

# **Continuous Quality Improvement Quality Service Review**

## **EXECUTIVE SUMMARY**

*January 22-26, 2007*

*Crawford County Human Services Department*

**Child Welfare Continuous Quality Improvement Program**

**The Bureau of Programs and Policies**

**Division of Children and Family Services**

**Wisconsin Department of Health and Family Services**

*A Report by*

*The Continuous Quality Improvement (CQI) Team*

**April 24, 2007**

## **I. INTRODUCTION**

The Continuous Quality Improvement (CQI) Program, within the Bureau of Programs and Policies (BPP), a Division of Children and Family Services (DCFS) of the Wisconsin Department of Health and Family Services (DHFS), uses the Quality Services Review (QSR) protocol to evaluate the case practice models of Wisconsin's county child welfare programs. The QSR generates useful information for county staff and community stakeholders as to outcomes for children and families served, strengths of local practice, and opportunities for improving system performance.

The QSR process also provides an opportunity to gather additional information the department will use in reporting some federally required information, which is part of the Child and Family Services Reviews (CFSR).

The Continuous Quality Improvement Team conducted a Quality Service Review in Crawford County during the week of January 22, 2007. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

## **II. THE CRAWFORD COUNTY REVIEW**

### **A. REVIEWERS**

In the Crawford County review, 10 case reviewers participated in reviewing the eight families' cases selected. The case reviewers included eight state employees (one from Area Administration, three QA staff from Adoption and Consultation and four CQI specialists) and two retired human service professionals. Four of the reviewers served as both a lead case reviewer and a mentor to each of their review partners or "shadows," who were observed and coached in their development as lead case reviewers. All the lead case reviewers who provided coaching have extensive experience in child welfare. Two newly hired CQI specialists served in the Shadow 1 role, a role created to allow child welfare stakeholders to experience a QSR review, to observe a review as a prelude to working toward certification as lead reviewers.

### **B. CASE SAMPLE**

Eight cases were randomly selected for review in Crawford County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers and ages and genders of children. A family must agree to participate in the review process and sign releases for participants to be interviewed by the review team, or the case is not selected. In the Crawford County review, a total of 67 persons were interviewed. Of the eight cases, three of the children were living with at least one of their parents (one child had returned home three days prior to the review), four were

living in family foster homes and one child was living with a relative in a kinship placement. Two children were in the 0-4 age range, one child in the 5-9 age range, three children were in the 10-13 age range, and two children were over the age of 14. There were three males and five females in the sample.

### **C. STAKEHOLDER INTERVIEWS**

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Site leader Monica Booe conducted these sessions. In addition, Bridget Bauman of the Children's Court Initiative conducted sessions jointly with the CQI site leader for many of the focus groups. The external points of view that were gathered provide a valuable source of perspective, insight, and feedback about how all the systems families are involved with, interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are briefly described next.

### **C. DEMOGRAPHICS**

Crawford County is a poor, rural county where median income is very low as compared to other counties in the state. The cost of living in Crawford County is similar or equal to that of counties with higher median incomes which has resulted in an increase in the "working poor." Most parents whose families are involved with the agency are working at \$7.00/hour jobs and have few, if any, other financial resources such as private insurance. Many households are headed by single parents and, notably, in the sample of eight family's cases, four parents are deceased or absent. The county has experienced a loss of population due to loss of jobs and generational poverty but at the same time has seen an increase in transient population as people from Milwaukee and Chicago move to the area to escape gangs and gang activity.

### **III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)**

To get a sense for the challenges Crawford County HSD faces, the agency is seeing an increase in the intensity of their caseloads. More families are presenting with co-occurring conditions and require practice strategies that work with families whose needs are longer-term and do not fit easily in CPS. Some of these co-occurring conditions include Alcohol and Other Drug Addictions (AODA), mental health concerns, developmental disabilities and concerns related to subsistence/poverty.

As with other rural counties in the state, Crawford County lacks some of the vital resources to meet these needs such as inpatient AODA and mental health treatment, enough dentists who accept medical assistance, and transportation.

#### **A. ORGANIZATIONAL – STRENGTHS**

Among the substantial strengths of Crawford County’s HSD are that they have an experienced, stable and hardworking or “seasoned” child welfare staff. They have had very low turnover in recent years. The supervisor is “hands-on,” always available and accessible. Since the move to the new building, HSD is implementing unit and all-agency meetings to reduce isolation and improve communication within the agency. Their growing sense of stability and continuity provides a strong basis on which to continuously improve the quality of their work.

The agency developed a brochure for community partners and stakeholders describing the services and resources they provide for the community and county. Over time they have developed stronger communication and share positive working relationships with their partners and stakeholders. HSD staff are involved in community activities such as the Domestic Violence Task Force, the Care Council, the W-2 Steering Committee, and more recently the Child Advisory Council, to name just a few.

#### **B. ORGANIZATIONAL – CHALLENGES**

Although, on the whole, Crawford County HSD shares positive working relationships with their partners and stakeholders, the perception of the agency is not always positive. Workers struggle with not feeling respected for the work they do, for social work as a profession. The caseloads are high and at least one more CPS worker would be beneficial in managing the workloads. Both the supervisor and the director are “working” supervisors. Each is responsible for several program areas and supervises many staff. Here, too, another supervisor would help to better manage workloads. As with other county agencies managing under similar circumstances, Wisconsin’s Statewide Automated Child Welfare Information System (paperwork demands) is not viewed as adding value to the work they do and is lessening the time they need to spend with families.

There is a perception that intake is not always as accessible as community members might expect. Due to workload demands, responsibility for the intake process is shared among unit/program areas and, although the agency trains staff in the intake process, often the information collected is incomplete. In addition to public perception regarding accessibility, another effect is increasing the time needed to make a screening decision. This becomes a workload concern for the CPS supervisor who is responsible for making the screening decisions.

There is a need for more flexibility in meeting the needs of families served by the agency. Workload demands make it more challenging and difficult for staff to develop strategies and plans that may prove more effective in helping families achieve change.

Crawford County HSD is challenged to improve communication and information-sharing across all units/programs in the agency. As mentioned however, since the move, the agency has begun to take positive steps toward reducing isolation among agency units.

### **C. RESOURCES – STRENGTHS**

Crawford County HSD has made strides in recent years in increasing the resources available to the children and families they serve. Though a smaller, poor county, they are “rich” in the quality of the parenting and teen services that are offered through UW-Extension (Strengthening Families), Alternative Treatment Associates’ in-home services, Family Resource Center’s parenting programs, and the foster parents who are knowledgeable, caring and committed to meeting the needs of the children and youth in their care. Teen programs/groups such as “Girl Power,” “Errors in Thinking,” and “PALS” for at-risk youth are provided through court-attached ISP workers and are viewed as popular and well utilized.

In addition, the county has utilized coordinated service teams (CST) for the past two-plus years and this has been met with a good deal of support from community partners and stakeholders. Several focus group participants spoke about the value of working together and indicated an enthusiasm to team on families’ cases.

### **D. RESOURCES – CHALLENGES**

Supervised family interaction is critical to help determine progress toward reunification and/or whether reunification is/remains a realistic goal. Crawford County HSD workers are providing this service in addition to their other responsibilities. For example, in one family’s case, there are nine children in three foster homes and the worker, no doubt, feels as though she is coming and going just with managing the other aspects of this family’s case. She is also providing supervised interaction where scheduling alone may be fairly time-consuming. Also identified was a need for more foster homes – several foster homes were caring for children from multiple families.

There appears to be a gap for youth sixteen and seventeen years' of age when their own home or foster care is not an option. Crawford County HSD and their partners are challenged to find resources to fill this gap.

Even though the agency shares positive working relationships with their partners and stakeholders, sometimes their partners and stakeholders lack a full understanding of the agency's mission and responsibility with respect to child protection. As is the case in other counties, partners and stakeholders see "risks" as reasons to intervene with families, and perhaps detain children, and sometimes view the agency as "not doing their job." Crawford County HSD, like other counties, works to educate partners on the agency's responsibilities and on safety, rather than risk, as the reason for intervening. This remains an area of challenge for the agency.

## **E. PRACTICE – STRENGTHS**

Crawford County HSD workers meet regularly and have a strong basis for developing change-oriented relationships with parents. Agency staff are diligent in their work with biological parents in an effort to keep children in their homes. When this is not possible, the agency utilizes relatives for placements. Reviewers also heard how the children in our sample liked and appreciated their workers and their efforts on their behalf. It seemed apparent during the review that the practice focus is around meeting children's needs. This was borne out in the indicators specifically relating to children, such as in *Engagement/Role & Voice* and *Planning Change Process: Behavior Outcomes*, routinely scored in the acceptable range with many cases scoring in the maintenance zone.

Agency workers share strong communication with partners and often take the lead at coordinating services and supports for families. Monthly inter-agency meetings with schools has resulted in an improved understanding of needs and finding individualized strategies and approaches that best meet these needs.

## **F. PRACTICE – CHALLENGES**

Children are not achieving permanency in Crawford County – the agency's perceived practice philosophy of returning children home is appearing to limit utilization of a practice model that promotes individualizing of case plans to achieve permanency. This may be impacted somewhat by the lack of a consistent approach to teaming. Since the HSD implemented the CST approach it has been utilized in a relatively small number of cases. In general, the comments regarding CST were very favorable and partners voiced an enthusiasm for expansion the CST or teaming in general. Teaming is particularly beneficial because it shares the responsibility for outcomes among everyone involved, including the family, and it's been noted that often someone not included on the team holds a key piece of the "knowledge puzzle" or has an idea for a particular strategy that may work particularly well with the child or family.

Also related to permanency and teaming is service planning with families. And, again, the challenge is to include families in the process from the beginning, using their input to help identify the long-term view or desired outcome(s), what is needed to achieve this and which strategies will work best. Planning is also related to assessment in that everyone involved must share an understanding of the underlying needs that brought this family to the agency.

As with other counties, Crawford County HSD is no exception when it comes to struggling with the implementation of new standards and regulations that come from the state.

## **G. LEGAL – STRENGTHS**

Crawford County HSD workers are prepared for Court and have the opportunity to participate in Court. For the most part, workers believe they are treated respectfully. Court reports are viewed as being thorough and containing useful information. In addition, workers are given the opportunity to express a preference regarding the choice of a guardian ad litem.

## **H. LEGAL – CHALLENGES**

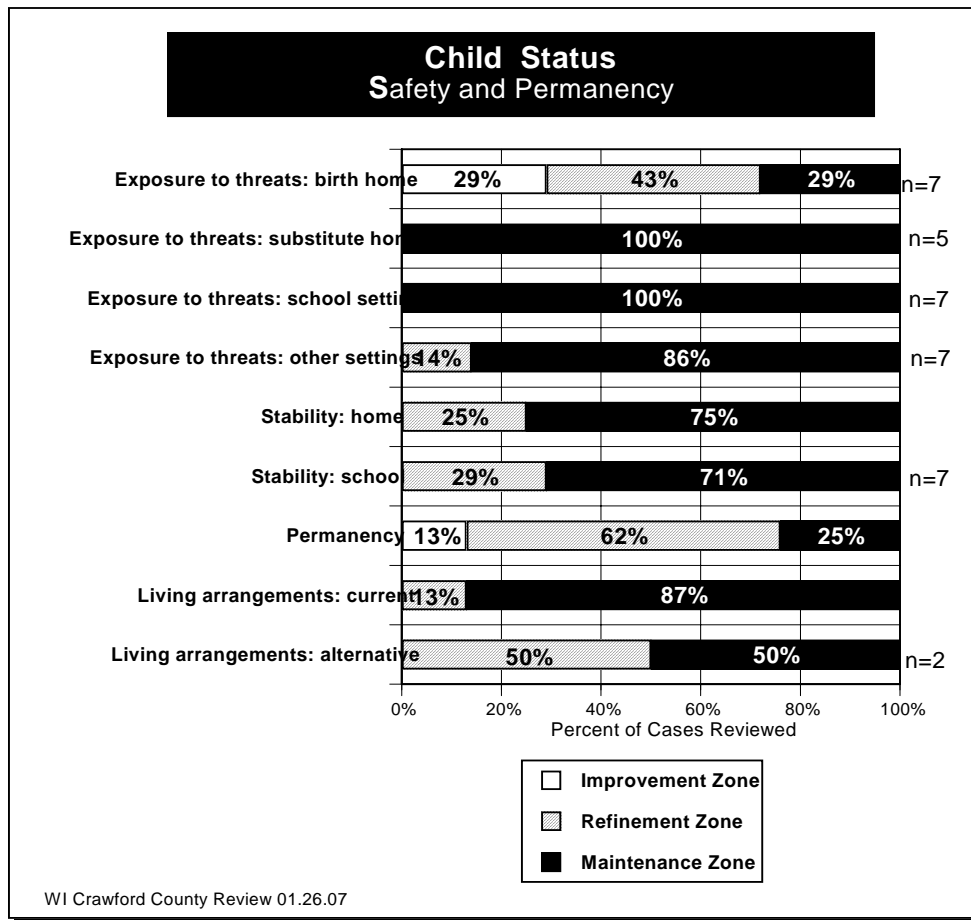
In Crawford County where the district attorney has responsibility for filing TPRs and CHIPS, the DA is viewed as not treating CHIPS and TPRs as priority. This, in combination with the agency's perceived practice philosophy of reunification, has resulted in children not achieving permanency in Crawford County. The agency is challenged to explore ways in which to achieve permanency for children in a timely manner.

Another challenge for the agency is the perception that guardians ad litem (GAL) have an inconsistent practice in the level of contact they have with the children to whom they are assigned. This may translate into another workload concern, requiring the worker to provide more information to the GAL regarding the child's circumstance to ensure that children have adequate representation in court.

## IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The results for the eight indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 30 days prior to the review. While this report presents aggregate scores using the QSR scoring zones, findings are also explained in terms of “acceptable” and “unacceptable.” QSR scores of four (4) through six (6) are considered to be in the acceptable range; likewise, scores of one (1) through three (3) are in the unacceptable range.

**Note:** n = (x) next to a bar in a graph signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.



**Exposure to Imminent Threats of Harm:** To what degree is the child free of abuse, neglect, and exploitation by others in his/her place of residence and other daily settings? Is the child free from injury caused by others in his/her daily home, school, and community settings? Do parents and caregivers provide the attention, actions, and supports necessary to protect the child from known threats of harm in the home?

**Comments:**

While all the children in our sample were found to be free of abuse, neglect and exploitation in their substitute care and school settings, just 57 percent were found to be in the acceptable range in their birth homes and in two cases, the child's risk of harm in the home setting was in the improvement zone. In both of these cases, the children are in foster homes and there has been little progress over time of increasing the parents' protective capacities. This would indicate that perhaps returning home (reunification) may not be in the best interest of the child. In one, the reviewer wrote, "[The focus child] is having flashbacks from her past sexual abuse by three different perpetrators...and [she] has been having unsupervised family interaction as well as some overnight stays with her mother" and given her history of sexual abuse this was found to be concerning for all interviewed."

**Stability: To what degree are the child's daily living, learning, and work arrangements stable and free from risk of disruption? Are the child's daily settings, routines, and relationships consistent? Are known risks being managed to achieve stability and reduce the probability of future disruption?**

**Comments:**

The stability scores pertain to children living in their birth homes and in substitute care and is an indicator for whether the child is likely to have any unplanned moves (disruptions). In our sample, all cases scored in the acceptable range for both home and school. This reflects that only planned moves (such as a return home) are expected in the foreseeable future. Also for the children in care, it also reflects exceptional matching of foster parents/homes to children's needs.

**Permanency: Is the child/youth living with parents or out-of-home caregivers that the child, parents or out-of-home caregivers, and other stakeholders believe will sustain until the child reaches adulthood and continue onward to provide family connections and supports? If not, to what degree are permanency efforts presently increasing the likelihood that the child/youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging?**

**Comments:**

Although the graph indicates that 62 percent scored in the refinement zone, all of these scored a three which resulted in an acceptable rating of only 25 percent (two of eight cases). As was identified under the Systemic Perspective – *Practice Challenges* (page 6) this is an area that presents a practice imperative for the agency. The parent(s) in two of the families' cases reviewed have made limited or no progress toward increasing their parental capacities and consistently providing for their child's basic needs and well-being and continue to engage in relationships with men who are a risk to her children's safety. In the one case, the child has had several placements over the last ten years and simply states she will run away if she has to return to her mother's home. In the other, the focus

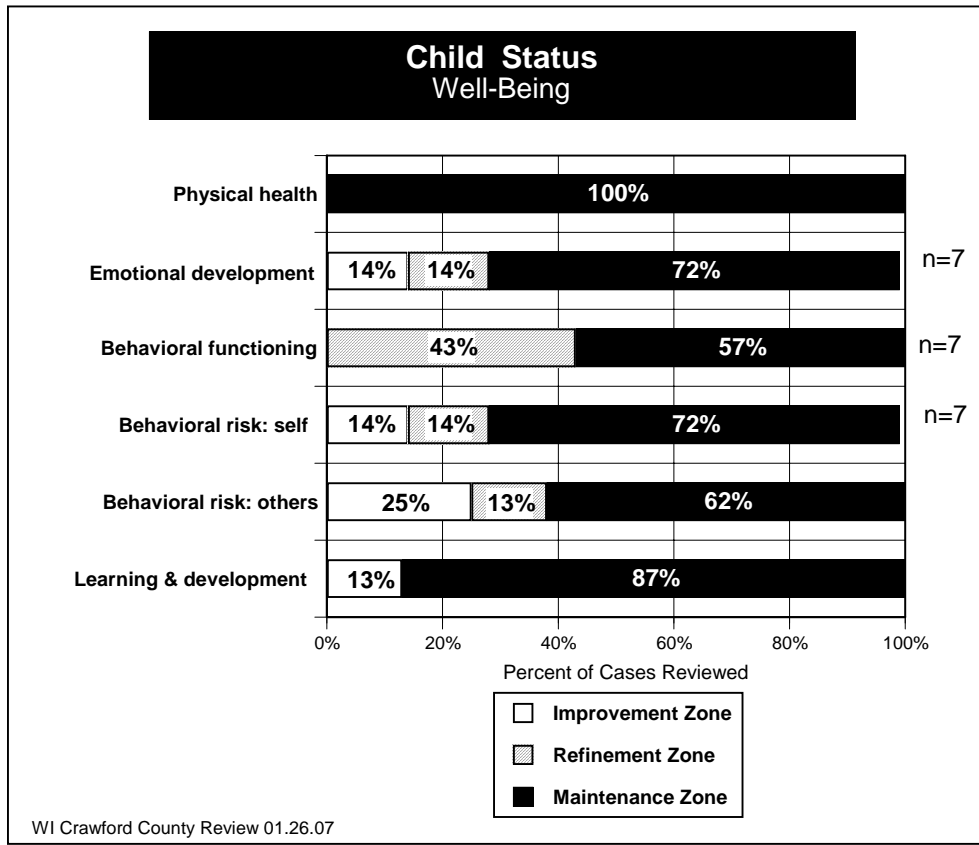
child's mother voices her desire to have her children returned home but has not made any progress toward changes since her children were placed in foster care.

The permanency indicator is termed a lagging indicator because it generally does not improve until practice activities, such as assessment, planning and long-term view, begin to capture or get at the underlying needs, identify the desired goal or outcomes, and sufficiently identify and power change-oriented strategies.

**Living Arrangement:** To what degree is the child in the most appropriate/least restrictive living arrangement, consistent with needs for family relationships, social connections, age, ability, special needs, and positive peer group affiliation? If the child is in temporary out-of-home care, does the living arrangement meet the child's needs to be connected to his or her language and culture, community, faith, extended family, tribe, social activities, and peer group?

**Comments:**

One-hundred percent of the cases scored in the acceptable range for living arrangement with only one case scoring in the refinement zone and the remainder scoring in the maintenance zone. As the following example illustrates, even though children in half of our sample are placed outside of their birth home, their current living arrangement best meets their needs for family relationships, social connections, etc. Several children in our sample were identified as flourishing in their foster home placements. In one the reviewer wrote that “[focus child] is encouraged and cared for in the foster home and has opportunities to pursue her interests and talents through being in a church band and school music activities.” In another, the reviewer noted that the focus child has stopped wearing men's clothing and is growing out her hair. It seems each of these focus children have developed aspirations for things they had not thought possible before.



**Physical Health:** To what degree is the child achieving and maintaining his/her optimum health status? If the child has a serious or chronic physical illness, is the child achieving his/her best attainable health status given the disease diagnosis and prognosis?

**Comments:**

All the children in our sample are in good physical health; six of the eight cases were rated a six and all were scored in the maintenance zone. This is consistent with scores in other counties in the state and with scores in the Child and Family Services Review.

**Emotional Development:** To what degree is the child presenting age-appropriate emotional development, adjustment, appropriate coping skills, and self-control?

**Comments:**

Trauma, abuse, neglect and family instability can seriously impact children’s emotional development and functioning. Estimates suggest that fifty percent or more of children in care need mental health services. The children in our sample appear to be developing appropriately with several of them showing a good deal of progress since being involved with the agency. Eighty-six percent of the cases scored in the acceptable range with one case only scoring in the improvement zone. It is notable that while several of the

children in our sample had mental/behavioral health diagnoses and more than half of the children were identified as experiencing trauma, only two children are currently taking medication. It could be said that children in our sample are resilient, and no doubt that factors in, however, it also appears that the emotional and behavioral health of these children was positively affected by the worker's assessment and understanding of the child and family's needs.

In one case where the focus child and her mother live together, the focus child's emotional development and behavioral functioning were rated in the maintenance zone. The reviewer wrote that the focus child "began to demonstrate signs of increased emotional maturity." One of these signs is the improved relationship and communication between the focus child and her mother where trust is beginning to develop.

**Behavioral Functioning: To what degree is the child achieving and maintaining an adequate level of behavioral functioning in daily settings, activities, and social groups?**

All the cases in our sample score scored in the acceptable range for behavioral functioning. Fifty-seven and forty-three percent, respectively, scored in the maintenance and refinement zones. As with emotional development, these scores tell us that children are not only resilient but are responding positively to agency interventions. This was illustrated in one story: "Since her removal from home, she has not gotten into physical fights at the foster home or at school." Prior to placement, this same youth had her deferred prosecution agreement revoked for threatening to blow up her therapist's car. She had "told her probation officer that she did not think the therapist was doing anything to help her family, and was just hanging around and talking about things that were not important."

**Behavioral Risk: To what degree is the child/youth consistently avoiding self-endangerment situations and refraining from using behaviors that may put him/herself or others at risk of harm?**

**Comments:**

The scores for "risk to self" are the same as those for emotional development which indicates, not surprisingly, a close relationship between how a child is feeling and the potential for hurting themselves. Again, though, the majority of the children in our sample are viewed as doing very well emotionally and not likely at risk of hurting themselves.

The "risk to others" scored a bit lower with seventy-five percent scoring in the acceptable range. One of the seven cases scored for this indicator scored in the improvement zone. This four-year-old child is described as needing "one on one in the early childhood

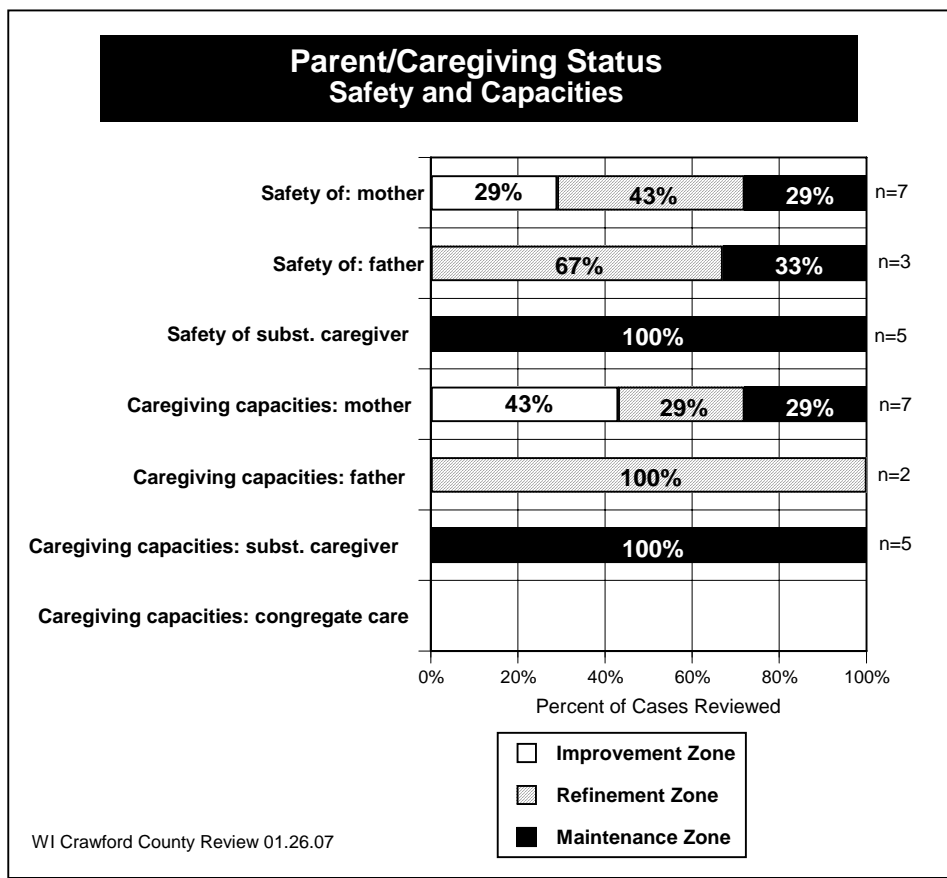
classroom more than eighty percent of the time so that he won't impulsively hurt other children or himself." He is further described as being so challenging to handle during the day that [the teachers] take turns in providing for his care and early childhood educational activities so they each can get respite from his high need for care and direction in the classroom."

**Early Learning & Development (Under Age 5):** To what degree is the young child's developmental status commensurate with his/her age and developmental capacities? Is the child's developmental status in key domains consistent with age-appropriate expectations?

**Learning and Development (Age 5 and Older):** Is the child (according to age and ability): 1) regularly attending school; 2) in a grade level consistent with age; 3) actively engaged in instructional activities; 4) reading at grade level or Individual Educational Plan (IEP) expectation; and 5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent?

**Comments:**

Of the six school-aged children in our sample, five are in regular educational programs and one is in part-time special education due to Attention Deficit Hyperactivity Disorder. One of the two younger children is enrolled in early childhood education. Eighty-eight percent of the cases scored in the acceptable range (maintenance zone) and the child enrolled in the early childhood education program scored in the improvement zone due to his significant cognitive and behavioral challenges. This child is described as being "highly distractible and unable to attend to tasks" which in addition to his cognitive limitations seriously affect his learning capabilities.



**Safety of the Parent/Caregiver:** Is the parent/caregiver in the child’s household safe from manageable risk of harm at home? Is the parent/caregiver free from intimidations and reasonable fears of domestic violence in the home?

**Comments:**

With its focus on domestic violence, this indicator assesses the safety of the parents and caregivers. Mother’s safety in five of the seven cases (71 percent) rated for this indicator scored in the acceptable range indicating the majority of mothers in the sample are safe from harm and domestic violence in the home. The other two cases were rated in the improvement zone and in one of these, the reviewer wrote, “Of greater concern is that Mother continues to date men who are not safe...she exhibits a pattern of being with men who are physically and verbally abusive and/or who are involved with the criminal justice system.” In another case the mother’s childhood history is described as being very violent and is viewed as limiting her capacity to protect herself and her children.

Three fathers only were rated for this indicator and all of them scored in the acceptable range with two falling in the refinement zone. All five substitute caregivers were rated as being safe from harm.

**Caregiving Capacities (Home Settings):** To what degree does the parent/caregiver demonstrate adequate caregiving capacities on a reliable daily basis commensurate with that required to provide the child(ren) with appropriate nurturance, guidance, protection, care, and supervision? If the child(ren) have special medical, emotional, behavioral, and/or developmental needs, does the caregiver have and use any special knowledge, skills, and supports that may be required to meet the needs of the child(ren)?

**Caregiving Capacities (Congregate Settings):** To what degree are the child's/youth's primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

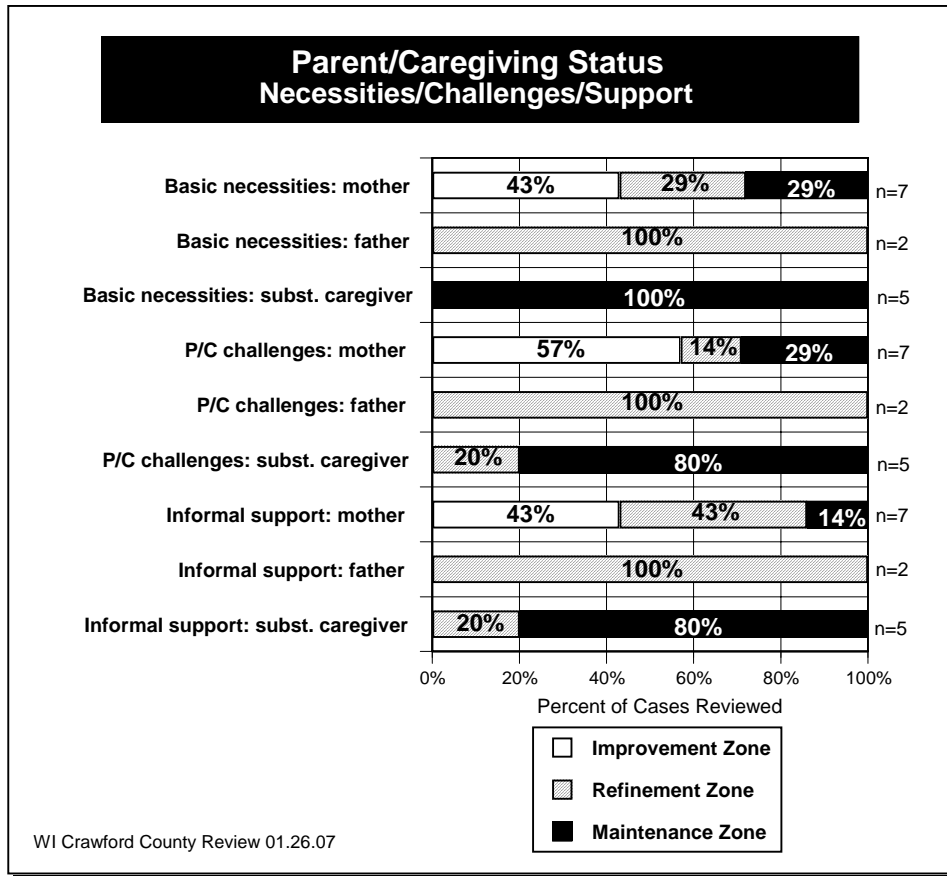
**Comments:**

Forty-three percent or three of the seven cases rated mother's caregiving capacity as acceptable. Three cases rated in the improvement zone and there seemed to be a pattern that mothers love their children and verbalize a desire to have their children returned but lack the capacity to put their children's needs before her own. This particular indicator is closely related to that of informal supports. As one reviewer put it, when informal supports are lacking, "This leaves [Mother] especially vulnerable to get her own needs met and does not give her any support to assist her in meeting the needs of her children."

Another variable closely related to caregiving capacities is the existence of co-occurring conditions. Several mothers in our sample were victims of trauma and are dealing with one or more other conditions, such as AODA, mental health, a physical impairment and/or subsistence issues. This would indicate that strategies are needed for working with parents and caregivers who have longer-term needs.

Two fathers only were rated for caregiving capacities and both were rated three, in the unacceptable range. In one case story the reviewer wrote, "While [Father] is thought to possess strengths...such as a cooperative nature, motivation to work outside of the home, and nurturing of his children, he remains dependent upon and devoted to his children's mother...[he] is described as being 'out of the picture' where any decisions or opinions [regarding the children] are concerned."

All substitute caregivers were rated in the maintenance zone. From the system's perspective we heard about foster parents who are knowledgeable, caring and committed to meeting the needs of the children and, as one reviewer put it, "His foster home has been influential in his progress." None of the children in our sample were living in congregate care so this was not rated.



**Basic Necessities:** To what degree are the family’s earned income and/or economic supports adequate to cover the family’s basic living requirements (i.e., shelter, food, clothing, transportation, healthcare/medicine, childcare)? Is the parent/caregiver accessing, receiving, and adequately managing the economic supports to which he/she is entitled? Does the parent/caregiver have economic security and skills sufficient for meeting the family’s basic needs and maintaining a stable living arrangement for the children? Does the current living arrangement provide the family with adequate space and living conditions?

**Comments:**

Subsistence issues can seriously affect outcomes, especially when it co-occurs with other conditions. In nearly half of the cases in our sample mothers do not have sufficient financial resources or economic security to cover the family’s basic living requirements. In one case where Mother and her children live with our focus child’s grandmother, the reviewer noted, “All interviewed report Mother to be hard working. She has been in her current job for a little over a year and has maintained a good work history in her previous employment. However, she is employed in minimum wage-type positions, making it difficult for her to set up and maintain her own household.” In another case story where the mother has mental health diagnoses the reviewer wrote, “She does not have a job or any consistent income. She kept her last job for about two months and then was let go due to not showing up for work.” Contrast these to a case where the mother’s score on

this indicator was a six. The reviewer wrote, “Mother is professionally employed and lives in a comfortable and safe living environment” and noted that she has gained much from her involvement with services.

**Special Parenting/Caregiving Challenges:** To what degree do parents/caregivers, with whom the child is currently residing or has a goal of reunification, present or experience a pattern of significant, ongoing challenges that limit or adversely affect the parent/caregiver’s capacity to function successfully as an adequate caregiver for this child? Does the family have any special life challenges that interfere with or prevent them from living together safely and functioning successfully?

**Comments:**

Twenty-nine percent of the mothers in the seven cases reviewed for this indicator and neither father in the two cases reviewed scored in the acceptable range. As mentioned, several of the parents in our sample have co-occurring conditions that inhibit progress and is likely a contributing factor to the low scores in this indicator. These scores illustrate the need for better strategies in engaging, assessing, and planning for families with special challenges. In one story the reviewer talked about Father’s difficulty finding and maintaining work due to his learning disability and Father’s concerns for his son’s future due to our focus child’s significant cognitive and behavioral limitations.

All substitute caregivers in the five cases rated for this indicator scored acceptably.

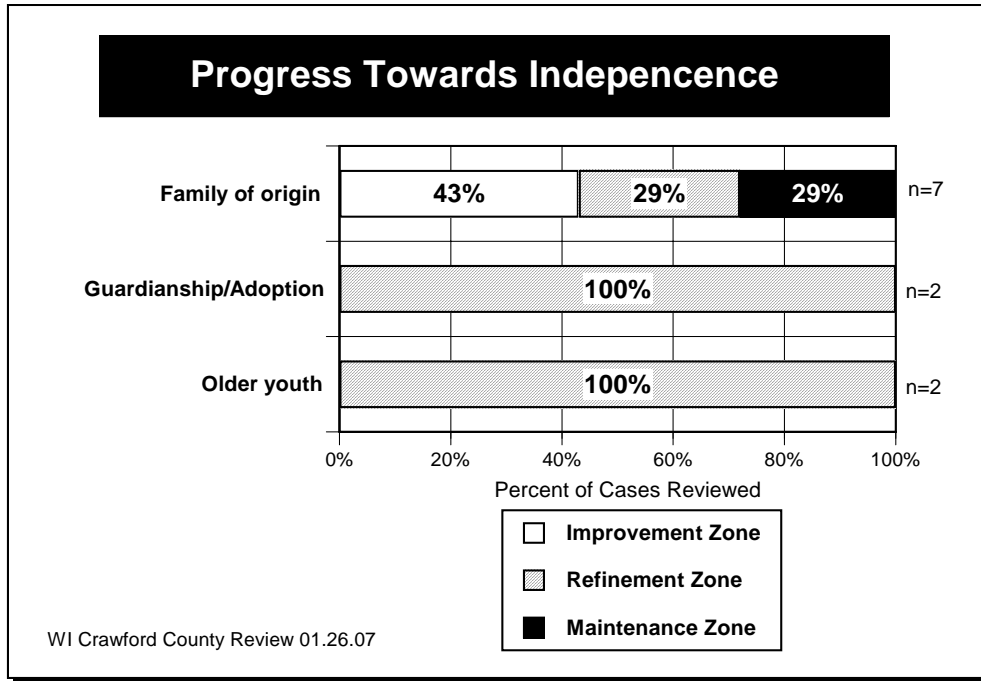
**Informal Support System:** To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support provided by family, friends, neighbors, or other supporters involved who will help them manage adequately on an enduring basis? When a family has a child with special needs (physical, developmental, emotional, behavioral), do parents/caregivers have opportunities to exchange experiences, strategies, and successes with parents/caregivers of similar circumstances?

**Comments:**

Informal supports are critical to helping families make and sustain the behavioral changes for meeting children’s needs for safety, permanency and well-being. When the agency has closed the family’s case and formal supports are fewer in number or no longer in place, informal systems of support can influence whether the family remains independent of the agency. In the seven cases rated for this indicator, mother’s informal supports were rated acceptable in three of them (43 percent). Both of the two cases rated for father’s informal supports were in the acceptable range (each was rated a 4). In one story where Mother reportedly has no informal supports in place, the reviewer wrote, “she ends up being alienated from people and does not trust them.” In another, the reviewer reported that Mother’s aunt and a church are available to her though she

(Mother) tends to gravitate toward “support” she receives from male friends who also have AODA, mental health and domestic violence issues.

## VI. PROGRESS INDICATORS



**Progress to Independence (Family of Origin):** To what degree is the family making progress toward their permanency goal of maintaining the child safely at home and/or successful reunification? As necessary to reunify/preserve the family, to what degree have: 1) protective provisions necessary for keeping children safe been established and maintained within the home; 2) necessary parent/caregiver behavior changes been made, demonstrated, and sustained; and 3) necessary and sustainable conditions and supports been established within the home and family situation (e.g., housing, childcare, income, health care)?

### Comments:

This indicator addresses whether families are making sufficient progress to move to safe case closure, or independence from the agency. Forty-three percent, or three of the seven cases, are making acceptable progress toward independence. In one case that was rated in the maintenance zone, the reviewer described the improvement in Mother’s parenting skills and in another the reviewer wrote, “Family of Origin was rated in the maintain zone, reflecting better family communication, Mother’s increased effectiveness in parenting and [our focus child’s] improved impulse control and social skills. In another, the family recognizes their progress and wants things to continue to get better for their family since things are better now than they were before.”

**Progress to Permanency (Guardianship/Adoption):** To what degree is the child living in an environment that supports achievement of permanency through guardianship or adoption? Has the permanent family been identified? To what extent has this child and family: 1) accepted new members and formed realistic expectations; 2) moved through family formation and adaptation stages with necessary adjustments made, demonstrated, and sustained; 3) established sustainable conditions and supports within the home and family situation (e.g., childcare, health care, respite, crisis support, in-home assistance) necessary to meet any special care requirements that the adoptive child presents in the home and family situation?

**Comments:**

Both cases rated for this indicator were in the refinement zone with one rating acceptably (4) and the other rating a three. In the latter, the youth has been in foster care for three years and while he has demonstrated “tremendous changes,” there is no expectation that he will return to his father’s home where he experienced a turbulent relationship with his stepmother. His biological mother died when he was eight years old. According to those involved, neither father nor son is ready to accept termination of parental rights/adoption. According to the reviewer, “Everyone involved with [focus child] thinks he will continue a relationship with the foster family into adulthood, but that expectation is not based upon a permanent relationship, but rather the hope that things will continue along the same course.”

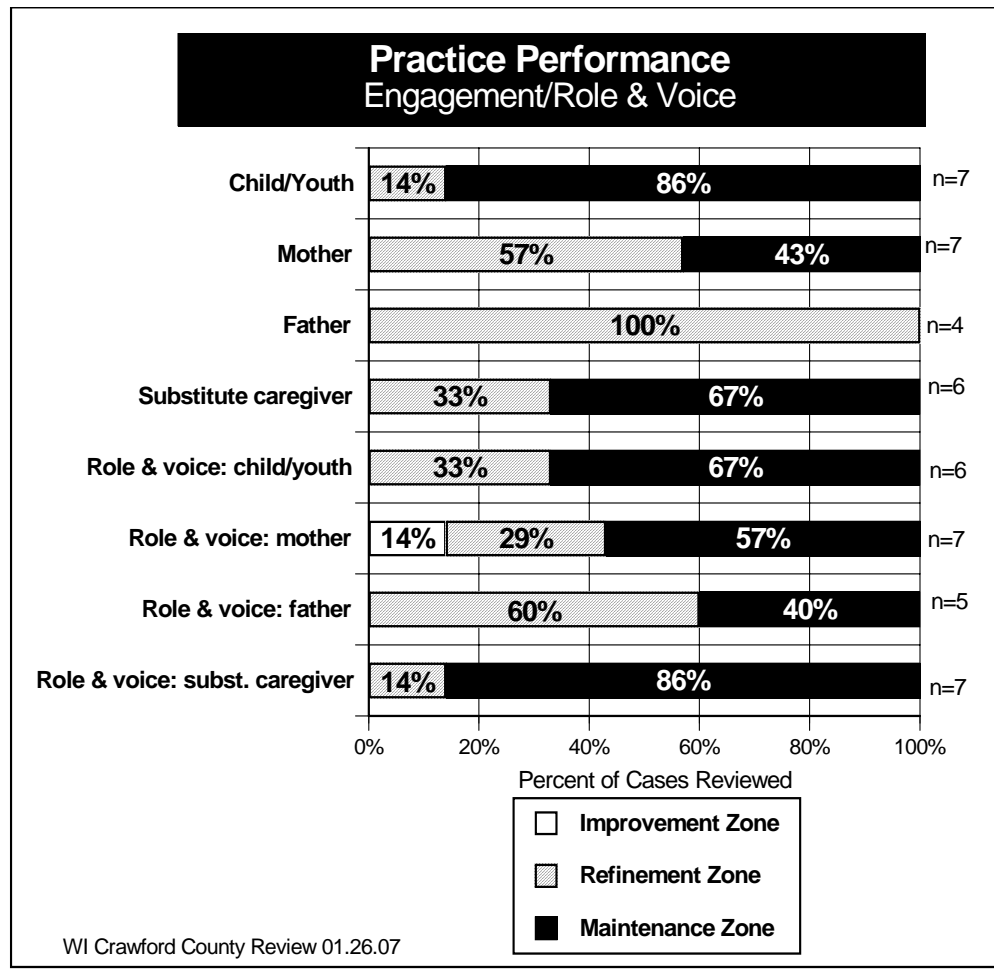
**Progress to Independence (Older Youth):** To what degree has the youth been making progress toward living safely and functioning successfully independent of agency services over the past six months? Is the youth demonstrating a developing ability to live safely and function successfully without outside supervision, assuming that any necessary supports continue after reaching the age of majority? Is the youth developing long-term connections that will support him/her into adulthood?

**Comments:**

Both cases rated for this indicator scored acceptably though as can be seen in the graph both could benefit from some refinement in practice with regard to independent living skills. In both of these the focus child has made progress toward developing at least some of the needed skills to live independently when the time comes. In one story the reviewer indicated the focus child is “in the process of becoming better equipped to acquire the necessary work skills to live independently. Work remains however in the areas of developing supportive relationships and supports outside of her family, acquiring employment skills, and making a more concrete decision on a future plan...” In the other story the reviewer wrote, “[The focus child] has been successful at a job and is on track to get his driver’s license. He is not aware of the Independent Living Program other than as a place that may be able to help him financially to get his license.”

## VII. THE ELEMENTS OF CASE PRACTICE (THE MICRO VIEW)

The Quality Service Review (QSR) case practice model contains evidence based elements of best practice. The elements are found in the QSR protocol and were applied in rating the eight cases that were reviewed. There is an ample body of research that documents the efficacy and contribution in helping families develop, pursue, and complete successful strategies of change. The scores on practice performance are presented to point out opportunities where the agency can focus efforts in improving outcomes for children and families served.



**ENGAGEMENT OF CHILD & FAMILY:** Are those interveners involved with the family used engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the service process? Are interveners building a trust-based working relationship with the child, family, and/or others to support ongoing assessment, understanding, and service decisions? Are interveners relying on a mutually

**beneficial partnership with the child, family, and/or others that is sustaining their interest in and commitment to the change process?**

**Comments:**

Engagement is crucial in helping families through the change process. Engagement scores in Crawford County were quite high overall. Focus children and substitute caregivers scored at one-hundred percent acceptability each, and mothers scored at eighty-six percent acceptability. This means that the greater majority of cases scored four and above and compared to other first time reviews, means that children, mothers and substitute caregivers feel positively about their workers and formal supports and enjoy the relationship they share.

As important as the nature of the helping relationship is, effective engagement goes much deeper than friendly, appreciative relationships. Effective engagement means developing and maintaining a level of trust sufficient for the helping persons to fully understand the underlying needs and engage the family in identifying change strategies. This is an area, at least for many of the focus children and a few of the mothers in our sample, where the agency is performing very well, as illustrated in the following: In one story, the reviewer quoted the focus child as saying, “My social worker is a 10!” Other focus children shared similar accounts about their social worker’s availability, accessibility and sensitivity to their individual needs. Another reviewer wrote that, “‘Mother loves working with the Department’ and that she and the worker have ‘always been on the same page.’” In another story where the child and his mother were reunited over eight months prior to the review and the family remains safe and stable, the reviewer states that the “assigned worker is seen as a source of support by the family members” as the “worker recognizes the family’s efforts to seek services and to remain open and not shut down when things weren’t going well at an earlier stage of the case.”

Four fathers only were rated for this indicator and while all were scored in the refinement zone, one of the four was rated a three, in the unacceptable range. Although this pattern is on par or somewhat higher than scores for this indicator in the federal Child and Family Services Review and in other counties in Wisconsin, these scores indicate an opportunity for the county to enhance their engagement skills with fathers. As was reported in one story, “There is little information about father’s home or safety in the home of the father to date and all interviewed stated that the only person to observe Father’s home is the guardian ad litem for our focus child after he had been in placement [with his father] for a number of months...”

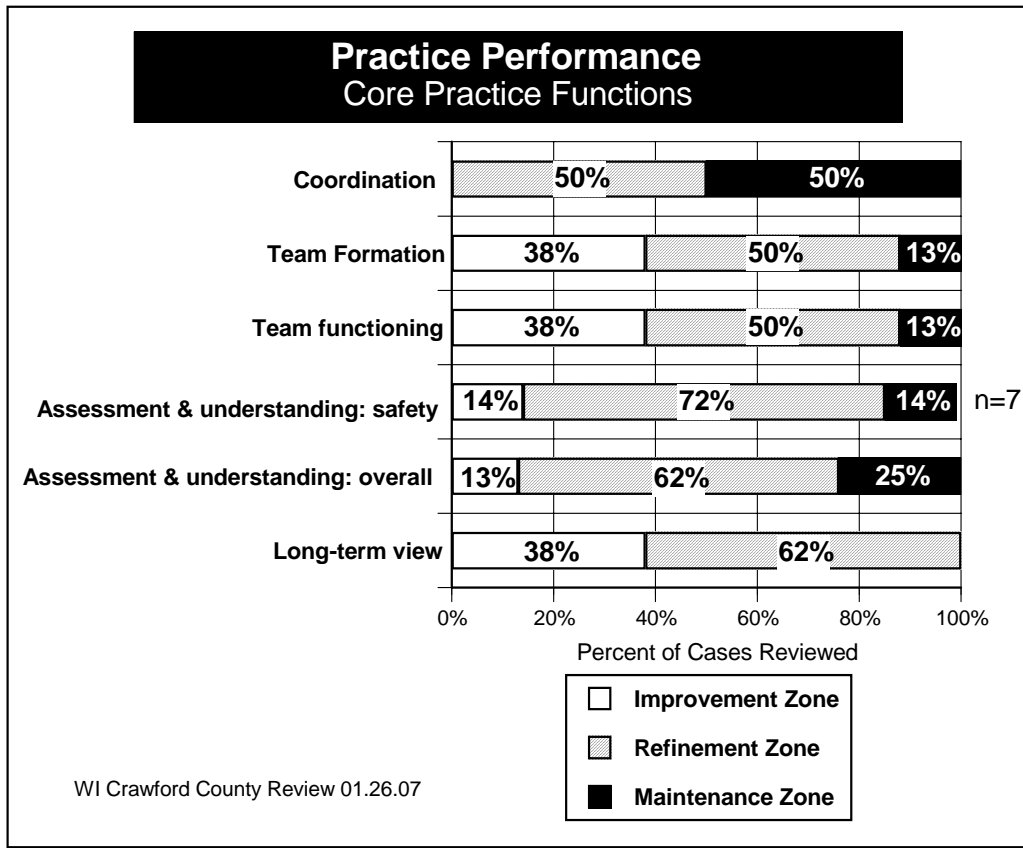
**ROLE & VOICE IN DECISIONS: To what degree are the child’s parents significant, ongoing participants (e.g. having a significant role, voice, influence) in decisions made about child/family change strategies, services, supports, and results? (Role and voice in recent meetings).**

**Comments:**

Engagement in the change process means that family members are actively involved in assessing their needs, determining how best to meet those needs, and planning for change. Again, focus children, mothers and caregivers scored relatively well with one-hundred percent, eight-six percent, and one-hundred percent acceptability respectively. As illustrated in the following quote this is an area where the agency is again performing well. “Throughout the case the mother and child have been engaged with their worker and him with them. He sees them on a regular basis, he addresses their concerns and the mother and child feel they have a voice in the planning process. The mother states she feels respected and looks to the worker for support and encouragement. This may be the basis from which some of the other indicators can be addressed for positive change in this family.”

In one of the two cases where the role and voice of the focus children was rated in the refinement zone, a reviewer wrote, “[Focus child] has not had a voice in her case and she wants to be heard. She wants everyone to know that she would like to be a part of a team.”

Opportunities exist to refine or improve practice as related to fathers’ role and voice in the change process. This indicator scored acceptably in two of the four cases rated for this indicator (all four cases were in the refinement zone). As one case illustrates, “Engagement with father has been more successful due to his cooperative nature, but is undermined by Mother’s dominating presence. This dominance is perceived to have impacted Father’s ability to voice his wishes and opinions regarding the case.”



**COORDINATION:** To what degree are there: A single point of coordination and leadership necessary for convening and facilitating effective family change planning and service decision processes for this child and family? Effective coordination, integration, and continuity in the assessment, planning, organization, and provision of services to this child and family?

**Comments:**

Sixty-three percent of the cases reviewed scored in the acceptable range for this indicator with the remaining three cases falling into the unacceptable range, scoring a “3.” Increased workloads and more intense caseloads as well as the lack of a formal teaming process may be contributing to the opportunity here for enhancing coordination of services to families. The data seems to indicate that where there was some teaming in place, coordination scores fared a bit better and vice versa.

**TEAM FORMATION:** To what degree: (1) Have the people who provide support and services for this child and family formed a working team that meets, talks, and plans together? (2) Does the team have the skills, family knowledge, and abilities necessary to organize effective services a child and family of this complexity and cultural background?

**TEAM FUNCTIONING: To what degree: (1) Do members of the family team collectively function as a unified team in planning services and evaluating results? (2) Do actions of the family team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family?**

**Comments:**

Overall, the scores in team formation and functioning indicate opportunities for the agency to refine practice and perhaps expand utilization of the Coordinated Services Teams approach or implement another teaming approach. Although sixty-three percent of the cases scored in the acceptable range for team formation, only one of the eight cases was in the maintenance zone and three (of the eight) scored in the improvement zone. Scores for team functioning were identical to those for team formation.

Well-functioning teams are child and family-driven, include all helping persons (formal and informal), and meet in person on a regular basis or as determined to be needed by the team. The main topic of the meetings is to assess progress toward outcomes. This may require “tweaking” of the plan at times or shifting direction altogether when new information is brought to the meeting. As one reviewer put it in the family’s story, “The lack of teaming, formal or otherwise, in this case also inhibits the ability to move this case forward. This contributes to some participants wondering how and why decisions are made. For example, some potential team participants wondered why the child’s interactions with the parents went from supervised to unsupervised,” when it seemed to them there was nothing upon which to base this decision.

In another, the reviewer wrote, “The long-term view differs among team members, making it difficult to plan and measure the change process effectively. Most of the team members interviewed feel that team meetings have been caught up with sharing information and setting up details regarding family interaction and therapy that they never get to what the goals are for reunification and safe case closure.”

**ASSESSMENT & UNDERSTANDING - SAFETY: To what degree: Is there a shared big picture understanding of the child and family’s strengths, needs, risks, and diminished parent/caregiver protective capacities that must change to assure child safety? Are these understandings reflected in the process used for helping the family achieve a safe home (via protective provisions in the home, demonstrated parent/caregiver protective capacities, and sustainable family supports)?**

**Comments:**

Of the seven cases rated for this indicator, three cases rated in the acceptable range. Five of the cases scored in the refinement zone and one each in the maintenance and improvement zones. This area, too, offers an opportunity for the agency to examine their practice. In one of the cases reviewed, referred to earlier under *Engagement* where there was little information about the father’s home, the reviewer continued, “Although this did not happen during the period under review for this case, there remains a concern since

[the focus child] continues to be in the care of his father every other weekend and there is still no situational awareness or safety assessment for Father's home."

A reviewer in another case wrote, "Another issue in this case is that uncertainties exist among case participants about the threats to child safety that need to be managed. Homelessness and unemployment are not threats to child safety in and amongst themselves. Instead they are factors that are symptomatic of conditions that may or may not influence parental ability to protect and provide for [the focus child's] basic needs.

**ASSESSMENT & UNDERSTANDING - OVERALL:** To what degree: Is there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child and family of origin or adoptive family to live independent of agency supervision? Are these understandings reflected in the family change process used for helping the family achieve permanency and well-being (via demonstrated parental behavior changes, sustainable family supports, and concurrent alternatives pursued for achieving permanency with another family, if necessary)?

**Comments:**

Although the zone scores look relatively similar to those of *Assessment and Understanding – Safety* (one more case in the maintenance zone), acceptability scores for this indicator were much higher – eighty-eight percent (or seven of the eight cases) were rated acceptable in contrast to forty-three percent rated acceptable in *Assessment and Understanding – Safety*. Crawford County appears to be getting at the underlying needs overall as illustrated in the following example: "In terms of assessment and understanding...the team was able to forge a plan that met the family's needs while maintaining the child in the home." Further evidence of this was "the comprehensive nature of the clinical opinions reflected on the team...that helped to explain the causes of the "symptom" of the family conflict..."

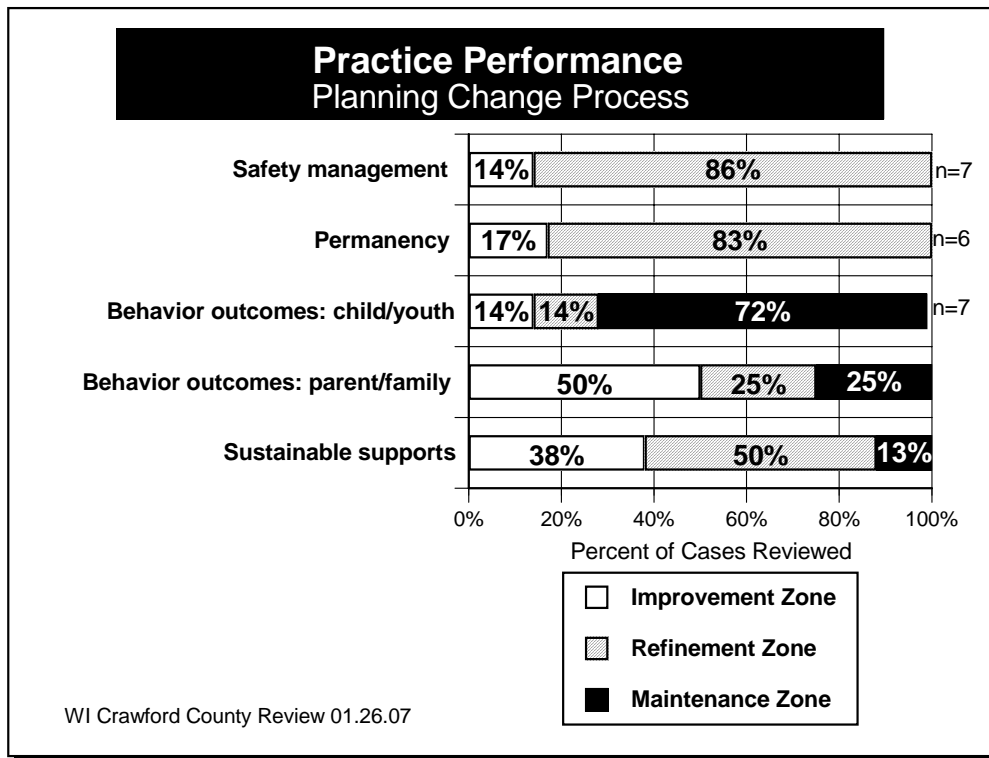
**LONG-TERM VIEW FOR SAFE CASE CLOSURE:** To what degree are there defined, understood, and agreed-upon conditions for Safe Case Closure that specify what: Protective provisions must be present in the home to keep children and parents safe? Permanency issues must be resolved and outcomes attained? Behavioral patterns must be demonstrated and sustained in the home by the parent? Sustainable conditions and supports must be present in the home and family situation to preserve the family, reunify the family, support the adoptive family or youth while transitioning to independent living so that external supervision may be safely concluded with the family or youth being independent of the system?

**Comments:**

Development of a long-term view is also crucial in helping families move through the change process so that cases can be safely closed by the agency. Essentially, the long-term view is the goal or outcome being sought as a result of interventions. Questions to

be answered include, “What does the team want this family to look like when ‘we’re done’?” or “How will we know when we are done?” and “What do we need to do to get there?” As the scores indicate, this is an area of opportunity for the agency to enhance practice with thirty-eight percent of the sample scoring acceptably and the majority of the cases falling into the refinement zone.

In one case, the reviewer wrote that, “Those interviewed could not clearly and consistently articulate what needed to happen for the case to be safely and successfully closed.” More specifically, in another case, there was a lack of agreement by team members about the permanency goal. As the reviewer related, “Some believe none of the children should be returned to the mother’s home. Some believe the older children might be returned, and some think the mother might be able to handle only the middle children at some point.”



**PLANNING A PROCESS FOR SAFETY MANAGEMENT:** To what degree is a well-reasoned, ongoing process being used for controlling and managing impending danger threats to child safety while strategies and actions are developed and implemented for the family change process via enhancing parent/caregiver capacities that lead to: Attainment of protective conditions for safety in the home? Acquisition/demonstration of required parent behavior changes? Securing sustainable family supports?

**Comments:**

Fifty-seven percent of the cases scored in the acceptable range on planning for safety management with all of these scoring in the refinement zone. As with assessing for safety, planning for safety requires a strong understanding of the distinction between a safety concern and a risk to safety as well as the underlying needs of the child and family.

**PLANNING A CHANGE PROCESS FOR PERMANENCY [For a child removed from his or her home]:** To what degree is a well-reasoned planning process used to drive strategies and actions for the family change process that provides, as needed, for: Reunifying the child and parent, replacing the entering parent with another, or achieving independence for a youth? Searching for, findings, eliminating, and approving a relative or another replacement to be the permanent caregiver? Resolving any legal barriers to permanency? Supporting and evaluating the stability and success of the child and family in a potentially permanent home to ensure family sustainability as a condition for Safe Case Closure?

**Comments:**

Planning for permanency is closely linked to scores in the area of long-term view, as well as the permanency indicator in the Child Status section. Four of the six cases for this indicator scored in the unacceptable range indicating an opportunity for practice improvement. Development of a long-term view in practice should result in improved performance in permanency planning for children.

**PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES:** To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for a behavior change process that provides, as needed, for: Acquisition and demonstration of knowledge and skills necessary for parenting? Reduction of behaviors and/or symptoms that interfere with protective and caregiving capacities? Demonstration that behavior changes are effective in parenting, protecting children, and maintaining stability of the home and family situation? Demonstration that behavior changes are sustainable over time and likely to continue following return and Safe Case Closure?

**Comments:**

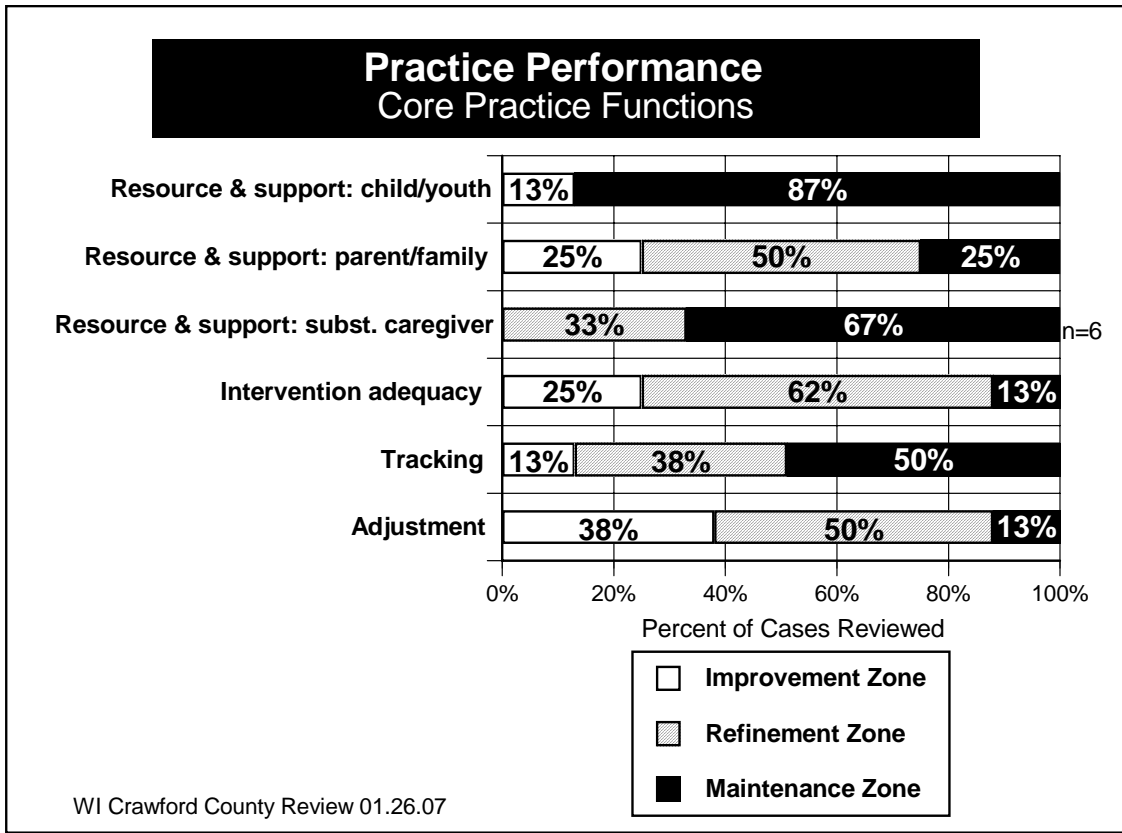
Successful planning is built on accurate assessments of family strengths, needs, and underlying issues and is closely linked to *Assessment and Understanding – Overall* and *Intervention Adequacy*. This indicator is scored separately for children/youth and parent/family. Six of the seven cases that were scored for children and youth were in the acceptable range and five of these were in the maintenance zone. For the most part, there is a well-reasoned, ongoing planning process being used to drive strategies and actions for behavior change with children and it appears to have met with substantial success in the six cases. As was written in one case story, “The planning process allowed for a diversity of opinions to be taken into consideration for positive outcomes to eventually emerge.”

In contrast to that for children and youth, four of the cases scored in the improvement zone for *Behavior Outcomes: Parents/Family* and indicates an area where practice improvement opportunities exist. As one reviewer put it, “A key member of the team said, ‘I don’t know of any case plans,’ referring to a lack of one guiding document or shared set of ideas that was driving the current and long-term planning process.” This may also indicate a need for strategies to address co-occurring conditions or longer-term needs and perhaps strategies to deal with resistance.

**PLANNING A CHANGE PROCESS FOR SUSTAINABLE SUPPORTS: To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for sustainable supports for the family that provides, as needed, for: Meeting basic necessities of life? Ongoing supports necessary for recovery and relapse prevention? Informal social supports necessary to sustain the family following Safe Case Closure?**

**Comments:**

Families who have strong informal systems of support are better able to sustain positive changes made as a result of more formal services provided. When these critical supports are not in place at the time of case closure, there is evidence suggesting a higher probability that the family will become involved again with child protective services. This is particularly important for parents of children with special needs. Sixty-three percent of the cases scored in the unacceptable range, with the majority of these falling in the improvement zone. For the child with significant cognitive and behavioral challenges, the reviewer noted that, “While there is a plan for continuing support for this family beyond case closure, it appears there is little coordination with the long term support system, which will probably be the most appropriate support system for the family rather than the CPS system.”



**RESOURCE & SUPPORT USE:** To what degree is/are the family and/or out-of-home caregiver actively being provided the training, in-home support, supervision, resources, support-development assistance, and relief necessary to provide a safe and stable living arrangement for the child that meets the child’s daily care, development, and parenting needs? If the child presents special needs with more extensive care requirements, to what degree is the family/out-of-home caregiver provided specialized support commensurate with that required to meet the child’s needs while maintaining stability of the home and family commitment to the child?

**Comments:**

Eight-seven percent of the cases scored in the maintenance zone (acceptable range) for children and youth. Consistent with the engagement and planning indicators for children and youth, the scores here indicate that they are receiving the services needed to meet their daily care and development needs. Similarly, all the cases where substitute caregivers were rated scored in the acceptable range. Foster parents are committed and knowledgeable. Opportunities for practice improvement exist with respect to parents/family where only thirty-eight percent of the cases scored in the acceptable range.

**INTERVENTION ADEQUACY FOR CHANGE:** To what degree are the change-related interventions, actions, and resources provided to the child and

**family of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress necessary to meet Safe Case Closure requirements and to sustain family independence from the service system following closure?**

**Comments:**

Intervention adequacy isn't just about services and whether they are sufficiently powered up to get to safe case closure. It's also about whether everyone is headed in the right direction in terms of the desired outcome. Half the cases were in the acceptable range, indicating that in these cases the services provided were of sufficient power to achieve the desired outcomes. There seemed to be a pattern in many of the cases of high quality services and a strong commitment of the service providers. Reviewers told of case stories where foster parents possessed wonderful caregiving skills and therapists who had connected with the parent/family and had a good understanding of the underlying issues and concerns.

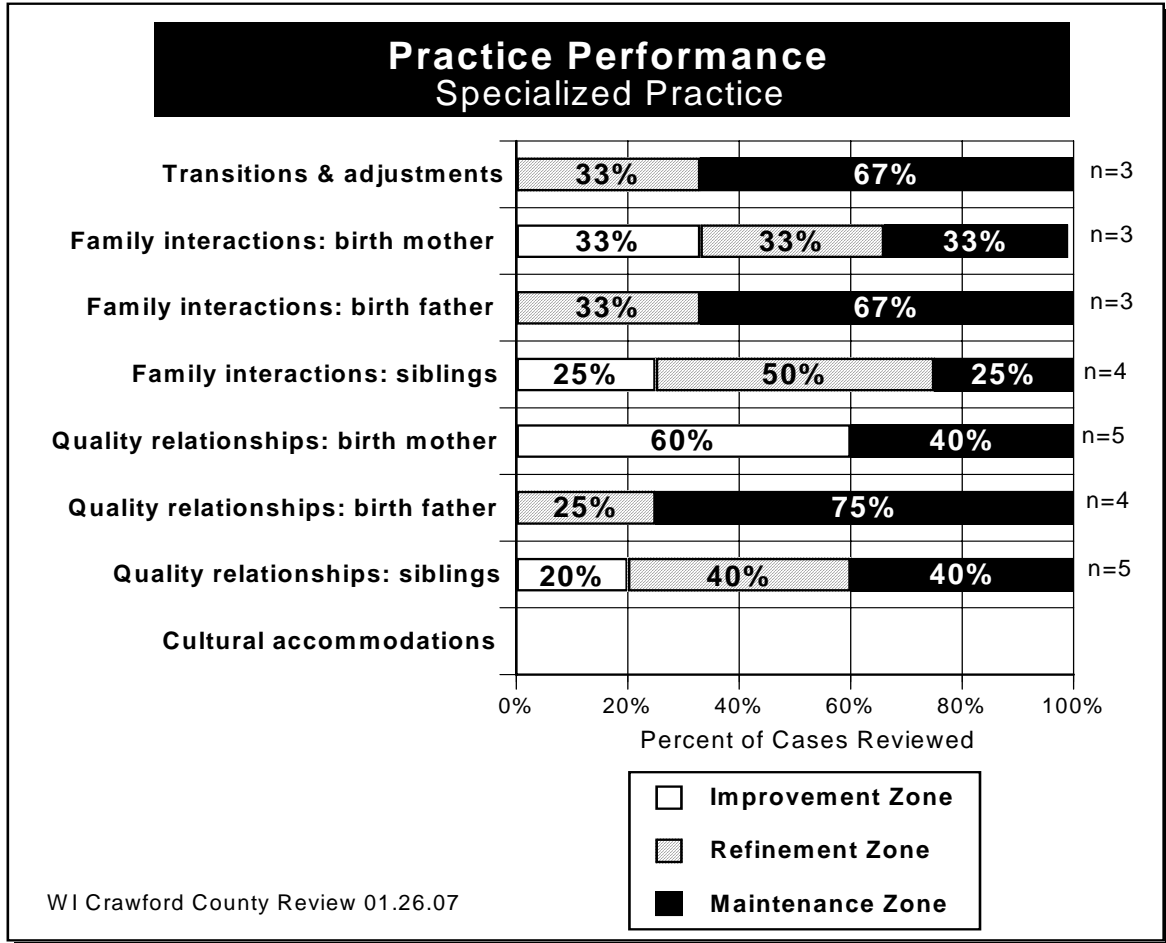
This is also an area where opportunities exist to enhance practice. In one story, the reviewer wrote, "Moreover, intervention strategies were not identified or adjusted when the mother demonstrated resistance to the agency's involvement in her life."

**TRACKING AND ADJUSTMENT: Are the child and family status, intervention process, and change results routinely followed along and evaluated? Are strategies and services modified to respond to the changing needs and to apply knowledge gained about strategies and results to create a self-correcting service process for finding what works for the child and family?**

**Comments:**

The agency may want to review this indicator in the area of adjusting (thirty-eight percent in the acceptable range and thirty-eight percent in the improvement zone), in that it asks us to periodically review our strategies and supports to ensure they are responding to changing needs and circumstances. The plan itself is characterized as being a "living document," one that is incremental and will change as some goals or objectives are achieved and other needs are identified. When goals are achieved, this is a time to celebrate progress with the family, helping the family identify the strengths they possess that made success possible and that will provide a strong basis for additional progress.

In the area of tracking, seventy-five percent scored in the acceptable range. One reviewer wrote, "Frequent monitoring, tracking, and communication between providers and the social worker is occurring, even though it occurs in a largely informal way with updates provided by the worker to individuals on an as needed basis. For example, the father's recent change in employment and his relationship difficulties with his current girlfriend are events known to providers and discussed in the context of potential impact to [the focus child] and her brother.



**TRANSITIONS & LIFE ADJUSTMENTS:** Is the current or next life change transition for the child being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs? Are transitional staging plans/arrangements being made to assure a successful transition and life adjustment in daily settings? If the child is returning home and to school following a temporary placement in foster care, treatment, or detention, is the transition and life adjustment sequence working? Is there follow-along support for the adjustment period?

**Comments:**

All three of the cases rated for this indicator scored in the acceptable range with two of them in the maintenance zone. The scores indicate the agency is doing a good job in identifying and planning for transitions for children.

**FAMILY INTERACTIONS:** When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain family connections with meaningful

interactions via frequent interaction and other means, unless compelling reasons exist for keeping them apart? To what degree are strategies and efforts being implemented to support the following between the child and his/her family members for: (1) Supporting frequent interactions via visitation and other means? And (2) Using varied and creative opportunities for family members to nurture one another?

**QUALITY FAMILY RELATIONSHIPS:** When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist for keeping them apart? To what degree are current strategies and efforts enabling family members to improve and maintain the strengths and positive qualities of their relationships with one another?

**Comments:**

As mentioned, five of the focus children were in placement at the time of the review and one had returned to his home two days prior to the review. The scores seem to indicate an opportunity to review and refine the agency's practice with respect to family interactions and quality relationships.

**SPECIALIZED CULTURAL ACCOMMODATIONS:** How well have any major cultural issues of the child and family been identified and addressed in practice? If indicated, are specialized supports and services provided being made culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?

**Comments:**

No cases in the sample were scored for this indicator.

## VIII. NEXT STEPS AND ACTION PLANNING

County staff were encouraged to use the results of the review to formulate and implement an action plan to address enhancement of case practice and systems issues, which will ultimately result in improved outcomes for children and families in Crawford County. Agency staff identified the following as areas of potential focus for system and practice improvement:

- Training for workers re: the development of specific outcomes for parents/family involvement in case planning
- Utilizing/expanding the CST's and the coordinator for more families
- Utilizing parent aide system (homemaker) to assist with transportation, supervised family interaction
- Look at alternatives to TPR's being filed by DA (TPR specialists/IV-E funding)
- Training for foster parents & foster parent support group
- Steps to improve the communication across agency units
- Look at funding or a way to get another worker/supervisor
- More therapists for families lacking insurance

The final "next steps" meeting of the review was used by the director and supervisor to identify areas in which the agency should first focus on improving. They identified the following:

- Training – on practice model, engagement, for foster parents, etc. with the goal of becoming more specific with behavioral changes
- Expand utilization of Coordinated Services Team approach (start with complex cases) to reduce the effect of people working at cross-purposes because of a lack of shared information/understanding
- Apply for funding for TPR resources – Area Administration (Patty Hammes) will send sample budgets; county will seek information from other counties
- Increase utilization of state permanency consultant
- Utilize IV-E Safe & Stable funding for parent-aid; in the longer-term, redo Homemaker position

## **IX. SUMMARY**

The results of Crawford County's first Quality Service Review offer information about the strengths and opportunities to enhance child protective service case practice. The scores from the first qualitative review serve as a baseline from which the agency will measure progress in future reviews. The practice model underpinning the QSR raises the bar for evaluation case practice, but it is also inspirational in that it seeks to engage review participants in the process of change. More specifically, the practice model represents a set of values and standards that promote provision of strategic, dynamic, and high quality services to keep children and families safe.

Agency workers and management were encouraged to use the results of the review to formulate and implement an action plan to enhance case practice and address systems which will ultimately result in improved outcomes for the children and families with whom the agency works.