

**A Supervisor's
Guide to
Assessing Practice**

New York State Office of Children and Family Services



BASIC PRACTICE ASSESSMENT

T. Morton's 5x4 Matrix		FIVE SOURCES OF INFORMATION				
		Record Review	Case Conference	Worker Observation	Parent Interview	Interview with Service Provider
FOUR PRACTICE DOMAINS	Casework Relationship					
	Assessment Focus					
	Focus on Change					
	Safety throughout life of case					

*NOTE: In the Supervisor's Guide, these 5 sources of information are referred to as the **PROTOCOLS**

- **PROTOCOLS** to be used for the **BASIC PRACTICE ASSESSMENT** are indicated by **APRICOT SHADING**.
- Page 5-1 of the Guide indicates that, with **both** the Basic and Enhanced Assessment, "you may choose to examine one, two, three, or all four practice domains."
 - That is why each practice domain has a **different color**.
 - So, for the Basic Assessment, supervisor can **pick one, two, three or all four practice domains** and **MUST** complete the record review and case conference protocols.

ENHANCED PRACTICE ASSESSMENT

Tom's 5x4 Matrix		FIVE SOURCES OF INFORMATION				
		Record Review	Case Conference	Worker Observation	Parent Interview	Interview with Service Provider
FOUR PRACTICE DOMAINS	Casework Relationship					
	Assessment Focus					
	Focus on Change					
	Safety throughout life of case					

In addition to Record Review and Case Conference, Supervisor chooses **at least one** additional source of information (Worker Observation, Parent Interview, and Interview w/ Service Provider) and uses the corresponding protocol, depending on the Practice Domain(s) they have chosen to examine.

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Chapter One

Overview: Importance of Assessing Practice

Why Assess Practice?

Good supervision results in improved casework practice; better casework practice results in better outcomes for children and families. These are the two key beliefs underlying the efforts of the Office of Children and Family Services (OCFS) to enhance supervisory assessment of casework practice. Ultimately, the goal is to achieve safety, permanency, and well-being for New York's children and their families.

In general, caseworkers receive infrequent, if any, feedback about their global practice skills. Supervisory conferences tend to be case-specific, focusing on current case decisions, rather than an exploration of the caseworker's overall practice. This guide offers supervisors a way to complement day-to-day supervision with a broader appraisal of several practice domains.

Although meeting twice a year with the caseworker using a different case each time is recommended, the decision regarding the number of times per year for undertaking the assessment process is up to the management and supervisory staff of each Local Department of Social Services (LDSS).

The goal of *A Supervisor's Guide to Assessing Practice* is to place in the hands of supervisors a process for examining case practice within a local district and at the unit level. The process is designed to provide caseworkers quality feedback on selected aspects of their case practice and to serve as a guide for supervisors in supporting the further professional development of caseworkers.

How To Use This Guide

A Supervisor's Guide to Assessing Practice contains (1) suggested guidelines for the practice assessment process; (2) a description of the core elements of the practice framework; and (3) protocols for collecting information and providing feedback to the caseworker.

The heart of the guide is the set of protocols to be used by the supervisor. The protocols draw on two levels of information—basic and enhanced:

The **basic** level involves two sources of information: the case record and supervisory case conferences with the caseworker.

The **enhanced** level builds on information from the basic level by adding a direct field observation of the caseworker working with the family (or a family member), a separate interview with a family member (generally the child's birth parent), and an interview with a collateral community service provider involved with the case.

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In summary, to conduct a full practice assessment, the supervisor uses protocols that draw on five sources of information:

- Case Record Review
- Case Conference
- Observing the Caseworker
- Interviewing the Birth Parent
- Interviewing a Community Partner

A final worksheet—Organizing and Giving Feedback—provides a way to synthesize the information from the assessment and give feedback to the caseworker.

Within each protocol, the following elements—known as practice domains— from Outcome-Based Training are addressed:

- The Casework Relationship
- Assessment Focus
- Focus on Change
- Safety Throughout the Life of the Case

These domains are described more fully in *Chapter 3, Expectations for Casework Practice*.

The protocols include space for the supervisor to record observations. Although more detail will help in synthesizing the information and preparing feedback, the level of detail recorded is up to the individual supervisor. In addition, the caseworker may want specific examples for times when the supervisor recommends an enhanced focus on a particular practice.

Chapter 2
Conducting An Assessment

There are four steps to conducting a practice assessment:

1. Preparing for the assessment.
2. Collecting and synthesizing information.
3. Providing feedback to the caseworker.
4. Planning around identified professional development needs.

The sole purpose of the practice assessment is to give the caseworker in-depth, comprehensive feedback about the caseworker's focus on the four domains of the practice framework. For this reason it is recommended that the assessment be separated in time from any agency performance evaluation. Since this is a review of work done on one case, supervisors should be cautious in linking the findings of this assessment to any general performance evaluation. Again, the purpose is to aid caseworker development.

Preparing for the Assessment

The following sequence of activities outlines the necessary steps in preparing for the assessment.

1. Inform the caseworker that you will conduct an in-depth practice assessment on one case so that you can provide specific feedback about his/her practice in relation to the four practice domains.
2. Develop a schedule for and set a time frame for the assessment.
3. Decide whether the basic or enhanced assessment will be used.
4. Select a case for the assessment. If the caseworker is a CPS investigator and you are conducting a basic-level assessment, you may select either an ongoing or completed investigation. For the enhanced-level investigation, a current active investigation will be necessary so that a direct observation of the worker is possible. For preventive, foster care, or adoption caseworkers, a currently active case that has been open for at least 90 days is recommended.
5. Follow the protocols for collecting information and summarize your observations.
6. Prepare your feedback.
7. Schedule a time and present your feedback and observations to the caseworker.
8. With the caseworker, mutually identify any areas in which an increased practice focus is indicated or where additional skill development is suggested. Jointly develop a plan for practice development in the identified area(s).
9. Decide on a time frame for review of the plan's progress.

Collecting and Synthesizing Information

It is likely that the supervisor already may have had several conversations with the caseworker about the selected case. Given the specific focus of the practice assessment, a separate, more in-depth case conference is recommended so that the supervisor and caseworker can have a more comprehensive conversation about practice in each of the practice domains.

Providing Feedback

A number of characteristics make feedback more effective. Generally, feedback is more useful when it is **specific, well-timed, direct, behavioral, and clear.**

The supervisor will be providing feedback about how the caseworker performed in relation to an expectation or standard of practice. Such developmental feedback provides information about (1) what the caseworker did that helped meet the expectation, or (2) what may have led to the caseworker not meeting the expectation. In summary, developmental feedback confirms performance-enhancing behavior and/or identifies behavior needed for better performance relative to an expectation.

Planning for Professional Development

When the assessment identifies developmental needs, support for development should follow. The caseworker will be frustrated if needs are identified, but then he or she is left alone to figure out what to do next. The supervisor may meet some needs through coaching. If more training is needed, the supervisor may want to work in collaboration with the staff development coordinator to find resources to aid the caseworker's development.

Chapter 3

Expectations for Casework Practice

The Practice Framework

Practice is the principal means through which the Office of Children and Family Services and local districts pursue the mission goals of safety, permanency, and well-being. Practice is composed of a set of interpersonal assessment and helping skills, along with change-promoting activities, used by caseworkers in their work with children and families.

Over the past decade, OFCS has worked diligently to improve its supports for practice. Outcome-Based Training (OBT) has served as the main foundation for practice enhancement.

OCFS built OBT on a framework of practice containing four domains:

- The value of the casework relationship.
- A clear, systemic, strengths-based, child-centered, family-focused approach to assessment.
- A consideration that the casework role is to influence change in the caregiver, the family, and the family's environment that affects safety, permanency, and well-being.
- A continuous attention to safety throughout the life of the case.

In addition, OFCS has redesigned its monitoring processes, specifically the Ongoing Monitoring and Assessment (OMA) and the Safety and Permanency Assessment (SPA), to consider qualitative dimensions of practice as well as regulatory compliance.

In recent years, OFCS developed a practice assessment approach called Practice Baseline, which helped determine the impact of OBT. Observations drawn from small, nonrandom samples of cases suggested that caseworkers who had been trained in OBT were twice as likely to demonstrate a focus on practice framework dimensions and to emphasize these dimensions in their case practice.

Though Practice Baseline proved useful, it is also labor intensive. Practice Baseline involved interviews with the caseworker, supervisor, birth parent, foster parent (if relevant), child, and a social network member. The case record was also part of the review. Although the process produced a wealth of qualitative information, because of the interview component it took more than a day to collect and synthesize information about a single case. In 2002, OCFS decided to pursue development of a supervisory tool that could approximate Practice Baseline. *A Supervisor's Guide to Assessing Practice* is that tool.

The Four Practice Domains

The Casework Relationship

Although certain clinical therapies such as Cognitive Behavioral Therapy have proven effective, a considerable body of research also finds that characteristics of the helper may have more of an influence on positive outcomes than any particular technique. It is for this reason that OCFS substantially increased the extent of the focus on interpersonal helping skills in OBT. Caseworkers attending OBT improve their effective use of attending behaviors, verbal following, reflections, use of open questions, and summarization. They also learn and practice the behavioral basis of the core conditions of helping, such as empathy and genuineness. In addition, they learn a number of skills derived from child-centered, family-focused practice such as reframing and solution-focused questions.

The intent of this aspect of OBT is to provide the basis for improved performance in three aspects of the casework relationship:

- Engagement
- Collaboration
- Mutuality

Engagement

Engagement literally means “to gain and hold the attention of another.” In the context of the casework relationship, it involves (1) talking with family members and motivating them to share the information necessary to make sound case decisions, and (2) gaining their participation in give-and-take discussions of concerns, needs, and solutions to those needs.

As a process that occurs throughout the life of the case, engagement is an important part of developing a professional helping relationship with clients. Like all human relationships, the professional helping relationship proceeds through a series of developmental phases:

1. Prior experiences and the decisions made from them create what becomes the first stage of relationships—**pre-engagement anticipation of the other**. In this stage, prior images and experiences form a screen through which the other is first seen and shapes the initial strategies for subsequent stages.
2. The initial interaction enacts the second stage—**engagement**—which is the act of stimulating interest in the other and of gaining and holding the other’s attention. Most cultures have evolved greeting rituals that begin the process of engagement. Greeting rituals include safe social inquiries such as, “How are you?” or “What do you think of the weather?” These exchanges are often followed by efforts to steer the interaction to some area of mutual interest. Ultimately, the caseworker must engage family members in conversation about specific topics such as the child’s safety, the caregiver’s contribution to the child’s maltreatment, or the caregiver’s own needs.
3. In the third stage—**reaching for mutual understanding**—the parties exchange information in an effort to come to some common understanding of each other and their interests and to determine if there is a basis for mutual action together.

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4. If the basis of mutual action is reached, the fourth stage—**taking action**—takes place. The choice of actions can be as simple as continuing the conversation for the purpose of social contact or engaging in joint activity toward some more complex common goal.
5. The **decision to continue**—the fifth stage—is based on each party's perception of the efficacy of the relationship.

Behaviors relevant to engagement include:

- Caseworker is able to gain and hold the attention of family members on topics that are the focus of assessment and ongoing goal-directed work.
- Caseworker builds on internal client motivations to change.
- Caseworker recognizes signs of resistance and supports expression of underlying client feelings of vulnerability or loss of control.
- Family members display an openness and continuing willingness to discuss needs.
- Family members demonstrate being engaged by maintaining an effort to change over time.
- Caseworker identifies and verbally acknowledges family strengths.
- Caseworker acknowledges feelings as well as content.
- Caseworker summarizes and communicates back what has been heard, seen, and understood.

Evidence of engagement might be found in:

- Family members' disclosure of relevant information.
- Family members' view that the caseworker is a source of help.
- Family members' investment in working toward resolution of mutually identified issues.
- Family members' active participation in change-promoting activities and efforts to resolve needs and concerns.
- Family's responsiveness to caseworker contacts and offers of assistance.
- Caseworker's ability to describe family members' feelings, thoughts, and perceptions in the words of the family member rather than as an interpretation of the caseworker.

Collaboration

Collaboration means “to work together, especially in a joint effort.” When the caseworker and family are collaborating, they are combining their knowledge and ideas in a joint effort to meet a need or to solve a problem. When they are not collaborating, the caseworker, and therefore the agency, is “doing to” the client. The client may be submitting to the authority of the agency and complying with agency directions

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but may not be changing. Research has shown that collaboration is associated with clients achieving better outcomes.

Behaviors relevant to collaboration include:

- Caseworker and family members work jointly together.
- Caseworker “joins” with the family system.
- Caseworker demonstrates a desire to comprehend the family’s experience and view of itself.
- Caseworker explains reasons for casework and agency decisions and actions in a manner understandable to the family.
- Caseworker accepts differences in culture, age, gender, and race, and views them as potential strengths arising from diversity.
- Caseworker seeks to understand before attempting to be understood.
- Caseworker attempts to mediate disagreements rather than relying primarily on legal authority.

Evidence of collaboration might be found in:

- Signs that family members have contributed ideas on how needs and concerns are defined and on what interventions are likely to help.
- Mutuality in decision-making and interdependent work with the caseworker to achieve change.
- The family’s sense that they have some control over their fate and future.

Mutuality

Mutuality means “having the same relationship, each to the other, having reciprocity, possessing in common.” A relationship is mutual to the extent that each party consents to it, shares some interest or goal in common, and receives fair consideration for what is exchanged between the parties.

Although many DSS clients become involved with the child welfare system involuntarily, mutuality is still possible. The legal context of the relationship’s beginning need not mean that the relationship remains one-sided. Clients will invest time and resources in an effort to change. In turn, they seek support and assistance with their efforts.

Behaviors associated with mutuality include:

- A give and take between the parties
- Seeking common ground
- Making and keeping commitments
- Helping each other in the process

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Evidence of mutuality may be found in:

- Caseworker and family keep each other up to date.
- Caseworker and family inform and consult with each other before major decisions are made or implemented.
- Caseworker and family consider each other's needs, feelings, thoughts, and perceptions.

Assessment Focus

OBT seeks to strengthen caseworker capability to:

- Identify and build on strengths.
- Assess family dynamics systemically.
- Identify underlying conditions and contributing factors associated with a child's maltreatment.

OCFS has chosen a child-centered, family-focused approach to practice. According to Dunst, Trivette, and Teal (2000, p. 4), there are eight major features of a family-focused model:

1. Adoption of a social systems perspective of families that suggests a new and expanded definition of intervention.
2. Movement beyond the child as the sole focus of intervention, toward the family as the unit of intervention.
3. Major emphasis on empowerment of families as the goal of intervention practice.
4. A proactive stance toward families that places major emphasis upon promotion of growth-producing behavior rather than treatment of problems or prevention of negative outcomes.
5. Focus on family, and *not* professionally identified needs and aspirations, as the primary targets of intervention.
6. Major emphasis on identifying and building upon family capabilities as a way of strengthening family functioning.
7. Major emphasis on strengthening the family's personal social network and using this network as a primary source of support and resources for meeting needs.
8. A shift and expansion in the roles professionals play in interactions with families and the ways in which these roles are performed

This perspective builds on the work of Bronfenbrenner (1979, p. 7):

Whether parents can perform effectively in their child-rearing roles within the family depends on the role demands, stresses, and supports emanating from other settings.... Parents' evaluations of their own capacity to function, as well as their view of their child, are related to external factors such as flexibility of job schedules, adequacy of child care

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arrangements, the presence of friends and neighbors who can help out in large and small emergencies, the quality of health and social services, and neighborhood safety. The availability of supportive settings is, in turn, a function of their existence and frequency in a given culture or subculture.

The family as the unit of intervention recognizes that the family system is composed of interdependent members. Strengthening and supporting the family unit and not just the child enhances the chance of making a significant positive impact on all family members.

Strengths are resources both for successful social functioning and for change. Strengths exist in context: What is a strength in one situation might actually be a barrier in another. For example, a strong will may be the basis for determination but also the basis for opposing needed changes.

The most critical strengths among parents in relation to their child-rearing role are the capacities to nurture, protect, and provide. These are protective capacities. All protective capacities are strengths, but not all strengths are necessarily protective capacities. For example, a parent might be skilled at bowling, which is a strength in sports but not necessarily a protective capacity relative to a child's potential maltreatment.

All strengths have value in engagement. One basis of the clinical concept of respect is "appreciating" statements. By identifying and valuing any strength of a family member, the caseworker is communicating respect and will more successfully engage family members. Ultimately, the strengths sought during assessment are those resources and supports that meet identified family needs.

A caseworker's focus on strengths in assessment requires that the caseworker identify family resources, capabilities, beliefs, and experiences that are resources (strengths) for child safety, permanency, well-being, and change

Evidence of a focus on strengths may be found in:

- Specific reference to strengths in the assessment.
- Directly building on strengths in the service plan.
- Use of extended family and social network members as resources to meet family needs.
- Case plans that specifically identify protective capacities that will be enhanced through the case plan.

A systemic focus in assessment implies that the caseworker seeks to comprehend the dynamic interactions among family members, how these interactions influence family behavior, the dynamic interactions between family members and their ecosystem, and how these interactions impact family members. Some information about interactions and impact is gained through the use of circular questions such as, "When your father threatens your mother, how does that make you feel?" Direct questions about dyadic interactions are also useful, such as, "When you have tried everything to get the baby to stop crying and she still doesn't, how do you react?"

Direct observation of family interactions is an important source of information. Directly observing family members' interactions, parent-child, or mother-partner, is necessary to comprehend how social interaction in the family actually occurs.

Assessment is generally considered nonsystemic if it only identifies conditions of the perpetrator as the exclusive focus of intervention. Such an assessment would reflect a more psychological orientation and

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assume that the entire basis of the maltreatment is explained by the psychological orientation of the maltreating caregiver.

Behavior associated with a systemic focus in assessment is found when:

- In addition to the underlying conditions and contributing factors associated with individual family members, the caseworker recognizes strengths and needs associated with the interactions within the family and between the family and its community and culture

Evidence of a systemic focus in assessment might be:

- The caseworker is able to describe how family members perceive one another.
- The caseworker can explain how the roles of various family members, extended family members, the family's relationships with friends, and the family's relationship with community contribute to the child's maltreatment and the child's future safety.
- The caseworker can explain how family roles, boundaries, communication, and power distribution influence the child's maltreatment.
- During the assessment, the caseworker inquires about family members' relationships with one another and with persons and institutions in the family's culture and community.
- There are references in the assessment and ongoing progress notes to family interaction internal to the family and with community and social supports .

Sometimes there is a tendency to identify only problems and to refer these problems to services without a further analysis of underlying conditions and contributing factors. In individuals, underlying conditions refer to thoughts, feelings, needs, perceptions, beliefs, values, intellectual capacities, emotional capacities, physical capacities, and one's adaptation to personal history. In family systems, underlying conditions can refer to communication patterns, boundaries, power distribution, norms, and rules. Contributing factors generally refer to individual and family dynamics that are considered issues in adult, child, or family functioning. These can include such things as mental illness, substance abuse, domestic violence, developmental disabilities, unemployment, race or gender discrimination, or poverty.

The tendency to assume that maltreatment is a result of poor parenting skills is often an example of assessment that does not look at underlying conditions and contributing factors. This can result in a service plan (generally parenting skills training) that may not be warranted. For example, a mother may not feed her children regularly, supervise them properly, or ensure that they are dressed appropriately for the weather. Although this could be lack of knowledge about child development, it may also be a function of depression, substance abuse, or lack of empathy for her children.

Behavior associated with a focus on underlying and contributing factors means:

- With family members, the caseworker is able to mutually identify underlying conditions and contributing factors associated with risk and safety factors, permanency, and well-being.

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Evidence of a focus on underlying conditions and contributing factors in assessment might be found in:

- Recorded information in the assessment concerning underlying conditions and contributing factors.
- Verbal communication with the supervisor regarding underlying conditions and contributing factors.
- Exploration with family members to identify possible underlying conditions and contributing factors.
- Information about family members' explanations as to the reasons for their behavior and their perceptions and beliefs about the child.

Focus on Change

If you ask caseworkers, supervisors, and managers, "Is the role of the caseworker to influence change in families or simply to identify problems and arrange services?" the answers vary greatly. In constructing its practice framework and OBT to support it, OCFS articulated its understanding that the casework role involves influencing change. Toward this end, OBT contains a number of skills associated with change. It helps caseworkers identify and influence change readiness by assessing and influencing five change-related variables:

1. Present discomfort
2. Internalization of responsibility
3. Efficacy
4. Emotional security
5. A preferred alternative future

Present discomfort is the anxiety associated with an aroused need. Sometimes we experience the need for change internally, which motivates us to begin the change process. However, we also possess a number of psychological strategies that allow us to avoid confronting our anxieties. Two strategies in particular are denial and rationalization. With denial, we reject all information that indicates we need to change our behavior. With rationalization, we accept the information but minimize its significance. Additional avoidance strategies may include projection (ascribing responsibility for a problem to others) and aggression (attempting to drive off the source of the information, thereby removing the discomfort).

To participate in lasting change, individuals must see themselves as responsible, in some capacity, for their current situation (**internalization of responsibility**). They must also recognize that, in order for things to be different, they must take action to make it so. Without these conditions, they are most likely to attribute the cause of their problems to other people. They will think the only way to be free of the problem is for others to act differently.

Efficacy is the ability to influence others and the confidence that one's actions will have positive consequences. An important component of efficacy is skill and information. People are reluctant to undertake actions when they don't know what to do or how to do it. They may not act at all if they don't feel that they can be successful. For these reasons, a strengths-oriented focus in child welfare interventions stands to have a positive impact on change efforts.

Carl Rogers identified the importance of **emotional security** in change. Change generally involves learning, and learning rarely occurs with immediate, perfect performance. Early failures are common, and

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failure diminishes self-esteem. The assessment process may lead to exposure of information that subjects a person to risk of negative judgment and blame.

Another important element in emotional security is physical safety. Children who fear parental reprisals are commonly reluctant to divulge their parents' actions to others. (For similar reasons, a woman may fear disclosing domestic violence.)

After physical safety, other forms of vulnerability come into play. These are closely tied to the remaining human needs. A person may fear loss of worth or loss of connection to others. Loss of control means loss of autonomy and increased dependence. Loss of control and vulnerability are the two biggest reasons for resistance to change. What is often labeled as resistance, or noncooperation, is really a reaction driven by underlying feelings of vulnerability and loss of control.

Anyone who has ever voluntarily relocated did so with a belief that where they were going offered more than where they were. Moving away from home means giving up the security of parental support in favor of autonomy and personal freedom. So it goes with change in human behavior. Abandoning one course of action requires the perception that another course will bring desired consequences. Therefore, goal setting means more than simply meeting today's requirements of accountability in case planning. It is the act of stimulating the anxiety associated with the gap between the present and **a preferred alternative future**.

In addition, OBT trains caseworkers to develop goals with families that reflect actual change in behavior rather than simple compliance with service steps (e.g., attending parenting classes). A focus on behavioral change means attending to patterns of behavior over time. Furthermore, it can mean acquiring a new skill, changing one's perceptions, or changing one's beliefs—the latter two being examples of changes in cognitive behavior. Change in family actions will generally mean changes in underlying conditions and contributing factors. These changes in patterns of behavior are generally necessary for a child to be safe, to not experience repeat maltreatment, and to have his or her needs met.

Behaviors associated with change readiness include:

- The caseworker assesses family members' current cognitive and emotional status relative to five change variables.
- The caseworker provides concrete guidance and feedback along with emotional support toward improving change readiness where change is needed to ensure child safety, permanency, or well-being.

Behavior associated with a focus on behavioral change includes:

- The caseworker identifies, with family members, the necessary cognitive, emotional, and behavioral changes necessary for safety, permanency, and well-being.
- The caseworker and family recognize and acknowledge when change is or is not occurring.
- The caseworker maintains a focus on mutually agreed-upon change during the life of the case.

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Evidence of a focus on change readiness might be found in:

- Information in progress notes pertaining to the current state of the five change variables.
- Regular inquiry and discussion with family members about the status of the five change variables.
- Use of the five change variables to explain possible lack of progress.

Evidence of a focus on behavioral change might be found in:

- Case goals that reflect actual behavioral change.
- Systematic monitoring of progress and recording of such information in progress notes.
- Redirection of the case plan when progress is not occurring.
- Information indicating the family's view of its progress and reasons for lack thereof.
- Encouragement and evidence of coaching family members around strategies for change.
- Clear feedback to family members when change is not occurring.

Safety Throughout the Life of the Case

The OFCS safety assessment was originally designed to be sensitive to currently active safety factors and as a guide to investigators during the initial hours of an investigation when in-depth assessment information is not readily available. The safety assessment has guided safety decision-making for more than a decade. The criteria were also intended to serve as sentinels of safety throughout the life of the case. Updated safety assessments are required at several points in the case process.

Although caseworkers are instructed to be observant about safety during all contacts and throughout the life of the case, it is often difficult to tell if this is actually happening. Crisis-related services often are incident-driven. Although dramatic changes are noticed, subtle changes may go unnoticed. An ongoing attention to safety requires attention to elements that constitute high and very high risk of serious harm, as well as previously identified safety factors.

Behaviors associated with a strong focus on safety include:

- The caseworker recognizes safety factors present in a child's environment.
- The caseworker recognizes family underlying conditions and contributing factors that indicate a low likelihood that a child will be safe within the family in a time frame appropriate to the child's developmental needs.
- The caseworker builds on the family's knowledge of safety concerns and helps the family recognize threats of serious harm.
- The caseworker initiates a safety response (plan) that protects children from the identified safety factor or combination of safety factors that imply immediate danger of serious harm.
- When implementing a safety response, the caseworker develops and implements a plan for monitoring the adequacy of the safety response.
- The caseworker evaluates when safety responses are no longer necessary and steps down safety plans accordingly.

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- Caseworker builds a safety response through family involvement and based on identified family protective capacities where feasible.
- Caseworker recognizes when safety plans can or need to be adjusted.
- Caseworker recognizes when a previously safe situation now presents immediate danger of serious harm and initiates an immediate safety response.

Evidence of a focus on safety might be found in:

- Clear attention to all safety factors, not just those associated with the incident or report.
- Credible information confirming or disconfirming the presence of a safety factor.
- Safety decisions that reflect consideration of all children, not just those mentioned in the report, and all caregivers, not just the maltreating caregiver.
- Safety plans that immediately control safety factors and do not confuse immediate safety interventions with change services.
- Information indicating the family's view of a child's safety and the seriousness of any identified safety factors.
- Identification about extended family and social network members who can help promote a child's safety.
- Regular inquiry with the family about the status of safety factors and other high or very high factors indicating danger of serious harm.
- Current knowledge of how a safety plan is working and awareness of any indicators that a safety plan may not be working.

Expectations

A basic component of building performance begins with clear expectations. Training can prepare caseworkers to meet expectations, but job expectations have to be communicated clearly by supervision and management. Statements like "Learn to do the job and do it" are too vague. Moreover, the supervisor needs to be clear about his or her expectations relative to each practice domain since the caseworker will be receiving feedback about each one. The following expectations serve as a guide for supervisors. Individual supervisors may want to modify them or put them into his or her own words.

Expectations for the Casework Relationship

The caseworker:

- Effectively uses interpersonal helping skills.
- Demonstrates empathy, respect, and genuineness.

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- Demonstrates a desire to comprehend the experience of the family.
- Demonstrates a pattern of strategic and meaningful contact.
- Ensures privacy and honors guidelines for confidentiality.
- Acknowledges family strengths and progress.
- Is respectful of the family's time and therefore has a predefined plan and outcome for each contact; explains the purpose for each visit.
- Demonstrates a respect for cultural differences.
- Demonstrates an ability to work with others who are of a different culture, race, age, gender, social class, and belief system.
- Works jointly with the family.
- Establishes common goals with the family.
- Demonstrates reciprocity with the family.
- Negotiates development and mutual acceptance of safety decisions and plans using influence and persuasion rather than threats and authority.
- Seeks family members' perceptions thoughts and ideas about why things happen and how to meet needs.
- Assesses family's understanding of their safety and service plans and what they are designed to accomplish.
- Negotiates agreement with family on the goals, tasks, and measures of progress.

Expectations for the Assessment Focus

The caseworker:

- Identifies useable resources as strengths to ensure child safety, permanency, and well-being and to meet needs.
- Specifically references strengths in the assessment.
- Builds on strengths in the service plan.
- Uses extended family and social network members as resources to meet family needs.
- Develops case plans with the family that specifically identify protective capacities that will be enhanced through the case plan.

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- Recognizes strengths and needs associated with the interactions within the family and between the family and its community and culture.
- Elicits the family's perceptions of their needs and strengths.
- Balances safety threats and protective capacities to make safety decisions.
- Assists the family in identifying and drawing on strengths.
- Assesses strengths to determine if available to reduce risk and control/mitigate safety threats.
- With family members, mutually identifies underlying conditions and contributing factors associated with risk and safety factors, permanency, and well-being.
- Assesses the family's network (formal and informal) for membership, reciprocity, plausibility, and support for resolving safety and permanency issues.
- Matches identified formal and informal resources that are willing and able to help families achieve the outcomes identified in their service plan.
- Explores the assistance that family supports can provide in ensuring the success of intervention.
- Assesses family communications, roles, rules, norms, and boundaries and how they influence safety, permanency, and well-being.
- Focuses assessment and intervention on the family as a unit and not just one individual.

Expectations for the Focus on Change

The caseworker:

- Assesses family members' current cognitive and emotional status relative to five change variables.
- Provides concrete guidance and feedback, along with emotional support, for improving change readiness where change is needed to ensure child safety, permanency, or well-being.
- Identifies with family members the necessary cognitive, emotional, and behavioral changes necessary for safety, permanency, and well-being.
- Recognizes and acknowledges when change is or is not occurring.
- Maintains a focus on mutually agreed upon change during the life of the case.
- Defines change for the family in behavioral terms.
- Regularly assesses progress toward case goals.
- Regularly provides family members feedback on progress toward case goals.

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- Revises the case plan when progress toward goals is not occurring within reasonable time frames.

Expectations for Safety Throughout the Life of the Case

The caseworker:

- Recognizes safety factors present in a child's environment.
- Conducts safety assessments to reflect current safety status throughout the life of a case.
- Supports safety decisions with the findings of the safety assessment.
- Builds on the family's knowledge of safety concerns and helps the family recognize incidents of or threats of serious harm.
- Develops safety plans that immediately control safety situations.
- Assesses the effectiveness of safety interventions (control) and service planning (change) and makes plan modifications when the situation warrants.
- Builds a safety response through family involvement and based on identified family protective capacities whenever feasible.
- Develops and implements a plan to reliably monitor safety interventions.
- Recognizes when safety situations are escalating or protective capacities are weakening, suggesting that a child is or is about to be in immediate danger of serious harm.
- Records observations about safety factors and any current safety interventions in visits, telephone contacts, and information gathered from service providers, extended family members, and other collateral contacts.
- Develops service plans with a goal of resolving all safety concerns and strengthening family protective capacities.
- Consistently discusses child safety issues and plans during contacts.
- Clearly communicates negotiable and non-negotiable behavior (behavior necessary for child safety) and the consequences for deviation from non-negotiable behavior.
- Recognizes family underlying conditions and contributing factors that indicate a low likelihood that a child will be safe within the family in a time frame appropriate to the child's developmental needs.
- Initiates a safety response (plan) intended to protect a child from each identified safety factor or combination of factors that suggests a child is in immediate danger of serious harm.
- Evaluates when safety responses are no longer necessary and proceeds to adjust safety plans accordingly.

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- Recognizes when safety plans can or need to be adjusted.
- Recognizes when a previously safe situation now presents immediate danger of serious harm and initiates an immediate safety response.

References

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Dunst, C.J., Trivette, C.M., & Deal, A.G. (2000). Enabling and empowering families. In C.J. Dunst, C.M. Trivette, & A.G. Deal (Eds.), *Supporting and strengthening families: Methods, strategies and practices*. Cambridge, MA: Brookline Books.

Chapter 4

The Basic Practice Assessment

The Basic Practice Assessment relies on two sources of information: the case record and supervisory case conferences. In this section you will find protocols to guide your review of the case record and a supervisory case conference. These protocols are guides. The record review and case conference protocols are divided into four sections, with each section relating to one of the four practice domains:

- The Casework Relationship
- Assessment Focus
- Focus on Change
- Safety Throughout the Life of the Case

It is recommended that you examine all four domains if you have never conducted a practice assessment with the caseworker. If you have previously conducted a practice assessment with the caseworker, you may decide that attention to only one or two domains is needed.

The protocols in this section are designed for the Basic Practice Assessment and assume that you have not observed the caseworker or spoken with family members and service providers. If you choose to conduct the Enhanced Practice Assessment, you may need to adapt some of the questions in the protocols to reflect this.

The Case Record Review

Although the case record has limited information regarding the first domain (the casework relationship), it is a good source of information for the other three areas. Nevertheless, attention to the casework relationship can inform the practice assessment.

Supervisors can decide to use one, two, three, or all four practice domains. If you decide to use more than one, you might review the case record and then make notes on the protocol from memory. Alternatively, you might choose to review the case record using each domain separately.

We recommend that you pick a specific time period for the review, such as the past three to six months. In the context of the caseworker relationship, the focus should be on how the relationship is conducted now and in the recent past. Other historical information may be relevant if relationship issues that came up earlier are now barriers or continuing issues.

Case Record Review Questions at a Glance

Casework Relationship:

1. Does the case record indicate core aspects of the caseworker's relationship with the family?
2. How did the family collaborate in assessment and planning decisions?
3. What is the evidence of mutuality in the relationship with the family?

Assessment Focus:

1. Do assessments indicate a focus on identifying and building on family strengths?
2. What is the caseworker's focus on using a systematic approach in assessment?
3. What is the caseworker's focus on identifying underlying conditions and contributing factors to the child's maltreatment and unmet well-being needs?

Focus on Change:

1. What is the caseworker's continuing focus and level of emphasis on change readiness and on supporting and influencing change?

Safety Throughout the Life of the Case:

1. Is the current safety assessment accurate?
2. Does the safety plan (if relevant) immediately and adequately control all identified safety factors?
3. Did the family collaborate in assessing child safety and developing a safety plan (if a plan is present?)
4. Does the safety plan (if present) incorporate extended family and social network members as additional protective capacities if appropriate?
5. Is there a continuing focus on safety?

Case Record Review Protocol
Casework Relationship

1. Does the case record indicate core aspects of the caseworker's relationship with the family?

Positive Indicators:

- Progress notes indicate the content/focus of contacts with the family and family members' responsiveness to the caseworker.
- Progress notes indicate how the worker and family worked together in the assessment process and the development and monitoring of the family plans.
- Case record documentation reflects the family members' feelings, thoughts, and perceptions in their words.
- Progress notes indicate that family members disclose information (indication of trust), actively participate, and invest energy in working toward the goals.
- Progress notes indicate that the family has an open relationship with the caseworker.

Indicators of concern:

- Progress notes indicate no evidence of exploring family members' perceptions of problems, strengths, or goals.
- Progress notes only indicate what the caseworker has "told" the family.

Notes

Case Record Review Protocol

Casework Relationship, continued

2. How did the family collaborate in assessment and planning decisions?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Progress notes indicate that the caseworker and family are working together jointly on the case plan and services.<input type="checkbox"/> Progress notes indicate that the worker has explained the reasons for the casework and the agency involvement and decisions.<input type="checkbox"/> Progress notes indicate that the caseworker acknowledged the family's view of the agency's involvement and discussions about the issues.<input type="checkbox"/> Progress notes indicate what ideas family members contributed that explain the child's maltreatment and what might help prevent it in the future. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Progress notes suggest there is tension and conflict in the relationship.<input type="checkbox"/> Progress notes contain no information on the family's view of their situation and needs.	<p>Notes</p>

Case Record Review Protocol

Casework Relationship, continued

3. What is the evidence of mutuality in the relationship with the family?

Positive indicators:

- Progress notes reflect discussions with the family that show a give and take between parties.
- Progress notes indicate the commitments made by both the worker and the family, and indicate how and when these commitments were maintained.
- Progress notes indicate the sharing of caseworker and family perceptions of the family's needs and success in meeting these needs.
- Progress notes indicate a timely and meaningful sharing of information between the caseworker and family members.

Indicators of concern:

- There is little or no indication of mutual commitments or agreement.
- Family members' requests for information or assistance go unmet.

Notes

Case Record Review Protocol

Assessment Focus

1. Do assessments indicate a focus on identifying and building on family strengths?	
<p>Positive Indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> There are specific references to strengths in the assessment.<input type="checkbox"/> Strengths identified are strengths in the context of the family's needs and not just admirable qualities of family members.<input type="checkbox"/> Service plan incorporates strengths and uses these as a basis of the service plan.<input type="checkbox"/> Case plans include (as relevant) extended family and social network members capable of enhancing the family's protective capacities.<input type="checkbox"/> Progress notes indicate a discussion of strengths with family members.<input type="checkbox"/> Progress notes indicate a continuing recognition and building of strengths over time, not just an initial identification of strengths.<input type="checkbox"/> The case plan indicates which protective capacities (strengths specific to safety) must be increased in the family for the child to remain safe. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is no attention to strengths.<input type="checkbox"/> Strengths are listed but not built upon in the case plan.<input type="checkbox"/> Strengths listed have little or no relationship to the family's needs.	<p>Notes</p>

Case Record Review Protocol

Assessment Focus, continued

2. What is the caseworker's focus on using a systematic approach in assessment?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Progress notes and assessment summary reflect how family members perceive one another.<input type="checkbox"/> Assessment summary explains how the roles of various family members, extended family members, the family's relationships with friends, and the family's relationship with the community contribute to the child's maltreatment and the child's future safety.<input type="checkbox"/> Assessment summary explains how family roles, boundaries, communication, and power distribution influence the child's maltreatment.<input type="checkbox"/> Progress notes or assessment summary explain how during the assessment, the caseworker inquired about family members' relationships with one another and with persons and institutions in the family's culture and community.<input type="checkbox"/> Progress notes and assessment summary contain references to family interaction internal to the family and with community and social supports. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Focus seems entirely on individuals and excludes attention to interaction of family members.<input type="checkbox"/> Assessment excluded consideration of family dynamics.<input type="checkbox"/> Assessment focused only on the nuclear family and excluded social network and extended family resources.	<p>Notes</p>

Case Record Review Protocol

Assessment Focus, continued

3. What is the caseworker's focus on identifying underlying conditions and contributing factors to the child's maltreatment and unmet well-being needs?

Positive indicators:

- Recorded information in the assessment identifies underlying conditions and contributing factors.
- Progress notes indicate an exploration with family members to identify possible underlying conditions and contributing factors.
- Progress notes contain information about family members' explanations for their behavior and their perceptions and beliefs about the child.

Indicators of concern:

- There is no attention to beliefs about child rearing or caregivers' perceptions of the child in the assessment.
- Assessment only identifies highly visible issues like substance abuse without exploring the caregivers' explanations of the maltreatment.

Notes

Case Record Review Protocol
Focus on Change

1. What is the caseworker's continuing focus on change readiness and on supporting and influencing change?

Positive indicators:

- Progress notes and assessment summary contain information about the current state of the five change variables.
- Progress notes indicate regular inquiry and discussion with family members about the status of the five change variables
- Progress notes indicate use of the five change variables to explain possible lack of progress.
- Case plan contains case goals that reflect actual behavioral change.
- Progress notes indicate a systematic monitoring of progress and recording of such information in progress notes.
- UCR updates indicate a redirection of the case plan when progress is not occurring.
- Progress notes record information indicating the family's view of its progress or reasons for lack thereof.
- Progress notes indicate encouragement and evidence of coaching family members around strategies for change.
- Progress notes contain evidence of clear feedback to family members when change is not occurring and positive reinforcement of progress.

Indicators of concern:

- There is little or no attention to change readiness.
- There is no indication of a change of plan when progress is not occurring as expected.

Notes

Case Record Review Protocol

Safety Throughout the Life of the Case

1. Is the current safety assessment accurate?	
<p>Positive indicators:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Case record contains safety assessments at all required time frames and at mandated times during the life of the case. <input type="checkbox"/> There is clear attention to all safety factors, not just those associated with the incident or report. <input type="checkbox"/> There is credible information confirming or disconfirming the presence of a safety factor. <input type="checkbox"/> The safety decision reflects consideration of all children, not just those mentioned in the report, and all caregivers, not just the perpetrator. <input type="checkbox"/> There is documentation that the safety assessments were discussed with the involved parties and they understood the assessment. <input type="checkbox"/> There is documentation that the worker took into consideration all protective capacities and child vulnerabilities in making the safety decision. <p>Indicators of concern:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety assessment examines only safety concerns specific to the last report. <input type="checkbox"/> Safety assessment focuses only on children named in the report. <input type="checkbox"/> Safety assessment does not focus on all adults living in or frequenting the home. <input type="checkbox"/> Information is inadequate to support the safety conclusions. <input type="checkbox"/> The information is not sufficient. 	<p>Notes</p>

Case Record Review Protocol

Safety Throughout the Life of the Case, continued

2. Does the safety plan (if relevant) immediately and adequately control all identified safety factors?

Positive indicators:

- Safety plan immediately controls safety factors and does not confuse immediate safety interventions with change services.
- There is clear documentation that the safety plan is specific to each adult and child.
- Safety plan clearly identifies who is responsible for each part of the safety plan and how the plan will protect the child(ren) from immediate danger of serious harm.

Indicators of concern:

- Safety plan is confused with the service plan.
- Safety plan does not immediately control safety factors.

Notes

Case Record Review Protocol

Safety Throughout the Life of the Case, continued

3. Did the family collaborate in assessing child safety and developing a safety plan (if a plan is present)?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Information indicating the family's view of a child's safety and the seriousness of any identified safety factors. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is little or no evidence of family members' view of the child's safety.<input type="checkbox"/> There is little or no evidence of the caseworker's attempt to involve the family in safety planning or safety plan implementation.	<p>Notes</p>

4. Does the safety plan (if present) incorporate extended family and social network members as additional protective capacities if appropriate?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Safety plan identifies extended family and social network members who can help promote a child's safety and how they will do so. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is little or no evidence that extended family resources were explored.<input type="checkbox"/> Evidence exists that extended family or network resources were potentially available and appropriate but not used.	<p>Notes</p>

Case Record Review Protocol
Safety Throughout the Life of the Case, continued

5. Is there a continuing focus on safety?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Progress notes indicate regular inquiry with the family and/or caseworker observations regarding the status of safety factors and other possible high or very high risk factors.<input type="checkbox"/> Progress notes indicate current knowledge of how a safety plan is working, and awareness of any indicators that a safety plan may not be working.<input type="checkbox"/> Contacts with collaterals and service providers indicate a regular inquiry about the child's recent safety.<input type="checkbox"/> Concerns about safety communicated by collaterals and service providers are actively considered and evaluated.<input type="checkbox"/> Progress notes document attention to assessing safety during every contact. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Progress notes contain no or inadequate information about the continuing efficacy of any current safety plans in place.<input type="checkbox"/> Progress notes contain no or inadequate information about the current state of previously identified safety factors.<input type="checkbox"/> There is no information about the current state of risk factors that could become safety factors (e.g., substance abuse).	<p>Notes</p>

The Case Conference

Case conferences with the supervisor and caseworker are ongoing. For purposes of the practice assessment, it is recommended that you conduct an assessment-specific case conference. However, the protocol is designed to incorporate your summary of your ongoing case conferences and to integrate these with the practice assessment conference.

If you are conducting the Enhanced Practice Assessment you have several options regarding the timing of the case conference:

- You may choose to hold the practice assessment case conference after you have gathered information from all sources. This allows you to integrate the information into your conversation with the caseworker.
- You may choose to have the conference before observing the caseworker and speaking with the family and a service provider so that you have the worker's perceptions in mind when you complete these steps.
- You may choose to have two conferences.

The questions in the protocol serve as guidance for areas to explore with the caseworker.

Case Conference Questions at a Glance

Casework Relationship:

1. Is there evidence of family engagement?
2. How did the family collaborate in assessment and planning decisions?
3. What is the evidence of mutuality in the relationship with the family?

Assessment Focus:

1. What family strengths has the caseworker identified?
2. What strengths has the family identified?
3. How is the caseworker using the identified strengths to achieve the goals of the case plan?
4. How are the extended family members and social network supports being used to support the case plan?
5. How do family members' interactions play a role in the child's maltreatment?
6. What has the caseworker observed about caregiver and child interactions that indicate positive protective capacities or are signs of concern?
7. What underlying conditions and contributing factors explain the child's maltreatment?

Focus on Change:

1. Where does the caseworker assess the family to be today relative to change readiness in regard to:
 - Discomfort about the child's maltreatment?
 - Internalization of responsibility for the child's maltreatment and for change?
 - Efficacy to make change?
 - Emotional security in facing change and within the caseworker relationship?
 - Having a preferred alternative future with safety and permanency for the child?
2. How does the caseworker see each of these influencing current progress with the case plan?
3. What is the caseworker specifically doing to support the family regarding:
 - Identifying needs that are positive motivators or change?
 - Helping family members see how they contribute to current issues and to accept responsibility for change?
 - Creating a safe and trusting caseworker relationship?
 - Building strengths and capacity within the family?
 - Helping the caregivers establish a positive vision for themselves that includes a safe environment for all family members.
4. What behavioral changes must occur in the family for safety, permanency, and child well-being to be achieved?
5. What is the present status of progress toward the case goals?
6. What was the last feedback the caseworker gave the family concerning its progress and what was the feedback?

Safety Throughout the Life of the Case:

1. What has the caseworker observed in your last three contacts that indicates the current safety status of the child?
2. What information has the caseworker received from service providers, foster parents, or extended family members over the past three months that updates your knowledge of the current safety of the child?
3. What progress is being made relative to the underlying conditions and contributing factors associated with identified safety factors?

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4. If there is a safety plan, what information indicates that the safety plan is currently sufficient, that it could be adjusted to a less restrictive plan, or that it needs to be adjusted to plan with more controlling interventions?
5. What is the family's view of the child's present safety and of their ability to promote the child's safety?

Case Conference Protocol
Casework Relationship

1. Is there evidence of family engagement?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker can describe content/focus of contacts with the family and family members' responsiveness to the caseworker.<input type="checkbox"/> Caseworker and family worked together in the assessment process and the development and monitoring of the family plans.<input type="checkbox"/> Caseworker's comments about the case reflect the family members' feelings, thoughts, and perceptions in their words.<input type="checkbox"/> Caseworker identifies information disclosed by family members (indication of trust) that demonstrates how they actively participate and invest energy in working toward the goals.<input type="checkbox"/> There is an indication that the family has an open relationship with the caseworker. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker is unable to describe the situation from the family's point of view.<input type="checkbox"/> There is continuing conflict in the casework relationship.	<p>Notes</p>

Case Conference Protocol
Casework Relationship, continued

2. How did the family collaborate in assessment and planning decisions?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker and family are working together jointly on the case plan and services.<input type="checkbox"/> Caseworker has explained the reasons for casework and the agency involvement and decisions.<input type="checkbox"/> Caseworker acknowledges the family's view of the agency involvement and the discussions about the issue.<input type="checkbox"/> Caseworker identifies ideas the family members have contributed that explain the child's maltreatment and what might help prevent it in the future. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker describes the assessment predominantly in terms of what information s/he gathered and how s/he interprets it.	<p>Notes</p>

Case Conference Protocol
Casework Relationship, continued

3. What is the evidence of mutuality in the relationship with the family?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker can describe discussions with the family that show a give and take between parties.<input type="checkbox"/> Caseworker can describe commitments made by both the worker and the family, and indicate how and when these commitments were maintained.<input type="checkbox"/> Caseworker describes the sharing of caseworker and family perceptions of the family's needs and success in meeting these needs.<input type="checkbox"/> Discussion of the case indicates a timely and meaningful sharing of information between the caseworker and family members. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> It appears that all the energy devoted toward the case goals is coming from the caseworker.<input type="checkbox"/> There is an appearance of "doing to or doing for" as opposed to doing with.	<p>Notes</p>

Case Conference Protocol
Assessment Focus

1. What family strengths has the caseworker identified?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Strengths have been identified.<input type="checkbox"/> The identified strengths relate specifically to meeting the needs of the family. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> No strengths have been identified.<input type="checkbox"/> The identified "strengths" are not actually strengths.	<p>Notes</p>

2. What strengths has the family identified?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> The family has identified its own strengths.<input type="checkbox"/> The identified strengths relate specifically to meeting the needs of the family. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> No strengths have been identified.<input type="checkbox"/> The identified "strengths" are not actually strengths.	<p>Notes</p>

Case Conference Protocol

Assessment Focus, continued

3. How is the caseworker using the identified strengths to achieve the goals of the case plan?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker can explain how strengths are being used and illustrate where in the case plan, and during family contacts, they are being used. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker is unable to satisfactorily answer the question.<input type="checkbox"/> Caseworker's answer shows a misunderstanding of the concept of "building on strengths to meet needs."	<p>Notes</p>

4. How are extended family members and social network supports being used to support the case plan?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Family and informal community supports are specifically involved in helping the caregivers meet the child's needs for safety, permanency, and well-being. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is no apparent meaningful involvement of extended family and community supports.	<p>Notes</p>

Case Conference Protocol

Assessment Focus, continued

5. How do family members' interactions play a role in the child's maltreatment?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker is able to relate how family members perceive one another.<input type="checkbox"/> Caseworker can explain how the roles of various family members and extended family members, as well as the family's relationships with friends and the community contribute to the child's maltreatment safety.<input type="checkbox"/> Caseworker can explain how family roles, boundaries, communication, and power distribution influence the child's maltreatment.<input type="checkbox"/> Caseworker can describe family interaction internal to the family and with community and social supports. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker is unaware of exactly how family members interact, feel about, or perceive one another.<input type="checkbox"/> Caseworker is unable to relate family interactions to the safety and risk concerns in the family.	<p>Notes</p>

Case Conference Protocol

Assessment Focus, continued

6. What has the caseworker observed about caregiver and child interactions that indicate positive protective capacities or are signs of concern?

Positive indicators:

- Caseworker can specifically identify aspects of parent/child interactions that are positive and supportive of the child.
- Caseworker can specifically identify aspects of parent/child interaction that are a threat to child well-being.

Indicators of concern:

- Caseworker has not observed the caregiver and child interact in any normal family routines.
- Caseworker cannot identify positive or concerning aspects of parent/child interaction other than that of the incident that led to case opening.

Notes

Case Conference Protocol

Assessment Focus, continued

7. What underlying conditions and contributing factors explain the child's maltreatment?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker can accurately identify caregiver perceptions of the child, beliefs about children and their care, feelings about the child and/or others, personal skills, cultural practices, values, etc. that influence the caregiver's maltreatment of the child.<input type="checkbox"/> Caseworker can identify relevant contributing risk and safety factors such as substance use or abuse/domestic violence, mental health issues, physical health issues, employment, housing, education, etc., that contribute to the risk and safety concerns.<input type="checkbox"/> Caseworker can explain how identified underlying conditions and contributing factors interact to influence the child's maltreatment. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker is unfamiliar with underlying conditions and contributing factors as concepts.<input type="checkbox"/> Caseworker is unable to identify any of either.<input type="checkbox"/> Caseworker is only able to identify some but not all of the relevant underlying conditions and contributing factors.	<p>Notes</p>

Case Conference Protocol

Focus on Change

<p>1. Where does the caseworker assess the family to be today relative to change readiness in regard to:</p> <ul style="list-style-type: none">• Discomfort about the child's maltreatment?• Internalization of responsibility for the child's maltreatment and for change?• Efficacy to make change?• Emotional security in facing change and within the caseworker relationship?• Having a preferred alternative future with safety and permanency for the child?	
<p>Positive indicators:</p> <p><input type="checkbox"/> Caseworker is able to offer information specific to each.</p> <p>Indicators of concern:</p> <p><input type="checkbox"/> Caseworker is unfamiliar with the concepts.</p> <p><input type="checkbox"/> Caseworker has no current relevant information.</p>	<p>Notes</p>

Case Conference Protocol

Focus on Change, continued

2. How does the caseworker see each of these influencing current progress with the case plan?

Positive indicators:

- Caseworker can explain how each is currently influencing progress.

Indicators of concern:

- Caseworker cannot answer or accurately apply the constructs to the family's current circumstance.

Notes

3. What is the caseworker specifically doing to support the family regarding:

- **Identifying needs that are positive motivators or change?**
- **Helping family members see how they contribute to current issues and to accept responsibility for change?**
- **Creating a safe and trusting caseworker relationship?**
- **Building strengths and capacity within the family?**
- **Helping the caregivers establish a positive vision for themselves that includes a safe environment for all family members?**

Positive indicators:

- Caseworker can specifically relate how each is being done.

Indicators of concern:

- Caseworker is paying little or no attention to these change variables.

Notes

Case Conference Protocol

Focus on Change, continued

4. What behavioral changes must occur in the family for safety, permanency, and child well-being to be achieved?

Positive indicators:

- The case goals are behavioral and not steps.
- The behavioral changes, if achieved, would reduce risk and ensure safety.
- The changes are achievable with available services and supports.

Indicators of concern:

- The case goals are not behavioral.
- The changes will not resolve all identified safety and risk concerns.
- The changes are not realistic.

Notes

Case Conference Protocol

Focus on Change, continued

5. What is the present status of progress toward the case goals?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker accurately describes the family's current status relative to the case plan.<input type="checkbox"/> Caseworker can provide information supporting the progress assessment. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker cannot answer concretely and behaviorally, or uses nonspecific language such as "they are doing well."	<p>Notes</p>
6. What was the last feedback the caseworker gave the family concerning its progress and what was the feedback?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Feedback was recent, specific, and accurate. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Feedback was not recent or specific.<input type="checkbox"/> Feedback was needed but not given.	<p>Notes</p>

Case Conference Protocol
Safety Throughout the Life of the Case

1. What has the caseworker observed in your last three contacts that indicates the current safety status of the child?

Positive indicators:

- Caseworker has made specific inquiries about safety factors.
- Caseworker is able to relate accurate observations about the child's present safety.

Indicators of concern:

- There is no specific new information.
- Caseworker has not asked questions specific to the current state of safety.
- Caseworker is not able to relate accurate or current observations about the child's present safety.

Notes

Case Conference Protocol

Safety Throughout the Life of the Case, continued

2. What information has the caseworker received from service providers, foster parents, or extended family members over the past three months that updates your knowledge of the current safety of the child?

Positive indicators:	Notes
<p><input type="checkbox"/> Caseworker regularly seeks and receives information from others pertaining to possible or actual safety concerns, including any safety interventions currently in place.</p> <p><input type="checkbox"/> Caseworker uses this information to maintain an ongoing assessment of safety.</p> <p>Indicators of concern:</p> <p><input type="checkbox"/> There has been no specific or useful information.</p> <p><input type="checkbox"/> Information received raising concerns about present safety has not resulted in any action.</p>	

Case Conference Protocol

Safety Throughout the Life of the Case, continued

3. What progress is being made relative to the underlying conditions and contributing factors associated with identified safety factors?

Positive indicators:

- Caseworker is able to behaviorally describe the present state of underlying conditions and contributing factors relevant to identified safety factors.

Indicators of concern:

- Caseworker can only relate the family's present participation in services and has no specific information about actual changes or the family's perception of child safety.

Notes

Case Conference Protocol

Safety Throughout the Life of the Case, continued

4. If there is a safety plan, what information indicates that the safety plan is currently sufficient, that it could be adjusted to a less restrictive plan, or that it needs to be adjusted to a plan with more controlling interventions?

<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker can present recent information indicating that the safety plan remains appropriate to the needs of the child. <p>Concerning indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker seems unable to evaluate the level of safety response needed to control safety factors.	<p>Notes</p>
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5. What is the family's view of the child's present safety and of their ability to promote the child's safety?

<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker is able to state the family's views in their words. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker's response indicates a projection or interpretation of the family's opinions rather than direct knowledge.	<p>Notes</p>
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Chapter 5

The Enhanced Practice Assessment

The Enhanced Practice Assessment adds three other possible sources of information: an observation of the caseworker, an interview with the birth parent, and an interview with a community service provider. You may choose to use one, two, or all three additional protocols.

As with the Basic Practice Assessment, you may choose to examine one, two, three or all four practice domains within each protocol:

- The Casework Relationship
- Assessment Focus
- Focus on Change
- Safety Throughout the Life of the Case

Observing the Caseworker

Depending on the amount of time the supervisor and caseworker have worked together and the current state of the relationship, the caseworker may either be comfortable or intimidated by the idea of being observed. Some of the potential anxiety can be allayed by clearly communicating what you will be observing and how you will do this.

It is recommended that you familiarize yourself with the observation questions ahead of time. This will allow you to focus more specifically on observing the caseworker's interaction. It is a good idea to record your observations soon after the visit while the interactions are still fresh in your mind.

The observation protocol is designed for use during a parent-caseworker interaction, which can include other family members. The caseworker should explain the reason for your presence to the family—i.e., that you are observing the caseworker as part of his or her training and development—and obtain their consent before the appointment takes place.

Everyone has a different approach. Remember that you are there to observe the caseworker. If you were the caseworker you might do things differently, ask different questions, or explore different things. However, you should only interrupt the caseworker if the issue is critical, e.g., the caseworker is missing something pertaining to a child's safety.

As with all of the protocols in the guide, the observation protocol is organized by the four practice domains. Since family contacts are not organized around these domains, supervisors would find it awkward to use the protocol during the observation. A supervisor flipping back and forth between pages and recording notes in this fashion would be distracting for both caseworker and family. For this reason you can use the Observation Notes, provided at the end of the protocol, to take notes during the observation.

The planned feedback session should be planned soon after the observation. The caseworker will be anxious to know what you thought about his or her work with the family.

Caseworker Contact Observation Questions at a Glance

Casework Relationship:

1. Does the caseworker demonstrate use of key engagement and relationship-building skills?
2. Is there evidence of a collaborative working relationship?
3. Is there an indication of mutuality in the relationship?

Assessment Focus:

1. Does the caseworker identify relevant strengths?
2. Does the caseworker focus on the family as a unit or just on individuals?
3. Does the caseworker seek to understand the child's maltreatment in the context of underlying conditions and contributing factors?

Focus on Change:

1. Does the caseworker demonstrate an attention to and awareness of family members in regard to:
 - Discomfort about the child's maltreatment?
 - Internalization of responsibility for the child's maltreatment and for change?
 - Efficacy to make change?
 - Emotional security in facing change and within the casework relationship?
 - Having a preferred alternative future with safety and permanency for the child?
2. Does the caseworker demonstrate a clear focus on change?

Safety Throughout the Life of the Case Questions:

1. Does the caseworker recognize safety concerns?
2. Does the caseworker elicit family members' views of the child's safety?
3. For an open case, does the caseworker inquire about the current state of identified safety factors and check for the emergence of new ones?
4. Where a safety plan is in place, does the caseworker check to see that safety responses are still adequate?

Caseworker Contact Observation Protocol
Casework Relationship

1. Does the caseworker demonstrate use of key engagement and relationship-building skills?

Positive indicators:

- Caseworker demonstrates effective attending skills (eye contact, open posture toward the other person, nonverbal following, etc).
- Caseworker uses open questions instead of closed questions whenever possible.
- Caseworker uses reflections of feeling and content to demonstrate verbal following.
- Caseworker seeks to understand.
- Caseworker makes effective use of solution-focused questions, scaling questions, circular questions, and other family-focused practice skills.
- Caseworker behaviorally conveys empathy, warmth, respect, and genuineness.
- Caseworker identifies and acknowledges family members' strengths.
- Caseworker periodically uses summarization to check for clarity.

Indicators of concern:

- Caseworker primarily uses closed questions.
- Caseworker asks multiple or rapid fire questions.
- Caseworker rarely uses paraphrases, reflections, or summarization to check for understanding.
- Caseworker speaks in an "authoritative" tone or talks down to the family member.

Notes

Caseworker Contact Observation Protocol

Casework Relationship, continued

2. Is there evidence of a collaborative working relationship?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker and family members work jointly.<input type="checkbox"/> Both caseworker and family members contribute ideas and solutions.<input type="checkbox"/> Both caseworker and family members share their assessment of progress.<input type="checkbox"/> Both caseworker and family members give each other feedback about how things are progressing. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker appears to be "doing all the work."<input type="checkbox"/> Family members seem hostile or resistant to the caseworker.<input type="checkbox"/> Caseworker "tells" rather than negotiates.	<p>Notes</p>

Caseworker Contact Observation Protocol

Casework Relationship, continued

3. Is there an indication of mutuality in the relationship?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is a mutual exchange between the caseworker and family members.<input type="checkbox"/> Caseworker and family members are able to find common ground.<input type="checkbox"/> Caseworker and family are equally invested in what it will take to ensure safety, permanency, and child well-being. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker seems to engage in power struggles with family members.<input type="checkbox"/> Caseworker controls the interaction limiting it to discussion of what the caseworker wants to discuss.<input type="checkbox"/> Family members demonstrate no evidence of "buy in" to the relationship, its goals, or planned services.	<p>Notes</p>

Caseworker Contact Observation Protocol
Assessment Focus

1. Does the caseworker identify relevant strengths?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker recognizes strengths and communicates identified strengths to family members.<input type="checkbox"/> Caseworker asks family members what they see as their strengths.<input type="checkbox"/> Caseworker helps family members link identified strengths to meeting needs that are identified. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is little or no attention given to strengths.<input type="checkbox"/> Strengths are evident but not recognized by the caseworker.<input type="checkbox"/> Caseworker mentally recognizes strengths but does not communicate this recognition to family members.<input type="checkbox"/> Caseworker recognizes and communicates strengths but seems unable to build on them in any useful way.	<p>Notes</p>

Caseworker Contact Observation Protocol

Assessment Focus, continued

2. Does the caseworker focus on the family as a unit or just on individuals?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker is observant of how family members interact.<input type="checkbox"/> Caseworker seeks relevant information about family members' interactions.<input type="checkbox"/> Caseworker seeks family members' perceptions of other family members, and how actions of individual family members impact the feelings and actions of others in the family.<input type="checkbox"/> Caseworker seeks to gain knowledge of how family members' interactions influence a child's maltreatment. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker focuses almost exclusively on the problematic behavior of individuals without attention to the family dynamics that surround this behavior.<input type="checkbox"/> Caseworker does not seek to understand the family as a system rather than as a collection of individuals.	<p>Notes</p>

Caseworker Contact Observation Protocol

Assessment Focus, continued

3. Does the caseworker seek to understand the child's maltreatment in the context of underlying conditions and contributing factors?

Positive indicators:

- Caseworker seeks information about family members' thoughts, perceptions, beliefs, feelings, values, capabilities, and personal needs that affect the child's maltreatment and well-being.
- Caseworker explores contributing factors (caregiver substance abuse, mental illness, domestic violence, developmental disabilities, or similar factors) that affect the child's maltreatment and safety.

Concerning indicators

- Caseworker only identifies visible problems and does not explore the basis of these problems.
- Caseworker makes simplistic connections, such as immediately assuming that a child's maltreatment automatically means a lack of parenting skills.

Notes

Caseworker Contact Observation Protocol
Focus on Change

- 1. Does the caseworker demonstrate an attention to and awareness of family members in regard to:**
- **Discomfort about the child's maltreatment?**
 - **Internalization of responsibility for the child's maltreatment and for change?**
 - **Efficacy to make change?**
 - **Emotional security in facing change and within the casework relationship**
 - **Having a preferred alternative future with safety and permanency for the child?**

Positive indicators:

- Caseworker works to surface caregiver needs and aspirations that are positive motivators for changes that will ensure child safety.
- Caseworker explores caregiver's self-perception of personal responsibility for the child's maltreatment and for change.
- Caseworker explores caregiver's skills and resources that are available to support change.
- Caseworker recognizes resistance (feelings of vulnerability and loss of control) in the caregiver and provides emotional support.
- Caseworker helps the caregiver identify concrete behavioral goals and envision a new and different life.

Indicators of concern:

- Caseworker pays little attention to the caregiver's change readiness.
- Caseworker confuses psychological resistance with noncooperation on the part of the caregiver.
- Caseworker focuses more on compliance than change.

Notes

Caseworker Contact Observation Protocol

Focus on Change, continued

2. Does the caseworker demonstrate a clear focus on change?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker is concrete when identifying needed change.<input type="checkbox"/> Any goals are clearly behavioral and relate to change in caregiver behavior rather than completing steps.<input type="checkbox"/> Timely feedback is given that confirms progress and addresses failure to make progress.<input type="checkbox"/> When something isn't working the caseworker shifts tactics and strategies to a different plan.<input type="checkbox"/> Caseworker has clear criteria for monitoring change and collects information to confirm or disconfirm progress.<input type="checkbox"/> Caseworker elicits family members' views regarding progress. <p>Indicators of Concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Goals are vague and nonbehavioral.<input type="checkbox"/> Caseworker's attention is general, featuring <i>only</i> broad questions such as "How are things going?"<input type="checkbox"/> Caseworker's main focus seems to be on compliance by attendance at parenting classes or making appointments.<input type="checkbox"/> Caseworker offers only his/her own view of progress and does not seek the family's perspective.<input type="checkbox"/> Caseworker does not re-evaluate what is needed or what is currently being done despite little progress.<input type="checkbox"/> Caregivers appear unclear as to what must change and improve within the family.	<p>Notes</p>

Caseworker Contact Observation Protocol

Safety Throughout the Life of the Case

1. Does the caseworker recognize safety concerns?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker readily recognizes safety factors included in the New York State safety protocol.<input type="checkbox"/> Caseworker explores these issues with family members to ensure that all relevant safety factors are identified. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker has difficulty distinguishing between risk and safety (e.g., when substance abuse is a risk element versus a safety factor).<input type="checkbox"/> Caseworker focuses only on safety factors associated with the immediate allegation.	Notes

2. Does the caseworker elicit family members' views of the child's safety?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker asks all family members about the presence of possible safety factors. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caseworker relies solely on his or her own observations when conducting a safety assessment.	Notes

Caseworker Contact Observation Protocol
Safety Throughout the Life of the Case, continued

3. For an open case, does the caseworker inquire about the current state of identified safety factors and check for the emergence of new ones?

Positive indicators:

- Caseworker directly inquires about the current status of previously identified safety factors.
- Caseworker explores for changes in the family that might negatively or positively influence safety.
- Caseworker directly inquires about the current status of previously identified safety factors or existing safety plans from collateral contacts, extended family members, and other service providers.

Indicators of concern:

- Caseworker simply asks "How are things going?" with no specific focus on safety factors.
- Caseworker misses obvious signs of changes in a child's safety.

Notes

Caseworker Contact Observation Protocol

Safety Throughout the Life of the Case, continued

4. Where a safety plan is in place, does the caseworker check to see that safety responses are still adequate?

Positive indicators:

- Caseworker reviews the safety plan and checks to see whether persons responsible are fulfilling their responsibilities.
- If there are new safety factors, the caseworker makes immediate modifications to the safety plan.

Indicators of concern:

- Caseworker makes no inquiries about the current effectiveness of the safety plan.

Notes

Observation Notes

Casework Relationship:

Engagement, Collaboration, and Mutuality

Assessment Focus:

Strengths, Systemic Focus, Underlying Conditions, and Contributing Factors

Focus on Change:

Change Readiness and Behavioral Change

Safety Throughout the Life of the Case:

Safety Factor Recognition and Status of Safety Plans

Interviewing the Birth Parent

Although it is unusual for a supervisor to interview a birth parent separately, the birth parent is unlikely to know this. At the same time, the birth parent may be concerned that something is wrong—either that there is a perceived problem with the family or with the caseworker.

Before conducting the interview:

- The caseworker should contact the birth parent to explain that you will call to set up an appointment and to explain why this interview is being scheduled.
- You should contact the family to set a date, time, and place, and again explain the purpose of the interview, which is to gather information on how the caseworker conducts the helping relationship. Stress that the information will be used for training and development and not to “check up” on the caseworker or because you suspect anything is wrong.
- In both instances, the parent should be advised that the interview is voluntary and is intended to help with the caseworker's professional development.

As with any conversation of this nature, the birth parent may want to know what you are going to tell the caseworker about what was said. Explain that if the parent says something in confidence, the trust will be maintained unless the information suggests an impropriety on the part of the caseworker. Otherwise, the goal is simply to better understand what the caseworker focuses on during contacts with the family and how the caseworker does this.

At the same time, a supervisor may receive information that causes concern about the handling of a case or the treatment of a parent. The agency should have a plan for how such information will be handled and what to do if supervisory intervention is indicated.

If you are interviewing the birth parent and also observing a caseworker's contact with the birth parent, it is best to conduct this interview after the observed contact. That will allow you to focus specifically on some of the interactions you observed and how the caseworker's conduct impacted the family members.

The protocol is provided for summarizing and recording your conversation. However, direct use of the protocol during the interview is not as distracting as it would be during the caseworker observation.

Although gathering information is the purpose of the contact with the family, as with any contact family members must be engaged and the contact ended in a manner consistent with the family's culture and customs.

Birth Parent Interview Questions at a Glance

Casework Relationship:

1. When you first met (name of caseworker) what were your initial impressions and reactions?
2. What has changed since your initial impression?
3. How did the caseworker help motivate you to make changes in your family?
4. Would you describe your relationship with the caseworker as mutual and collaborative, or not, and why?

Assessment Focus:

1. Has (name of caseworker) talked with you about your family's strengths and, if so, what strengths were identified? If strengths were identified, how are these being used to help you with the changes you agreed to make in your case plan?
2. Has the caseworker talked with you about how you and your child interact? Has s/he talked with you about your interactions with your spouse or partner? Has s/he talked with you about your relationships with your relatives and friends? If so, what have you learned about how these relationships are helpful or harmful?
3. Has the caseworker talked with you about how you perceive (think about) your child? Have you and the caseworker talked about your beliefs concerning your child's capabilities, disciplining your child, your child's safety, and understanding your child's needs?

Focus on Change:

1. Have you and (name of caseworker) talked about how your own needs relate to meeting your child's needs?
2. To what extent do you see yourself as responsible for the circumstances that caused the Department of Social Services to become involved, and have you and your caseworker ever talked about your feelings of responsibility?
3. Have you and the caseworker talked about your capability to change and what you need to make the changes called for in your case plan?
4. Do you trust the caseworker and believe that s/he cares about your family?
5. How do you see your life as different when you finish the steps in your case plan?
6. What must change in you and your family in order for your case to be closed or for your children to return from foster care?
7. How often do you and your caseworker talk about progress toward the goals you set in your case plan?
8. How often do you get feedback from the caseworker about his/her perception of your progress?

Safety Throughout the Life of the Case:

1. How frequently does (name of caseworker) ask you about things in your family that might place, or already have placed, your child in immediate danger or serious harm?
2. Do you agree with the caseworker's point of view regarding the current safety of your child, and if not, what is your point of view?
3. Have you tried to discuss your differences in points of view with the caseworker and what was the response?

Birth Parent Interview Protocol

Casework Relationship

1. When you first met (name of caseworker) what were your initial impressions and reactions?

Positive indicators:

- S/he seemed professional, courteous, respectful, knowledgeable, caring, concerned.
- I believed that this was someone with whom I could work; that I would be helped.
- I was nervous and frightened, but s/he put me at ease.
- I was worried, but was reassured.
- I felt understood and listened to.

Indicators of concern:

- S/he seemed aloof and distant.
- I felt blamed for what happened to my child.
- I felt threatened by what s/he said and did.
- I did not see why I had to go through all of this.
- I did not feel listened to and understood.

Notes

Birth Parent Interview Protocol

Casework Relationship, continued

2. What has changed since your initial impression?	
<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Nothing really, it has been good from the beginning.<input type="checkbox"/> We've learned about each other and there is more trust now.<input type="checkbox"/> I feel more at ease now.<input type="checkbox"/> I did not believe I needed to change, but s/he helped me see why it was necessary.<input type="checkbox"/> I feel more supported now. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> At first s/he seemed concerned but now I feel left alone and on my own.<input type="checkbox"/> I don't feel that s/he sees my side of things and really understands my situation.<input type="checkbox"/> S/he just tells me what I need to do and checks to see if I have followed through.	<p>Notes</p>

Birth Parent Interview Protocol

Casework Relationship, continued

3. How did the caseworker help motivate you to make changes in your family?

Positive indicators:

- S/he helped me see how I was endangering my child.
- S/he gave me support as well as telling me that I needed to change.
- S/he got me help.
- S/he became my advocate.
- S/he helped me learn to care for my children in a better way.
- S/he helped me stop (using drugs, hitting my children, etc.).

Indicators of concern:

- S/he just tells me that if I don't change they will take my kids away (or not give my kids back).
- I haven't really received much help.
- I can't really say.

Notes

Birth Parent Interview Protocol

Casework Relationship, continued

4. Would you describe your relationship with the caseworker as mutual and collaborative, or not, and why?

Positive indicators:

- There is give and take.
- We are in this together.
- We are open with each other.
- I know s/he really cares about me and my children.
- We share a lot with each other.

Indicators of concern:

- S/he is only here because s/he has to be.
- I don't feel like my needs count.
- I am told what to do and have no input.
- It's okay, that's about all I can say.

Notes

Birth Parent Interview Protocol
Assessment Focus

1. Has (name of caseworker) talked with you about your family's strengths and, if so, what strengths were identified? If strengths were identified, how are these being used to help you with the changes you agreed to make in your case plan?

Positive indicators:

- Strengths have been discussed and the parent can list them.
- Strengths are tied to the case plan.

Indicators of concern:

- The parent cannot recall any discussion of strengths.
- Strengths are not connected with the case plan.

Notes

Birth Parent Interview Protocol

Assessment Focus, continued

**2. Has the caseworker talked with you about how you and your child interact?
Has s/he talked with you about your interaction with your spouse or partner?
Has s/he talked with you about your relationships with your relatives and
friends?**

**If so, what have you learned about how these relationships are helpful or
harmful?**

Positive indicators:

- These conversations have taken place.
- The parent can identify helpful and harmful aspects of these relationships.

Indicators of concern:

- There has been no discussion of relationships and interactions.
- The parent cannot identify helpful and possibly harmful interactions.

Notes

Birth Parent Interview Protocol

Assessment Focus, continued

3. Has the caseworker talked with you about how you perceive (think about) your child? Have you and the caseworker talked about your beliefs concerning your child's capabilities, disciplining your child, your child's safety, and understanding your child's needs?

Positive indicators:

- These have been discussed.
- The parent can relate these things to difficulties in safe parenting.

Indicators of concern:

- No discussion has occurred.
- The parent does not see any relationship between these and risks to the child's well-being and safety.

Notes

Birth Parent Interview Protocol

Focus on Change

1. Have you and (name of caseworker) talked about how your own needs relate to meeting your child's needs?	
Positive indicators: <input type="checkbox"/> Discussions have occurred. <input type="checkbox"/> The parent can give an example. Indicators of concern: <input type="checkbox"/> There has been no discussion.	Notes

2. To what extent do you see yourself as responsible for the circumstances that caused the Department of Social Services to become involved, and have you and your caseworker ever talked about your feelings of responsibility?	
Positive indicators: <input type="checkbox"/> The parent accepts appropriate responsibility. <input type="checkbox"/> The caseworker and parent have discussed this. Indicators of concern: <input type="checkbox"/> The parent sees herself or himself as a victim and not responsible. <input type="checkbox"/> No discussions have occurred.	Notes

Birth Parent Interview Protocol

Focus on Change, continued

3. Have you and the caseworker talked about your capability to change and what you need to make the changes called for in your case plan?

<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> This discussion has occurred.<input type="checkbox"/> The parent can concretely describe what s/he needs to make these changes. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> No discussion has occurred.<input type="checkbox"/> The parent cannot identify any capabilities or needs related to succeeding with planned changes.	<p>Notes</p>
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4. Do you trust the caseworker and believe that s/he cares about your family?

<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> Trust is present. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> Trust is low or nonexistent.	<p>Notes</p>
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5. How do you see your life as different when you finish the steps in your case plan?

<p>Positive indicators:</p> <ul style="list-style-type: none"><input type="checkbox"/> The parent has a concrete vision of a better future. <p>Indicators of concern:</p> <ul style="list-style-type: none"><input type="checkbox"/> The only positive the parent can identify is that the Department will be out of the family's life.	<p>Notes</p>
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Birth Parent Interview Protocol

Focus on Change, continued

6. What must change in you and your family in order for your case to be closed or for your children to return from foster care?

Positive indicators:

- The parent can concretely identify changes in family and personal behavior and conditions.

Indicators of concern:

- The parent responds with surface changes such as "stop leaving my children unsupervised" or "stop using drugs."
- The parent cannot identify what change is needed.

Notes

Birth Parent Interview Protocol

Focus on Change, continued

7. How often do you and your caseworker talk about progress toward the goals you set in your case plan?	
Positive indicators: <input type="checkbox"/> At every contact. <input type="checkbox"/> At least monthly. Indicators of concern: <input type="checkbox"/> This isn't discussed.	Notes

8. How often do you get feedback from the caseworker about his/her perception of your progress?	
Positive indicators: <input type="checkbox"/> At every contact. <input type="checkbox"/> At least every 90 days. Indicators of concern: <input type="checkbox"/> There is no regular feedback. <input type="checkbox"/> No feedback has ever been given.	Notes

Birth Parent Interview Protocol

Safety Throughout the Life of the Case

1. How frequently does (name of caseworker) ask you about things in your family that might place, or already have placed, your child in immediate danger of serious harm?	
Positive indicators: <input type="checkbox"/> Every face-to-face contact. Indicators of concern: <input type="checkbox"/> The issues are not raised. <input type="checkbox"/> The family does not understand what is meant by things that would place the child in immediate danger of serious harm.	Notes

2. Do you agree with the caseworker's point of view about the current safety of your child, and if not, what is your point of view?	
Positive indicators: <input type="checkbox"/> The issues have been discussed and there is mutual understanding and agreement. Indicators of concern: <input type="checkbox"/> There is little or no agreement about safety factors or the child's danger of serious harm.	Notes

Birth Parent Interview Protocol

Safety Throughout the Life of the Case, continued

3. Have you tried to discuss your differences in points of view with the caseworker and what was the response?

Positive indicators:

- Differences have been discussed and the caseworker was supportive and responsive.

Indicators of concern:

- The caregiver is afraid to raise the issue.
- The differences were raised and caseworker responded with authority or refused to consider the caregiver's point of view.

Notes

Interviewing a Community Partner

Community service providers are important partners in helping families and children served by an agency. It is recommended that you select a service provider that has a fairly active, significant role in the case plan—one with whom the caseworker would be expected to have frequent contact and with whom there would be reciprocal sharing of information.

Community partners will vary in the kind and amount of information they have about a caseworker. For example:

- Foster parents and relative caregivers will have considerable information about the child and their own relationship with the caseworker but because of confidentiality may not know much about the caseworker's direct contact and work with the birth parent.
- Service providers may have some knowledge about how the client perceives the caseworker but will obtain most of their information from their direct contacts with the caseworker concerning the case. The kind of information a day care provider has will vary greatly from the kind of information obtained by a family counselor.

For these reasons, the Community Partner Interview Protocol is designed to be a simple, convenient way to gather relatively accessible information.

Community Partner Interview Questions at a Glance

Casework Relationship:

1. How would you describe the relationship between (caseworker's name) and (client's name)? (You may have to probe for specifics such as trusting, open, conflicted, or adversarial.)
2. If you have concerns, how do you see the caseworker as contributing to these concerns?
3. What could the caseworker do to address any concerns?

Assessment Focus:

1. In your contacts with (name of caseworker) has s/he indicated what strengths s/he and the family have identified?
2. What would suggest to you that the caseworker understands the family as a system rather than just understanding the caregiver's issues along?
3. What would suggest to you that the caseworker is aware of the caregiver's underlying feelings, perceptions of the child and other family members, beliefs about parenting and child rearing, personal needs that may contribute to risk to the child or personal skills and capabilities that affect how the parent cares for the child?

Focus on Change:

1. What would suggest to you that (name of caseworker) understands the readiness to change issues in this family?
2. What would indicate to you that the caseworker has a concrete and behavioral fix on the changes needed in the family?

Safety Throughout the Life of the Case:

1. Are you aware of the specific safety concerns in this family? (This question assumes that the partner is part of the safety plan.)
2. Do you think what is currently being done with the family adequately promotes the safety of the child?
3. In your interactions with the caseworker does s/he regularly ask you for information that might indicate a change in the child's safety?
4. Have you ever expressed concerns about the family regarding the child's safety and felt that the caseworker did not follow through?

Community Partner Interview Protocol
Casework Relationship

1. How would you describe the relationship between (caseworker's name) and client's name)? (You may have to probe for specifics such as trusting, open, conflicted, or adversarial.)	
Positive indicators: <input type="checkbox"/> The relationship is described in predominantly positive terms. Indicators of concern: <input type="checkbox"/> The relationship is perceived as problematic.	Notes

2. If you have concerns, how do you see the caseworker as contributing to these concerns?	
(No indicators attached to this question.)	Notes

3. What could the caseworker do to address any concerns?	
(No indicators attached to this question.)	Notes

Community Partner Interview Protocol
Assessment Focus

1. In your contacts with (name of caseworker) has s/he indicated what strengths s/he and the family have identified?	
Positive indicators: <input type="checkbox"/> Strengths have been identified. Indicators of concern: <input type="checkbox"/> No strengths have been identified.	Notes

2. What would suggest to you that the caseworker understands the family as a system rather than just the caregiver's issues alone?	
Positive indicators: <input type="checkbox"/> Partner can identify information shared by the caseworker that describes the family system and how the system interacts around the child maltreatment risk factors. Indicators of concern: <input type="checkbox"/> The discussions with the partner only involve caregiver or child characteristics.	Notes

Community Partner Interview Protocol

Assessment Focus, continued

3. What would suggest to you that the caseworker is aware of the caregiver's underlying feelings, perceptions of the child and other family members, beliefs about parenting and child rearing, personal needs that may contribute to risk to the child, or personal skills and capabilities that affect how the parent cares for the child?

Positive indicators:

- Partner can give concrete examples.

Indicators of concern:

- Partner cannot give any examples.

Notes

Community Partner Interview Protocol
Focus on Change

1. What would suggest to you that (name of caseworker) understands the readiness to change issues in this family?

Positive indicators:

- Partner can provide concrete examples.

Indicators of concern:

- Partner cannot give examples (assuming the partner should be able to, which may not always be the case).

Notes

2. What would indicate to you that the caseworker has a concrete and behavioral fix on the changes needed in the family?

Positive indicators:

- Partner can provide concrete examples.

Indicators of concern:

- Partner describes change in terms of compliance or completing services.
- Partner is unaware of case goals in areas in which the partner is providing a service.

Notes

Community Partner Interview Protocol
Safety Throughout the Life of the Case

1. Are you aware of the specific safety concerns in this family? (This question assumes that the partner is part of the safety plan.)	
Positive indicators: <input type="checkbox"/> Partner is aware of the safety factors in the family. Indicators of concern: <input type="checkbox"/> Partner is unaware of the safety factors in the family.	Notes

2. Do you think what is currently being done with the family adequately promotes the safety of the children?	
Positive indicators: <input type="checkbox"/> Partner either agrees has expressed concerns to the caseworker. Indicators of concern: <input type="checkbox"/> Partner disagrees and has not expressed concerns. <input type="checkbox"/> Partner has expressed concerns, but these concerns have not received an appropriate response by the caseworker.	Notes

Community Partner Interview Protocol
Safety Throughout the Life of the Case, continued

3. In your interactions with the caseworker does s/he regularly ask you for information that might indicate a change in the child's safety?

Positive indicators:

- Caseworker regularly asks for information that might indicate a change in the child's safety.

Indicators of concern:

- Caseworker does not ask for information.

Notes

4. Have you ever expressed concerns about the family regarding the child's safety and felt that the caseworker did not follow through?

Positive indicators:

- All concerns have received a response.

Indicators of concern:

- Concerns were expressed but did not receive an adequate response.

Notes

Chapter 6

Organizing and Giving Feedback

You have collected a lot of information. The following worksheets are designed to help you organize your observations, prepare your feedback comments, and be ready for a conference with the caseworker.

To prepare:

- Summarize your observation about each area of practice. This is a consolidation of information. Although you may need to reference the source when giving feedback, your summary and comments will be organized around the four practice domains.
- Plan enough time for all the information you want to share. Feedback should not be rushed and there should be time to discuss things along the way.
- Anticipate the caseworker's reactions based on your overall knowledge, but also be prepared for unexpected responses. Do not force the feedback. If you encounter resistance or objections, take the time to provide support or clarify differences in interpretation.
- Keep in mind that the goal is professional development, not evaluation. This is an in-depth examination of practice in one case not the caseload as a whole.
- Be specific and behavioral in your feedback. Base your feedback on concrete examples and observations.
- Your goal is to support the caseworker and family relationship. If concerns surfaced in the caseworker relationship with the family or with service providers, your goal is to build community and partnership, not to take sides. You are a mediator to a relationship on which the family's success depends.

Observations and Feedback Worksheet
Casework Relationship

Observations	Feedback	Suggestions for Improvement
Positive:		
Concerning:		

Observations and Feedback Worksheet
Assessment Focus

Observations	Feedback	Suggestions for Improvement
Positive:		
Concerning:		

Observations and Feedback Worksheet
Focus on Change

Observations	Feedback	Suggestions for Improvement
Positive:		
Concerning:		

Observations and Feedback Worksheet
Focus on Safety Throughout the Life of the Case

Observations	Feedback	Suggestions for Improvement
Positive:		
Concerning:		

**NYS OFFICE OF CHILDREN
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For information on the Abandoned Infant Protection Act, call:
1-800-505-SAFE

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