

# **Continuous Quality Improvement Quality Service Review**

## **EXECUTIVE SUMMARY**

*April 9-13, 2007*

*Trempealeau County Social Services*

**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*

**July 12, 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 Trempealeau County during the week of April 9, 2007. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is an ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

## **II. THE TREMPEALEAU COUNTY REVIEW**

### **A. REVIEWERS**

In the Trempealeau County review, eight case reviewers participated in reviewing the eight cases selected. Two of the reviewers served as both a lead case reviewer and a mentor to each of their review partners or "shadows", who were coached in their development as lead case reviewers. All of the lead case reviewers who provided coaching have extensive experience in child welfare. In addition to the four CQI specialists who reviewed cases, three of the reviewers currently work in a county-based Child Protective Service agency (CPS): one as a program manager for a large county agency and another as a front-line CPS supervisor for a mid-size county. Another reviewer currently works as a front-line CPS social worker in a rural part of the state. The remaining reviewer currently works for one of the state regional offices in area administration.

### **B. CASE SAMPLE**

A process called stratified random sampling was used to select eight cases for review in Trempealeau County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers and the ages and genders of children. A family must agree to participate in the review process and sign releases for the review team to interview participants, or the case is not selected. In the Trempealeau county review, 67 people were interviewed in the eight cases. Of the eight cases, one case

was not scored due to unforeseen circumstances that prevented the review team from meeting with the focus child. In the QSR, it is essential for the review team to meet with the focus child in the evaluation of a case. In the final sample, three of the cases classified as *in-home*, with the children living with one or both birth parents for at least the past six months. The other four cases classified as *out-of-home*, with the children placed in foster care at the time of review or at some point during the previous six months. Two children in the final sample were in the 0-4 age range, two children in the 5-9 age range, two children in the 10-13 age range, and one child over the age of 13. There were four males and three 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. CQI Specialists Emily Campbell and Michael Casali facilitated these sessions. In addition, Bridget Bauman of the Children's Court Initiative conducted sessions jointly with the CQI site leaders in several of the focus groups. The external perspectives that were gathered provide a valuable source of perspective, insight, and feedback about how the court and agency systems work together to improve outcomes for children and families

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

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

Information gathered from focus groups identified agency staff as an asset to the agency. Workers were described as dedicated, professional, hard working, competent and caring. Contributing factors to this impression include the presence of staff with long-standing ties to the agency and community, a high degree of familiarity with local families and workers repeatedly going “above and beyond” to meet children’s needs. Individual workers were signaled out by stakeholders for their system expertise. Furthermore, worker efforts are recognized by the community, even in cases that some describe as “stuck”.

The Children Youth and Family (CYF) team is described as cohesive, with workers being available to support each other during times of crisis, staff absences and staff turnover. Everyone is viewed as willing to “pitch in” in the informal induction of new members to the team. The staff team meets regularly to problem solve and both the supervisor and team members want opportunities to do more pro-active casework and creative case planning, especially in working with families who are resistant to change. Agency management also supports workers in attending the partnership trainings, even on occasions when the training occurs away from the western region.

Focus group participants also identified the willingness of agency staff to problem-solve and form partnerships with other stakeholders in the community. Relationships are enhanced by both formal and informal opportunities to work together. For example, the inter-agency agreement developed between law enforcement and management has clarified effective methods for CPS investigations staff and law enforcement to work together effectively.

There also appears to be a willingness by agency management and front-line staff to improve. The agency director was a voluntary participant in the state wide continuous quality improvement committee. This committee was instrumental in developing the program reviews and identified the Quality Service Review protocol as the chosen method of review. The director also volunteered this agency for the review. Both agency management and staff value the input from educators, legal stakeholders, foster parents, providers and law enforcement. There is a willingness to collaborate and work together to solve the problems in this community.

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

Trempealeau County Social Services staff are challenged by the changing landscape of child welfare. Specific changes include federal funding cuts to children’s services, policy changes at the administrative and practice levels and an increase in expectations at the federal and state level relating to how and what children and families are served. Underlying these changes is a context of shifting needs at the local level, most recently

related to long-term care reform. Though the agency is under pressure to produce results that citizens' value, there is a lack of community awareness and/or agreement (especially with the schools) over how and when the agency should intervene in family life. One way in which this basic tension plays out includes dissatisfaction with agency screening decisions following child abuse referrals. Trade-offs are also made by agency staff relating to how to spend valuable time.

Agency staff reportedly spend more time involved in crisis work instead of work that is proactive and preventative in nature, even though the latter is what the agency would like to provide and what the community apparently expects. The administrative demands on workload associated with e-WISACWIS are viewed to compete directly with the time that workers have available to build meaningful relationships with families. Rather than being tools designed to help stream-line case management and assist in case planning, data requirements related to e-WISACWIS are seen as contributing to worker burnout.

Staff turnover and the related organizational costs to the agency is another identified challenge. As a smaller agency, a single vacancy in staff can have a dramatic effect on daily operations. The recent departure of two staff members has had an exponential impact on the workload of the existing management and front-line staff team. The amount of time and energy required to recruit, train, and support new team members is time that could be spent in more proactive work with children and families.

## **C. RESOURCES**

Focus group participants were open in discussing the strengths and shortages of the resources available to children and families in Trempealeau County. The availability of services is an important characteristic of a high quality service array. In general, families can gain access to the services that they need, although on occasion those services are not available locally with travel required to the larger cities of La Crosse and Eau Claire. For parents with health insurance and transportation, there is usually a provider that can assist them with their identified mental health, Alcohol and other Drug Abuse (AODA) treatment, and domestic violence abuser treatment and victim needs. Recognized challenges exist for families without health insurance coverage. There is also a shortage of services for at-risk children and teens and a lack of psychiatric and mental health professionals who specialize in treating children with special needs. The recent addition of the Western Dairyland sponsored 'Scoop Group' is a recent positive development that will assist community members in identifying the resources that are available. The site leaders also heard about many athletic and service oriented groups that operate in the community.

If a child or family involved in the formal child protective system has a unique need in Trempealeau County, providers have some capacity to individualize the services to meet the identified need. However, there are limited opportunities for parents to exercise choice in providers. For example, though there is on contract with the department one social service aide who can adapt a parenting class curriculum to the setting and identified learning needs of the parents, there is a lack of a range of providers in the

community able to offer parenting classes. Due to a marked influx of Spanish-speaking parents in the community, there is also an increased need to offer services that are both linguistically and culturally compatible with the needs of the parents.

While there is a recognized shortage of foster parents in this county, the current group is valued and a recognized for their efforts in contributing to positive outcomes for children and families. Foster parents are helping children achieve permanency through facilitating frequent and natural family interaction. Foster parents are also providing informal opportunities for young people to develop skills for independent living, although some these young people could benefit from a more formalized approach. Several focus group participants pointed out that a high number of foster children are aging out of the system without adequate preparation. A related concern was also expressed about the lack of formal training opportunities for foster parents to enhance skills of foster children in areas such as independent living.

#### **D. PRACTICE – STRENGTHS**

In Trempealeau County, front-line staff succeed in meeting regularly with children who in turn reportedly value their relationships with their assigned worker. Recognized efforts are underway to promote family interaction with children in foster care in a natural setting. Agency staff help facilitate family interaction by arranging transportation to and from visits, informing participants of recent policy changes, and empowering parents to initiate contact amongst and between themselves. While the agency has not explicitly endorsed a shared parenting approach between foster and biological families, continued efforts to encourage biological parent involvement in the daily routines and parenting of their children can positively impact child outcomes.

The impact of worker efforts to improve the safety, permanency, and well-being of children and families can be viewed in the context of what is deliberate and intended. Extensive efforts are made to identify absent fathers, both early on in the case process and when a child is in need of an out-of-home placement. Relatives are also regularly considered as possible placement resources. Engaging fathers and mothers in the change process is a natural next step and one that is, naturally, easier when a parent is open and motivated to change.

#### **E. PRACTICE – CHALLENGES**

Focus group participants repeatedly spoke about individual workers “giving parent’s many chances” and being flexible in helping parents meet their needs.” The tendency to persevere and not give up with families is notable among workers in this agency and is identified as a practice strength. However, the workers’ willingness to stay involved with families has, at times, led to a difficulty deciding how to respond to parents who demonstrate resistance to the change process and how to know when certain cases are ready for case closure. Answering the fundamental question “how do we know when we

are done?” is an important decision that requires professional judgment, and confidence, as well as the skills to practice in different ways. These practice questions need to be supported by supervisory and peer support systems that promote a safe, open, and collegial environment where honest inquiry into how to best serve children and families is commonplace. Workers need to feel comfortable seeking guidance not only policy and procedural issues, but also on the difficult challenges that their families present them on a daily basis. In this regard, both the CYF supervisor and front-line staff expressed the desire to have more opportunities to participate in more pro-active casework, supervision, and creative case planning.

This “creative” model of practice that agency staff desire requires that workers obtain certain skills to meet the needs of families with complex living circumstances. As in other agencies and communities across the state, workers are challenged to adequately assess and respond to the underlying needs of parents who cannot fully and successfully engage in the change process due to the limiting impact of such co-occurring conditions as substance abuse, mental health, domestic violence, cognitive limitations and poverty. Even when a particular practice model is adopted and adhered to, this population of children and families challenges the capacity of the child welfare agency and the community at large to influence successful outcomes. Front-line staff require mentoring, coaching, and ongoing case consultation that targets particular areas of skill development to meet these challenges.

## **F. LEGAL – STRENGTHS**

Alongside agency staff, the legal partners in the community share knowledge and concern about the cases and families being served. Legal focus group participants shared the opinion that agency workers are prepared for court and with few exceptions, submit reports to the court on time.

The judge was repeatedly singled out by focus group participants as a community asset. He is described as a committed professional and conscientious about appointing attorneys for parents in Chapter 48 Children In Need of Protective Services (CHIPS) cases, which is not a requirement in the State of Wisconsin. The judge also demonstrates respect for parents and others who present themselves before the court.

## **G. LEGAL – CHALLENGES**

Specific concerns were raised in the focus groups about the level of tension in the relationship between the District Attorney’s (DA’s) office and the agency. The current DA is only part-time and is very busy. While DA-agency relationships can often be adversarial due to the nature of whom the agency and D.A. represent, a concern was expressed during the review that relationship problems might affect outcomes for children and families.

Other issues that emerged relate to the perception by key stakeholders of a reluctance to file Termination of Parental Rights (TPR) cases. This issues need to be further explored with all parties concerned. Similarly, focus group participants discussed the varied level of involvement by Guardians ad Litem (GAL), with some but not others meeting children independently and taking an active interest in their cases.

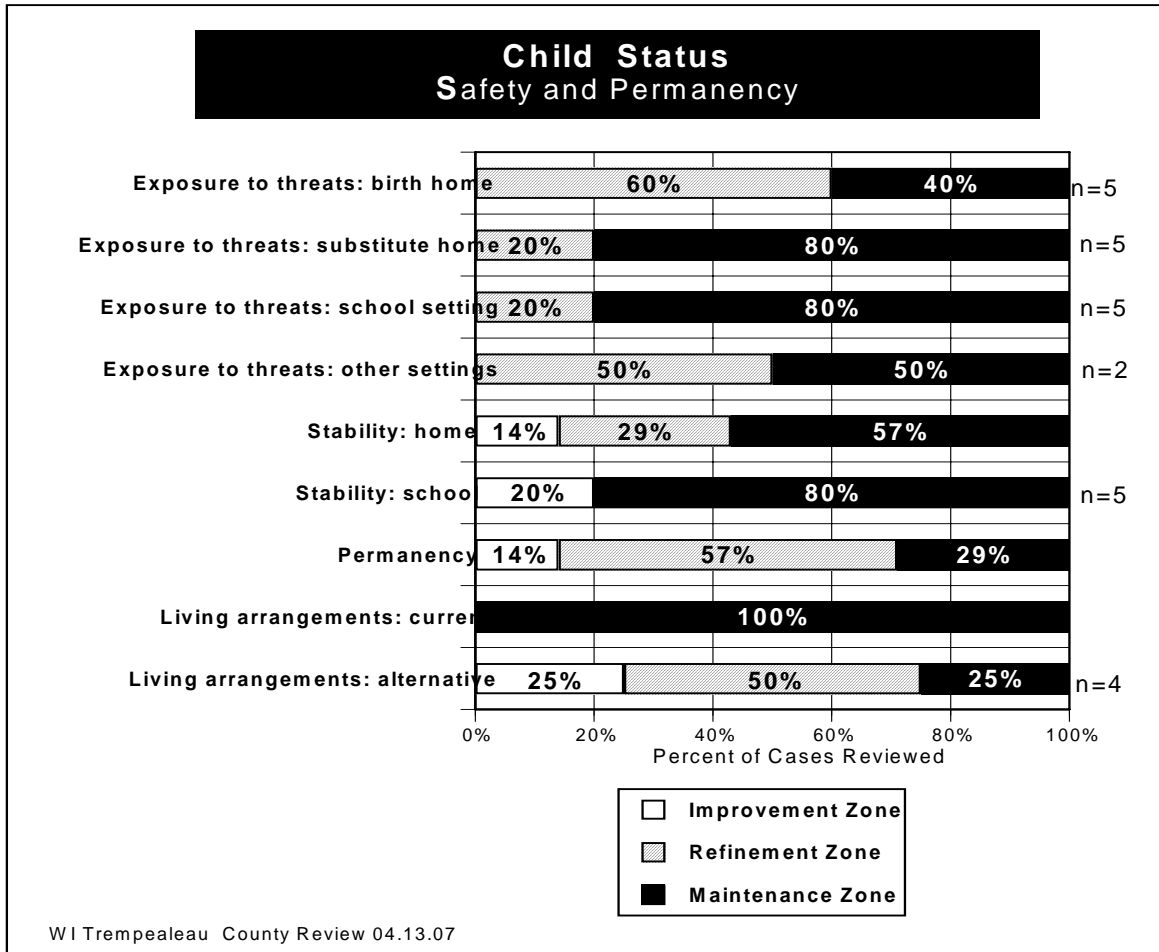
A final concern was expressed about the court schedule being at times inconvenient for agency staff and families; with a perception that time is wasted spent waiting for cases to be heard. Relating also to a child and families experience in court, an issue was raised about the reluctance of the court to “take testimony by audiovisual means”, which is a statutory option available to children and frequently used with children who have been victims of trauma and abuse.

#### 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 QSR Interpretative Guide (below) provides definitions to understand the scoring system. 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.

<b>QSR Interpretative Guide for Child Status</b>		
<p style="text-align: center;"><b>Maintenance Zone: 5-6</b></p> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p><b>6 = OPTIMAL STATUS.</b> The best or most favorable status presently attainable for this child in this area [taking age and ability into account]. Child is doing great! Confidence is high that long-term goals or expectations will be met in this area.</p> <p><b>5 = GOOD STATUS.</b> Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in this area. Status is “looking good” and likely to continue.</p>	<p><b>Acceptable Range: 4-6</b></p>
<p style="text-align: center;"><b>Refinement Zone: 3-4</b></p> <p>Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.</p>	<p><b>4 = FAIR STATUS.</b> Status is minimally or temporarily sufficient for the child to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.</p> <p><b>3 = MARGINAL STATUS.</b> Status is marginal/mixed, not quite sufficient to meet the child’s short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.</p>	
<p style="text-align: center;"><b>Improvement Zone: 1-2</b></p> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p><b>2 = POOR STATUS.</b> Status has been and continues to be poor and unacceptable. The child seems to be “stuck” or “lost” and is not improving. Risks may be mild to moderate.</p> <p><b>1 = ADVERSE STATUS.</b> Child status in this area is poor and getting worse. Risks of harm, restriction, exclusion, regression, and/or other adverse outcomes are substantial and increasing.</p>	<p><b>Unacceptable Range: 1-3</b></p>

**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:**

The scores in this area encompass the daily living settings for each child. The living situation for children in foster care is a relative strength as in two of the five cases, the child’s exposure to imminent threats of harm in the setting of the child’s foster home, was scored in the maintenance zone, meaning that the case review findings show a good and generally risk free living situation for the child. The majority of the cases scored in the area of a child’s exposure to “imminent threats of harm in the birth home” were rated in

the refinement zone, meaning that findings show a minimally adequate to fair situation for the child. Both of the children in these cases presented challenging behaviors to parents who had difficulty controlling their anger.

**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 scores in this area are mixed. In four of the five cases, the focus children were viewed to have optimal stability in their school setting. This is encouraging as children who have a continuous and caring relationships with school staff have improved outcomes in many other life areas. In the case of an eleven-year old girl living at home with her parents, the reviewers identified substantial problems in this area as due to the worsening economic circumstances of her family. In this case there was a serious risk of disruption to the child and her family.

**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?

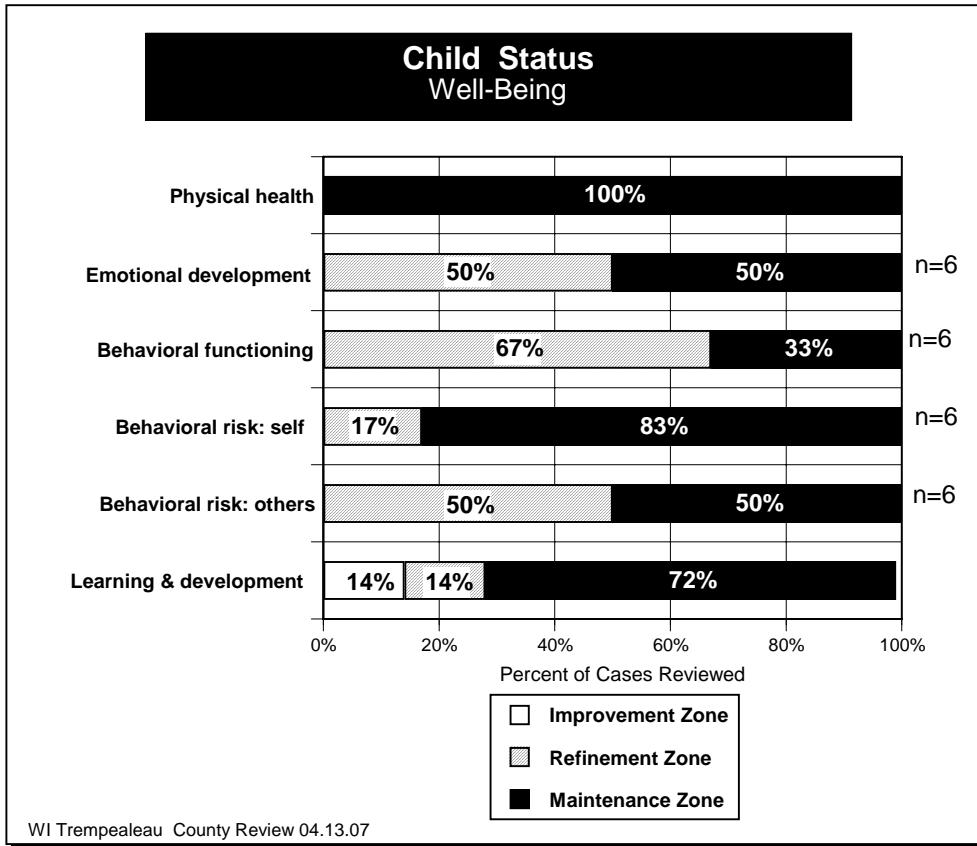
**Comments:** The scores in this area were also mixed. The focus children in both of the cases that received the highest scores were also living at home in households headed by two parents. Four of the remaining five cases identified permanency as an area of concern. In three of these cases, the focus children were in substitute care and reviewers expressed uncertainty the future of the focus children in the current placements and in the likelihood of reunification.

**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:** At the time of the review, each child in the sample was evaluated to be in the most appropriate and least restrictive setting. The positive scores in this area of child status are a reflection of sound placement decision-making. Positive scores may also be a reflection of the worker efforts and focus on meeting children's needs. In the case of "Molly" a teen-age parent, the agency was able to place her with her infant child in a home that could meet both her developmental needs and the needs and attachment to her

infant. In another case, a child was placed in a treatment foster home that substantially meets his emotional and behavioral needs.

The results of the four cases scored in the area of “living arrangements: alternate setting” are more varied. In the case that scored in the improvement zone, the reviewers felt that the alternate setting inadequately addressed the conditions for the child to maintain her family relationships in a natural setting.



**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:**

The scores in this area of child status are all in the maintenance zone. In every case, the children demonstrated good or excellent health status, even in the case of a child with a rare genetic illness that had caused considerable difficulty for the child in the past. Scores in this area indicate that one or more adults in the child’s life takes an active interest in ensuring and monitoring the health of the focus child.

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

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

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

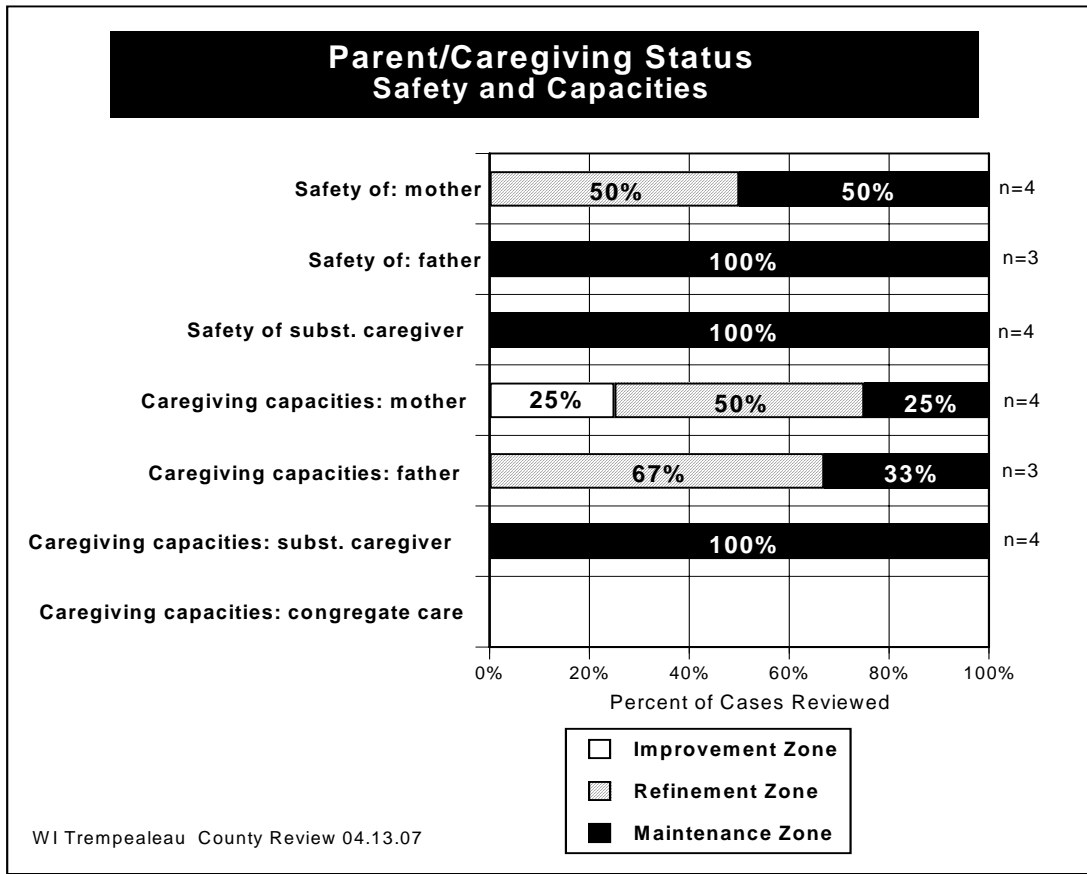
**Comments:**

Scores in these areas are promising too. In four of the cases, the focus children entered into the child welfare system with many identified special emotional and behavioral needs. Specifically, children have been diagnosed with behavioral disorders, mental illness, developmental disabilities, and one with a chronic health impairment. Two of the children in the sample have been victims of trauma. In one case that involved an 11 year-old girl with a history of suicidal and self-injurious behaviors, intervention efforts have been successful in addressing her risky behaviors by placing her in a foster home with appropriate levels of monitoring, and an environment that is described as nurturing and structured. In another case that involved an infant boy, the services of a parent enrichment worker were enlisted to help the parents learn safe discipline techniques.

**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:** Several of the children in the sample receive special education services from their local school districts. Further analysis indicates that in five of the seven cases, the child is enrolled in an appropriate educational program, attending school regularly, and reading at a level appropriate to their grade or identified level in their IEP. In one of the cases, a child was excluded from attending school due to a behavioral incident.



**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:**

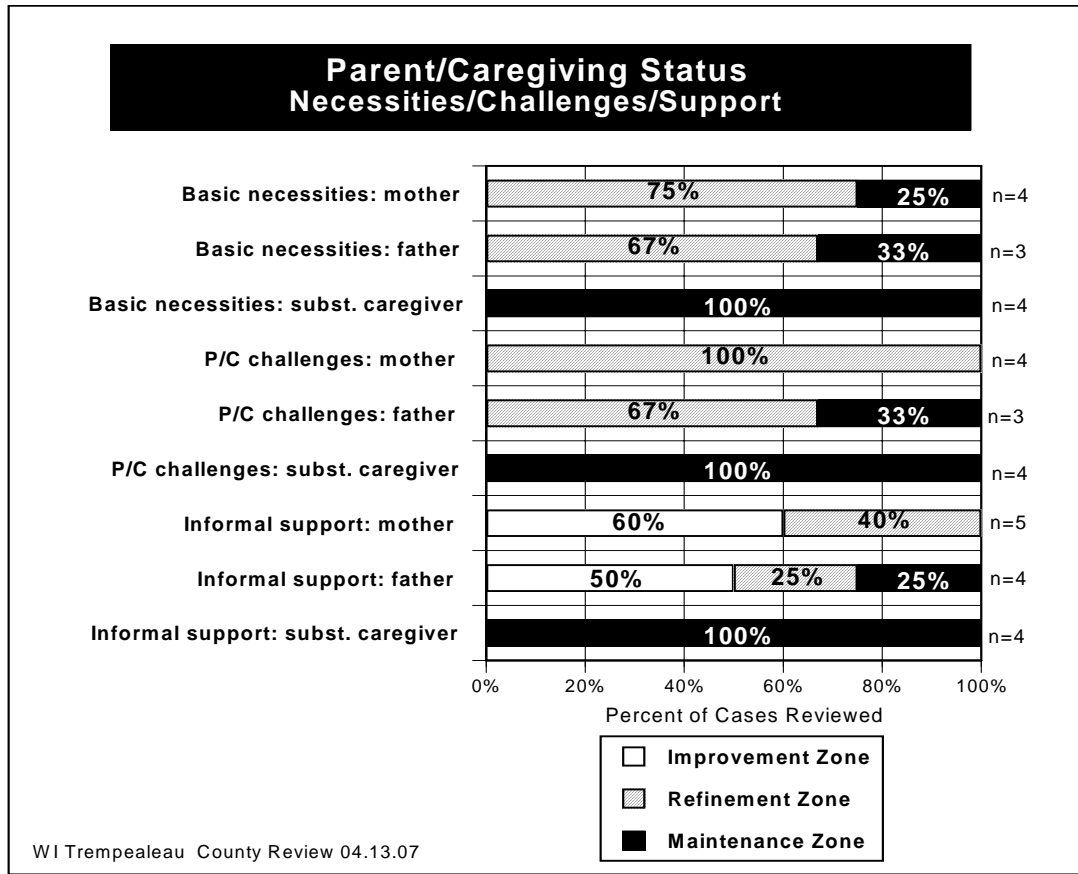
It is encouraging to see positive scores in this area because the safety of a parent/caregiver can have a direct impact on their parenting capacities and the safety of a child. It is also encouraging that at the point in time of each case review, there were no significant concerns raised about the safety of the parent/caregiver given the domestic violence history indicated in many of the cases.

**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)?

**Comments:**

All of the foster parents involved in the review demonstrate ongoing and excellent caregiving capacities. The reviewers were impressed by the knowledge and skills demonstrated the foster parents, especially given the frequent behavioral challenges exhibited by the foster children.

The results in relation to the biological parents in the sample are mixed, with most parents demonstrating minimal or inconsistent parenting capacities.



**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, and health care/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:**

All of the foster parents included in the sample have income sources that fully and dependably cover their daily living expenses. In relation to the child’s birth parent(s), the

impact of poverty on a parent's ability to provide for the basic needs of family members cannot be understated. The majority of the focus children come from situations where financial resources are limited and families are dependent on formal systems for support or in situations where they are employed but their income is insufficient to meet their basic needs. In one of the cases reviewed, the family was on the threshold of losing their home due to inability of the parents to make good spending decisions.

**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:**

In several of the case stories, the reviewers described parents with co-occurring conditions that directly impact their ability to focus on their child's needs. For example, in the case that was not scored, the father of the six year-old boy is unemployed and challenged by his own physical, cognitive and mental health needs. The boy's mother also has cognitive limitations and struggles with the impact of her own traumatic childhood experiences on her ability to parent. Three more of the cases involve parents with ongoing mental health needs that detract their focus from their primary parenting responsibilities. For example, in the case involving the family about to lose their home, the mother "exhibits some obsessive behaviors in relation to her hobbies" which include spending the available income on "fish, ceramics, and plants" instead of on paying the bills. Three other cases identify the challenges parents have with substance abuse.

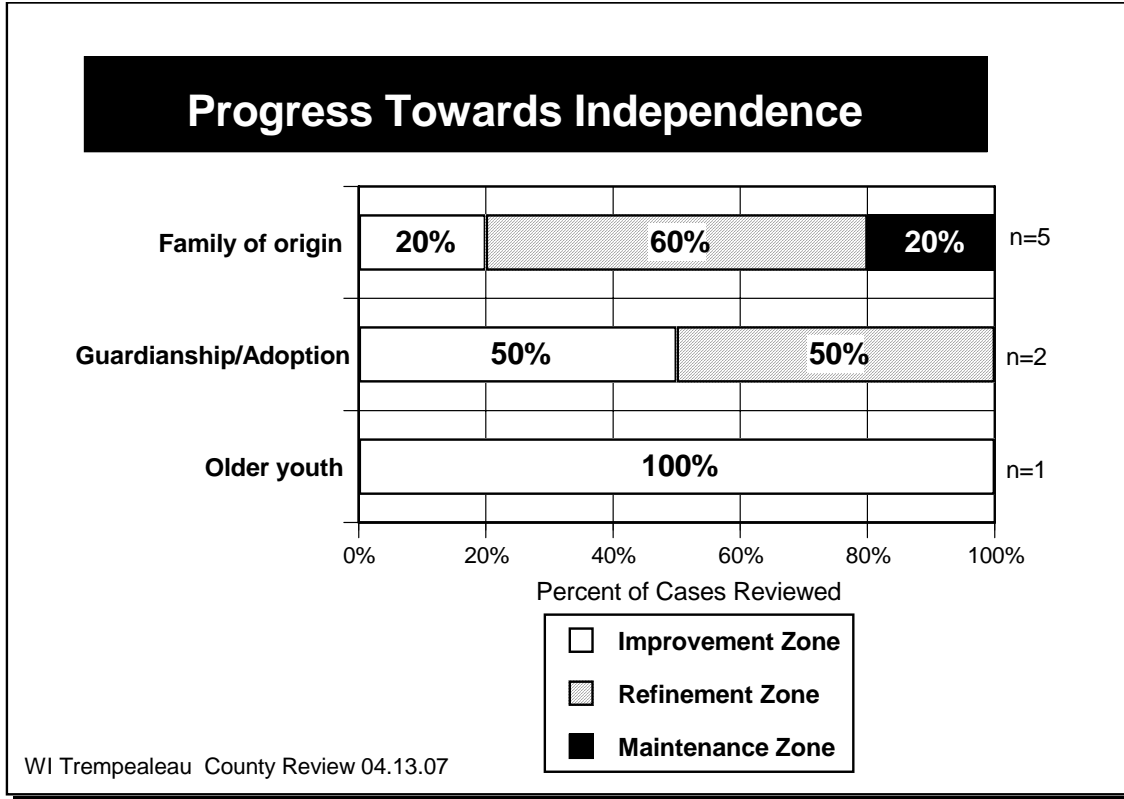
**Informal Support System:** To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support 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:**

The focus of this indicator relates to the quality and the durability of the supports that are available to parents and substitute caregivers. All of the foster parents involved in the review receive ongoing and supportive assistance from people who are not a required presence in their lives. This finding is not transferred to the birth parents included in the sample, several of whom this status indicator was evaluated in the improvement zone. For example, multiple cases involved primary parents who are isolated from community

supports and involved in risky relationships with individuals whose motivation to provide support is questionable.

## 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:

The case that scored in the maintain zone was unique to the sample in that it concerned an in-home situation where the primary caretaker of a toddler is the father and other relatives. In this situation, the father demonstrated reliable and substantial caregiving capacities and was motivated to work with the child's mother, with whom he had a strained relationship. In the other cases, families demonstrated poor or marginal progress in this area, a shared frustration being a lack of parental engagement in the change process and the continued need to supervise family interaction following fifteen months of being in foster care.

**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?

**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:**

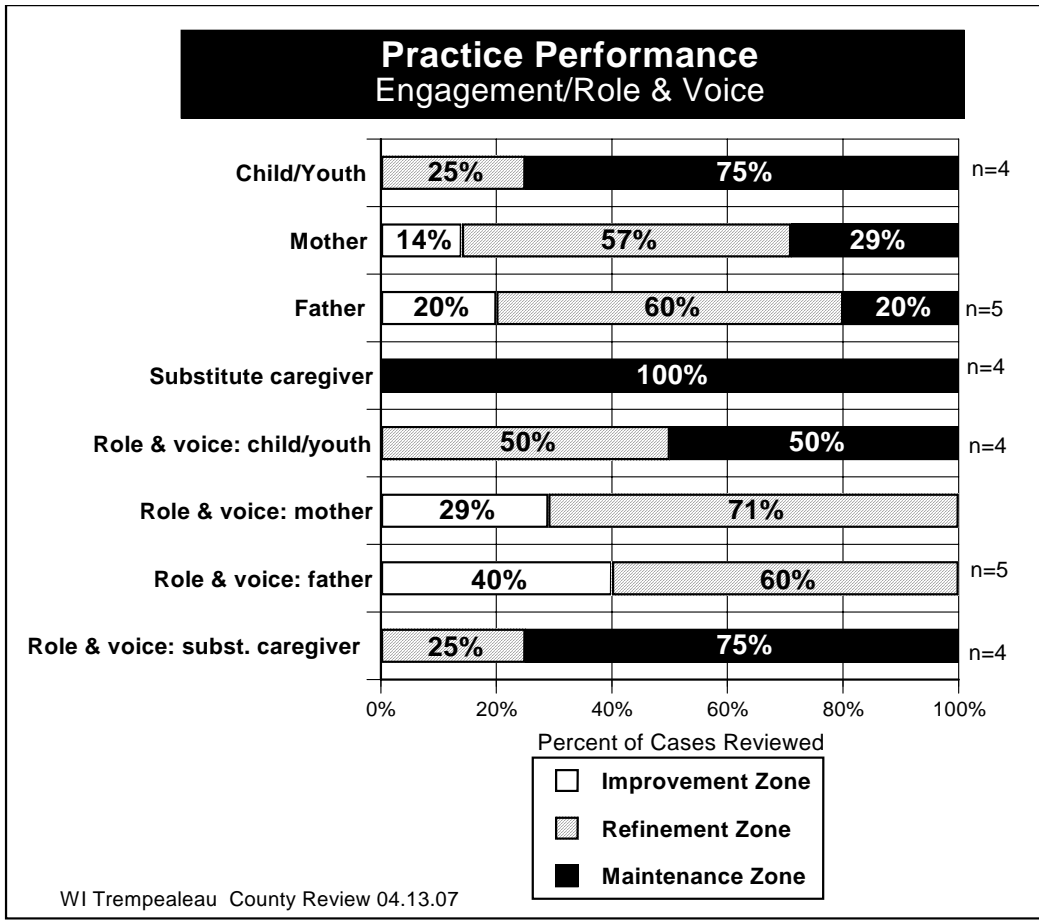
The three cases included in these areas reflect ongoing progress concerns, mainly related to lengthy placements in substitute care and the cases being described as ‘stuck’.

## 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 seven cases that were scored. 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.

<b>QSR Interpretative Guide for Practice Indicator Ratings</b>		
<p style="text-align: center;"><b>Maintenance</b> Zone: 5-6</p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p>6 = <b>OPTIMAL PERFORMANCE.</b> <u>Excellent, consistent, effective practice</u> for this person in this function area. This level of performance is indicative of <u>exemplary practice and results</u> for the person. [6 month sustained pattern]</p> <p>5 = <b>GOOD PERFORMANCE.</b> At this level, the system function is <u>working dependably</u> for this person, under changing conditions and over time. Effectiveness level is <u>consistent with meeting long-term needs and goals</u> for the person. [3 month sustained pattern]</p>	<p><b>Acceptable</b> Range: 4-6</p>
<p style="text-align: center;"><b>Refinement</b> Zone: 3-4</p> <p>Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.</p>	<p>4 = <b>FAIR PERFORMANCE.</b> This level of performance is <u>minimally or temporarily sufficient to meet short-term need or objectives</u>. Performance may be time-limited, somewhat variable, or require adjustment soon due to changing circumstances. [1 month continuing pattern. Some refinement is indicated]</p> <p>3 = <b>MARGINAL PERFORMANCE.</b> Practice at this level may be <u>under-powered, inconsistent or not well-matched to need</u>. Performance is <u>insufficient for the person to meet short-term needs or objectives</u>. [With refinement, this could become acceptable in the near future.]</p>	
<p style="text-align: center;"><b>Improvement</b> Zone: 1-2</p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p>2 = <b>POOR PERFORMANCE.</b> Practice at this level is <u>fragmented, inconsistent, lacking necessary intensity, or off-target</u>. Elements of practice may be noted, but it is <u>incomplete/not operative on a consistent basis</u>.</p> <p>1 = <b>ADVERSE PERFORMANCE.</b> Practice may be <u>absent or not operative</u>. Performance may be <u>missing (not done)</u>. - OR - Practice strategies, if occurring in this area, may be <u>contra-indicated or may be performed inappropriately or harmfully</u>.</p>	<p><b>Unacceptable</b> Range: 1-3</p>

**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:**

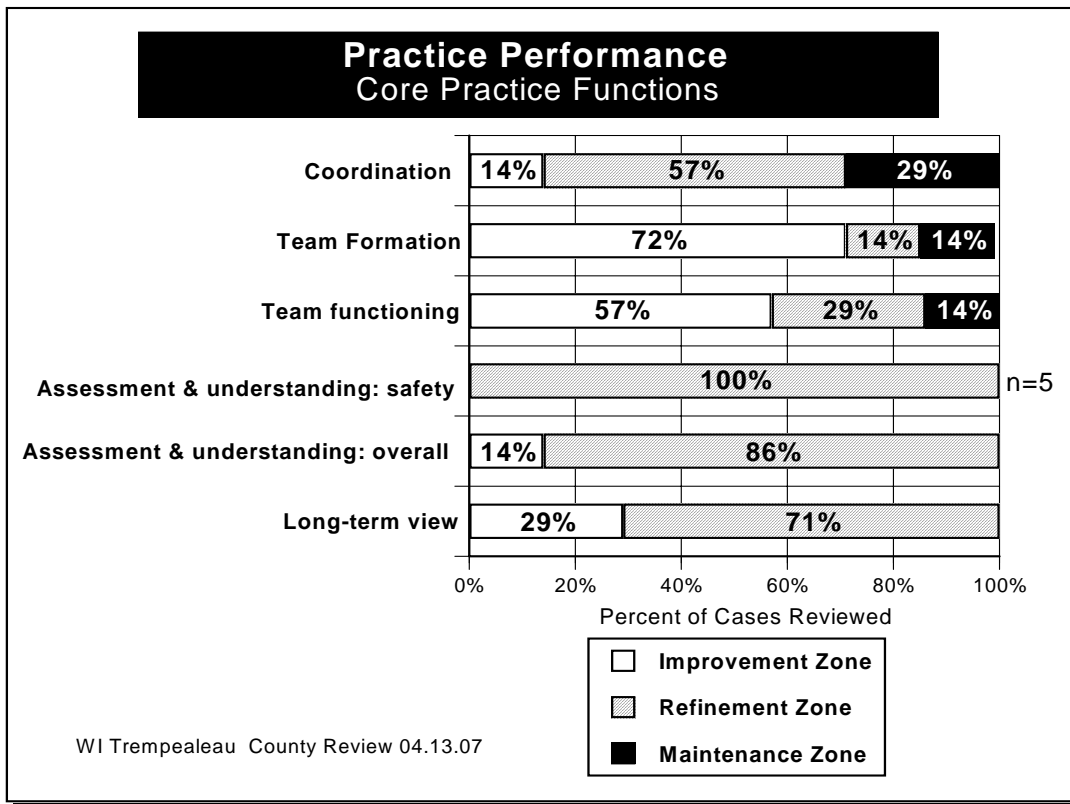
Engaging families in the change process is a primary practice imperative that begins with the development of a trust-based working partnership between a family, the agency, and the community of interveners. The scores in the cases reflect strengths in the area of child and substitute parent engagement. The scores also underline opportunities to improve or refine case practice in work with biological parents. In many of these cases, the effective engagement of children and their out-of-home caregivers contributed to positive practice outcomes. While engagement is not the sole responsibility of the social worker, one case illustrates the impact a worker can have on the case outcome. Specifically, “the child, the parents and the foster parents feel that they are able to address their concerns and are listened to by the worker.”

Case practice was rated in the improvement or refinement zones in many of the cases where the parent(s) are described as resistant or unmotivated to change. These families often require agency staff (both workers and supervisor) to focus practice efforts, learning opportunities, and dedicated time in more strategic and experimental ways. The recent decision by the director to send agency staff to a competency-based training on this subject targets skill improvement in this area. Agency staff are also further encouraged to identify opportunities in the case stories for transfer of learning opportunities and identify their related supervisory and support needs.

**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:**

Again, the substitute caregiver and child scores in this area are significantly higher than the mother/father scores, which fall in the improvement and refinement are zones. Both children and their families benefits from having a voice in the decision-making, especially since parents are more likely to follow-through with decisions and plans where their voice is respected and valued. Often times, case practice excludes the voice of parents as in the case of a one-year old that was the subject of the review. In this case, the reviewers heard that “the parents discussed how service upon service had been added...the mother referred to how difficult it was for her to be alone and responsible for a child over one and one-half years and that she tried to tell them (the agency) that she needed to have the father there.” In another case, the teen-age girl told reviewers that she felt unheard and wanted to move to her sisters and be allowed to provide primary care to her child.” Encouraging young people to express their opinion and have a role in the decisions that affect their lives is particularly challenging when there are competing views among team members as to the best interests of the young person. Reconciling these, at times, competing views becomes a primary task of the family-team.



**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:**

These scores for coordination indicate a range of practice in this area. Historically, front-line social workers have focused or aimed case-management efforts on *communicating* with providers vis-à-vis “keeping them up to date on a family’s needs, status and progress.” An example of good case coordination is found in the case of one young boy “the case manager is the one individual communicating with all parties and is working with the mother and foster parents in communication with each other regarding the focus child”. In another case, “the worker has diligently sought out services that were a perfect fit for this family rather than selecting one that was simply available. An example of this is the pending referral for anger management services for the father. The worker know of one program available in the community which she felt would not address the father’s underlying needs...she is working with his probation officer to find a specific service that meets his needs”

Effective service coordination also requires that all necessary functions performed by participants are organized to achieve the strategic goals of interventions. Without a formalized family-team approach, coordination can become quickly overwhelming and time-consuming for any one worker if opportunities are absent for team members to share information, track changes, and plan for change.

**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:**

In general, these two elements are part of the practice model embedded in the Quality Service Review that have not been part of the case practice in Trempealeau County. The case stories offer many illustrations and reasons to include families and their supports in a formalized team approach. A strong case can be made in the case of a young girl and her family “Although there are many people who care about (the girl) and her future, there is no cohesive team or shared vision for the future. The professionals involved wanted to know what others were doing, more about family history and a clearer understanding of

the permanency plan.” The family in this case has the referred to historical knowledge and can help develop this shared vision.

Another case directly relates the lack of teaming to the current case outcomes. “There has been a general lack of collaboration, communication, and coordination amongst the many service providers. Currently, there is no venue in place for providers to communicate with what they are doing and what their goals are. This creates a situation with the providers are not being able to reinforce and support the work of one another to better support the family.”

**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)?

**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:**

The scores in both of these areas reflect opportunities to refine practice in both safety and general assessment. The case that was not scored also illustrates a safety assessment that is reflective of the current standard of practice in this area. “Safety threats to the focus child and his sibling have been assessed and understood. ...there is mutual understanding by the involved parties as to what needs to happen to maintain safety for the focus child and his sister. The worker has done a good job of identifying and processing the safety needs of the children and processing these with mother and father for them to be aware of agency expectations. Outside interveners were also involved (police, school staff, probation and parole) to continuously monitor for safety on a regular basis.” The QSR assumes a very high level of practice in this area. In this case, parent protective capacities also need to be understood alongside safety threats. This understanding then needs to be used to guide the family change process forward.

In another case the score for overall assessment was in the refinement level based on the family/case needs at the point-in-time of the review (which often happens in cases recently opened) “The case manager has been very successful in outreach and engagement of the mother and the foster parents. He worked with this family when the

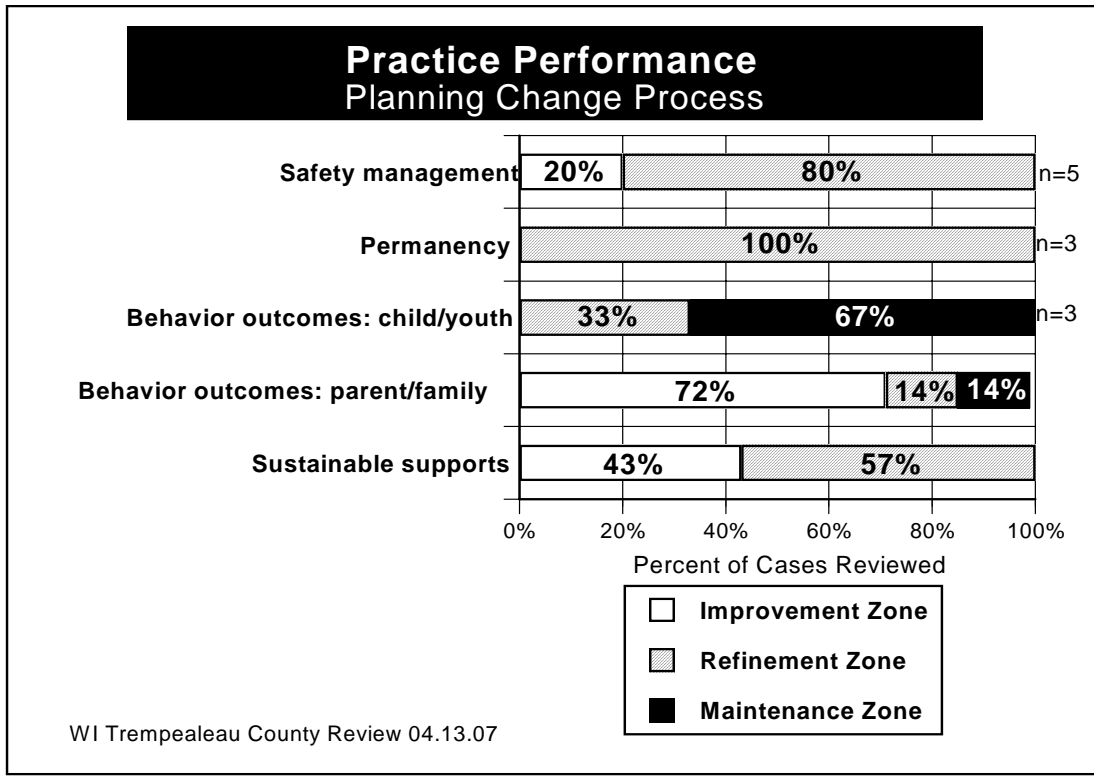
older children were involved with social services and has extensive knowledge of the family and their history” However, the reviewer continues with the observation that “there is no clear understanding of what is going on with the mother and why she changed her level of motivation and participation.”

**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:**

This element of practice is critical to the model as it calls for the clear delineation and understanding of what protective provisions must be present in the home to keep children safe; behavioral patterns to be demonstrated and sustained by the parents, etc. for the family to be deemed ready for independence from the system. In one of the cases reviewed “The current plan seems to address the day-to-day problems and basics to keep the children safe but does not have a strategy of how to address what needs to happen to move the case towards safe case closure.”

Statewide this is a challenge as current practice methods are based on matching needs to services instead of strategy to outcome. The scores in this area indicate a strong need to create a unified strategy that includes child welfare partners in assisting families in making and sustaining change.



**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:** Similar to the scores in the safety assessment element, there opportunities for development in this area, particularly in regard to helping parents attain protective conditions for safety in the home. At a concrete level, parental strengths, needs and capacities can be identified via an in-home safety plan that is developed with the family and used to keep children safe. This practice area also affects decisions about family interaction as in the following case; “There is a need for a concrete plan. There appears to be confusion in respect to how visits will progress from supervised to unsupervised and whether or not the family has the options of using family to supervise the visits in a more natural setting.”

**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?

**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?

**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?

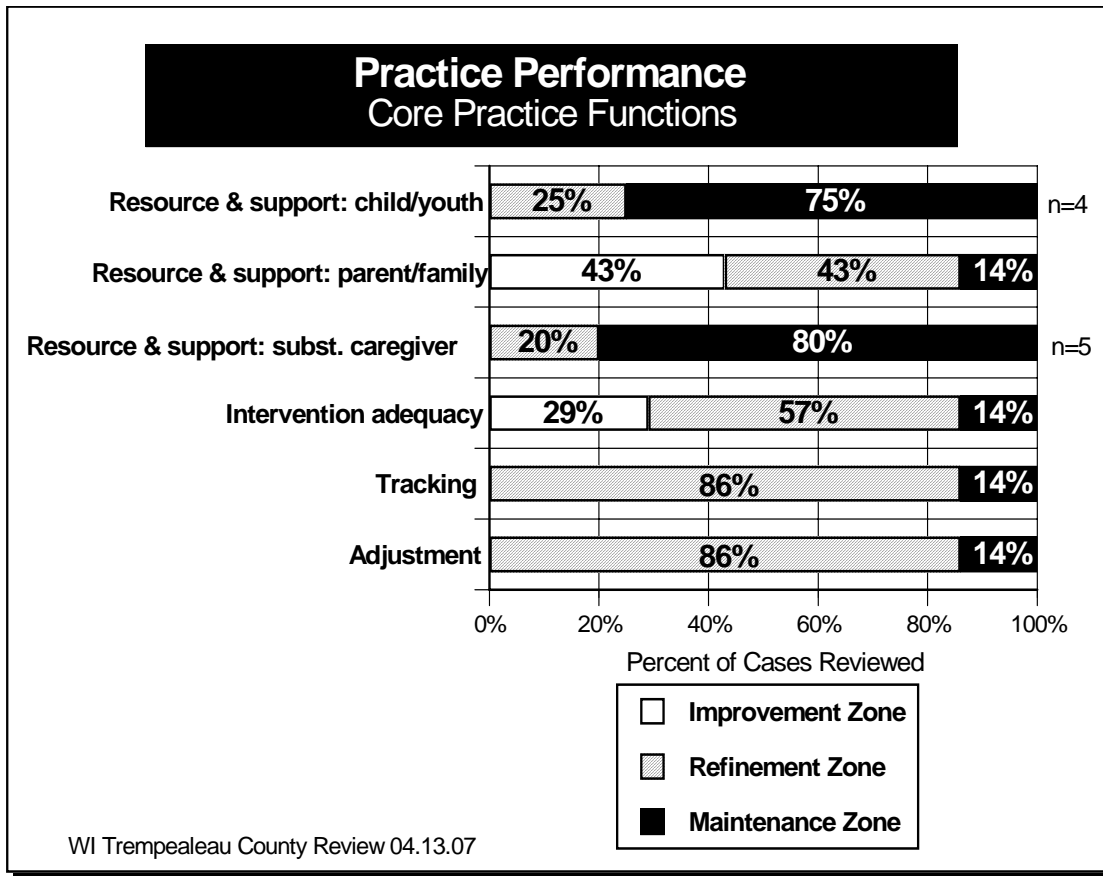
**Comments:**

There are ripe opportunities to for the agency to refine its scores in all of these areas of planning. While the sample size is small, the agency is encouraged to study the child scores in two cases that scored in the maintenance zone for “planning a change process for behavioral outcomes”. What can be learned from these two cases in this area that can be transferred to the planning process to improve outcome in the other areas?

The scores indicate a need to take a closer look at casework practices that either support or hinder the planning process. Involving parents in the planning process is a practice challenge. Both the agency and the state can learn from the following family’s experience, “The family wants to make changes. However, they do not feel that they have been part of the planning in respect to how this goal will be met or what it will take to accomplish this goal. The current plans appears to be the county’s plan rather than the family’s plan.” A related issue is that the court order is viewed as the case plan and developed without the participation of the families.

One case also illustrates both the complications and the need for strategic intervention in planning a change process for permanency. In this case: “The focus child has been out of

the home placement for over three years. There is no movement on the task of working on the concurrent goal of TPR/Adoption ...and there is confusion whether or not the concurrent plan should be worked on at the same time of the primary plan.” The State Permanency Consultant is an available resource that could assist the agency in making improvements in this area.



**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:**

Again, there is a wide range of case practice in relation to these scores. The scores appear to be dependent on who it is who requires support. The case scores for the substitute caregivers and the four focus children included in this scoring sample are high. Agency staff are encouraged to develop a deeper understanding of the support needs of biological parents and integrate this information into the family case plan.

**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:**

This is a robust area of scoring that was introduced in the last revision of the QSR protocol. As an indicator, it identifies not just the presence or absence of a strategic intervention but also the quality and sufficiency of the adopted strategy. Oftentimes, the agency and the court via the court order require families to accomplish tasks that overwhelm them. Alternatively, if parents have identified special needs as in the case of a parent in the review with lower intellectual functioning “The team needs to address the issue to assess whether the services in place are adequate or too much for the family to benefit at this time.” On a related note, how do parents, with perceptions of themselves as powerless communicate their needs to the agency about “how much is enough?”

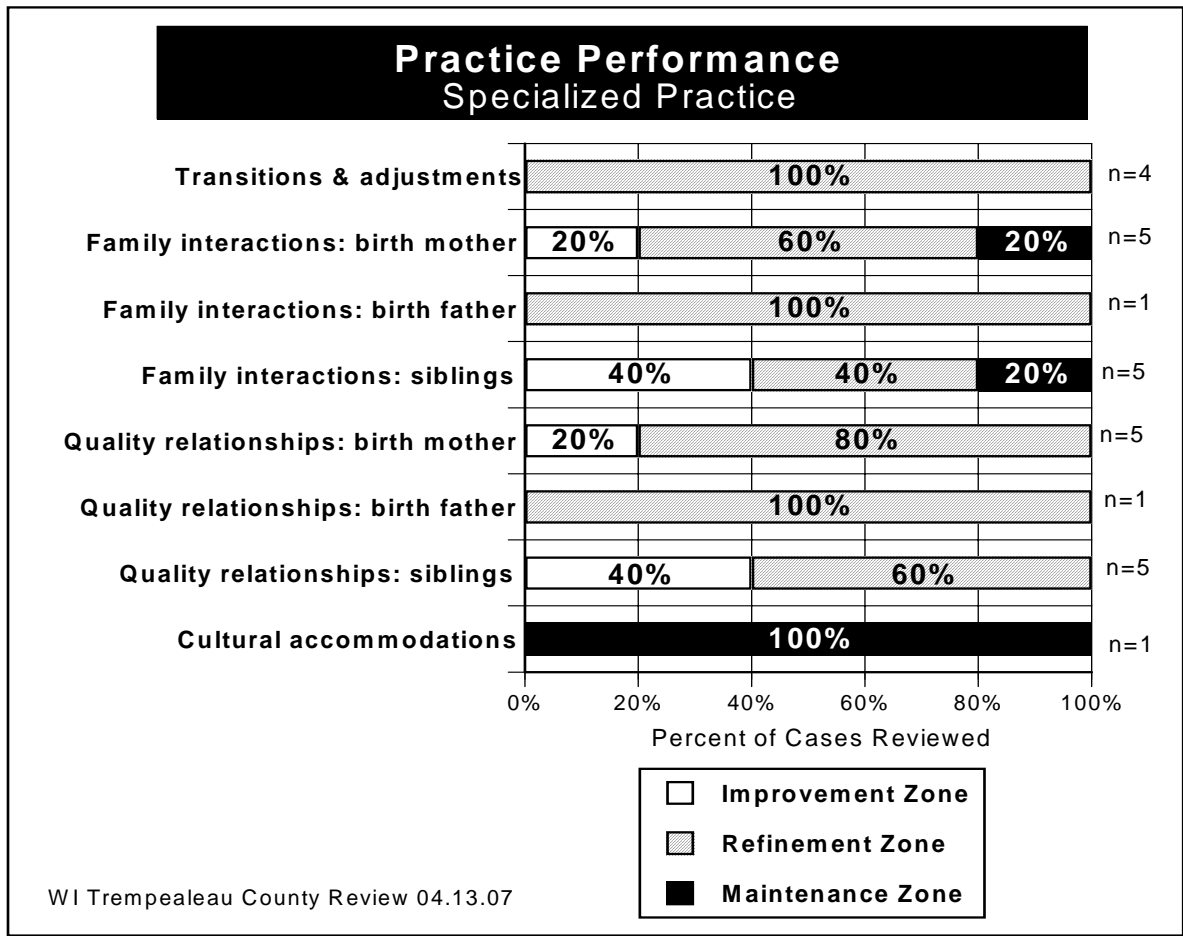
**TRACKING AND ADJUSTMENT:** **Are the child and family status, intervention process, and change results routinely followed along and evaluated? Are strategies and services modified to respond to the changing needs and to apply knowledge gained about strategies and results to create a self-correcting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

**Comments:**

Case scores in this area reflect that this is generally an area in need of practice refinement. Oftentimes, practice is dependent on the efforts of individual workers. The following excerpt is from the case that scored in the maintenance zone for both tracking offers encouragement. “The caseworker’s communication with the various service providers in this case has been outstanding. This is a case with many providers. The worker has done a great job maintaining situational awareness.” The next step is to then adjust and communicate the plans based on that ‘big picture’ situational awareness. Practice in this area can be enhanced by the adoption of formalized teaming, as learning what works is a continuing process that all participants’, both family members and service providers, have a stake in.

**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:** Transition points often pose challenges for children and families that point to times where plans are needed. In four of the cases, there are concrete opportunities for the agency to refine case practice in this area. For example, in the case of an 11 year-old girl whose permanency plan has recently changed from reunification to TPR/ adoption the reviewers made the following observation: “there is some concern with regard to the pre-adoptive home’s approach to this child and it appears that this needs to be approached both slowly and deliberately so that it does not seem rushed and forced. The concern at this time is that there is a vision for a pre-adoptive placement; however there is no established plan...”



**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:**

These two areas are important elements of case practice as the frequency and quality of a child's contact with birth family members is important, for not only improving outcomes but also for a child's emotional well-being, identity and attachment. The case stories are rich in detail, offering pointed opportunities to improve and refine case practice in all of these areas.

It is also a practice challenge to make decisions based on a child's best interests as detailed in an excerpt from the following story. "Most people interviewed feel that the visits are not in the best interests of the focus child. The visits are often chaotic and at times, the parents tend to cause conflict between the siblings instead of fostering a positive connection. It was reported that the focus child has been told by the parents that if they need to choose between him and his younger sister regarding who gets to come home first, they would choose the younger brother" Practice development aimed at the areas of teaming and tracking/adjustment can help inform decision-making in this area.

**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:**

Due to homogeneity of the cases included in the sample, only one case was scored in this area. This case is an example of the agency making a determined effort to find a culturally appropriate match when it comes to making placement decisions. "The placement of the focus child with his father and aunt and uncle has allowed him to

develop a better connection with his Hispanic culture. He is now beginning to learn Spanish and able to speak fluent English. He is being embraced by the Mexican community where he lives.”

## **VIII. NEXT STEPS AND ACTION PLANNING**

County staff, supervisors, and the director 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 Trempealeau County. Both front-line and management staff identified the following as areas of potential focus for system and practice improvement:

- Possible training on teaming Explore CST's, training offered by partnership,
- Additional meetings with the DA's office
- Annual meetings with community partners: targeting schools and community education
- Some training in working with the Hispanic population
- Lori to contact Scoop Group about specific upcoming opportunity
- More involvement by SPC, specifically in developing case plans
- Skill driven engagement and assessment training
- Participate in pilot engagement training.
- Looking at use of current staff and additional staff
- Contact Area Administration about CQI efforts in other counties.
- Assistance from Facilitator in developing specific action steps
- Identifying specific ways to use case stories.
- Assistance in developing case plans (safety issues, assessment, long-term view, multi-problem families)

## **IX. SUMMARY**

The results of the first Quality Service Review offer information about the strengths and opportunities to enhance system performance and child protective service case practice in Trempealeau County. The scores and focus group results from this first qualitative review are meant to serve as a baseline the agency can use to measure progress over time. The practice model that underpins the Quality Service Review protocol is a comprehensive one, it raises the bar for evaluating case practice. The model is also inspirational in nature in that it seeks to engage review participants in the process of change at the same time. Specifically, the practice model represents a set of values and standards that promote the provision of strategic, dynamic and high quality services to keep families together and children safe.

The review results indicate that this agency and community is in a period of transition. In general, the status of children who participated in this review is promising. Both agency staff and community members have successfully directed their efforts at improving the quality of life of both children in foster care and those who remain in the home. Working collaboratively to solve problems is the desired community norm in Trempealeau County.

There is also the recognition that current methods of working are not producing the desired results for many of the parents. Permanency planning remains a challenge for those who work with families with children in foster care. Many of the children and families who enter into the system have problems that cannot be solved by the intervention of a single agency or the court. Instead, the entire practice community is encouraged to continue their conversations about successful ways to improve outcomes for children and families in this community. The experiences of the children and families themselves offer valuable lessons for the agency and related practice partners. By giving children and families an opportunity to exercise a greater role, voice, and choice, the capacity of a system can be strengthened by one worker and one family at a time.