



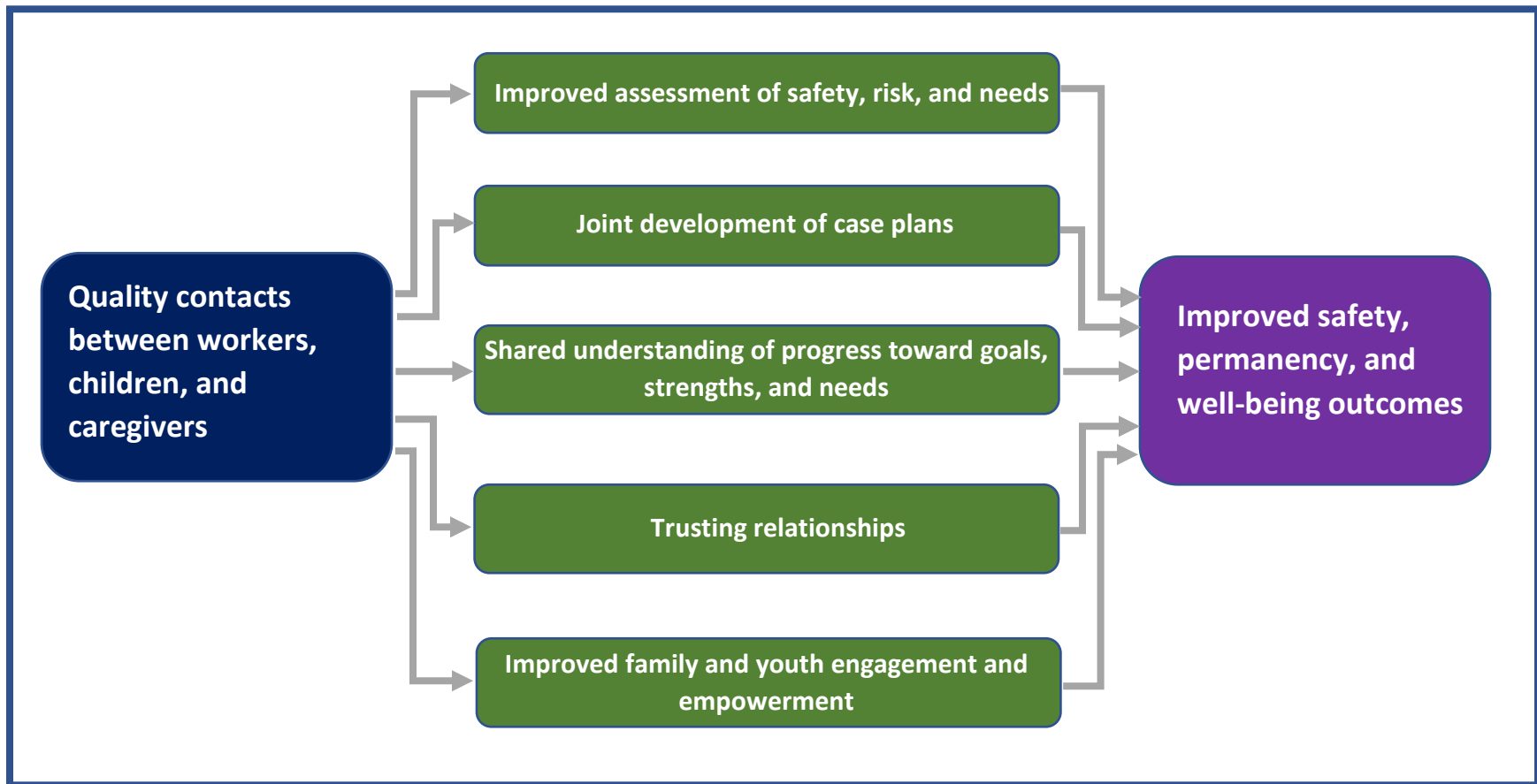
Plan Do Study Act (PDSA) Collaborative: Change Package

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PDSA Collaborative Change Package: Quality Worker Visits

This Change Package provides county PDSA collaborative participants with several resource-based ideas on small changes to child welfare practice to improve the quality of worker visits. These change ideas reflect both the input of the CQI Advisory Committee and information compiled from a review of best practices related to worker visits from the child welfare academic literature and professional organizations. Exhibit 1 displays a theory of the direct practice mechanisms that comprise quality visits and contribute to improved safety, permanency and well-being outcomes.

Exhibit 1. Theory of Connection Between Quality Contacts and Improved Child Outcomes (Capacity Building Center for States, 2017)



The topic of improving the quality of worker visits originated through planning exercises conducted by the CQI Advisory Committee in 2019. In addition to creating the PDSA Collaborative on Quality Worker Visits mission, the group also identified the three focus areas to concentrate PDSA Collaborative team efforts due to these areas being in greatest need and potential for practice improvement in Wisconsin:

- 1) Worker **preparation and planning** ahead of scheduled visits;
- 2) Organized and focused **documentation** to support monitoring; and
- 3) **Follow-up on tasks** previously discussed with child and caregivers including difficult conversations about why certain things did not happen as planned.

Exhibit 2 is a logic model displaying how practice improvements in these focus areas will impact the mechanisms that comprise a quality visit.

Exhibit 2. Connections between PDSA Collaborative Change Focus Areas and Drivers of Quality Worker Contacts

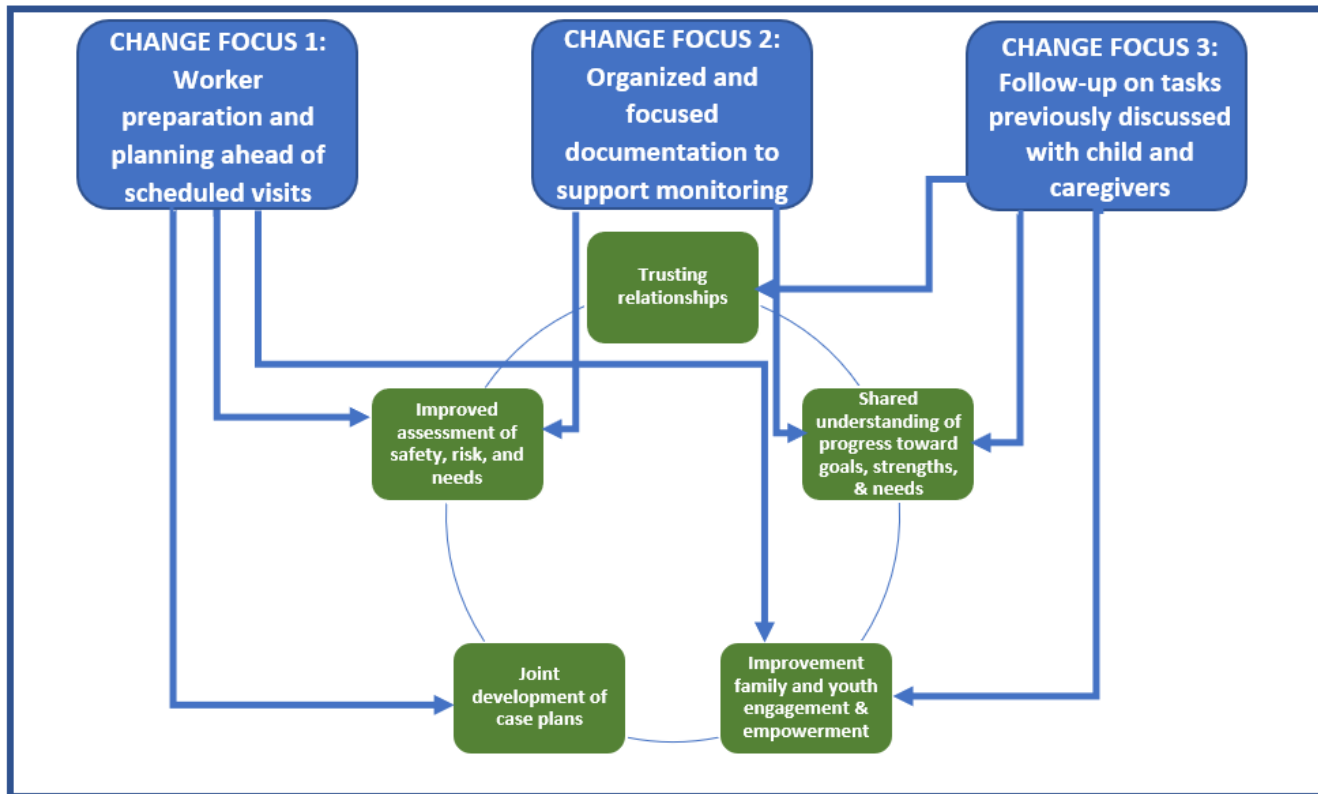


Table 1 through Table 3, below, provides PDSA collaborative partners with a list of potential change ideas, specific PDSA tests, and references to the research behind the effectiveness of the tool (when available). These examples may be used to assist PDSA Collaborative partners in supplementing their existing ideas on how to improve practice. Please note that additional readings and references are also available on the 2020 PDSA Collaborative Extranet.

Table 1. List of Potential PDSA Tests Related to Focus Area 1: Worker Preparation and Planning Ahead of a Scheduled Visit

Focus Area 1: Worker Preparation and Planning Ahead of a Scheduled Visit		
Key Changes	Examples You Can Test	References
A. Workers use a structured format to prepare for visits	A1. Use a quality visit activity worksheet or planning checklist tool to prepare for visit. A1a. Consider including on planning checklist: dispositional conditions, ticklers, visit topics outlined in Ongoing standards	Capacity Building Center for States (2017). <i>Quality Contact Casework Activities Worksheet</i> .
	A2. Worker sets a predefined purpose and agenda ahead of each visit. (This may be created in consultation with their supervisor). A2a. Example: A general agenda format may be developed for all visits that covers all aspects of ongoing visit requirements; but then worker will check the 3-5 that will be focused on for the next visit. A2b. Team with families to make the agenda.	Capacity Building Center for States (2017). <i>Quality Worker-Parent Visits: A Tip Sheet for Supervisors and Managers</i> . Both tools are available at: https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/quality-matters/
	A3. Increase contact (e.g. phone, text, email) with participants prior to visit. Ensure participants have ample time to share and communicate what they need at next visit (so visits do not feel rush or clients feel unheard).	2020 PDSA Project: Wood County Visitation Preparation & Summary sheet available at: https://wcpds.wisc.edu/organizational-development-unit/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/pdsa-examples/
	A4. Before each visit review key documents such as: recent case notes by worker, recent case plan, court-order, safety assessment/plan, permanency plan, collateral contacts, CCAP system. Print plans and bring them to visit to guide discussion. Prepare releases.	
	A5. Set an alarm for prep time in advance of leaving for visit.	
	A6. Set approximate time for each section of agenda on visit. Afterward, breakdown what amount of time was spent on each agenda item in actuality.	

Focus Area 1: Worker Preparation and Planning Ahead of a Scheduled Visit		
Key Changes	Examples You Can Test	References
	<p>A7. Set family agreed upon ground rules for visits together and list these ground rules on agenda to help with tone of meetings.</p> <p>A8. Write down your thoughts on areas to address before the visit. Share in supervision if time allows.</p>	
B. Supervisory Supports & Training	<p>B1. Supervisor uses a list of questions to guide the worker in preparation and planning before visits (include concepts such as: each contact is intentional, tie to case timeline and progress toward goals).</p> <p>B2. Prep/planning tools are brought to supervision by workers and discussed.</p> <p>B3. Supervisors coach workers in how to include family voice in planning.</p> <p>B4. Supervisors assist and monitor workers in blocking off time in their schedules to prepare for visits.</p> <p>B5. Supervisors create a training system where they or a lead worker 1) demonstrates a visit, 2) then co-leads a visit, and 3) finally observes a visit with the worker.</p> <p>B6. Training for ongoing workers includes implementing a philosophy within CPS that preparing before visits is essential and is going to save time overall for social workers.</p>	<p>Wisconsin Child Welfare Professional Development System: Ongoing Training, Case Timeline Tool. Available on the PDSA Collaborative Extranet at: https://uwmadison.box.com/s/aimgx8cu6f2i5hqvz7pkjxcufc8fgd3p</p> <p>Capacity Building Center for States (2017). <i>Supporting Quality Contacts Through Supervisor-Worker Coaching</i></p> <p>Capacity Building Center for States (2017). <i>Quality Matters: Improving Worker Contacts with Children, Youth, and Families.</i></p> <p>Both tools are available at: https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/quality-matters/</p> <p>The written guides are available on the PDSA Collaborative</p>

Focus Area 1: Worker Preparation and Planning Ahead of a Scheduled Visit		
Key Changes	Examples You Can Test	References
		Extranet. The Quality Matters Course videos are available through the website above and require a free CapLEARN account.
C. Workers use planning tools during visits with clients	<p>C1. Create and use tools to support visit focus. Leave tools with families if possible (i.e. duplicate or tri-copy materials).</p> <p>C1a. Example: Three columns tool (column 1: worries, column 2: working well, column 3: needs to happen)</p> <p>C1b. Example: Living action planning document or short-term agreement that holds the goals and next steps for each family member/provider. See table below - Focus Area 3: section D for example.</p> <p>C2. Workers prepare folders/binder with extra documents that may be needed during the visit. (e.g. ages and stages, action plans, referral information, etc.)</p> <p>C3. Workers bring current plans on visit to guide planning and goal discussion (e.g. safety assessment, case plan, permanency plan, safety plan, etc.)</p>	<p>Example tool for an ongoing worker to explain the court process: Child Protection Handbook for Parents of Children in the Child Protection System by Michigan Court Improvement Program, 2015. Available on the PDSA Collaborative Extranet at:</p> <p>https://uwmadison.box.com/s/aimgx8cu6f2i5hqvz7pkjxcufc8fgd3p</p>
D. Make changes to visit location and times	<p>D1. Test making visit times in a convenient location and/or time for children and/or caregivers (consider family schedule, transportation, location privacy/familiarity, time allotted for visit).</p> <p>D2. Worker discusses potential barriers to caregiver’s attending and/or participating in visits with caregiver(s) & follows up.</p> <p>D3. Worker plans with supervisor for their personal safety at visits.</p> <p>D4. Home visits scheduled to prioritize all core family members in attendance (to prevent triangulation).</p>	<p>Example tool for an ongoing worker to explain CPS process: Parent Resource Guide: Texas Children’s Commission Court Improvement Program. Available on the PDSA Collaborative Extranet at:</p> <p>https://uwmadison.box.com/s/aimgx8cu6f2i5hqvz7pkjxcufc8fgd3p</p>
E. Supervisory Case Assignment	E1. Create matrix to estimate time spent by workers with each case – use it to inform case assignment.	eWiSACWIS – Child Welfare Dashboards. Worker Dashboard – Caseload Tab: can use drop-down

Focus Area 1: Worker Preparation and Planning Ahead of a Scheduled Visit		
Key Changes	Examples You Can Test	References
		menus to see number of open cases per worker.
F. Agency Supports	<p>F1. Create and train existing and new staff on a written Quality Worker Visit training guide. This guide could include both a focus on family voice and a shared definition of what is included in preparation and planning for visits.</p> <p>F2. Agency support staff are engaged in helping workers track collateral contacts to be made, organize information from collateral contact calls, due dates, and/or face to face contact occurrences.</p> <p>F3. Agencies create a procedural guide to outline planning expectations for visits for workers.</p> <p>F4. Hold a team staffing on a case for prepare for a future visit. Consider staffing outside your unit as well (e.g., with placement workers/team, with IA, etc.)</p> <p>F5. Draw in other agency staff or co-workers related to cultural considerations/questions</p> <p>F6. Take a social worker who is knowledgeable about cultural considerations (e.g., speaks language of family, Native American social worker) on visit to assist with engagement</p>	
G. Practice Skills	<p>G1. Work on avoiding crisis of the moment during visit. Use practice skills such as re-direction, de-escalation, re-focusing on tasks. Use motivational interviewing skills to reflect.</p> <p>G2. Develop a list of pre-planned questions before the visit.</p> <p>G3. Create pre-planned activities for kids and/or family to help establish rapport and/or help with family connections.</p>	

Focus Area 1: Worker Preparation and Planning Ahead of a Scheduled Visit		
Key Changes	Examples You Can Test	References
	<p>G4. If family is struggling with a certain issue – focus visit on their concerns. By end of visit, have one specific goal and next step that pertains directly to that issue. Follow-up next visit specifically on that.</p> <p>G5. Anticipate questions and prepare answers before visit.</p>	

Table 2. List of Potential PDSA Tests Related to Focus Area 2: Organized and Focused Documentation to Support Monitoring

Focus Area 2: Organized and Focused Documentation to Support Monitoring		
Key Changes	Examples You Can Test	References
<p>A. Use a structure to guide case note writing</p>	<p>A1. Structured case note template available in eWiSACWIS. See references.</p> <p>A2. Worker learns to write case notes in the format of: Subjective, Objective, Assessment, Plan (SOAP). See SOAP example in references.</p> <p>A3. Agencies create a template for case notes that captures all key information. A3a. Template should allow workers to follow case progress month to month easily. See Wood County example in references. Potential key categories include: safety, permanency, well-being, next steps, engagement. A3b. Have a specific place and format for documenting next steps and follow-up in each case note (to prevent needing to scour notes for needed information). See La Crosse County example in references. A3c. Use a structured noting template for workers of different types at your agency (e.g., ongoing workers, youth justice workers, family support assistants, case aides, etc.). See Washington County example in references.</p> <p>A4. Workers write a 2-3 sentence, “Key Focus(es) of Visit” overview to begin every case note. Focus on what is most important with simple statements.</p>	<p>eWiSACWIS User Guides – Creating and Viewing Case Notes/Structure Case notes available at: https://dcf.wisconsin.gov/files/ewisacwis-knowledge-web/quick-reference-guides/narrative/creating-and-viewing-case-notes.pdf</p> <p>Center for Advanced Studies in Child Welfare (2009). <i>Documentation: SOAP Definitions and Examples</i>, pg. 5 available at: https://cascw.umn.edu/wp-content/uploads/2014/01/Practice-Notes-22.pdf</p> <p>2020 PDSA Project: Wood County Visitation Preparation & Summary sheet available at: https://wcwpds.wisc.edu/organizatio</p>

Focus Area 2: Organized and Focused Documentation to Support Monitoring		
Key Changes	Examples You Can Test	References
B. Hold internal trainings on improving documentation	<p>B1. Have a monthly ‘Lunch and Learn’ discussion on effective documentation. See references for documentation tips and training examples.</p> <p>B2. Supervisor provides coaching in weekly staff meetings on effective documentation.</p> <p>B3. Worker has protected time for completing an on-line training on writing effective case notes. See references for University of CA-Berkley training.</p> <p>B4. Workers use ‘details’ hyperlink above eWiSACWIS case note narrative box to check for all components needed in case notes each time.</p>	<p>nal-development-unit/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/pdsa-examples/</p> <p>2020 PDSA Project: La Crosse County Case Note Template with Follow-up Tracking available at: https://wcpds.wisc.edu/organizational-development-unit/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/pdsa-examples/</p>
C. Audit case notes for content & organization	<p>C1. Create a plan/tool for supervisors or co-workers to audit existing case notes for key criteria. (see Dane County PDSA example in references).</p> <p>C2. Supervisors edit case notes for professional language and missing information; Supervisors provide feedback in timely manner to workers for revision.</p> <p>C3. Have co-workers occasionally review notes – check if documentation lacks specific details that someone else would need to understand case.</p> <p>C4. Use eWiSACWIS dashboards and/or reports to examine case note timeliness. Supervisors could send an email or coach in supervision to remind workers of needed timely documentation as necessary.</p>	<p>2020 PDSA Project: Washington County Case Note Template for Ongoing Workers and Family Support Assistants available at: https://wcpds.wisc.edu/organizational-development-unit/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/pdsa-examples/</p>
D. Documentation time	<p>D1. Worker structures schedule to document immediately following each visit or soon after</p> <p>D2. Workers save protected time on calendar each week for documentation.</p> <p>D3. Test documentation strategies for effectiveness and efficiency for individual worker: documentation directly into device at visit, dictation, tablets, hand-written notes; documenting via outline of visit versus detailed descriptions, etc.</p>	<p>Capacity Building Center for States. <i>Child Protective Services: A Guide For Workers; Chapter 12: Effective Documentation</i>, pages 140-143 available at: https://www.childwelfare.gov/pubPDFs/cps2018.pdf#page=140&view=Cha</p>

Focus Area 2: Organized and Focused Documentation to Support Monitoring		
Key Changes	Examples You Can Test	References
	<p>D4. Document as you talk while on phone.</p> <p>D5. If going on a visit with another worker, have one person document while the other leads conversation.</p> <p>D6. Examine your documentation habits. Examine areas that could be improved and test out multiple strategies.</p> <p>D7. Use teamwork more often to help with documentation - potentially have a contracted employee or other worker substitute for you on a supervised visit to allow you to focus on documentation.</p>	<p>pter%2012:%20Effective%20Docume ntation</p> <p>Documenting Case Notes in Child Welfare: The 8-Frame Window Model available at: https://uwmadison.box.com/s/nipi9w8xb3j0k4cqhbgr50lsfyxiw7a1</p> <p>University of California-Berkeley: CWW101 Module 1 (Professional Writing for Child Welfare) and Module 2 (Writing Effective Case Notes) available at: https://a1822-365197.cluster57.canvas-user-content.com/courses/1822~259/files/1822~365197/course%20files/Training/content/index.html?download=1&inline=1#/</p> <p>2019 Dane County PDSA Project - Checklist for Supervisors to Audit Worker Notes for Key Components available at: https://wcpds.wisc.edu/organizational-development-unit/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/pdsa-examples/</p>

Focus Area 2: Organized and Focused Documentation to Support Monitoring		
Key Changes	Examples You Can Test	References
E. Review Documentation to guide practice	<p>E1. Re-read notes from previous meetings to prepare for next visit (e.g. follow-up, cover missed areas from last visits).</p> <p>E2. Ask families to write some of their own notes from visits.</p> <p>E3. Ask families to review worker’s notes. What is missing? Is there anything that could be clarified?</p>	

Table 3. List of Potential PDSA Tests Related to Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned).

Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned)		
Key Changes	Examples You Can Test	References
A. Locate resources & referrals for child and caregiver identified needs	<p>A1. Provide opportunity at staffing meetings to discuss case progress & brainstorm resources / referrals for child and / or caregiver identified needs.</p> <p>A2. Create resource / referral brochure(s) for workers to give to families on supports for families. See Texas, Michigan, and Dane County Court examples in references.</p>	<p>Example tools for an ongoing worker to explain the CPS and court processes: 1) Child Protection Handbook for Parents of Children in the Child Protection System by Michigan Court Improvement Program, 2015 and 2) Parent Resource Guide: Texas Children’s Commission Court Improvement Program.</p> <p>Both tools available on the PDSA Collaborative Extranet at: https://uwmadison.box.com/s/4mkk175lqpjeg7f55pl86dzxbeq0q0he</p>
B. Difficult conversations	<p>B1. Supervisor and worker discuss how to lead difficult conversations before the family visit. Use role-playing (with supervisor or co-worker) to practice.</p> <p>B2. Supervisors go with workers on visits where difficult conversations are expected to occur. Provide live coaching or feedback after visit.</p> <p>B3. Supervisors debrief timely after a visit with a difficult conversation.</p> <p>B4. Use team meetings where family has natural supports present when difficult conversations are needed.</p>	

Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned)		
Key Changes	Examples You Can Test	References
	<p>B5. Worker identifies and practices 2-3 talking points to prep for a meeting with a difficult conversation.</p> <p>B6. Worker brings copy of plan to meeting and uses the plan to guide conversation.</p> <p>B7. Worker focuses conversation on safety by asking caregiver to define what safety means. Worker could also use a tool to guide conversations such as: safety house, the miracle question, what are their hopes, or use scaling questions to allow parent to choose to focus in on one area.</p> <p>B8. Worker use skills in engagement and listening during difficult conversations such as: reaffirmation, validation, perspective taking, asking more why questions to get client’s story, re-framing, or trauma-informed conversations.</p> <p>B9. Worker be able to explain clearly (with examples) protective capacities during meeting.</p> <p>B10. Use re-direction strategies to keep focus on real issue and avoid straying to side issues during conversations.</p> <p>B11. On Monday, worker predicts the number of difficult conversations that week (prepare your focus). On Friday, reflect on the number of difficult conversations that occurred. In this process, reflect on the comfort / discomfort and reality vs. expectation about what will be difficult each week.</p> <p>B12. If a worker misses a task, use as an opportunity to take ownership and re-establish trust with client via communication.</p> <p>B13. Create a short desktop guide on strategies for difficult conversations.</p>	<p>Trauma-informed guide to Dane County Court Process for Caregivers and Youth. Available on the PDSA Collaborative Extranet at: https://uwmadison.box.com/s/4mkk1751qjpeg7f55pl86dzxbeq0q0he</p> <p>Crucial conversations: Tools for talking when stakes are high. Patterson, K, Grenny, J, McMillan, R., Switzler, A., & Roppe, L. (2013) Brilliance Audio, 2nd ed.</p> <p>Waukesha PDSA Project: Action-planning Form available at: https://wcpds.wisc.edu/organizational-development-unit/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/pdsa-examples/</p> <p>Writing SMART dispositional conditions handouts developed by Wisconsin Tailored Court Dispositions Project available at: https://uwmadison.box.com/s/4mkk1751qjpeg7f55pl86dzxbeq0q0he</p>

Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned)		
Key Changes	Examples You Can Test	References
	<p>B14. Plan to have the conversation in a safe space for all parties.</p> <p>B15. Team difficult conversations with a co-worker.</p> <p>B16. Practice breaking down complicated circumstances into defined issues. Focus on each individual issue in turn to improve communication and make it less difficult to understand goal for next step on specific issue.</p> <p>B17. Have families relay their summary of the conversation back to you.</p>	
C. Increase rate of different types of follow-up	<p>C1. Protect a predetermined amount of work time each week for follow-up calls and trouble-shooting follow-up tasks.</p> <p>C2. Set reminders or protect time on schedule to review last agenda of assigned tasks.</p> <p>C3. Take your first step soon after meeting.</p>	
D. Task planning with caregivers	<p>D1. Create a task list or form for use with caregiver(s) at the visit with a clear first step identified and who is responsible. See Waukesha PDSA project example.</p> <p style="padding-left: 40px;">D1a. Call or email a few days after the visit to check-in: Did the caregiver(s) take the first step? Who owns the next step? Who/what is needed to accomplish this next step?</p> <p>D2. Use carbon paper (duplicate copy) to create a task list with negotiated timelines and responsibilities.</p> <p>D3. Create a standard tool for listing tasks for workers and caregivers to fill out together (with timelines and responsibilities clearly stated). See Waukesha PDSA project example.</p>	

Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned)		
Key Changes	Examples You Can Test	References
	<p>D4. Provide caregiver(s) with a planner, notebook, folder to writing down follow-up plans and needed contact information.</p> <p>D5. Use talk to text to create meeting notes and send them soon after meeting directly to client.</p> <p>D6. Use existing documents such as the case plan, conditions as living documents to guide follow-up. See Tailored Dispositional Conditions project in references for guidance on writing clear dispositional conditions.</p> <p>D7. Use a meeting agenda that includes check-in on tasks from last visit and next steps for every home visit</p> <p>D8. Use follow-up discussions as a way to gather more information.</p>	
E. Follow-up strategies	<p>E1. Seek client input on what they specifically want follow-up on.</p> <p>E1a. Example: Use scaling questions to determine next steps. Scaling questions ask clients to consider their position on a scale (usually from 1 to 10, with one being the least desirable situation and 10 being the most desirable).</p> <p>E1b. Write next steps in family's own words.</p> <p>E2. Integrate follow-up into family team meetings: discuss strengths, challenges, needs, follow up, and action steps).</p> <p>E2a. Send out team meeting notes or meeting summary to whole team (not just document in SACWIS).</p> <p>E3. During visits, specifically address barriers to next steps and how to address them (before they occur).</p> <p>E4. Schedule next meeting at current visit to find best time and location for all parties.</p>	

Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned)		
Key Changes	Examples You Can Test	References
	E5. Take consistent opportunities to acknowledge small steps taken by parent/child/youth/family.	
F. Agency Supports	<p>F1. Engage clerical support, interns, or case aids in follow-up tasks or administrative tasks (compiling resources, delivering supplies / resources).</p> <p>F2. Create an eco-map for support assistance available for staff at work (workers may use this map to determine who they can ask for support with which tasks).</p> <p>F3. Use data to justify need to hire staff to reduce caseload size</p> <p>F4. Make policies or procedures more efficient for administrative or follow-up needs (e.g. accessing bus passes, etc.)</p> <p>F5. Create a desktop guide on strategies for follow-up</p>	
G. Supervision or Co-Worker Support Strategies	<p>G1. Supervisors can integrate brief check-in on case follow-up into supervision</p> <p>G1a. Use a structured supervision tool that includes follow-up</p> <p>G2. Hold a brief teaming with a colleague or supervisor before and/or after client home visit to get feedback specifically on whether tasks are being or were missed</p>	

In addition to presenting ideas on various PDSA tests that may assist in improving the quality of worker visits, it is also critical to be able to measure those tests to gauge and document if changes are occurring. Table 4 through Table 6, below, present ideas by focus area on how you may measure the effectiveness of the tools you implement in your PDSA Cycles.

Table 4. Ideas for Measures for PDSA Tests Related to Focus Area 1: Worker Preparation and Planning Ahead of a Scheduled Visit

Focus Area 1: Worker Preparation and Planning Ahead of a Scheduled Visit	
Measure Description	Notes
<p>1. Number of completed prep & planning tools brought to supervision by workers each week.</p> <p>2. Count of total worker visits per week with a prepared agenda.</p> <p>3. Worker records time spent preparing for a visit and the number of visits prepared for each week.</p> <p>4. Worker reports the number of times discussions about preparation and planning occur in supervision.</p> <p>5. Worker reports how many planned agenda items (of total) they were able to accomplish at each visit.</p> <p>*6. Survey given to workers asking if there is improved shared understanding of roles, responsibilities and next steps.</p> <p>*7. Survey given to workers asking if the quality of their visits has improved.</p> <p>**8. Survey given to caregivers and/or children asking about their satisfaction with worker visits.</p> <p>**9. Survey given to caregivers asking if there is improved shared understanding of roles, responsibilities and next steps.</p> <p>***10. Team meeting or individual reflection on open-ended questions about implementation: likes, wishes, learnings.</p>	<p>Surveys can be administered before and after the change or just one survey administered post-change that asks for retrospective evaluation (Example: How has your experience of worker visits changed since we began using the agenda tool?)</p> <p>*Survey questions related to the workers' perception about the quality or the visit could include (open-ended or scaled):</p> <ul style="list-style-type: none"> • Feeling more prepared for visits; • Feeling more confident about visits; • Higher levels of planning for visits; • Set aside more time to prepare for visits; • Improvement in trust in their relationship with caregiver and/or child; • Engaged in increased discussion of progress toward case goals with caregivers and children; and • Increased parent and child voice in case planning. <p>**Survey questions to ask caregivers about their views on visits could include (open-ended or scaled):</p> <ul style="list-style-type: none"> • Did you feel more prepared for the visit since you knew what would be discussed? • Did you feel more positive about the visit since you knew what would be discussed? • Did you feel you knew what the next steps were after our visit and who would accomplish each step? • Did the worker communicate with me about my strengths, needs and goals? • Did I feel included in the development of the case plan? • Do I feel I understand our safety plan and/or case plan? • Do you understand what needs to be accomplished on safety or case plan? How long do we need to see it? What behaviors does CPS need to see related to safety or protective behaviors? • Did the child feel included in conversations?

<p>11. Document length of meeting (i.e. did preparation increase focus and shorten meeting times).</p> <p>12. Measure who comes to meetings.</p> <p>13. Measure younger children’s feelings and perceptions about visit. Use a tool with emojis/faces to measure feelings. Asks about likes, wishes, and give examples of what they would like a visit to be like.</p> <p>14. Survey given to providers about quality and satisfaction of worker visits.</p>	<p>***Survey questions (could be asked at a team meeting) about implementation of a new preparation tool or process could include:</p> <ul style="list-style-type: none"> • How is the tool or process working? How are we using it? With who? How often? • What has gone well? What could be improved? What are we learned? • What have been the surprises? Lessons learned? Barriers? <p>****Survey questions to ask providers about their view on visits could include (open-ended or scaled):</p> <ul style="list-style-type: none"> • Did you feel more prepared for the visit since you knew what would be discussed? • Did you feel you knew what the next steps were after our visit and who would accomplish each step? • Did I feel included in the development of the case plan? • Do I feel I understand our safety plan and/or case plan?
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Table 5. Ideas for Measures for PDSA Tests Related to Focus Area 2: Organized and Focused Documentation to Support Monitoring

Focus Area 2: Organized and Focused Documentation to Support Monitoring	
Measure Description	Notes
<p>1. Document the number of times the supervisor gave the worker(s) feedback on specific case notes.</p> <p>2. Implement an audit tool for case notes. Count the categories completed in each case note, by worker.</p> <p>3. Count the frequency of training sessions on case note documentation.</p> <p>4. *Implement a survey of workers and/or supervisors on improvements related to documentation.</p> <p>5. Keep track of time frame in which ticklers are completed.</p> <p>6. Track time to document note. Document length of meeting.</p>	<p>*Questions about improvement in documentation could include (open-ended or scaled):</p> <ul style="list-style-type: none"> • Did the implemented change save or increase documentation time? • Did improvements in documentation make case planning easier? • Did notes become clearer, more succinct, more focused, and/or more organized? • Did improving documentation improve communication with other workers, with providers, or with caregivers? • What were the barriers to documenting as planned? • What would you change or keep about the documentation improvement? • Is it easier to find information from case notes over several weeks or months of notes due to implemented change?

Table 6. Ideas for Measures for PDSA Tests Related to Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned).

Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned).	
Measure Description	Notes
<p>*1. Implement a survey asking worker(s) about improvements in follow-up and/or difficult conversations.</p> <p>**2. Implement a survey asking supervisor(s) about improvements in follow-up and/or difficult conversations</p> <p>***3. Implement a family survey of satisfaction with follow-up and/or trust in the worker/client relationship.</p>	<p>*Survey questions related to the workers' perception about follow-up for visit could include (open-ended or scaled):</p> <ul style="list-style-type: none"> • Increased understanding of the components of effective follow-up; • Understanding why follow-up is important; • Improved use of a system to organize their follow-up on tasks; • Higher level of follow-up on tasks; • Increased ability and/or comfort in having difficult conversations; • Improvements in trust in the worker/client relationship;

Focus Area 3: Increased Rates of Follow-Up on Tasks Discussed with Children and Caregivers and Prior Visits (Including Difficult Conversations About Why Certain Things Did Not Happen as Planned).

- 4. Supervisor counts and documents the number of discussions in worker-supervision discussions related to follow-up on tasks and/or difficult conversations.
- 5. If eco-map of support job tasks is developed or an intern used for follow-up, track how many times (count) or amount of time spent on support tasks.
- 6. Count of cases where worker is actively using a follow-up tasks tool (out of total cases). Count total number of tools used per month. Track whether action tool works better in certain types of cases (e.g. family team meetings vs. home visits). Works better could be defined as completion rate of goals or family perception of helpfulness of tool.
- 7. Count of follow-up tasks completed per case.
- 8. If using an action planning tool, count number of goals completed by client. Count length of time in which goals are completed (or number of goals completed in a certain timeframe). Completion rate (goals completed out of total goals planned).

- Ratings on amount of progress toward goals, by case;
- Was time saved on the case by improving follow-up?
- Did visits more succinct, more focused, and/or more organized?
- Did improving follow-up improve communication with other workers, with providers, or with caregivers?
- What were the barriers to follow-up?
- What would you change or keep about this improvement?

**Supervisor surveys could include (open-ended or scaled):

- Increases in discussing follow-up tasks in supervision;
- Ratings on worker skill in having difficult conversations;
- Ratings on worker skill in completing follow-up tasks; and
- Report increased use of coaching, modeling, and/or debriefing for difficult conversations.

***Survey questions to ask families about their views on visits could include (open-ended or scaled):

- Ratings on amount of progress toward goals;
- Confidence that their worker will follow-up on tasks or requests that I make;
- Does my worker return my phone calls?;
- My worker listens to me during visits;
- My worker asks for my ideas about what would best help my child/children;
- My worker can see my side of things; and
- When my worker and I came across a problem, we can discuss it and move forward.
- Do you understand the next action steps in the case?

In addition to the potential team-administered measures described in Table 4 through Table 6, the WCWPDS Organizational Process Improvement (OPI) Unit will administer a survey to PDSA Collaborative workers and their supervisors at the beginning of the PDSA Collaborative

(baseline) and at Learning Session 4 (post-test). Supervisors will be asked to answer questions 2-3 about their worker's worker visit practice while workers will be asked to answer all 3 questions about their own visit practice.

Table 7. Required Measures for all 2020 PDSA Collaborative Participants: Baseline Survey of PDSA Collaborative Workers and Supervisors

1. Please rate your confidence in performing each of the following components of ongoing worker visit practice with children, families, and out-of-home care providers.

Scale: 1: Not At All Confident, 2: Only Slightly Confident, 3: Somewhat Confident, 4: Moderately Confident, 5: Very Confident

- Preparation and planning ahead of the visit that is tailored to specific circumstances of child, youth or family.
- Assessment of safety, risk, permanency, well-being and progress toward individual case goals.
- Engagement of children, youth and caregivers by the worker through use of empathy, genuineness, and respect.
- Dialogue that values youth and caregiver voice and promotes reflection on strengths, needs and concerns.
- Follow-up on tasks or concerns discussed previously (this may include difficult conversations about why certain things did not happen as planned).
- Decision-making and problem solving to address needs and move the case forward.
- Documentation to support monitoring and follow-up.

2. Please rate your current practice level in each of the following components of a worker visit with children, families, and out-of-home care providers...

Scale: 1: Needs a great deal of improvement, 2: Needs some improvement, 3: Adequate, 4: Above Average, and 5: Exceptional

- Preparation and planning ahead of the visit that is tailored to specific circumstances of child, youth or family.
- Assessment of safety, risk, permanency, well-being and progress toward individual case goals.
- Engagement of children, youth and caregivers by the worker through use of empathy, genuineness, and respect.
- Dialogue that values youth and caregiver voice and promotes reflection on strengths, needs and concerns.
- Follow-up on tasks or concerns discussed previously (this may include difficult conversations about why certain things did not happen as planned).
- Decision-making and problem solving to address needs and move the case forward.
- Documentation to support monitoring and follow-up.

3. Please rate your use of the following components of a worker visit in your practice with children, families and out-of-home care providers...

Scale: 1: Very Frequently, 2: Frequently, 3: Occasionally, 4: Rarely, 5: Very Rarely, Never

- Preparation and planning ahead of the visit that is tailored to specific circumstances of child, youth or family.
- Assessment of safety, risk, permanency, well-being and progress toward individual case goals.
- Engagement of children, youth and caregivers by the worker through use of empathy, genuineness, and respect.
- Dialogue that values youth and caregiver voice and promotes reflection on strengths, needs and concerns.
- Follow-up on tasks or concerns discussed previously (this may include difficult conversations about why certain things did not happen as planned).
- Decision-making and problem solving to address needs and move the case forward.
- Documentation to support monitoring and follow-up.

The WCWPDS OPI Unit will provide all PDSA Collaborative teams with a survey to give to all caregivers in their open ongoing cases. The OPI Unit requests that this survey be handed out immediately following Learning Session 1 (Baseline) and again following Learning Session 3 (Post-test). Agencies must track the number of surveys given out (e.g. count of individual caregivers given the survey). OPI will provide an overview letter with the survey explaining that responses are confidential. OPI will furnish an electronic link to the survey and paper surveys with stamped, addressed envelopes for caregivers to return surveys directly to the WCWPDS office. The survey questions are in Table 8. The survey will also ask how long the caregiver has worked with the current social worker and how many children currently live with the caregiver.

Table 8. Survey of the Caregivers in Open Ongoing Cases, for Cases Handled by PDSA Collaborative Teams

Scale: 1: Strongly Agree, 2: Agree, 3: Not Sure, 4: Disagree, 5: Strongly Disagree

1. I am encouraged to give input into my family's goals. (Dialogue)
2. I feel confident that my worker will follow-up on requests that I make. (Follow-up)
3. I think my social worker and I respect each other. (Engagement)
4. My social worker returns my phone calls. (Follow-up)
5. My social worker asks for my ideas about what would best help my child/children. (Dialogue)
6. My social worker can see my side of things. (Engagement/trust)

7. My meetings with my social worker are organized. (Prep and planning)
8. My social worker makes good use of the time we have together when we meet. (Prep and planning)
9. My social worker explains the purpose of our meetings when we meet. (Prep and planning)
10. When my social worker and I come across a problem, we can discuss it and move forward (Decision-making and problem-solving)
11. My social worker and I have discussed my strengths as a parent. (Dialogue)
12. My social worker and I discussed areas I can work on. (Dialogue)
13. I understand my family's plan. (Assessment & progress toward case goals)
14. I want to make use of the services CPS is providing me. (Assessment & progress toward case goals)
15. Do you have any suggestions for improving your visits with your social worker?