



Plan Do Study Act (PDSA) Collaborative Charter on Quality Worker Visits

Collaborative Facilitator: Jenny Fahy

jlfahy@wisc.edu

Collaborative Data Analyst: Kelly Smithback

Kelly.smithback@wisc.edu

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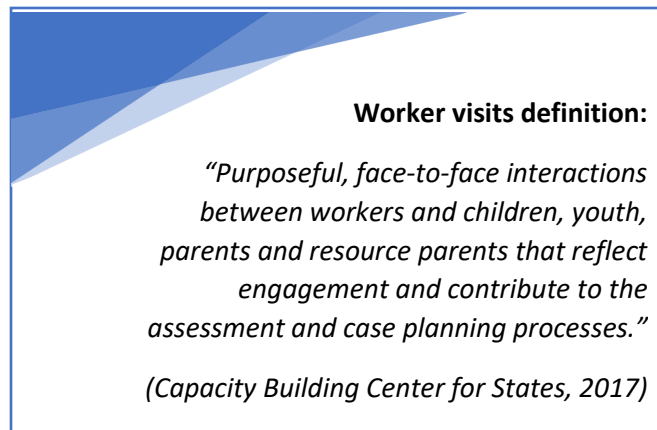
Introduction

In child welfare practice, change happens in the context of relationships. Worker visits with children, caregivers, and out-of-home care providers comprise the cornerstone of relationship development and are one of the most important ways to promote positive child outcomes. Worker visits are the vehicle to build trusting relationships through:

- increasing collaboration amongst family and workers by promoting child and caregiver voice;
- engaging families in proactive case planning using empathy, genuineness, and respect;
- providing accountability for progress toward goals; and
- continually assessing child safety, permanency and well-being.

For many workers, this meaningful time spent with clients is the primary reason they became a social worker.

The Wisconsin Department of Children and Families (DCF) and the Wisconsin Child Welfare Professional Development System (WCWPDS) are collaborating to offer teams of agency child welfare workers training and technical assistance in organizational improvement methods in order to improve the quality of worker visits with children, caregivers, and out-of-home care providers.



What Caregivers Say About Their Experience with Child Welfare Workers

What factors improve caregivers’ experiences with child welfare workers? Child welfare research provides some insight. Casework skills associated with positive caregiver engagement include: being honest and straightforward while remaining sensitive to clients, providing clear information, being able to listen and empathize, demonstrating flexibility, focusing on client strengths, clearly communicating the purpose of agency involvement, following up on tasks as promised, being skilled at locating appropriate services, providing concrete services, keeping appointments on time, and making and returning agency phone calls as arranged (Gladstone, Dumbrill, et al., 2012; Damiani-Taraba, Dumbrill, Gladstone, 2017). Worker skills that detracted from the worker client relationship include the worker ignoring problems perceived to be important to the parent and the extent to which the worker asked the parent to do things that the parent did not feel would be helpful (Gladstone & Brown, 2007; Gladstone, Dumbrill, et al., 2012; Damiani-Taraba, Dumbrill, Gladstone, 2017).

The Need

While worker visits are the cornerstone of relationship development with children and families, Wisconsin’s child welfare case review data indicates that there is room for improvement in our worker visit practice. Wisconsin has completed 3 rounds of the federal Child and Family Services Review (CFSR),

a state child welfare practice assessment process, to date. In these 3 CFSR rounds, 180 cases have been reviewed from 8 different counties (Children’s Bureau, 2018). Two indicators reviewed for the CFSR relate to worker visits: 1) worker visits with children and 2) worker visits with parents. The Children’s Bureau analysis of initial national CFSR results indicated that when state child welfare agencies do well on the worker visits, they are better positioned to assess children’s risk of harm and need for alternative permanency options, to identify and provide needed services, and to engage children and parents in planning for their future (Children’s Bureau, 2003).

In Wisconsin’s last 2 rounds of the CFSR, worker visits with children have been found to be an area needing improvement. In our most recent CFSR review (2018, round 3), Wisconsin scored at 55% of our cases reviewed as a strength for worker visits with children compared to 68% of cases nationally (Wisconsin Department of Children and Families, 2018). Reviewers are asked to consider whether worker visits with children are of sufficient frequency and quality. While Wisconsin scores similarly to the national ratings on frequency of visits (Wisconsin: 85% sufficient, national: 82% sufficient), our scores on quality of worker visits with children are significantly below the national ratings with only 59% of cases being rated as of sufficient quality compared to 73% of national cases.

In all three rounds of the CFSR, Wisconsin’s rating of worker visits with caregivers has been scored as an area needing improvement. Results for CFSR round 3 ratings of worker visits with caregivers (mothers and fathers) indicate that Wisconsin and the rest of the nation are struggling with only 41% of Wisconsin cases and 43% of nationally reviewed cases being rated as a strength. Wisconsin and national scores indicate that visit quality is a crucial issue with both mothers and fathers.

The Wisconsin Department of Children and Families is required to look at strategies for improving our worker visit practice in the next Program Improvement Plan. While Wisconsin’s CFSR data contains the best currently available qualitative information about worker visit practice, it is still a small sample of cases in a limited number of counties. More work is needed to understand the strengths and opportunities for improvement in worker visit practice throughout the state.

The Opportunity

Given that quality worker visits are central to child welfare practice, WCWPDS and DCF are partnering to offer a Plan Do Study Act (PDSA) Collaborative on quality worker visits. The PDSA Collaborative is a systematic approach to organizational improvement in which agency teams decide on change ideas they believe would improve their practice, test and measure changes, and share their experiences with other agencies in an effort to accelerate learning and identify and spread implementation of best practices. The PDSA Collaborative will offer opportunities for innovation and critical thinking in a focused environment. Agency and participant benefits include improving shared topical understanding, learning organizational improvement methods, empowerment of worker voice in identifying and implementing practice changes, engaging in data-driven decision-making, and building connections between team members and across other agencies. Child welfare agency staff have many competing demands for their time and resources that impact their ability to make changes, the structure of the PDSA Collaborative is designed to address these constraints by supplying already identified tools and resources and incorporating change strategies that will save staff time while improving direct practice.

DCF and WCWPDS have drawn upon the knowledge and expertise of the Continuous Quality Improvement (CQI) Advisory Committee for selection of this topic and for setting this collaborative’s goals and

measures. The CQI Advisory Committee includes participants from approximately 12 county child welfare agencies as well as DCF staff. To gather more information about the experiences of our state's child welfare staff and worker visits, WCWPDS administered a survey to workers from the CQI Advisory Committee agencies. A total of 158 responses were received and are detailed in Appendix A.

What Wisconsin Workers Say About Worker Visits

The WCWPDS Worker Visits Survey (Appendix A) asked workers to consider their own and their agency's strengths, opportunities for improvement, obstacles, and values as it relates to the 7 core components of quality worker visits as developed by the Capacity Building Center for States (2017).

These 7 core components of quality worker visits are:

- Preparation and planning 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 Worker Visits Survey respondents reported that they personally perform well in engaging children and caregivers while their agency does well in assessment of safety, permanency, well-being and progress toward case goals. Preparation and planning, documentation, and follow-up on tasks scored at the top 3 areas needing improvement in both personal and agency practice. Engagement and assessment were viewed as the most important for a quality worker visit while documentation was viewed as the least important component. Respondents were also asked to reflect on the challenges to having a quality visit and top responses were lack of time, challenging parents, and documentation.

PDSA Collaborative Mission

Over the course of 2018, the CQI Advisory Committee engaged in planning exercises to arrive at a PDSA Collaborative mission, goals, and to choose change focus areas in order to make the biggest improvement in Wisconsin practice related to worker visits. These planning exercises included analysis of the WCWPDS survey results, exploration of available quantitative data on worker visits, root cause analysis, and system mapping exercises (see Appendix B).

The overall mission of the PDSA Collaborative on Quality Worker Visits is for workers to have intentional, purposeful, and goal-directed visits with children, parents, and out-of-home care providers that are respectful, tailored to the unique needs of the child and family, reflect critical-thinking about assessment and case planning, and build trusting relationships.

Focus Areas

The CQI Advisory Committee also identified three change focus areas and created goals to address in order to reach the overarching mission of the PDSA Collaborative. Participating teams will test,

implement, and sustains change in these change focus areas and work toward making improvement related to the change areas focus goals. The 3 change focus areas for the PDSA Collaborative on Quality Worker Visits are:

1. **Worker preparation and planning ahead of scheduled visits;**
2. **Documentation to support monitoring and follow-up; and**
3. **Follow-up on tasks discussed with children and caregivers at prior visits including difficult conversations about why certain things did not happen as planned.**

Collaborative Change Focus Area Goals

Change Focus 1 – Worker Preparation and Planning Ahead of Schedule Visits

- a) **Understanding Preparation and Planning:** Workers have a thorough understanding of what it means to plan and prepare for quality visits.
- b) **Proactive Planning:** Workers deliberately and proactively schedule time to plan and prepare for quality visits.
- c) **Supervisory Support – Preparation & Planning:** Supervisors support and monitor workers in planning and preparing for quality visits, including blocking off time in their schedules.
- d) **Family Experience:** Families experience visits more favorably as a result of improved worker planning and preparation.

Change Focus 2 – Documentation to Support Monitoring and Follow-up

- a) **Documentation Quality:** Case notes accurately and succinctly reflect the quality of a worker visit.
- b) **Documentation Timeliness:** All documentation is up-to-date and inputted in a timely manner.
- c) **Documentation Focus:** The purpose, intent and outcome are documented for all types of visits.

Change Focus 3 - Follow-up on tasks discussed with children and caregivers at prior visits including difficult conversations about why certain things did not happen as planned

- a) **Understanding Follow-up and Building Relationships:** Workers increase understanding of the components of effective follow-up and its value for building trusting relationships with clients.
- b) **Structure and Accountability:** Workers develop and implement a system to create and track follow-up tasks.
- c) **Supervisory Support – Follow-up:** Supervisors regularly elicit and process specific follow up tasks with workers and in their unit.
- d) **Preparation:** Workers increase their preparedness and confidence in approaching difficult conversations with children and/or caregivers.
- e) **Supervisory Support – Client Conversations:** Supervisors will support workers in identifying areas of focus/concern using coaching, modeling, and debriefing.

Collaborative Expectations

The Collaborative's Goals will be supported through the Organizational Process Improvement Unit (OPI) of the WCWPDS and the Continuous Quality Improvement (CQI) statewide advisory group members being held to the following expectations. They will:

- Provide information on the subject matter and provide guidance on applications related to the subject matter;
- Offer technical assistance (TA) and coaching to agency teams on methods for process improvement both during and between learning sessions;
- Host TA calls between learning sessions to promote application of knowledge and provide accountability to change; and
- Provide communication strategies to keep agencies connected to other collaborative teams and the CQI advisory group.

Participating agency teams are expected to:

- Connect the goals of the PDSA Collaborative to their agency's strategic goals;
- Provide a senior leader (supervisor, manager) to serve as a day-to-day team leader;
- Regularly communicate about their involvement in the PDSA Collaborative with senior management at their agency;
- Send a team of 2-7 individuals (comprised of at least one supervisor and workers) to all learning sessions;
- Provide the resources necessary to support their team including resources necessary to participate in Learning Sessions and calls and time to devote to this effort;
- Perform tests of change leading to process improvements in their agency; and
- Share information with the collaborative group including details of changes made and data to support these changes both during and between learning sessions and calls

Learning Sessions

There will be 4 one-day Learning Sessions held over a 7-month period. Learning Sessions are meetings bringing together (virtually or in-person) participating agency teams to exchange ideas. Participating agencies will be asked to send a 'core team' (recommend 2-7 members comprised of workers and at least one supervisor) to Learning Sessions. A larger 'home team' (comprised of the 'core team' and additional agency staff) is recommended to guide the work and execute tests of change at the discretion of participating agencies. Full participation of the entire 'core team' members is expected at all Learning Sessions.

At Learning Session One, collaborative facilitators will first present a vision for quality worker visit practice and discuss the PDSA Collaborative change focus areas. Second, collaborative facilitators will teach teams the Plan Do Study Act (PDSA) model which will enable teams to test their change ideas locally and then reflect on, learn from, and refine these tests. Teams will leave Learning Session One with a completed PDSA plan that they will bring back to their agency and immediately begin their first test of change.

At the second Learning Session, team members and participating collaborative agencies will learn from each other as they report on successes, barriers, and lessons learned from their PDSA tests using workshops, storyboards, and dialogue and exchange. They will also learn strategies for measuring change.

At the third Learning Session, the focus shifts from testing change to spreading change. Participating teams will use evidence from their prior PDSA tests to choose the most beneficial change(s) to worker visit practice they identified. Collaborative facilitators will then guide teams in strategies for

implementing change(s) agency-wide including increasing buy-in for change and creating an explicit plan and infrastructure for spread (training, communication methods, and reviews of progress).

At the final Learning Session, teams will share lessons learned in the collaborative, celebrate successes, and facilitators will discuss strategies for sustaining gains for changes implemented.

Action Periods

Between Learning Sessions, participating agencies will engage in Action Periods that provide time of maximal applied learning as participating teams engage in repeated PDSA tests of change. The goals of Action Periods are to support teams in their PDSA tests, build collaboration and shared learning, and assess progress.

Action Periods include the following supports:

- **All-team agency technical assistance calls:** Approximately 3 weeks after each learning session, individual agency teams will participate in a one-hour call with the collaborative facilitators to discuss progress on PDSA tests, plan for next steps, and address questions or barriers.
- **All-collaborative calls:** Approximately 6 weeks after each learning session, all agency teams will participate in a two-hour all-collaborative call. These calls are led by Collaborative facilitators and features storyboard sharing where teams can highlight their learnings. Calls will also include presentations on different topics related to the change focus areas.
- **Extranet:** Between Learning Sessions and conference calls, teams will share their work on a shared electronic workspace housed by WCWPDS. Teams will be able to access resources, report measures, and share their work.

References

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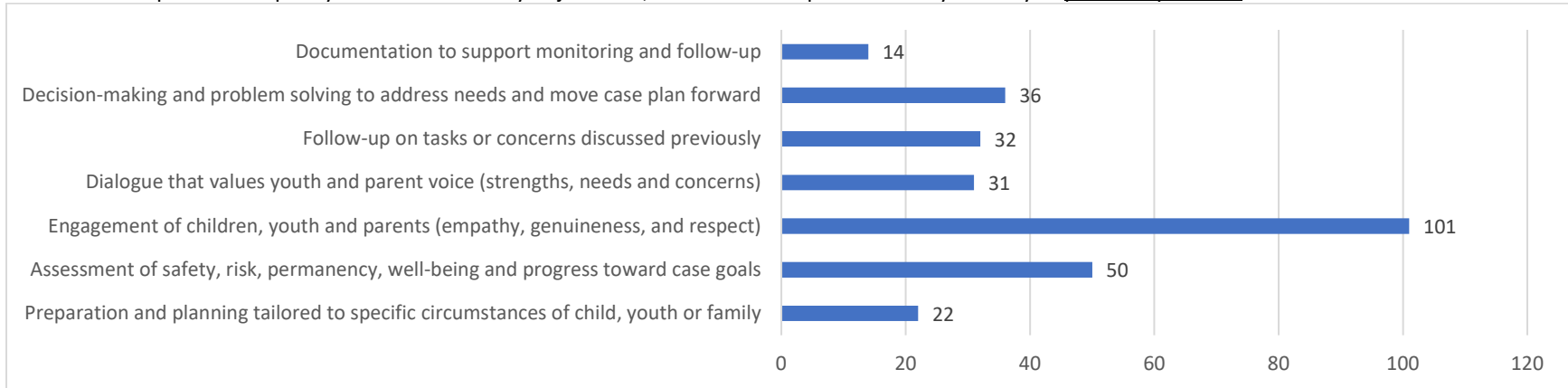
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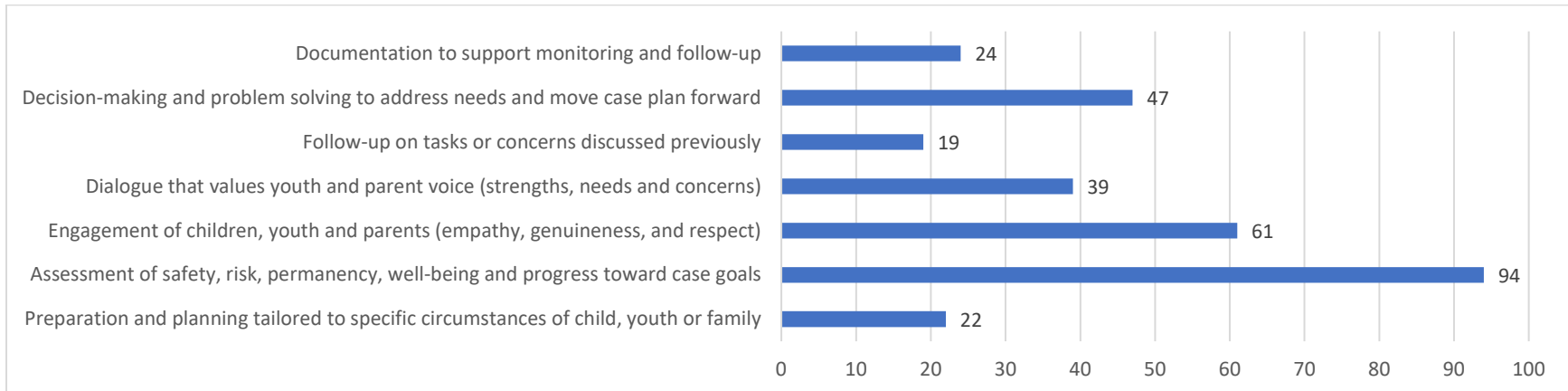
APPENDIX A: WCWPDS Worker Visits Survey 2019

WCWPDS asked CQI Advisory Committee members to complete a survey regarding quality worker visits and forward it to other workers at their agency. WCWPDS received 158 responses. Thank you! Please note not all respondents answered every question so total counts may differ per question.

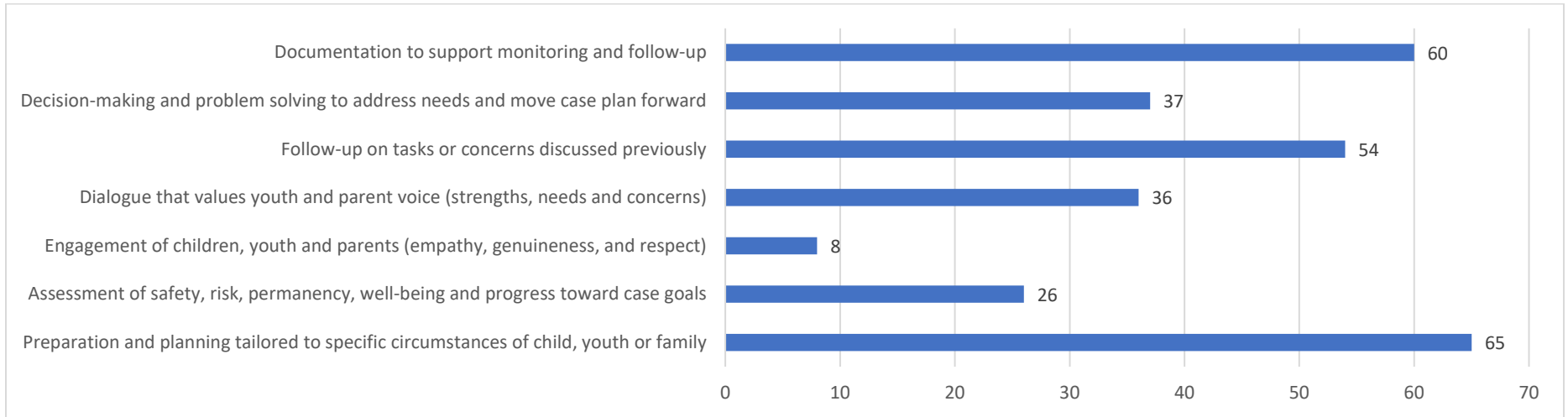
1. Of the 7 components of quality worker visits that you just read, what are 2 components that you feel you personally do well?



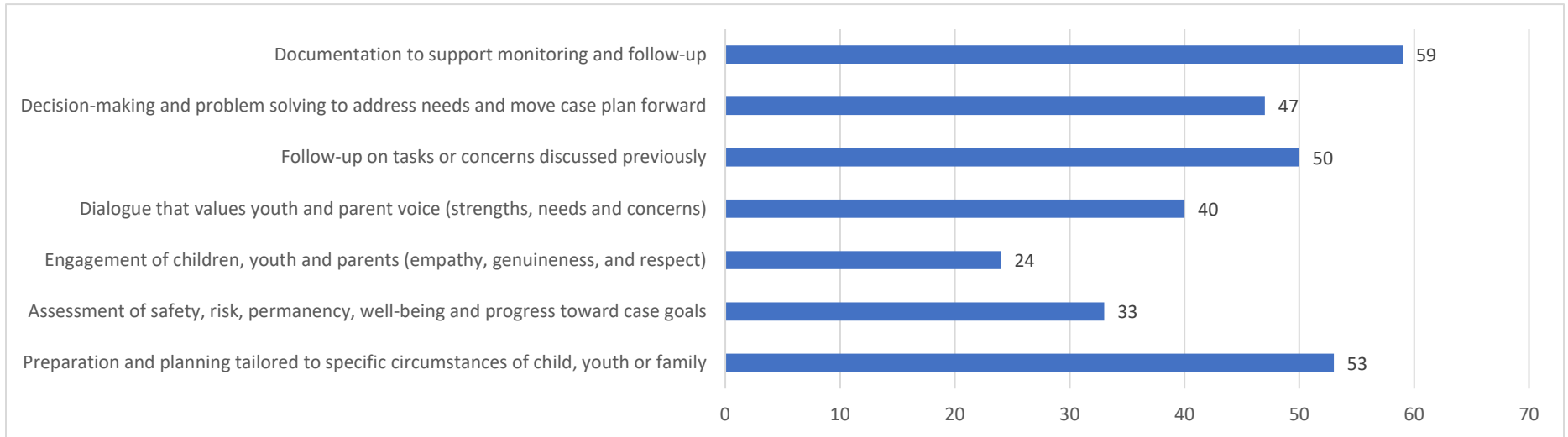
2. Of the 7 components of quality worker visits, what are 2 components that your county agency does well?



3. Of the 7 components of quality worker visits, what are 2 components that you feel you could improve on personally?



4. Of the 7 components of quality worker visits, what are 2 components that you feel your agency could improve?



NOTE: A lower average score signifies respondents believe that component is of greater importance.

5. Please rank the components from most important (1) for a quality worker visit to least important (7).

Field	Minimum	Maximum	Average	Std Deviation	Count
Documentation to support monitoring and follow-up	2.00	7.00	6.35	1.31	135
Decision-making and problem solving to address needs and move case plan forward	1.00	7.00	4.61	1.30	135
Follow-up on tasks or concerns discussed previously	2.00	7.00	5.50	1.05	135
Dialogue that values youth and parent voice (strengths, needs and concerns)	1.00	7.00	3.59	1.35	135
Engagement of children, youth and parents (empathy, genuineness, and respect)	1.00	7.00	2.18	1.18	135
Assessment of safety, risk, permanency, well-being and progress toward case goals	1.00	6.00	1.93	1.13	135
Preparation and planning tailored to specific circumstances of child, youth or family	1.00	7.00	3.85	1.75	135

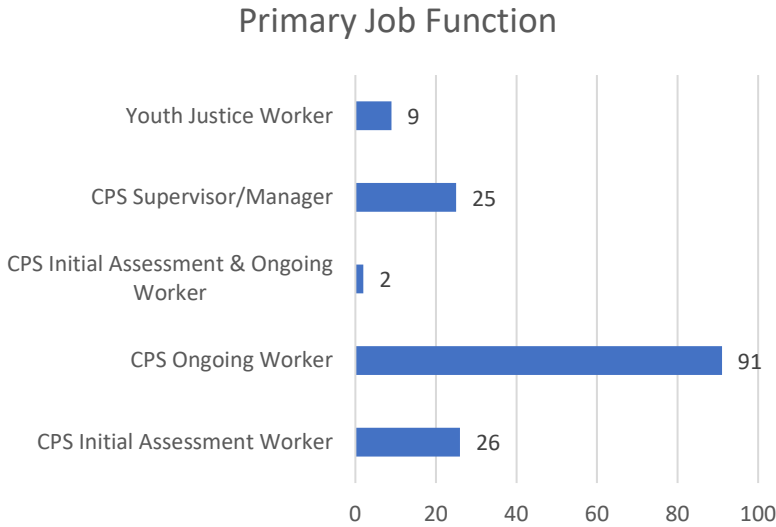
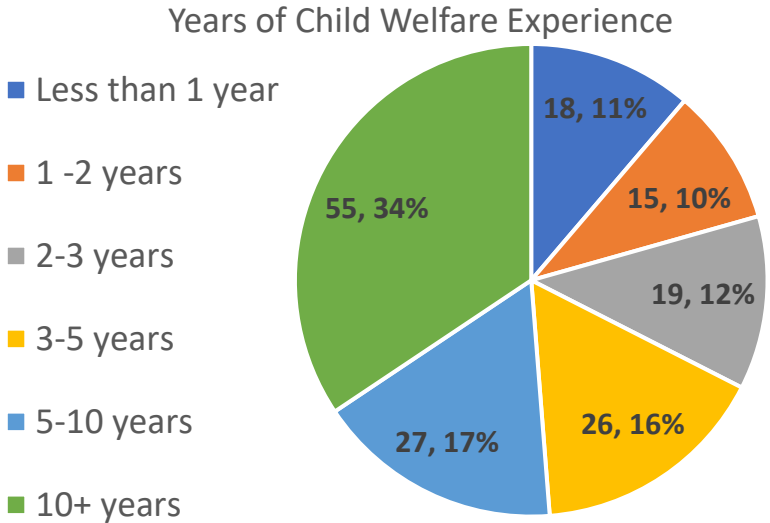
6. Please rank the components from most important (1) for improving long-term case outcomes for children and families to least important (7).

Field	Minimum	Maximum	Average	Std Deviation	Count
Documentation to support monitoring and follow-up	1.00	7.00	6.28	1.54	141
Decision-making and problem solving to address needs and move case plan forward	1.00	7.00	4.01	1.74	141
Follow-up on tasks or concerns discussed previously	2.00	7.00	5.14	1.16	141
Dialogue that values youth and parent voice (strengths, needs and concerns)	1.00	7.00	3.79	1.45	141
Engagement of children, youth and parents (empathy, genuineness, and respect)	1.00	7.00	2.74	1.49	141
Assessment of safety, risk, permanency, well-being and progress toward case goals	1.00	7.00	2.40	1.48	141
Preparation and planning tailored to specific circumstances of child, youth or family	1.00	7.00	3.63	1.98	141

7. What are some of the challenges for you when it comes to having a quality worker visit?

Top Responses by Category	Times Mentioned
Lack of time	46
Challenging parents (personality disorders, drug use, disengaged, negative view of CPS)	32
Documentation (too much, can't complete timely and thoroughly)	31
High Caseload	20
Limited Worker Knowledge (age appropriate conversations, purpose of contact, communicating CPS roles, explaining safety to family)	17
Lack of Preparation & Planning	13
Need to Improve Engagement Skills	11
Balancing Responsibilities: safety, court documentation, case planning, services, updating foster parents/relatives	10
Adequate Resources for Family Needs	9
Crisis Management	9
Logistics (space, scheduling, transportation)	7
Chaotic Environment for Visits	7
Having Difficult Conversations	5
Worker Turnover	5
Stress on Worker	5
Follow-up Prior Tasks	4

Survey Respondent Demographics



Workplace County	Total
Brown	19
Dane	34
Green Lake	5
La Crosse	10
Marathon	8
Milwaukee	39
Outagamie	22
Pepin	3
Rock	1
Waukesha	4
Winnebago	12

APPENDIX B: CQI Advisory Committee Work Summary

Five Why's Exercise & Systems Mapping on Worker Visits

QUESTION: Why is it challenging to have a quality contact?

THEMES:

- **Areas of Worker** struggle in worker visits with children & caregivers
 - Issues with having difficult conversations/confrontation
 - Balancing engagement with safety, case planning, and difficult conversations
 - Worker prior poor experiences with challenging clients
 - Potential worker secondary trauma
 - Worker personal bias or incongruence between life stage of worker & clients
 - Concerns for personal safety – drug culture, remote sites
 - Lack of clarity about their role (e.g. ongoing, youth justice)
 - Felt conflict in role and tasks of ongoing worker (example: build trust but do court-order UA's)
 - Gaps in worker knowledge and skills
 - Examples: ongoing safety assessment, family assessment, establishing clear goals, effective engagement
 - Crisis management draws focus away from other visit components
 - Worker time management

- **Agency impacts** on worker visits between workers, children & caregivers
 - Caseload – impacts time for visits
 - Staff shortages
 - Time to train & coach new workers
 - Lack of clear definition of quality visits for ongoing workers
 - Individual agency requirements differ from standards requirements (e.g. visits, case notes)
 - Tools/models for practice may be under-utilized because of the time and paperwork associated with them
 - Supervisor role expectations may be inconsistent among counties
 - Staff to supervisor ratios