____</li> </ul> <p><b>Off-site at another location</b></p> <ul style="list-style-type: none"> <li>O = Office</li> <li>MR = Meeting room</li> <li>Oth = Other: _____</li> </ul> <p><b>IT = In transit</b></p> <p><b>Communication Mode</b></p> <ul style="list-style-type: none"> <li>F = Face to face interaction</li> <li>T = Telephone</li> <li>e = Electronic (emails, IMs, texting)</li> <li>S = Solitary</li> </ul> <p><b>Actors</b></p> <ul style="list-style-type: none"> <li>S = Supervisor (alone)</li> <li>S/W = Supervisor + worker(s)</li> <li>S/P = Supervisor + peer(s)</li> <li>S/M = Supervisor + manager</li> <li>S/F = Supervisor + family</li> <li>S/CWP=(Standard) child welfare partner</li> <li>S/O = Other: _____</li> </ul>	<p><b>A. Contact with Child</b></p> <p>00 - Face to Face Contact w/ Child only (<i>in home or office</i>)</p> <p>01 - Face to Face Contact w/ Child (<i>in community</i>)</p> <p>02 - All other Contact w/ Child</p> <p>03 - Attempted Face to Face Contact w/ Child</p> <p>04 - Face to Face w/ Child and Parent in Residence</p> <p>05 - Face to Face w/ Child and Parent in Office</p> <p>06 - Face to Face w Child and Others at Placement Site</p> <p>07 - Face to Face w/ Child and Others in Office</p> <p>08 - Face to Face w Child and Others (<i>in community</i>)</p> <p>09 - Supervised and Monitored Visits (<i>meeting w/ family</i>)</p> <p><b>B. Contact with Parents</b></p> <p>10 - Face to Face Contact Bio/Adoptive/Step Mother Only</p> <p>11 - Face to Face Contact Bio/Adoptive/Step Father only</p> <p>12 - Face to Face Contact w/ more than 1 parent/caretaker</p> <p>13 - Face to Face Contact w/ parent and collateral contact</p> <p>14 - Family Group Decision Making (only)</p> <p>15 - Phone or Email Contact w/ parent</p> <p><b>C. Contact with Others</b> (Not child, not parents)</p> <p>16 - Placement Provider (<i>inc. foster parents</i>)</p> <p>17 - Collaterals (e.g., attorneys, service providers)</p> <p>18 - Attempted Contact</p> <p>19 - Waiting for Contact</p> <p><b>D. Travel</b></p> <p>20 - Travel</p> <p>21 - Transportation of clients</p> <p><b>E. Documentation</b> [All case-related]</p> <p><i>Manual, using case files</i></p> <p>22 - Recording Information</p> <p>23 - Managing and Handling Information</p> <p>24 - Public Disclosure and Discovery</p> <p>25 - Retrieving and Searching for Information</p> <p><i>Using computer</i></p> <p>26 - Entering or Recording Information</p> <p>27 - Managing or Handling Information</p> <p>28 - Public Disclosure and Discovery</p> <p>29 - Retrieving or Searching for Information</p> <p><b>H. Other</b> 51 - Other: _____</p>	<p><b>F. Meetings/Court</b></p> <p>30 - Peer Consultation (<i>formal or informal</i>)</p> <p>31 - Consultation w/ Manager</p> <p><del>32 - Case Staffings [see 38 b below]</del></p> <p>33 - Waiting for Court</p> <p>34 - Court Time (<i>testifying before the Judge</i>)</p> <p><del>35 - Pre Placement Activity [Do not use]</del></p> <p><del>36 - Ongoing Support [Do not use]</del></p> <p><del>37 - Licensing [Do not use]</del></p> <p>38 - Face to Face Supervision</p> <p>a. Individual worker (<i>one to one</i>)</p> <ol style="list-style-type: none"> <li>Face to face                     <ol style="list-style-type: none"> <li>Case related</li> <li>Non-case related</li> </ol> </li> <li>Remote supervision (<i>email or phone</i>)                     <ol style="list-style-type: none"> <li>Case related</li> <li>Non-case related (<i>inc. training</i>)</li> </ol> </li> </ol> <p>b. Group of workers = Unit (<i>one to many</i>)</p> <ol style="list-style-type: none"> <li>Face to face                     <ol style="list-style-type: none"> <li>Case related</li> <li>Non-case related</li> </ol> </li> <li>Remote supervision                     <ol style="list-style-type: none"> <li>Case related</li> <li>Non-case related</li> </ol> </li> </ol> <p>39 - Supervisor Training</p> <p>40 - Case Review manual (without worker)</p> <p>41 - Case Review computer (without worker)</p> <p>43 - Case Assignment and Transfer</p> <p>44- Management Meeting</p> <ol style="list-style-type: none"> <li>Internal (<i>agency business</i>)</li> <li>External (<i>on behalf of agency</i>)                     <ol style="list-style-type: none"> <li>Committee</li> <li>Community Agency/Provider</li> <li>Other: _____</li> </ol> </li> </ol> <p>45 - Performance review</p> <p><b>G. Administrative-Clerical</b></p> <p>46 - Time sheets</p> <p>47 - Read/review reports</p> <p>48 - Write reports</p> <p>50 - Other: _____</p>	<p><b>1 = Administrative</b></p> <p>Administrative supervision is associated with service management requirements of social work practice.</p> <p><b>Focus is on getting tasks done and follow thro</b></p> <p>01 = Provision of oversight of and accountability for practice (e.g., performance review, licensing)</p> <p>02 = Development and maintenance of competence</p> <p>03 = Safety system for the service (e.g., arranging police to be on the scene)</p> <p><b>2 = Educative</b></p> <p>Educative supervision is focused on the development of the supervisee's knowledge, skills and professional understanding.</p> <p><b>Focus is on techniques about how to do work</b></p> <p>04 = Reflection on practice</p> <p>05 = Professional and educational development</p> <p>06 = Application of theory to practice</p> <p>07 = Foster innovative and creative practice</p> <p>08 = Clarification of role and relationships</p> <p>09 = Clarification of the therapeutic relationship</p> <p>10 = Increased beneficial outcome for service users</p> <p><b>3 = Supportive</b></p> <p>Supportive supervision is concerned with the development of "attitudes and feelings that will enable [the supervisee] to work effectively" (Herkt, 2005, p. 21).</p> <p><b>Focus is on how the worker is doing.</b></p> <p>11 = Empowerment</p> <p>12 = Encouragement</p> <p>13 = Support</p> <p>14 = Management of the emotional effects of the work</p> <p>15 = Provision of a safe place to explore ethical and safety issues</p> <p>16 = Management of wider organizational or team issues</p> <p>17 = Promotion of job satisfaction</p> <p>18 = Management of stress and prevention of "burnout"</p> <p>19 = Enhancing the welfare and well-being of workers</p> <p><b>4 = Don't know:</b> _____</p>

## Appendix E: Supervisor Post-Observation Interview

### *Questions for All Supervisors*

1. Are there things we missed?
2. Was something that happened during our observation atypical for a normal week? (Prompt: performance reviews) If this activity hadn't occurred, what activity would most likely take its place?
3. Is there anything you would like to clarify about our understanding formative of your role as a supervisor?

### *Questions Only for Supervisors Utilizing CFA*

4. Tell me a little bit about your impression of CFA. (Prompt: purpose, how it fits within or changes your role as a supervisor, etc.)
5. What are the challenges of utilizing CFA in your role as a supervisor? If you had to rank them, what order would you put them in (with 1 being the biggest challenge)?
6. What are the strengths of utilizing CFA in your role as a supervisor? If you had to rank them, what order would you put them in (with 1 being the biggest strength)?
7. Are there parts of CFA you feel you have been able to successfully implement in practice?
8. Are there parts of CFA you have not been able to implement in practice?
9. Tell me a little bit about your experience in the training process? (Prompt: initial training with Lori, on-going phone consults with Lori, joint unit meetings, etc.)
10. Have the CFA guides and tools been helpful to your work as a supervisor? Why or why not?
11. Is there anything you'd like to see added or changed about CFA? (Prompt: training – initial and on-going, guides/tools, requirements of supervisors, technology, etc.)
12. Anything else you would like to tell us about CFA?