Mentoring Through Qualitative Discussion

Training for Child Welfare Supervisors

Trainer Guide

Florida Department of Children and Families
Office of Family Safety

Version 2.0

This training,
Mentoring Through Qualitative Discussion:
Training for Child Welfare Supervisors,
is provided by the Florida Department of Children and Families,
Office of Family Safety.

The ultimate goal of the training is to
increase positive outcomes for Florida's children and their families
by helping Child Protective Investigations (CPI) supervisors
and Community-Based Care (CBC) supervisors
strengthen quality practice in their units.

To this end, the immediate goal of the training is to
help these supervisors improve the efficiency and effectiveness
of their mentoring and modeling skills, and, specifically, to
strengthen the mentoring skill of
conducting qualitative discussions.

_____

Please direct all inquiries about this training to:
Eleese Davis, Chief, Office of Family Safety
Florida Department of Children and Families
1317 Winewood Blvd.
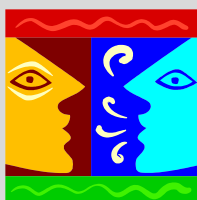Building 6 Room 147
Tallahassee, Florida

Table of Contents

At-A-Glance Schedule

The following suggested schedule assumes a start time of 8:30 AM and a completion time of 5:30 PM. This schedule also assumes delivery of Modules 4A and 4B by two different facilitators. A blank copy of the schedule is provided in the appendices for your convenience in developing an alternative schedule.

INSTRUCTIONAL EVENT	RUNNING TIME	MINUTES
MODULE 1: A Context For Strengthening Quality	**8:30 AM**	**5**
Video 1-1: Casey Foundation	8:35	17
Main Idea: What Are Kids Asking of Us?	8:52	3
Flipchart 1-1: What Is "Quality" in a Child Welfare Setting?	8:55	17
Summarize: What is Quality in a Child Welfare Setting?	9:12	4
Main Idea: Why We're Doing This Training Together	9:15	3
Flipchart 1-2: Qualitative Discussion Is— Is NOT	9:18	4
PowerPoint: Goal & Positive Outcomes Bridge (Slides 1–14)	9:22	7
Flipchart 1-3: Goal of the Training	9:29	1
Flipchart 1-4: What You'll Be Able To Do	**9:30**	**3**
Housekeeping	9:33	3
Comprehension Bridge to Why the Discussion Guides Were Developed	9:36	1
Main Idea: Why The Discussion Guides Were Developed	9:37	3
Comprehension Bridge to PowerPoint: QA Model & Guiding Principles	9:40	1

INSTRUCTIONAL EVENT	RUNNING TIME	MINUTES
PowerPoint: QA Model & Guiding Principles (Slides 15–22)	9:41	8
Comprehension Bridge to PowerPoint: Module 2	9:49	1
BREAK	**9:50**	**10**
MODULE 2: Mentoring Toward Quality Practice	**10:00 AM**	
Comprehension Bridge to Activity 2-1: From Super-Worker To Super-Visor	**10:00**	**3**
Activity 2-1: From Super-Worker to Super-visor	10:03	20
Main Idea: Productive Supervision Zone	10:23	2
Comprehension Bridge to PowerPoint: Benefits of Mentoring	10:25	1
PowerPoint: Benefits of Mentoring (Slides 23–29)	10:26	5
Comprehension Bridge to My Mentoring Role Model	10:31	1
Participant Guide: My Mentoring Role Model	10:32	10
Flipchart 2-1: My Mentoring Role Model	10:42	10
Key Points: My Mentoring Role Model	10:52	2
Comprehension Bridge to Module 3	10:54	1
MODULE 3: Qualitative Discussions: Not "More"—Better!	**10:55 AM**	
Comprehension Bridge to PowerPoint: Definition & Benefits	10:55	1
PowerPoint: Definition & Benefits (Slides 30–47)	10:56	8
Comprehension Bridge to Modules 4A and 4B	11:04	1
MODULES 4A and 4B: Get Real With Your Discussion Guide	**11:05 AM**	**55**

LUNCH (60 minutes for lunch + 15 minutes for stragglers*)	**12:00 PM**	**75**
MODULE 5: Conducting Effective Qualitative Discussions	**1:15 PM**	
Comprehension Bridge to Activity 5-1: Guidelines: Preparing for an Effective Qualitative Discussion	1:15	1
Activity 5-1: Guidelines: Preparing for an Effective Qualitative Discussion	1:16	5
Participant Guide: Three Steps of the Supervisory Qualitative Discussion	1:21	4
PowerPoint:Conducting a Qualitative Discussion (Slides 102-103)	**1:25**	**2**
Participant Guide: CPI Supervisory Discussion: Kizza, Jeffrey, Wesley Case Background	1:27	15
Comprehension Bridge to Activity 5-2: Conducting the CPI Qualitative Discussion	1:42	1
Activity 5-2: Conducting the CPI Qualitative Discussion	1:43	55
PowerPoint: CPI Documentation Questions (Slide 104)	2:38	5
Comprehension Bridge to PowerPoint: CBC Qualitative Discussion	2:41	1
PowerPoint: CBC Qualitative Discussion (Slide 105)	2:42	2
Participant Guide: CBC Supervisory Discussion: Michael Case Background	2:44	15
Comprehension Bridge to Activity 5-3: Conducting the CBC Qualitative Discussion	2:59	1
Activity 5-3: Conducting the CBC Qualitative Discussion	**3:00**	**55**
Comprehension Bridge to PowerPoint: CBC Qualitative Discussion With Case Notes	3:55	1
PowerPoint: CBC Documentation Questions (Slide 106)	3:56	2
PowerPoint: Discussion Evaluation Questions (Slides 107-108)	3:58	1

Comprehension Bridge to Break	3:59	1
BREAK	**4:00**	**15**
MODULE 6: Planning for Qualitative Discussions At Work	**4:15 PM**	
Activity 6-1: Not "More" — Better!	4:15	15
Participant Guide: Planning for Discussions in the Workplace	4:30	20
Video 6-1: Cindy Schuler	4:50	15
Comprehension Bridge to PowerPoint: Discussions That Make a Difference	5:05	2
PowerPoint: Discussions That Make a Difference (Slides 109–114)	5:07	8
Participant Guide: Training Evaluation Form	5:15	15
CLOSE OF TRAINING	**5:30**	
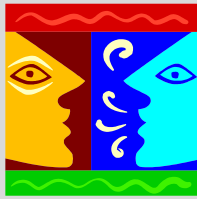
Trainer Preparation

Trainer Requirements

This training is designed for delivery by professional trainers with in-depth knowledge of the mission and operations of the Florida Department of Children and Families' Office of Family Safety, the Department's Guiding Principles for quality practice, and the intended use of the Discussion Guides for supervisors.

If a given training audience includes both CPI and CBC supervisors, then the "Get Real" With Your Discussion Guides activities (Modules 4A and 4B, respectively) are best facilitated by two trainers, including two PowerPoint projectors and, ideally, a separate break-out room. The following describes this preferred delivery strategy and two alternatives for successful delivery:

DELIVERY OPTION #1: TWO TRAINERS & TWO POWERPOINT PROJECTORS

- *The first and preferred delivery option is for the "Get Real" With Your Discussion Guides activities to be delivered by a trainer and a co-trainer using two PowerPoint projectors. (If a formally qualified, professional trainer is not available, recruit a highly experienced training participant who is comfortable making presentations and leading group discussions, and make sure this volunteer has sufficient time prior to the training to study the activity and practice delivering the PowerPoint presentation).*

- *The trainer facilitates either the CPI or CBC group, and the co-trainer facilitates the other group.*

- *Break into CPI and CBC groups. If possible, use a separate break-out room.*

- *Each facilitator presents the set of PowerPoint slides that corresponds to their group's hard copy Discussion Guide. The sets of PowerPoint slides are clearly marked as either CPI or CBC.*

- *Following presentation of the subset of PowerPoint slides indicated for Section A, the facilitator focuses their group on Section A of their respective Discussion Guide and leads them in analyzing the questions in Section A (see Activity instructions below). The facilitator continues alternating the PowerPoint and*

face-to-face analysis for each section.

***DELIVERY OPTION #2:
TWO TRAINERS & ONE
POWERPOINT
PROJECTOR***

- *The second option is to facilitate the "Get Real" With Your Discussion Guides activities using a trainer and a co-trainer with only one PowerPoint projector. Instead of alternating between the sections of the PowerPoint and the sections of the Guide, one facilitator presents the entire PowerPoint for all sections of the Guide. Then that facilitator leads their group in analyzing all of the questions from all sections of the hard copy Guide. The other facilitator accomplishes the activity in the reverse order: analyzing all of the questions from all sections of the hard copy Guide first, followed by presentation of their respective version of the PowerPoint.*

***DELIVERY OPTION #3:
ONE TRAINER & ONE
POWERPOINT
PROJECTOR***

- *The third option is for one trainer to facilitate the "Get Real" With Your Discussion Guides activities as a whole-group activity.*

- *This option requires a concerted effort to motivate both groups to engage in the other group's part of the activity as an opportunity to better understand each other's concerns and job requirements.*

Review of Training Documents and Materials

The following checklist identifies all of the separate components of this training. Review these documents and materials carefully prior to delivering the training.

☐ Trainer Guide

☐ <u>PowerPoints:</u> PowerPoint thumbnails and their respective training presentation notes are provided in the running text of this Trainer Guide. The electronic files for the PowerPoints are provided on a CD, which is included in this Trainer Guide binder. Thumbnails of the PowerPoints are also provided in the appendices of this Trainer Guide (see the PowerPoint section below).

☐ Participant Guide for CPI Supervisors (master provided in appendices)

☐ Participant Guide for CBC Supervisors (master provided in appendices)

☐ Video: Casey Foundation (Module 1)

☐ Video: Cindy Schuler (Module 6)

Review of Background Materials

In addition to thoroughly studying all of the training documents and materials, the following background materials may be useful for helping the qualified trainer fully preparing to deliver this training with confidence.

- ☐ Reflective Practice Background Reading (see appendices)
- ☐ Guidelines for the CPI file reviews and system of care (provided separately by the Office of Family Safety)
- ☐ Guidelines for the CBC file reviews and system of care (provided separately by the Office of Family Safety)
- ☐ MODULE 5: CPI: Example Qualitative Discussion (see appendices)
- ☐ MODULE 5: CBC: Example Qualitative Discussion (see appendices)

Photocopies

Trainers will distribute one copy to each participant during the training:

- ☐ <u>Participant Guide</u> (see appendices for hard copy Master; the electronic version of the Participant Guide is provided in a separate file on the CD included in this Trainer Guide binder). The Participant Guide is comprehensive, containing all of the CPI and CBC materials that participants will use during the training. Make one copy for each CPI and CBC participant.

Supplies

Trainers will use the following supplies to deliver the training:

- ☐ Flipchart paper (preferably flipchart paper that adheres to smooth surfaces)
- ☐ If you don't use flipchart paper that adheres to smooth surfaces, then obtain two flipchart easels (or removable "glue dots" or other common office product for posting flipchart pages without damaging walls, paint, etc)
- ☐ Pens or pencils for participants' use in completing the Training Evaluation Form.
- ☐ Markers for use on flipchart paper
- ☐ Optional: whiteboard markers and an eraser

Equipment

Trainers will use the following equipment to deliver the training:

- ☐ Video projector for PowerPoint presentation
- ☐ Laptop for PowerPoint presentation
- ☐ Two flipchart easels (if self-stick flipchart paper is not used)

PowerPoints

PowerPoint thumbnails and their respective training presentation notes are provided in the running text of this Trainer Guide. The electronic files for the PowerPoints are provided on a CD, which is located in the Trainer Guide binder. In addition, thumbnails of the PowerPoints are provided for your convenience in the appendices.

Videos

The following videos are used in the training. The videos are provided separately by the Office of Family Safety.

Module 1: A Context for Strengthening Quality

- ☐ Video 1-1: Casey Foundation

Module 6: Planning for Quality Discussions at Work

- ☐ Video 6-1: Cindy Schuler

Prepared Flipcharts

Prepare the following flipcharts prior to delivering the training. See the appendices for models.

Module 1: A Context for Strengthening Quality

- ☐ Flipchart 1-1: What Is "Quality" In Child Welfare?
- ☐ Flipchart 1-2: Qualitative Discussions Are — Are *Not*
- ☐ Flipchart 1-3: Goal Of The Training
- ☐ Flipchart 1-4: What You'll Be Able To Do

Module 2: Mentoring Toward Quality Practice

- ☐ Flipchart 2-1: My Mentoring Model

Other Training Delivery Aids

Prepare the following training delivery aids prior to the training:

Module 2: Mentoring Toward Quality Practice

☐ <u>Activity 2-1: Quality Practice Toolbox:</u> This can be any cardboard box, paper bag, or other container labeled "Quality Practice Toolbox" (see printable template in the appendices). The container should be large enough to hold the "Tool" labels in the next checklist item.

☐ <u>Activity 2-1: Super-Worker and Super-visor "Tool" Labels:</u> Photocopy or hand-print words onto pieces of paper. The labels should be small enough for several pieces to be pinned onto one person's clothing, but large enough and stiff enough to be read with reasonable ease from the back of the room; see printable templates in the appendices.

Training Evaluation Form

☐ A Training Evaluation Form is provided in the Participant Guide. After participants remove and complete their Training Evaluation Forms at the completion of the training, the trainer should return the completed Training Evaluation forms to:

Eleese Davis, Chief, Office of Family Safety
Florida Department of Children and Families
1317 Winewood Blvd., Building 6, Room 147
Tallahassee, Florida 32399-0700

MODULE 1:
A Context For Strengthening Quality

1. *Throughout the training, promote the following ideas:*

   ▪ *Critical MENTORING skill. Underscore the concept that qualitative discussions are a critical mentoring skill. Continually position qualitative discussion in the context of mentoring. Include the term mentoring at every opportunity.*

   ▪ *Job requirement that must be documented. Qualitative discussions are not just highly recommended—they are also a job requirement. Supervisors must document that they have held qualitative discussions with staff.*

   ▪ *NOT "more" — better! At every opportunity, reiterate that conducting qualitative discussions is NOT something that is significantly "more" for supervisors to do, but a better approach to doing what they already do.*

2. *Unless otherwise instructed, suggested text is NOT to be read verbatim but is to be PARAPHRASED in your own words.*

TIME CHECK *8:30 AM*

INTRODUCTION: MODULE 1: A CONTEXT FOR STRENGTHENING QUALITY

Time: *1 minute*

Directions: *Paraphrase the bullet points:*

▶ Welcome to the Mentoring Through Qualitative Discussion training!

▶ We're going to start our day with something very easy and rewarding: watching a 15 minute video that I think will remind us all of why your jobs are so very important—

▶ —and why what you'll get in this training is important for helping you fulfill your job requirements *even better* than you already are.

▶ After the video, we'll get to know one another and take care of housekeeping issues.

VIDEO 1-1: CASEY FOUNDATION

Time: *17 minutes*

Purpose of the video:

▪ *Bring into the foreground the **emotional connection** participants have with the kids and caregivers they work with —our "clients" are real people.*

▪ *Remind participants that **their jobs are extremely important** and can have a **meaningful impact** on kids' lives.*

DIRECT ATTENTION:
▶ **As you watch the video, notice** what these kids —and their caregivers—seem to be **asking from us**, and think about the ways in which we can provide it by ensuring "**quality"** for them in a child welfare setting.

Be prepared to give an example of "quality"
▶ After the video, I'll be asking you to give us a **one- or two-word indicator** of "quality" in a child welfare setting.

PLAY THE VIDEO

MAIN IDEA: WHAT ARE KIDS ASKING OF US?

Time*: 2 minutes*

ASK?

What do you think these kids are asking of us at a humanistic, "quality of life" level?

ELICIT: *Elicit responses such as the following and discuss briefly:*

▶ Permanency

▶ Opportunities to get to know their case worker

▶ A meaningful relationship with their case worker

▶ A measure of control in their lives

COMPREHENSION
BRIDGE TO: **WHAT IS "QUALITY" IN A CHILD WELFARE SETTING?**

Time: 1 minute

▶ One of the primary purposes of this training is to help you increase your staff's effectiveness at achieving these things kids are asking of us.

▶ In the most general sense, this means **strengthening "quality"** in child welfare.

▶ Let's focus for a minute on **what we mean by "quality"** in a child welfare setting, and **get to know one another** in the process.

FLIPCHART 1-1: **WHAT IS "QUALITY" IN A CHILD WELFARE SETTING?**

Time: 17 minutes (for 20 participants)

Purposes:

▪ *Introduce training participants.*

▪ *Reinforce the emotional connection between the participants' jobs and the real-life kids and families they work with.*

▪ *Using the video as a stimulus, consider "What is QUALITY in a child welfare setting?"*

Directions: As participants introduce themselves, write their responses in the wide margin around the boxed question on the pre-prepared Flipchart.

GIVE DIRECTIONS

▶ Please introduce yourself

    ▶ By telling us your name,

    ▶ the unit or agency you work for, and

    ▶ your current position.

▶ Then in just a word or two, give us one humanistic, "quality of life" example that you think represents "quality" for a kid or caregivers in the video — or one of the kids or caregivers you've worked with.

TRAINER NOTE

If a participant suggests a response that is bureaucratic or "compliance-oriented" in nature, try to relate that response back to quality from the perspective of what it means for the child or family member.

Response
Response   Response
Response   Response

What is
QUALITY
in a child
welfare setting?

Response
Response   Response
Response   Response
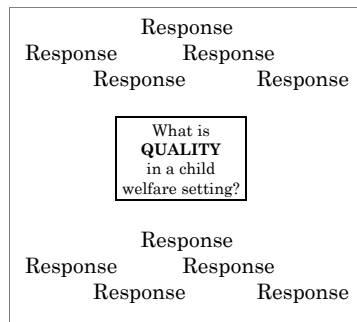
Sample responses for "Quality" in a child welfare setting

▶ The right decisions and services for achieving the best interests of the child

 ▶ Safety

 ▶ Permanency

 ▶ Well-being

▶ Implementation of our Guiding Principles:

 ▶ Serving the best interests of the child

 ▶ Taking action to correct a problem, even if it's not "my job"

 ▶ Integrity

 ▶ Transparency

 ▶ Accountability

▶ Solid documentation

▶ Viable partnerships

 ▶ Getting to know kids

 ▶ Engaging caregivers

 ▶ Connecting with support resources

▶ Continuous improvement of our skills (professional development)

▶ Continuous quality improvement of our system

SUMMARIZE: WHAT IS QUALITY IN A CHILD WELFARE SETTING?

Time: 3 minutes

Meeting individual needs consistent with our Guiding Principles

▶ Quality in child welfare services implies providing **the right services for the individual needs** of our clients. For us, quality is pretty much driven by the question: **are we meeting the best interests of the child?**

Taking action

Transparency

Documentation

▶ Another essential question regarding quality is: **are we providing services in accordance with our guiding principles?** Are we initiating action? Are we interacting with others with integrity?

Accountability Partnerships Safety! Permanency! Well-being!	▶ Are we open in our decision-making processes . . . are we transparent in our work processes? Do we document well and accept our personal accountability? Do we work with others in a viable partnership to promote child safety, permanency, and well-being?
Continuous Quality Improvement	▶ Finally, **are we working to improve our skills and the capabilities of our child welfare system**? What can we do to improve ourselves and our system so the children and families we serve see success more consistently?
Support and preparation needed to supervise effectively	▶ **To achieve indicators of quality** such as these, it's essential that the Department provide you with the support and **preparation you need to supervise effectively**. The training today is one part of the ongoing effort to do that.
Critical link in overall system quality	▶ Supervisors are the **critical link in overall system quality**, because you guide your staff as they work to develop positive outcomes for kids and families.
Experience Judgment Ability to coach, guide	Without your **experience** and **judgment**, and without you **ability to coach and guide** your staff, it would be impossible to achieve the level of quality the kids and families in our system need.

COMPREHENSION
BRIDGE TO: WHY WE'RE DOING THIS TRAINING TOGETHER

Time: 1 minute

Why our jobs are important	▶ The kids and caregivers we heard from in the video illustrate **why our jobs are so important**. ..
	▶ … and we've identified some of the **indicators of quality** that will help us achieve what they're asking of us.
	▶ We've also seen from our introductions that we have **both CPI and case management supervisors in our group**, so I'd like to touch briefly on **why** we're doing this training **together.**

<table>
<tr><td>*TRAINER NOTE*</td><td>*If this class is not mixed, modify this content to explain why this training is — ideally — presented to a group of CPI and case management supervisors together. The point is NOT that their training is now inferior, but that they should keep their counterparts' roles and perspectives in mind throughout the day.*</td></tr>
</table>

MAIN IDEA: WHY WE'RE DOING THIS TRAINING TOGETHER

Time*: 2 minutes*

Purposes*:*

- *Underscore value of exchanging clear, rich information between the groups in the field.*

- *Increase collegiality and ability to collaborate effectively with their respective CPI or CBC counterparts in the field.*

Networking opportunity	▶ One reason for training CPI and case management supervisors **together** is, of course, to give you a **networking opportunity** to get to know one another personally…
Increased understanding of roles & responsibilities	… and to gain a more in-depth understanding of each other's critical **roles and responsibilities** in the process of quality practice.
Stronger coordination	▶ It certainly helps to know one another when trying to solve **coordination challenges** in the future.
Underscore value of exchanging clear, rich information	▶ Another reason for including both groups in this training is to underscore the **value of achieving clarity** and **richness (i.e., depth and detail)** in the **information** we exchange. Clearer, more in-depth documentation makes it easier for both roles to **understand what has taken place** and to **coordinate next steps** for achieving positive outcomes.

COMPREHENSION BRIDGE TO: QUALITATIVE DISCUSSIONS ARE — ARE *NOT*

Time*: 1 minute*

▶ You know from registering for this class that it's entitled Mentoring Through Qualitative Discussion.

Qualitative discussions improve clarity and depth of information exchange

▶ Hopefully we'll see, as the training progresses, that **qualitative discussions can help improve the clarity and depth** of the information we use — and the information we exchange with our colleagues — in our efforts to achieve positive outcomes for kids.

▶ But before we go any further, let's take a moment to **define** exactly what we mean by **"qualitative discussion"** —what it is, and what it is NOT.

FLIPCHART 1-2: QUALITATIVE DISCUSSION IS— IS *NOT*

Time: *3 minutes*

Purposes:

- *Define "qualitative discussion"*
- *Establish the mind set represented on the flipchart.*

Directions: *Post prepared flipchart page 1-2. Summarize each point in your own words. Keep flipchart page on display during training.*

QUALITATIVE DISCUSSION

👍 IS a flexible, face-to-face information-gathering approach

👍 IS an approach that uses open-ended questions and critical thinking prompts

👍 IS an approach that probes below the surface to uncover in-depth, richly detailed information and insights

👍 IS an approach that encourages a free flow of unanticipated responses

👍 **IS** an APPROACH to tasks you *already* do!

▶ It's an extremely effective way to **improve quality** of practice, because…

▶ … it's a **critical mentoring** skill that helps you maximize the effectiveness of the guidance and role modeling you provide to your staff.

▶ And yes, it's a **job requirement** for supervisors to **conduct** qualitative discussions and **document** that these discussions have occurred.

    ▶ CPI supervisors: a minimum of 3 cases per investigator each calendar month

    ▶ Case management supervisors: all open cases at least once a quarter

---

QUALITATIVE DISCUSSION

👎 Is **NOT** an extra task!

▶ BUT, conducting qualitative discussions is **NOT**

☜ Is **NOT** a file review for compliance!

☜ Is **NOT** another "checklist!"

☜ Is **NOT** a desk review (compliance review)!

☜ Is **NOT** a "one size fits all" approach!

something *more* for supervisors to do—it's just an **alternative and very effective approach** to *doing what you already do.*

- ▶ You **already talk with your staff** and provide them guidance about their cases.

- ▶ **This approach** simply recommends that, when you do talk with them, you do so in a manner that brings out a **richer, more in-depth level of detail** and **problem-**solving **possibilities** than a simple "compliance-checking" interaction would yield.

▶ Yes, it **may require writing a somewhat fuller description** of the key points of the discussion than you might have documented before.

▶ However, successful supervisors insist that any additional time or effort you spend in the short term will be **far outweighed by long-term, lasting benefits** such as

- ▶ A broader, deeper, richer discovery of **information**

- ▶ More and better ideas for successful **solution strategies**

- ▶ Faster and greater success in achieving **positive outcomes** that make a difference in kids' lives

▶ Case loads may be reduced if problems are identified and corrected up front, thereby reducing recidivism and possible length of stay.

COMPREHENSION BRIDGE TO: GOAL OF THE TRAINING

Time: 1 minute

▶ This training is all about providing supervisors with the **best possible support** we can give you for **conducting qualitative discussions effectively** — and **efficiently**! — so you can continuously improve casework in your unit.

▶ Now let's **focus on that goal**…

… and on exactly **what the training will teach you to <u>DO</u>** to help you and your staff provide kids and families with an *even higher* **level of quality** practice, services, and outcomes than you **already** provide.

(Don't worry… we're not going to watch a PowerPoint all day. ☺)

POWERPOINT: GOAL & POSITIVE OUTCOMES BRIDGE (SLIDES 1–14)

Time: *7 minutes*

SLIDE 1

PowerPoint Title Slide: Mentoring Through Qualitative Discussion
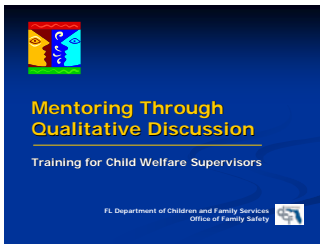
SLIDE 2

Module 1: A Context for Strengthening Quality
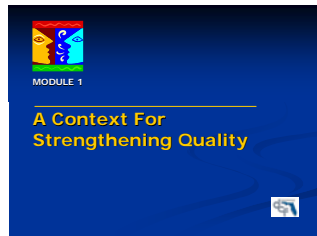
SLIDE 3

▶ The goal of our training today is accomplished through a **chain of critical elements** that build on one another that interact to support and maximize one another:

▶ Surely one of the most important reasons each of us is in child welfare is because we **care about kids** and want to make a **positive difference**…

… a difference in achieving the *ultimate* GOAL of **whatever OUTCOMES will serve that child** or that family **in POSITIVE ways**.
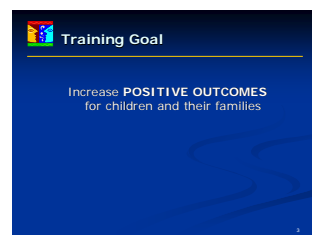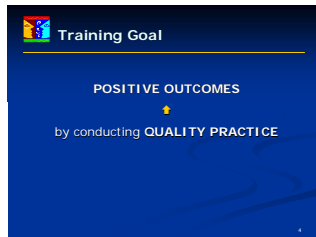
SLIDE 4

▶ We think that a good "umbrella" term, or "unifying concept," for *all* the many things we do that make it possible to increase positive outcomes is QUALITY PRACTICE.

▶ No matter what specific action we take or service we provide — no matter what task we're completing related to that service —

… we know we can **maximize positive outcomes** for kids **by providing** the highest level of **QUALITY PRACTICE** possible in everything we do.
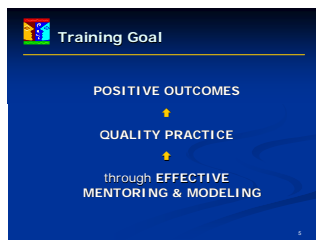
SLIDE 5

▶ We know that **some "best practices,"** or "quality" practices, just **make sense**…

…some practices have been shown through research and field practice to — *typically* —

have a **higher probability** of helping us accomplish positive outcomes for a kid or a family than *other* practices.

▶ The general category of "best practice" skills we're going to focus on today are MENTORING and MODELING…
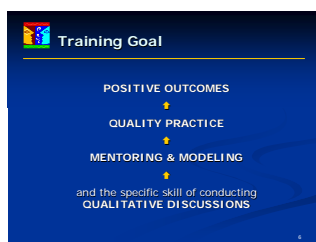
SLIDE 6

▶ … and, specifically, using **QUALITATIVE DISCUSSIONS** to mentor —or "guide" or "coach"—your staff

… in ways that can **maximize effectiveness**…

… in ways that **can make a difference in** achieving **positive outcomes** for kids and families.

Training Goal

POSITIVE OUTCOMES

QUALITY PRACTICE

MENTORING & MODELING

QUALITATIVE DISCUSSIONS

7

SLIDE 7

▶ The Department is convinced that strengthening supervisors' mentoring skills…

…and using a more qualitative approach when reviewing staff's work…

will help supervisors increase their front-line workers' ability to achieve quality practice.
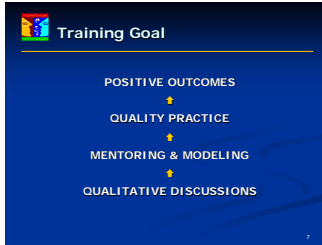
Critical supervisory responsibility

▶ And "**developing staff's skills**" is a critical component of a supervisor's job responsibilities.

Common synonyms for "supervise"

▶ Some common synonyms for "supervise" are

　　▶ **Manage**

　　▶ **Direct**

　　▶ **Control**

　　▶ **Guide**

"good supervisor" means "**good teacher**"

▶ In addition, the Department is confident — and much organizational development literature supports the assertion— that to be a good supervisor means to be a good teacher.

Ask?

Let's see a show of hands: How many of you supervise a unit that is made up of staff who are primarily:

▶ **NOVICES** (limited skill and experience, even with basic rules and standard procedures)?

▶ **ADVANCED BEGINNERS** (marginally skilled; know some of the rules, but need a great deal of assistance making sound decisions even in routine matters)?

▶ **SKILLED WORKERS** (know all of the rules, but still but need a great deal of assistance making sound decisions in routine matters, and especially in complex situations)?

▶ **HIGHLY SKILLED WORKERS**
(have mastered the rules and can
make sound decisions even in
complex situations)?

Many staff at **novice**
and **advanced**
beginner stages

▶ This training is a recognition that **many**
supervisors are working in difficult
situations, situations in which many of their staff
are at the novice and advanced beginner stages…

need you to be a
good teacher

▶ Novice and advanced beginner staff need you, their
supervisor, to be a good teacher.

▶ This training is intended to help you strengthen a
critical "teaching" skill — conducting qualitative
discussions.
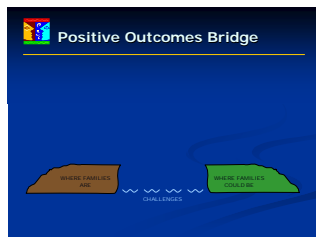
SLIDE 8

▶ We're all working to move families from where we
find them…

… **to where** our casework leads us to believe
could be a better place for them.
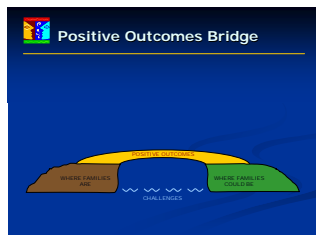
SLIDE 9

▶ One way to think about our ultimate goal and the
interconnected factors that help us reach it…

… is to think of our goal as a "bridge" of POSITIVE
OUTCOMES that help us move families from
where we find them …to where they could be.
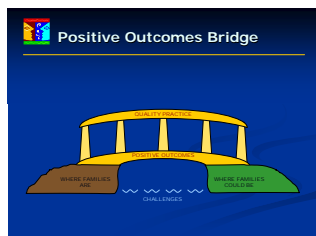
SLIDE 10

▶ Research and best practice in the field confirm that
QUALITY PRACTICE strengthens that bridge and
increases positive outcomes for kids and their
families.

▶ Of course, the *(rhetorical)* question is "What do we
mean by 'Quality Practice'?" Or "How would we
know Quality Practice if we saw it?"
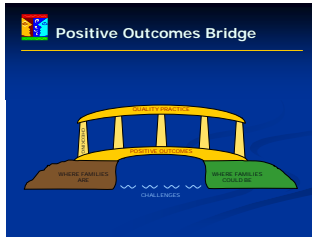
SLIDE 11

▶ Different people might define "quality practice" slightly differently — or maybe *very* differently.

▶ Nonetheless, most reasonable people would agree that many federal and state **COMPLIANCE** requirements are indeed necessary…

▶ … and that **CHECKING** with our staff in a timely manner to ensure that they've adhered to these requirements is *one part* **of quality practice**.

▶ Because if we as supervisors can't demonstrate that we check for things like having completed investigations dated within x days, or having a signed case plan in the file, then we know our quality practice would suffer.
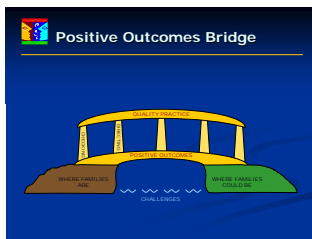
SLIDE 12

▶ Surely another part of Quality Practice is **DIRECTING** our staff in timely, helpful and productive ways…

… giving them the direction they may need to complete all the requirements of good casework in a timely manner.
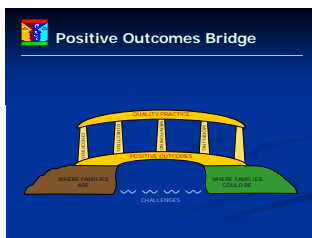
SLIDE 13

▶ And two other — and extremely important — parts of Quality Practice are MENTORING staff and MODELING best practices for them…

… to help them develop the **experience** and **judgment** they need for **making sound decisions on their own** — that is,

… without you having to spend your already-limited time constantly holding their hands on tasks they need to learn to perform independently.
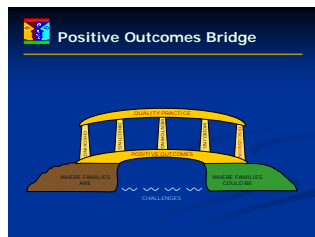
SLIDE 14

▶ Mentoring and modeling are the **broad topics** for today's workshop.

And the specific mentoring skill we're going to practice is **conducting QUALITATIVE DISCUSSIONS.**

FLIPCHART 1-3: GOAL OF THE TRAINING

Time: 1 minute

POST FLIPCHART   *Post prepared flipchart page 1-2 and keep it on display during the training.*

COMPREHENSION BRIDGE TO: COURSE OBJECTIVES

▶ Now let's look at exactly what this training will help you <u>DO</u> with regard to achieving this goal through mentoring and qualitative discussions.

TIME CHECK   *9:30 AM*

FLIPCHART 1-4: WHAT YOU'LL BE ABLE TO DO

Time: 3 minutes

Purpose: Focus participants' attention and expectations on what they will be learning to do in the training.

Directions: Post prepared flipchart page 1-3. Summarize each point in your own words.

> **YOU'LL BE ABLE TO**
>
> 1. Explain how MENTORING and MODELING complement–and offer advantages to– "directing" and "compliance-checking"
>
> 2. Show you can conduct a QUALITATIVE DISCUSSION
>
> 3. Make a PLAN for strengthening your use of qualitative discussions with your staff

▶ "Directing" and "compliance-checking" are certainly **appropriate and necessary** under many circumstances, but today we'll focus on some of the ways the supervisory skill of "mentoring" can make your work **easier—and even better—**than it already is.

▶ We'll then spend most of the training learning about and **practicing** using the Supervisory Discussion Guides to accomplish a specific mentoring skill: Conducting qualitative discussions.

(Don't worry — you won't have to be in the "role play hot seat" all by yourself! But we'll do some **group role plays** to make sure you can really DO a qualitative discussion.)

▶ Finally, the way you can **make this training worth your time** is to go back to the office and strengthen the use of qualitative discussion with your staff.

So we'll take some time for you to make a **written plan** before you leave.

POST FLIPCHART   *Keep flipchart page 1-3 on display during training.*

HOUSEKEEPING

Time*: 3 minutes*

▶ Breaks

▶ Bathrooms

▶ Lunch

▶ Expected training completion time

▶ Questions?

COMPREHENSION BRIDGE TO: WHY THE DISCUSSION GUIDES WERE DEVELOPED

Time: 1 minute

▶ As we said a few minutes ago, the **ultimate goal** of today's training is to help you learn to **conduct qualitative discussions in your units** efficiently and effectively.

ASK?

How many of you have already received the Discussion Guide that was designed to support you in doing this?

Hold up Discussion Guides

If some participants have not received or seen a Discussion Guide, hold up the CPI supervisor's version, the case management supervisor's version, or both, to give them a visual reference for the upcoming discussion.

▶ Later in the training we'll get into **exactly how** these Discussion Guides will help you **strengthen quality**, and we'll **practice using** the Guides…

… but right now let's focus briefly on **why** the actual **Guides** themselves were **developed**.

MAIN IDEA: WHY THE DISCUSSION GUIDES WERE DEVELOPED

Time: 3 minutes

Rookies lack your experience and judgment

▶ We all know that many of your staff in the field are very new. It's very unlikely that they have your experience or your ability to make sound judgments quickly.

Many supervisors not given preparation for supervising

▶ We also know that many supervisors are also very new to supervision. They have demonstrated excellent "technical" skills in the field, but many of them have not been given adequate preparation for the unique skills required for effectively

supervising staff, which is a very different skill set than field work skills.

… especially in such "qualitative" skills as mentoring and role modeling	▶ Not only do many supervisors lack adequate preparation in basic supervisory skills, many are also completely unprepared in "qualitative" supervisory skills, such as providing the kind of mentoring and role modeling that "rookie" staff need.
	▶ A rookie works with families the way the rookie's supervisor work with them, so it's very important for supervisors to mentor staff—and model best practices— as effectively as possible.
Critical mentoring skill	▶ One very effective mentoring skill is to use a qualitative discussion approach when, for example, you conduct case reviews with your staff.
Guides support you in conducting discussions effectively	▶ The Discussion Guides were developed to help support you in using this critical mentoring skill effectively with your staff.
Ideas… suggestions… guidance… structured support	▶ The Discussion Guides are intended to provide you with ideas… suggestions… guidance… structured support for helping you mentor your staff *even better* than you already do.
	▶ The Discussion Guides are designed to help you **conduct—and model— qualitative discussions** with maximum effectiveness.
Don't worry —NOT another checklist or tool! An APPROACH!	▶ I know! I know! You're thinking "Oh, no — not one more checklist to add to my already full plate!"
	▶ Not a checklist — a guide! Not a tool — an approach!
Build into what you're **already** doing	▶ We're going to work on how you can build these discussions into what you're already doing.
Can make your job **easier**!	▶ And hopefully you'll see, as many supervisors have found, that this **approach to information-gathering** can even **make your job easier**!

COMPREHENSION
BRIDGE TO: POWERPOINT: QA MODEL & GUIDING PRINCIPLES

Time: 1 minute

Guides in broader context of QA	▶ Let's take a few minutes now to see where the Discussion Guides fit into the broader context of quality improvement.
Kids have been at risk	▶ The Department is re-focusing on quality services because there have been **too many situations** in which children have been found to be at risk — during investigations, while receiving in-home care
Immediate action not taken	and out-of-home care — but **immediate, necessary actions were not taken**.
	▶ Consequently, the entire child protection system is going through changes in our review process.
Not alone — new effort is system-wide	▶ As supervisors, it's true that you are on the front lines of quality. Supervisors are the **"center of the storm,"** the key to ensuring effective qualitative casework. However **you're not alone** — the new effort to improve quality is **system-wide**.
	▶ Many different stakeholders are looking at our services system and reading case files in **greater depth** and from a **more qualitative perspective** than before.
	▶ Doing a better job of building up your case files in your units will result in everyone throughout the system seeing an improvement in services to kids.
	▶ Since your **roles as supervisors are so critical**, let's look briefly at both the PI and CBC parts of the Regional Model
	▶ We'll start with the CPI QA reviews.

POWERPOINT: QA MODEL & GUIDING PRINCIPLES (SLIDES 15–22)

Time: 8 minutes

Purpose: *Underscore the point that quality is everyone's job.*
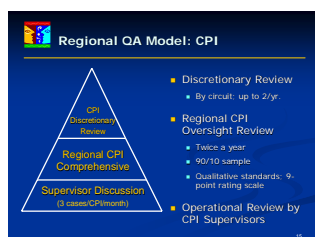
SLIDE 15

▶ CPI supervisors will review all investigations at certain points in the investigation, and at a minimum, conduct **qualitative discussions on three investigations per investigator each month**.

Get beyond compliance requirements to ensure child's best interests

▸ The **Discussion Guide** for CPI supervisors was developed to guide **qualitative** discussions with CPI staff.

▸ The intent is to **get beyond the compliance requirements** to determine if we are indeed working to promote child safety and the **child's best interests**.

Focus on qualitative aspects of investigation activities

▶ Next, there is the new review tool for the Regional CPI Oversight Review that

▸ focuses on qualitative standards that assess circuit performance, based on

▸ a statistically valid sample of investigations twice a year.

Regional discretionary review

▶ At least once a year, regions will conduct a specialized review based on the local needs, as determined by performance gaps or other factors.
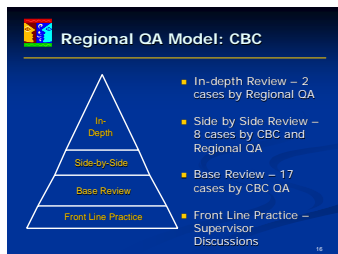
SLIDE 16

▶ CBC reviews are a little more elaborate.

▶ CBC Front Line Practice

▶ Like the CPI Supervisor, the case management supervisor will conduct qualitative discussions with the case managers regarding their open cases every quarter.

▸ The intent is to guide the case managers to assure needed safeguards and services are in place and the child is moving toward an appropriate safe and permanent living arrangement.

1. CBC Base Review

▸ The CBC QA reviews 17 cases drawn from a quarterly sample of 25 cases within a specific population.

2. Side by side review

▸ From that original sample of 25 cases per quarter, the remaining 8 cases (17 used in the base review),

are used for the side by side review process.

▶ The cases are reviewed by a QA pair: one from the CBC and one from the Region QA.

▶ The review itself is much like the base review: same tool and primarily a case file review.

3. In-depth Review

▶ Two of the 8 cases used in the side by side review are selected for the in-depth review.

▶ This process is similar to the federal Child and Family Services Review (CFSR) process, which requires case specific interviews as well as other stakeholders to evaluate system of care.
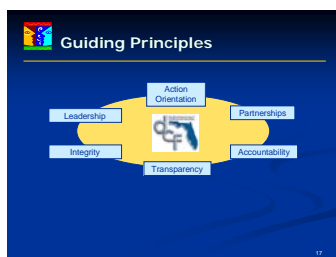
SLIDE 17

▶ Let's look for a moment at **how** the department's **Guiding Principles** are **operationalized** in the Regional QA model.
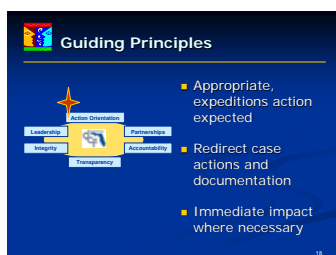
SLIDE 18

▶ **Orientation to Action.** Especially at the supervisor review level, but throughout the model, **appropriate and expeditious action is expected**.

▶ Supervisors can redirect case actions and documentation errors as part of their reviews.

▶ The goal for the QA system is to have **immediate impact where necessary** while fixing the conditions that lead to the errors in the first place.

SLIDE 19

▶ **Partnerships.** Particularly on the CBC side, partnerships are integrated into the model through the side by side reviews and the review report writing. Furthermore, the department and the CBCs worked in partnership throughout the effort to develop the review tools and procedures.

SLIDE 20

▶ **Accountability and Transparency.** The Discussion Guides help ensure a solid basis for accountability and transparency – for recognizing excellence as well as opportunities for improvement. Furthermore, a more qualitative approach to case review will improve the clarity, depth, and accuracy of information in order to support better coordination between the Department and the CBCs.

SLIDE 21

▶ **Integrity.** Are we doing what we say we are doing? Again, conducting qualitative discussions will enable us to get a better answer to this question. That answer, too, will focus on the qualitative aspects of care . . . are we meeting the best interests of the child?

SLIDE 22

▶ **Leadership.** A saying often heard in successful organizations is that "assuring quality is everyone's job."

▶ This expectation regarding quality is certainly true for Florida's child welfare system. Leaders in our organization are committed to expanding and reinforcing our culture of quality, and to placing renewed emphasis on achieving and practicing excellence in service and accountability.

▶ Leadership is fundamental and critical to every quality effort. Our supervisors must be a part of the day-to-day work in our system wherever it touches families' lives, consistently providing leadership that moves us towards quality improvement.

COMPREHENSION

BRIDGE TO: **MODULE 2: MENTORING TOWARD QUALITY PRACTICE**

Time*: 1 minute*

▶ The expectation is that quality is everyone's job — and practices — as the qualitative discussions are changing throughout the system so that the system itself will <u>act</u> to prevent service emergencies,

or act more quickly when they occur,

so harm to a child may be prevented or the child removed from a harmful situation immediately.

▶ In this next part of the training, we're going to look in more depth at **exactly what you can DO** to increase the mentoring piece of the pie — and make that piece tasty and nutritious!

TIME CHECK *9:50 AM*

BREAK *10 minutes*

MODULE 2:
Mentoring Toward Quality Practice

TIME CHECK   *10:00 AM*

COMPREHENSION BRIDGE TO: **ACTIVITY 2-1: FROM SUPER-WORKER TO SUPER-VISOR**

Time: 3 minutes

Purpose: *Make sure participants understand that the focus of the training is now **moving from the broader, system-wide context** for strengthening quality practice and positive outcomes for kids and families to a **key component of quality practice**: mentoring staff effectively and efficiently.*

Directions: *Summarize key points from Module 1:*

▶ **In the video we saw that** … kids are asking us for things like **permanency**, meaningful **relationships** with their case worker, and a measure of **control** in their lives.

▶ We also agreed that **what we mean by "quality"** in a child welfare setting can be represented by elements of our Guiding Principles, such as…

… ensuring the **best interests of the child**, **taking action** to correct problems immediately, and **continuous improvement** of our **professional skills** and our **system** as a whole.

▶ We saw that improving quality practice issues is a **system-wide effort**, which the Regional QA Model is designed to support.

▶ But perhaps most importantly, I hope it's been clear so far today that the Department **values supervisors as T.H.E. critical link** in overall

system quality, and that you **deserve strong support** to keep that link strong.

▶ One of the ways the Department is trying today to **support** you **in fulfilling** your **job requirements** is to help you **strengthen** a **critical mentoring skill**: conducting qualitative discussion with your staff.

Next part of training: What is "mentoring"?

▶ Before we dive into the specific mentoring skill of conducting qualitative discussions, let's first come to an agreement of **what we mean by "mentoring"** itself!

▶ In this next part of the training, we're going to spend about an hour

Differences between caseworkers and supervisors

   ▶ identifying some of the differences between caseworkers and supervisors as it relates to their job responsibilities and skill sets. Those differences will help us see why mentoring can be a very important skill for a supervisor to learn or, if they already use it, to strengthen.

What it means to be a good mentor

   ▶ Then we're going to clarify what it means to be a good mentor, in general, before we move to working on the specific mentoring skills of conducting qualitative discussions.

ACTIVITY 2-1:   FROM SUPER-WORKER TO SUPER-VISOR

Time: 20 minutes

Purposes:

▪ *Engage participants emotionally by recalling what it felt like to move from being a skilled, competent worker in the field to being a new supervisor.*

▪ *Help participants recall the differences between being a worker in the field to being a supervisor.*

INTRODUCE ACTIVITY:

▶ Most of you were promoted to supervisor because you were **excellent investigators or case workers,** with admirable skill at working effectively with kids and families.

▶ And I would imagine that most of you would agree that when you became a **new supervisor**, you found that, although the skills that served you well in the field were still important, now they just weren't enough — now you **needed to add a whole new set of skills**.

▶ Let's look at some of the **changes that occur** in the **move from super-worker to supervisor**…

… and have a little **fun** in the process.

1. RECRUIT THE "SUPER-WORKER"	▪ *Recruit the participant with the fewest number of years (or months) as a super-worker..*
	▪ *Have this "Super-worker" stand on one side at the front of the room.*
	▪ *Ask the Super-worker to wear the Super-worker hat.*
2. RECRUIT THE "SUPER-SUPERVISOR"	▪ *Recruit the participant with the greatest number of years (or months) as a supervisor.*
	▪ *Have this "Super-supervisor" stand on the opposite side at the front of the room.*
	▪ *Ask the Super-supervisor to wear the Super-supervisor hat.*
3. ENGAGE AUDIENCE	▪ *Ask the questions that follow and briefly entertain one or two responses.*

ASK?

> **How many of you can vividly remember what it was like to be a "super-worker" like _____ (name of "super-worker" participant)?**
>
> **What kinds of great things probably make _____ so successful?**

ELICIT:

▶ Excellent investigation or casework skills

ASK?

> Many of you now have all the experience and wisdom of _____ (name of "supervisor" participant).
>
> **But how many of you can vividly remember the *first week or so* of how it felt to be a *brand new* "supervisor"?**

ELICIT:	▶ Overwhelmed
SUMMARIZE	▶ To reduce those times of beginning to feel overwhelmed, supervisors need to develop a wide array of new skills.
	▶ Our **Quality Practice Toolbox** contains many of the critical skills, or "tools," that effective workers and effective supervisors need for accomplishing positive outcomes for kids and families. Let's see which skills most likely belong to our "Super-Worker" and which are most often needed by our "Super-visor."
3. DRAW "TOOLS" FROM THE "QUALITY PRACTICE TOOLBOX"	▪ *Draw "Tool" labels from the "Quality Practice Toolbox" (e.g., cardboard box, paper bag).*
	▪ *Ask the group to decide whether each Skill/Ability belongs to the Super-worker or the Supervisor.*
4. PIN "TOOLS" ON THE APPROPRIATE WORKER	▪ *Using very large self-stick labels (or card stock labels and safety pins or masking tape), fix each of the labels (words in bold) to the appropriate person's clothing. (See printable template in Appendix P.)*

Super-Worker Tools (technical skills)

- ▪ ***Engages families***
- ▪ ***Builds trust***
- ▪ ***Maintains contact***
- ▪ *[Accomplishes]* ***insightful investigations & assessments***
- ▪ ***Negotiates effectively***
- ▪ ***Finds*** *(identifies)* ***creative services***

Super-visor Tools (supervisory skills)

- ▪ ***Sees*** *[the]* ***big picture***
- ▪ ***Anticipates problems***
- ▪ ***Works*** *[the]* ***system***
- ▪ ***Keeps*** *[the ultimate]* ***goal in mind***
- ▪ ***Works well with*** *[different]* ***people***
- ▪ ***Models good casework*** *[skills]*
- ▪ ***Develops workers***
- ▪ ***Shares*** *depth of* ***experience*** *gained over time*

- ▪ ***Shares*** sound ***judgment*** *through experience*
- ▪ <u>*Save for last*</u>*: Finds* **Productive Sup**ervision **Zone** *(draw big star on this label)*

5. PIN **"★ P**RODUCTIVE **S**UP. **Z**ONE**" ON SUPERVISOR**

▶ Perhaps one of the most important skills or abilities of a "Super-supervisor" is to be able to hit that "productive supervision" zone,"…

… where you're providing **not too much** (not micromanaging) and **not too little** (not leaving your staff to struggle on their own), but…

… **just the right amount** of helpful, productive supervision.

MAIN IDEA: PRODUCTIVE SUPERVISION ZONE

Time*: 2 minutes*

Supervisors need new and different skills

▶ I hope what we've just done illustrates that some **big changes** take place as a result of moving from caseworker to supervisor. Being a supervisor is **very different** from being a caseworker.

▶ As a caseworker, you could be very successful in the area of technical skills. But as a supervisor, you now also have to have good skills in **management** and **developing** the skills of your staff.

One of your biggest challenges

▶ One of the biggest challenges you face as a supervisor might be learning to **find that "productive supervision zone"** where you provide just the right amount of supervision… where you're able to keep from getting overwhelmed

- ▶ by avoiding <u>working</u> your staff's cases yourself, and
- ▶ by learning to <u>guide</u> your staff in how to <u>work their own</u> case effectively and efficiently.

Mentoring helps you!

▶ And it's a key message in this training that mentoring is an important way that you as a supervisor can **find that zone and stay in it**.

COMPREHENSION BRIDGE TO: POWERPOINT: WHY MENTORING IS WORTH IT

Time: 1 minute

Worth it?

▶ But in the midst of the sometimes almost overwhelming demands of our jobs, is it worth it to spend any of your precious time **learning or strengthening** mentoring skills and finding the **time to use them** with your staff?

Mentoring reduces turnover!

▶ Well, research and the field work of experienced practitioners show that it definitely is! Some studies have found **new staff who receive guidance and coaching** from a good mentor are **twice as likely** to remain in their jobs than those who do not!

▶ And that's not the only benefit! Let's look more closely at some of the **reasons mentoring is well worth it** to you as a supervisor.

POWERPOINT: BENEFITS OF MENTORING (SLIDES 23–29)

Time: 5 minutes
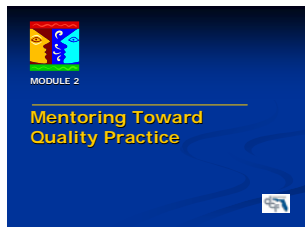
SLIDE 23: Module 2 Title Slide: Mentoring Toward Quality Practice
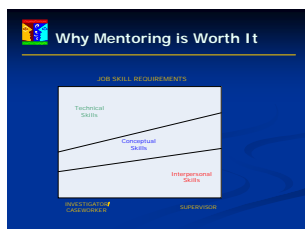
SLIDE 24

▶ Moving from a super-worker to a supervisor requires a **change in the proportion of time** you spend in three critical skill areas.

▶ As a skilled worker in the field, a lot of your time was spent applying your excellent technical skills to the job of helping a child or a family. Of course, **conceptual and interpersonal skills** were **important, too, but technical skills** consumed the **greatest amount of time**.

▶ Now, as a supervisor, the conceptual and interpersonal skill areas become more time-consuming compared to the technical skill area.

▶ Technical skills —the investigation or casework skills — are still important, but they take up a smaller percentage of time in the context of the supervisory role.

Benefits of Mentoring

Critical tool to help supervisors:
- Find and stay in "productive supervision zone"
- Supervise efficiently and effectively
- Help staff expand and strengthen technical skills
- Help staff gain experience & wisdom
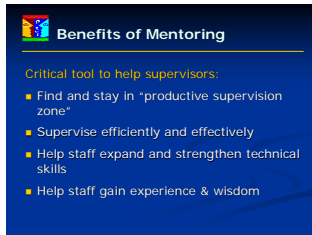
SLIDE 25

▶ Mentoring is one of your **most important tools** for finding and staying in that "productive supervision zone."

▶ Critical tool for **effectively, efficiently** helping your staff

  ▶ … expand and strengthen their **technical skills**…

  ▶ and gain for themselves the **experience** and **wisdom** that you acquired during your time in the field.

Benefits of Mentoring

Makes supervisor's job easier and less overwhelming:
- Increases effectiveness of supervisor's interactions with staff
- Staff learn patterns of quality practice
- Staff become more independent and well-rounded
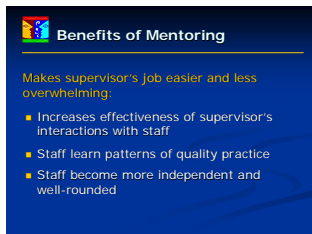
SLIDE 26

▶ Makes supervisors' jobs easier and helps them avoid being overwhelmed:

  ▶ Increases the **effectiveness of interactions** with staff

  ▶ Staff learn patterns of **quality practice**

  ▶ Staff become **more independent and well-rounded**

Benefits of Mentoring

- Helps staff become better problem-solvers
- Strengthens staff's critical thinking skills
- You and your staff enjoy your work more
- Results in more well-rounded, more comprehensive quality of service
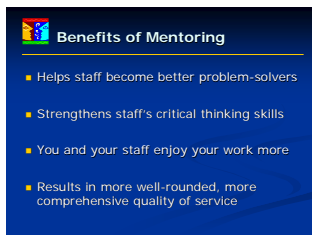
SLIDE 27

▶ Staff become better problem-solvers

▶ You and your staff enjoy doing your work more

▶ Mentoring produces more well-rounded, more comprehensive quality of service.

▶ Mentoring strengthens staff's critical thinking skills.
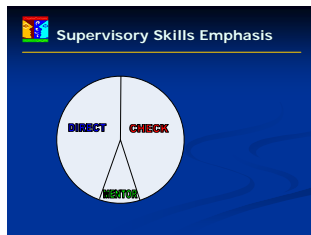
SLIDE 28

▶ As supervisors, you surely want to **reduce turnover** and also **boost** the quality — the **effectiveness** and **efficiency** — of your staff's investigative or casework.

▶ **Strengthening** your own personal **mentoring skills** — and **specifically** the mentoring skill of **conducting qualitative discussions** — is a very effective way to accomplish this.
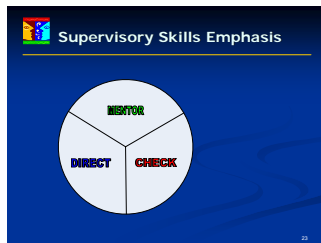
SLIDE 29

▶ You don't need to spend MORE time working than you already do —

▶ … you just need to spend a **greater percentage** of your time on effectively mentoring your staff.

▶ This redistribution of percentages of time is possible, because **skilled supervisors** have **demonstrated** that effective mentoring will reduce the amount of time needed in **directing** and **checking**.

COMPREHENSION BRIDGE TO: **MY MENTORING ROLE MODEL**

Time: *1 minute*

▶ As we just saw, developing your expertise in the area of mentoring is worthwhile for several reasons,

... not the least of which is that it's one of your **most important tools** for finding and staying in that "productive supervision zone."

▶ In this next activity, we'll focus on **what it means to be a good mentor**.

PARTICIPANT GUIDE: MY MENTORING ROLE MODEL

Time: *10 minutes*
  (3 minutes for directions/turning to Participant Guide
 + 5 minutes for filling out page from Participant Guide
 + 2 minutes re-focus for processing with flipchart
= 10 minutes)

Purpose:

- *Help participants relate in a personal way to the importance and value of a mentor*

- *Engage participants in actively identifying the attributes of a mentor*

TRAINER NOTE	*The prompts on the page from the Participant Guide are the same as the Flipchart (e.g. "What are some of the things your mentor <u>actively DID</u> to help you learn and grow?").*

ASK?

> **Who was someone in your life — anywhere, anytime, at any point in your life — who was a good mentor — or "guide" or "coach" — for you?**

Directions:

- *Have participants turn to the "My Mentoring Role Model" page in their Participant Guides.*

- *Allow participants to work individually, or break into two or more small, mixed groups (CPI and CBC supervisors in each group).*

- *Give participants 5 minutes to fill in as many responses as possible*

EXPLAIN DIRECTIONS:

▶ Think about your mentor as you fill in as many responses as you can. You'll have 5 minutes, and then we'll record your responses on our flipchart.

▶ After you've had time to think, I'll ask volunteers to

> ▶ briefly tell us a little bit about the **situation** in which your mentor was so important to you, and

> ▶ describe in a word or two **what your mentor did** that was so effective in fostering your growth and success.

FLIPCHART 2-1: MY MENTORING ROLE MODEL

MY MENTOR

Time: *10 minutes*

Directions:

- *Ask each of the questions that follow and elicit a few of the suggested responses, especially those in bold.*

- *Record responses on prepared flipchart 1-5.*

ASK?

What are some of the things your mentor <u>actively DID</u> to help you learn and grow?

ELICIT:

My mentor provided…

▶ **Guidance**

▶ **Coaching**

▶ **Praise**

▶ **Suggestions**

▶ Resources

▶ Information

▶ Direction

▶ Correction, re-direction

My mentor…

▶ Listened

▶ Was a good **role model**

▶ Helped me develop **critical thinking skills**

▶ Shared **wisdom** and **experience**

▶ Instilled **discipline**

▶ Gauged **appropriate challenges**

▶ Asked questions

▶ Met me where I was

▶ Helped me consider options… alternative solutions and strategies

| ASK**?** | **What are some of the ways your mentor <u>treated you</u> that you think were effective/helpful?** |

ELICIT: *My mentor treated me …*

▶ Respectfully

▶ Patiently

▶ With a sense of humor

▶ With kindness

▶ Firmly

▶ Fairly

| ASK**?** | **What are some synonyms for "mentor?"** |

ELICIT: ▶ Coach

▶ Guide

▶ Role model

▶ **Teacher**

▶ Resource

KEY POINTS: MY MENTORING ROLE MODEL

Time: 2 minutes

I hope we've painted a clear picture of some of the important **differences caseworkers** and a **supervisors** when it comes to their skill sets and the pressures and demands they face on the job,

… and that we've clarified what it means to be a **good mentor**.

In addition to technical skills, wide array of management skills

Caseworkers need **good technical skills**, but supervisors must — in addition — develop a wide array of **management skills.**

Productive supervision zone

Good management skills help supervisors find

and stay in that **productive zone,** providing just the right amount of supervision.

One of those critical supervisory skills is being able to mentor staff effectively and efficiently by using an approach that includes

Coaching

coaching,

Guiding

guiding, and

Role modeling

serving as a good **role model** for the ways we want our staff to, in turn, work with kids and families.

COMPREHENSION BRIDGE TO: **MODULE 3: QUALITATIVE DISCUSSIONS: NOT "MORE" — BETTER!**

Time*: 1 minute*

How do you

▶ So **what do you actually DO** to be a good mentor?

…develop critical thinking skills

　▶ How do you **develop your staff's critical thinking skills** and help them gain the **experience and good judgment** they need for achieving the highest level of quality practice possible in your unit?

…build confidence and competence

　▶ How do you give your staff the **confidence and competence** they need to make them want to **stay** in their jobs?

… reduce turnover

…keep from being overwhelmed?

　▶ How do you find that **productive supervision zone** so you **don't become overwhelmed** with inefficient activities such as working your staff's cases for them rather than teaching them to achieve best practice on their own?

▶ One of the things you do is to **make productive use of qualitative discussions**! Let's turn now to the meat of this training — learning how to conduct qualitative discussions effectively and efficiently.

MODULE 3:
Qualitative Discussions:
Not "More"—Better!

TIME CHECK   *10:55 PM*

COMPREHENSION BRIDGE: **POWERPOINT: QUALITATIVE DISCUSSION: WHAT IT IS — WHAT IT ISN'T**

Time: 1 minute

▶ Research and experienced supervisors agree that the specific mentoring skill of **conducting qualitative discussions** effectively can help **improve** the **clarity and depth of information** that both CPI and case management supervisors obtain and discuss with their workers in our efforts to achieve positive outcomes for kids.

▶ And they assure us that conducting qualitative discussions is **NOT something more** for you to do—it's just an alternative and very **effective approach to doing what you already do.**

► The **Discussion Guides** are designed to **support** you in implementing this very important part of your **job responsibilities** with maximum effectiveness and efficiency.

► After lunch we're going to pull out our Discussion Guides and practice using them. But before we go to lunch, let's take just a few minutes get clear on exactly what a qualitative discussion is.

POWERPOINT: DEFINITION & BENEFITS (SLIDES 30–47)

Time: 8 minutes
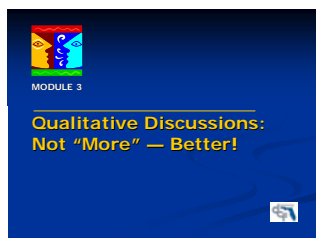
SLIDE 30:   Module 3 Title Slide: Qualitative Discussion: Not "More: — Better!
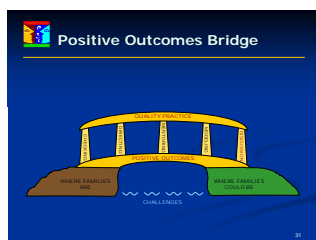
SLIDE 31

► We saw at the beginning of the training that "**positive outcomes" form the bridge** between where we find families and where good casework tells us they could be…

… and that **quality practices** such as effective mentoring — and specifically, conducting qualitative discussions — can **strengthen** our efforts to achieve those **positive outcomes**.
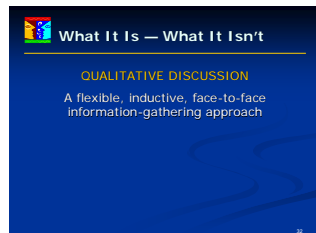
SLIDE 32 *(definition components build one by one)*

► Here's a definition that describes, somewhat generally, what we mean by a "qualitative discussion." We'll get more specific in just a minute.

Move through the slide-build as quickly as possible, but read each definition component slowly enough to ensure comprehension.
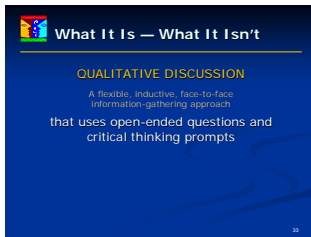
SLIDE 33

▶ And we should note here that, although compliance is absolutely necessary, it's **not sufficient**. It's **only one element** of quality practice.
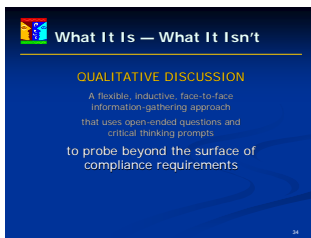
SLIDE 34

▶ We need to **move beyond the basics of compliance** and use a qualitative approach to uncover the deeper, broader, more detailed information we might not get through basic compliance checking…
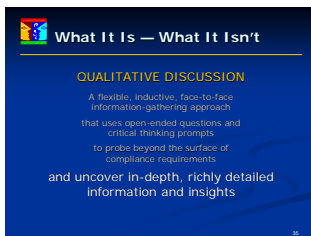
SLIDE 35

▶ … information we'll need for achieving the best possible outcomes for families

▶ A qualitative approach is essential because, **if you're not** in the home, bringing the plan to bear,

… getting **services** for the family…
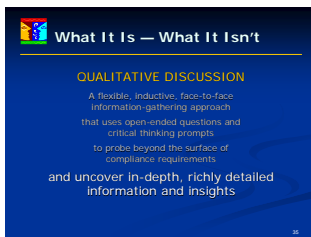
SLIDE 36

▶ … checking to see whether appropriate services are **making a difference** in bringing change,

counseling the family, helping them to see new **insights**, giving them **support**,

mentoring the family, **modeling** positive behavior for them,

then you aren't following best practices.

SLIDE 37

▶ So what does a mentoring approach— a "flexible, inductive, face-to-face information-gathering" approach—**look like** when you're doing it?

▶ Well, there's **no formula or recipe or rigid structure**. It's more a matter of **probing and exploring** — of **fostering an open discovery** of ideas and insights.

SLIDE 38

▶ So what does a mentoring approach— a "flexible, inductive, face-to-face information-gathering" approach—**look like** when you're doing it?

▶ Well, there's **no formula or recipe or rigid structure**. It's more a matter of **probing and exploring** — of **fostering an open discovery** of ideas and insights.

A𝗌𝗄**?**

How many of you are familiar with the concept of "mind-mapping?"
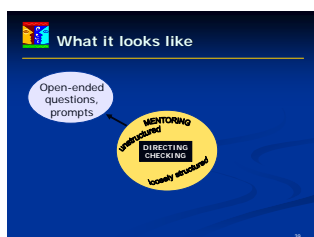
SLIDE 39

▶ For those of you who find a picture useful, conducting a qualitative discussion is a little like mind-mapping.

  ▶ The person conducting it certainly has a purpose in mind.

  Provide brief example relevant to your audience.
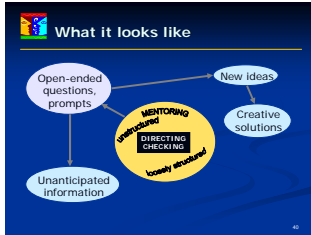
SLIDE 40

▶ For those of you who find a picture useful, conducting a qualitative discussion is a little like mind-mapping.

> ▶ The person conducting it certainly has a purpose in mind.

> *Provide brief example relevant to your audience.*

> ▶ But their inquiries are **flexible** and intended to **probe** for new information and **generate** new ideas.

> ▶ The discussion will very likely move from one **inter-connected idea** to the next.
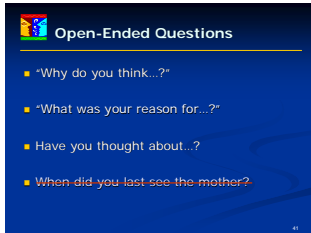
SLIDE 41

▶ In addition to the typical types of compliance-oriented questions and issues…

… during a qualitative discussion, you would also observe a supervisor asking a lot of **"open-ended" questions** — questions that require your caseworker to

> ▶ think **outside the box**, and

> ▶ **talk at some length** about the answer.

▶ **"Closed questions"** — which can be answered with "yes" or "no" or a simple, factual answer, such as a date or time — are **too often a "dead end"** when it comes to exploring possibilities and gaining new insights.

(Maybe they should be called "open-end" questions and "dead-end" questions!)
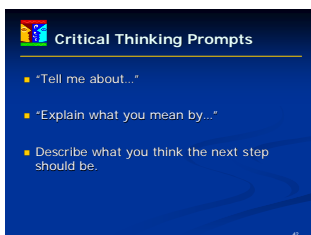
SLIDE 42

▶ People who are skilled at conducting qualitative discussions also use a lot of **"critical thinking" prompts**.

▶ These are similar to open-ended questions… it's just that technically they're **not "questions," per se**.

▶ They are **requests… prompts… probes**… statements that, again, require your caseworker to **respond at some length** with a richer, more detailed description of the topic the two of you are exploring.

Qualitative Discussion

- Unstructured or loosely structured
- Open-ended questions
- Critical thinking prompts
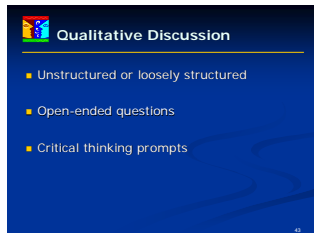
SLIDE 43

▶ So to summarize, **what you might see** if you observed someone conducting a qualitative discussion would be…

… a **purposeful but loosely structured** conversation that included a lot of **open-ended** questions and **critical thinking** prompts.

Purpose of Qualitative Discussion

- Investigate the **WHY** and **HOW** of decision making—not just the what, where, and when.
- Discover **unanticipated information** and **alternatives**
- Uncover in-depth, richly detailed **information** and **insights**
- Explore creative **WHAT IF** options
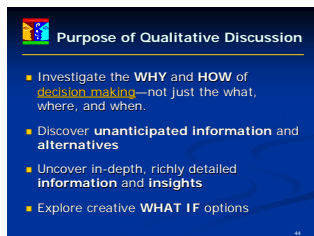
SLIDE 44

▶ The purpose of such discussions is to help you and your staff explore **not just the "what, where and when facts"** of a case, **but** also the **WHY** and **HOW** of what is going on with a family.

▶ The purpose is also to **discover unanticipated information** and **alternatives** by encouraging a free flow of ideas.

- ▶ Dynamics
- ▶ Strategies
- ▶ Personalities
- ▶ Challenges
- ▶ Successes

▶ In addition, qualitative discussions help you **explore** the variety of **WHAT IF options** that might reveal productive "next steps" and make a real difference for this family.

Purpose of Qualitative Discussion

- **Model** effective information-gathering techniques
- Offer the **insights** and **good judgment** you've gained from experience
- **Assess and develop** your workers!
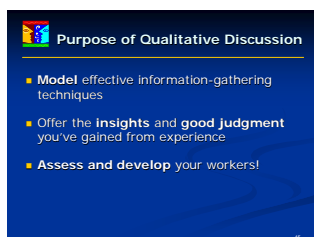
SLIDE 45

▶ Allows you to **model** an important and effective information-gathering technique for your workers. This is also an opportunity to model the skill of "**explaining the story**" of the case, which is a skill many workers need to strengthen:

> ▶ Dynamics
>
> ▶ Strategies
>
> ▶ Personalities
>
> ▶ Challenges
>
> ▶ Successes

▶ This modeling is critical, because most of your workers will not have had the amount of experience that you've had.

Having a qualitative discussion gives you a chance to offer the insights and sound judgment that can only be gained from experience…

… and gives your worker a chance to benefit from you experience and grow.

▶ Qualitative discussions also provide you an opportunity to **assess and develop your worker**:

> ▶ Presentation skills
>
> ▶ Social work skills
>
> ▶ Policy knowledge
>
> ▶ Critical thinking skills
>
> ▶ Child welfare system knowledge/services
>
> ▶ Documentation skills
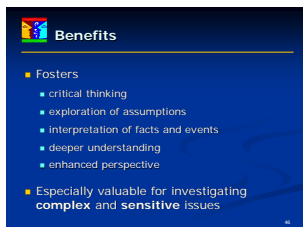
SLIDE 46 (bullet points build one at a time)

▶ Sometimes just getting to the point with an explicit directive — a "**Do this" statement** — or a compliance-focused **"Have you done this?" question** — is perfectly appropriate.

But using a qualitative approach has several **important advantages**.

▶ Helping your staff **learn to think** is just as important — perhaps more important — than telling them what to do or checking to see if they've done it.

Summarize remaining bullets.

Benefits

- Is especially valuable for investigating **complex** and **sensitive** issues
- Supports a "productive-supervision zone"
- Models the approach so staff can, in turn, use it automatically and naturally when they work with families

47
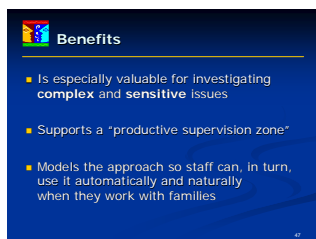
SLIDE 47

▶ Another important benefit of qualitative discussions is that it helps you find and stay in the **"productive supervision zone."**

If your staff learn to think for themselves, it's less likely you'll end up having to work their cases for them.

▶ And to reiterate what we said about an important <u>purpose</u> of qualitative discussions, one extremely important <u>benefit</u> is that you are **modeling** for your staff an approach that they can, in turn, use productively with families — an approach that will help them increase positive outcomes.

For example, the more often staff get open-ended questions from you, the more likely they'll **use open-ended questions with families** — and that will increase the quality of the information they get for helping families increase positive outcomes

---

QUALITATIVE DISCUSSION

☝ IS a flexible, face-to-face information-gathering approach

☝ IS an approach that uses open-ended questions and critical thinking prompts

☝ IS an approach that probes below the surface to uncover in-depth, richly detailed information and insights

☝ IS an approach that encourages a free flow of unanticipated responses

☝ **IS** an APPROACH to tasks you *already* do!

POSTED FLIPCHART

▶ Remember, as we saw earlier…

Briefly review posted flipcharts:

▶ Qualitative discussions are a critical mentoring skill that improves quality of practice.

▶ And we can't forget that it's a **job requirement** for supervisors to **conduct** qualitative discussions and **document** that these discussions have occurred (we'll **practice documentation** later in this training).

QUALITATIVE DISCUSSION
☞ Is **NOT** an extra task! ☞ Is **NOT** a file review for compliance! ☞ Is **NOT** another "checklist!" ☞ Is **NOT** a "one size fits all" approach!

POSTED FLIPCHART

▶ BUT, again, conducting qualitative discussions is NOT something *more* for supervisors to do—it's just an alternative and very effective approach to *doing what you already do.*

COMPREHENSION BRIDGE TO: **MODULES 4A AND 4B: "GET REAL" WITH YOUR DISCUSSION GUIDE**

Time: 1 minute

▶ Hopefully it's clear now **what** a qualitative discussion is, and **why** it's worth your time to do it. And we have **Discussion Guides to help you**!

▶ Now we're going to do an activity that will help you make your **Discussion Guides realistic** for your own specific workplace.

EXPLAIN:

▶ In this activity, we'll take **each section** of your respective Discussion Guides and, by viewing just a few PowerPoint slides, we'll consider the ways in which each section of questions **supports quality practice**.

▶ Then we'll work with the actual Guide documents, and analyze each section of questions in depth, examining the **intent of each question** to make sure everyone understands the questions and how to make best use of their Guide.

▶ We'll also brainstorm some of the ways that you, personally, might adapt a question — **re-phrase it, or add to it** — to make it more realistic for your specific unit and workers.

▶ Of course, there certainly is **no expectation** in real life that a supervisor will **ask every question** in their Guide when they conduct a qualitative discussion with a staff member. However, for this activity, we're going to look at how you might use each question

▶ After we complete this activity, we'll actually **use your Guides to practice** conducting qualitative discussions in some whole-group role plays. Later we'll also talk about how to customize the questions in your Guide to a particular investigator/worker and a specific case.

TRAINER NOTE	*Modules 4A and 4B are written for delivery as described in Delivery Option #1 below. If you use one of the alternative delivery strategies, modify the text accordingly.*
DELIVERY OPTION #1: TWO TRAINERS & TWO POWERPOINT PROJECTORS	▪ *The first and preferred delivery option is for Modules 4A and 4B to be delivered by a trainer and a co-trainer using two PowerPoint projectors. (If a formally qualified, professional trainer is not available, recruit a highly experienced training participant who is comfortable making presentations and leading group discussions, and make sure this volunteer has sufficient time prior to the training to study the module they will deliver and practice delivering the PowerPoint presentation).*
	▪ *The trainer facilitates either the CPI or CBC group of participants, and the co-trainer facilitates the other group.*
	▪ *Break into CPI and CBC groups. If possible, use a separate break-out room.*
	▪ *Each facilitator presents the set of PowerPoint slides that correspond to their group's hard copy Discussion Guide (i.e., either the CPI set or the CBC set). The versions of the PowerPoint are clearly marked as either CPI or CBC.*
	▪ *Following presentation of the subset of PowerPoint slides for Section A, the facilitator focuses their group on Section A of their respective Discussion Guide and leads them in analyzing the questions in Section A (see instructions in Modules 4A and 4B). The facilitator continues alternating the PowerPoint and face-to-face analysis for each section.*
DELIVERY OPTION #2: TWO TRAINERS & ONE POWERPOINT PROJECTOR	▪ *The second option is to facilitate Modules 4A and 4B using a trainer and a co-trainer with only one PowerPoint projector. Instead of alternating between the sections of the PowerPoint and the sections of the Guide, one facilitator presents the entire PowerPoint*

for all sections of the Guide. Then that facilitator leads their group in analyzing all of the questions from all sections of the hard copy Guide. The other facilitator accomplishes their module in the reverse order: analyzing all of the questions from all sections of the hard copy Guide first, followed by presentation of their respective version of the PowerPoint.

DELIVERY OPTION #3: ONE TRAINER & ONE POWERPOINT PROJECTOR

- *The third option is for one trainer to facilitate Modules 4A and 4B as a sequential whole-group activity.*

- *This option requires a concerted effort to motivate both groups to engage in the other group's part of the activity as an opportunity to better understand each other's concerns and job requirements.*

- ***NOTE:*** *This option also requires the facilitator to deliver the presentation rapidly so that both modules can be completed in the same amount of time that, ideally, would be allotted to both modules being accomplished simultaneously.*

MODULE 4A:
Get Real With Your Discussion Guide: CPI

Continue promoting the following ideas:

- *Critical MENTORING skill. Underscore the concept that qualitative discussions are a critical mentoring skill. Continually position qualitative discussion in the context of mentoring. Include the term mentoring at every opportunity.*

- *Job requirement that must be documented. Qualitative discussions are also a job requirement. Supervisors must document that they have held qualitative discussions with staff.*

- *NOT "more" — better!! At every opportunity, reiterate that the use of qualitative discussion is NOT something "more" for supervisors to do, but a better way of doing what they already do.*

TIME CHECK   *11:05 AM*

ACTIVITY 4A-1: "GET REAL" WITH YOUR DISCUSSION GUIDE

Time: 55 minutes total

Purpose:

- *Help participants **become familiar and comfortable** with the questions in their job-specific Guide.*

- *Build buy-in by exploring ways to **translate the questions** to more accurately/completely reflect the realities of each supervisor's situation.*

- *Build buy-in by exploring ways to **overcome potential service barriers**.*

Directions: Ask participants to take out their Participant Guide and turn to the Discussion Guide.

▶ Before we go to the PowerPoint, let's look first at just the face-sheet information that explains what the Guide is all about.

PARTICIPANT GUIDE: DISCUSSION GUIDE FOR CPI SUPERVISORS

Review the face-sheet information of the Discussion Guide, including the objective, underlying principle, (sampling methodology for the CPI version only), and instructions.

ASK**?**	**What do you see as the primary purposes of a qualitative discussion?**

ELICIT:

▶ Obtain in-depth information about whether **immediate actions** are necessary to protect child.

▶ Explore and corroborate from a variety of angles whether **risk is increasing or decreasing** in the case.

▶ **Develop and strengthen** the individual worker's casework, interpersonal, and/or conceptual **skills**.

▶ **Model** a non-interrogatory questioning approach that gets to core issues in a non-threatening, supportive way.

EXPLAIN:

▶ With those purposes in mind, let's look at just a few PowerPoint slides.

▶ The **first section of slides corresponds** to the **first section of questions** on your hard copy Discussion Guide.

> ▶ This first section of slides addresses some **important quality issues**.

> ▶ The corresponding section of your Discussion Guide questions is intended to help you **uncover qualitative information related to those quality issues** covered in the slides.

► After we review the PowerPoint slides, we'll work with the related section of questions in our Guide to make sure everyone **understands** the questions and how to **use them effectively** when holding qualitative discussions to mentor your staff.

POWERPOINT: CPI DISCUSSION GUIDE PART A (SLIDES 48–55)

MODULE 4: CPI DISCUSSION GUIDE

SECTION A:
HISTORY AND CULTURAL BACKGROUND
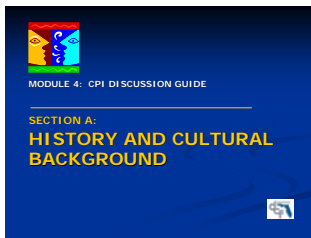
SLIDE 48

► Section A of your Discussion Guide gives you qualitative discussion questions related to a family's history and cultural background.

Family Context

- Children live in family systems of reciprocal interactions
  - Children need healthy family systems to thrive
- Families live in community systems that provide support and/or obstacles
  - Families do best in supportive communities

SLIDE 49

► Kids need families. Families are systems. Families live in context of systems. Families live surrounded by some mix of obstacles and supports. Communities are either supportive of families, obstacles to families, or a mix thereof.

Family History and Culture

- Cultural assumptions
  - Ethnic
  - Extended family
  - Community
  - Family
- Language
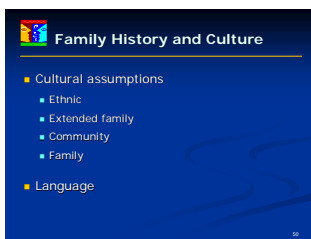
SLIDE 50

► Some of components of culture are listed here. It's important to understand the cultural and ethical assumptions of family and community. Extended families have their own culture, family traditions.

► Language is a very important issue in Florida. In some cases, it is impossible to match a worker with the family's language.

  ► This can lead to older child being the translator. That's a dangerous situation, because we may not get accurate information.

  ► We need to develop language capability in our investigators and agency. We need to communicate in family's language.

Family History and Culture

- Prior history, including frequent visitors and caregivers
  - Abuse/neglect
  - Domestic violence
  - Law enforcement/juvenile
  - Substance abuse
- Risks and strengths
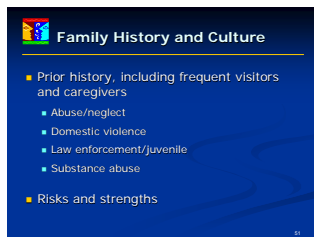
SLIDE 51

▶ The investigator needs to grasp the critical indicators in a family history.

▶ That helps them to understand the particular family's risk factors and how to fix them – the family's family system.

Family History and Culture

- Major concerns—and STRENGTHS!
  - What does worker like and admire about the family?
  - What does worker like and admire about the children?
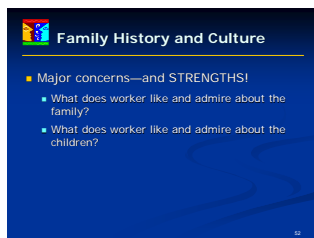
SLIDE 52

▶ Equally important is to start to ask the question, what do you like about this family?

  ▶ If investigators don't have some liking or admiration for the family, they are not likely to do a very good job for the family.

  ▶ If they are afraid or uncomfortable with them, they won't do well.

  ▶ On the video, it is very interesting that the young man says his mother had some good things about her. Look at me, I've got some problems, but she basically did OK by me.

▶ Our investigators ought to know about the strengths and what's working for our families.

  ▶ We need to know more than the negative side.

  ▶ What's the potential for these parents? They are struggling, but they have a lot of hope and potential . . . equally important with the kids to know this about the parents.

Family History and Culture

- Major concerns—and STRENGTHS!
  - What does worker like and admire about the family?
  - What does worker like and admire about the children?
- Seeing the basic humanity in the parents and children helps communication, empathy, and understanding...and turns a "worker" into an advocate

SLIDE 53

▶ One of the neat things about the film . . . how did these guys grow up in child welfare? They are so personable, self-aware.

▶ Same thing for the kids we work with . . . lots of potential and strengths.

  ▶ We need to see the humanity in the people we work with.

  ▶ When we can see child and families as people, we turn a corner, move from an investigator doing a job to being an

advocate and a champion for the family. Starts getting the investigator focused on action.

Importance of Family

- Removal is a risk to child safety and well being
- When families can be preserved or reunited with safety, a victory has been achieved
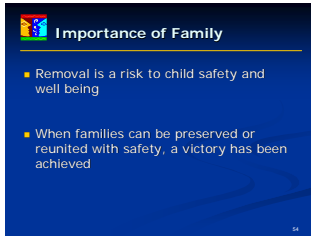
SLIDE 54

▶ Still, there is no purity in child welfare. There is no clear choice for safety vs. placement . . . preserve families or keep kids safe in foster care. The reality is, whether we preserve or place kids, something negative may happen.

> ▶ Leave kids in home, gives danger to safety.

> ▶ Pull means impacts of foster care – and danger to grow up as independent, self-sufficient adults.

> ▶ Either way we may have a negative impact. It's not as simple as safety or placement. There may be harm either way.

▶ When you can preserve or safely return a kid in family, you have a big win, best options for kid.

Importance of Family

- When it is not possible to preserve or reunify a family, creating a new legally permanent family is the best option
- Residential care with multiple caretakers is not optimal for children's well being and development

SLIDE 55

▶ When not possible to preserve or reunify a family, then it is good to find a good permanent placement . . . relatives or adoption is important. Adoption in 90% of cases provides permanent family for life.

PARTICIPANT GUIDE: CPI DISCUSSION GUIDE PART A: HISTORY AND CULTURAL BACKGROUND

▶ Keeping in mind what we've seen in the PowerPoint, now let's look in depth at the corresponding section of your Discussion Guide questions

▶ We're going to think about each of the questions in this section to make sure everyone **understands** the questions and how to **use them effectively** when holding qualitative discussions to mentor your staff.
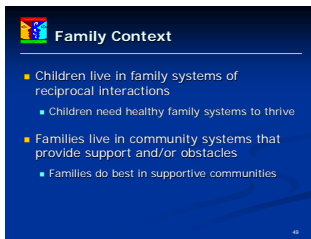
For each section of questions in the Discussion Guide, the facilitator should ask participants to consider the following:

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what other questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **common investigator/worker mistakes** have you noticed with regard to this question?

▶ What **additional questions** might you ask to determine whether these **common mistakes were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question…

… and, if so, **how have you helped your staff** to deal with them?

POWERPOINT: CPI DISCUSSION GUIDE PART B (SLIDES 56–59)

MODULE 4: CPI DISCUSSION GUIDE

SECTION B:
QUALITY OF CONTACTS

SLIDE 56

▶ Section B of your Discussion Guide gives you qualitative discussion questions related to the Quality of Contacts you make for this case.
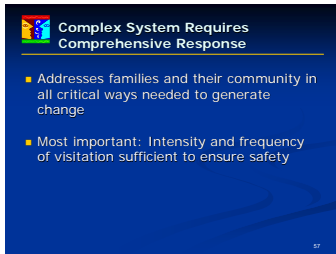
SLIDE 57

▶ Bottom line: complex systems require comprehensive responses. Something that can address families and communities in all the critical ways that promote change.

▶ First factor for success: Frequency and intensity of visitation to ensure safety is critical.

  ▶ The one most important thing to the child/family is the investigator or case worker. Keep coming and pushing me and getting me into programs.

  ▶ Frustrating for the investigator, but transforming when successful.

SLIDE 58

▶ Also need a continuum of care . . . of personal services, support services, and hard services.
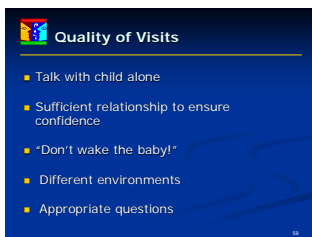
SLIDE 59

▶ Common kid complaint: "I don't know my worker well enough; no relationship to share real issues."

▶ Quality of visits important to develop relationship to get trust so people can speak honestly about issues . . . personal questions.

▶ New investigators really need to develop relationship for honest sharing.

PARTICIPANT GUIDE: CPI DISCUSSION GUIDE PART B: QUALITY OF CONTACTS

Turn to the hard copy Discussion Guide and process the corresponding section of questions.

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?

POWERPOINT: CPI DISCUSSION GUIDE PART C (SLIDES 60–62)

SLIDE 60

▶ Section C of your Discussion Guide gives you qualitative discussion questions related to safety.
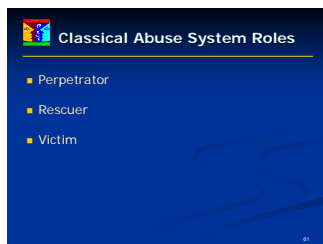
SLIDE 61

▶ The investigator needs to know how to be direct, polite… needs to have the self-confidence to insist on seeing child when parents say, for example, that he's sleeping.

- An investigator on visits heard repeatedly that the child was always "out with grandma" but felt the family was really nice. She didn't want to upset family, and lose the friendliness. Found out later child was missing.

- Your investigators have to be comfortable at probing, at asking the hard questions.
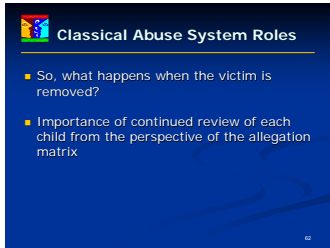
SLIDE 62

▶ Allegation matrix needs to be in their minds as they scan each child. Is this child OK in the perspective of the allegation matrix?

- ▪ A lot of our staff are not sophisticated with developmental issues. If a child is underweight, they need to know whether to check for failure to thrive or determine that it is a skinny kid.

- ▪ Are your investigators cued into the clues of maltreatments?

PARTICIPANT GUIDE: CPI DISCUSSION GUIDE PART C: SAFETY

Turn to the hard copy Discussion Guide and process the corresponding section of questions.

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what other questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?

**POWERPOINT: CPI DISCUSSION GUIDE PART D (SLIDES 63–64)**

SLIDE 63

▶ Section D of your Discussion Guide gives you qualitative discussion questions related to identifying services for this family.
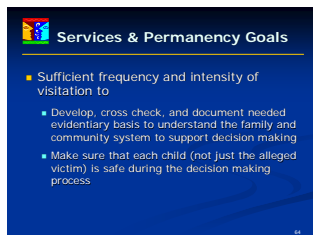
SLIDE 64

▶ Think outside the box. If a family says they are willing to go to church-based parenting services, rather than getting in a conflict with them and having the court choose, why not give the church effort a try and see what happens?

▶ We're too quick to dismiss what we don't know that much about.

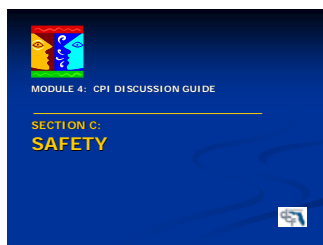**PARTICIPANT GUIDE: CPI DISCUSSION GUIDE PART D: SERVICES**

Turn to the hard copy Discussion Guide and process the corresponding section of questions.

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what other questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?

**POWERPOINT: CPI DISCUSSION GUIDE PART E (SLIDES 65–66)**

SLIDE 65

▶ Section E of your Discussion Guide gives you qualitative discussion questions related to removals.
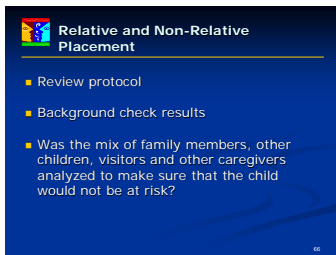
SLIDE 66

▶ Are we doing a good job of understanding who is in the home, when, what kind of supervision is provided, the mix of kids and visitors . . . important at foster home and relative placements.

PARTICIPANT GUIDE: CPI DISCUSSION GUIDE PART E: REMOVALS

Turn to the hard copy Discussion Guide and process the corresponding section of questions.

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what other questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?

POWERPOINT: CPI DISCUSSION GUIDE PART F (SLIDES 67–72)
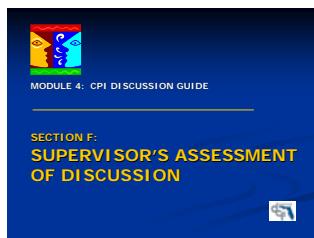
SLIDE 67

▶ Section F of your Discussion Guide gives you qualitative discussion questions related to a assessing the value and effectiveness of the discussion.
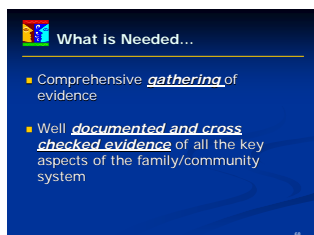
SLIDE 68

▶ Does staff really understand all the critical dynamics of these complex situations and families?

▶ Are they really documenting that understanding? Are they crosschecking the situation? I wouldn't go to the bank on grandmother saying everything is fine. Grandmother may be part of the system. I would want that verified and crosschecked.
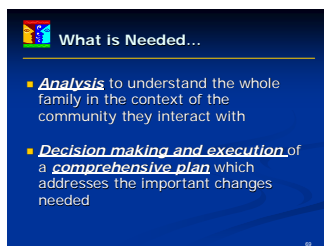
SLIDE 69

▶ What is their ability to analyze? Does their analysis follow the evidence and come to a reasonable conclusion?

▶ Given a sensible decision, does the plan flow out of it? Is it comprehensive?
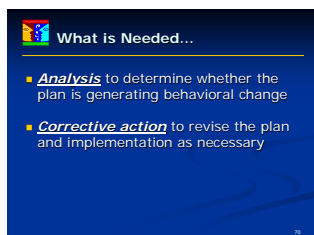
SLIDE 70

▶ One of the **dangers** is that our **interventions** have become very **compliance oriented** and **simplistic**:

  ▶ Go to parent training

  ▶ Go to 10 classes.

  ▶ Do these things and your kids are coming home.

▶ **But has the behavior changed?** Has the parent learned to stop hitting and be nurturing?

▶ **If not,** what do we need to do to improve the plan to go forward in the future?
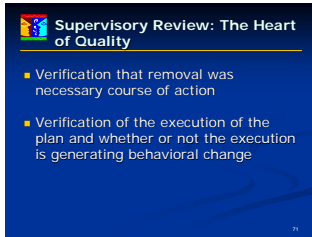
SLIDE 71

▶ **Verification** with staff that **plan is effective** and that **changes happen** as necessary to keep improvement coming—that's **the heart of the supervisor's job**.
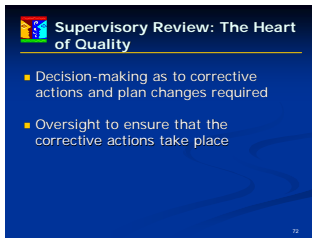
SLIDE 72

▶ Oversight is critical.

▶ Qualitative discussions can help ensure good decisions about necessary corrective actions and plan changes.

PARTICIPANT GUIDE: **CPI DISCUSSION GUIDE PART F: SUPERVISOR'S ASSESSMENT OF DISCUSSION**

Turn to the hard copy Discussion Guide and process the corresponding section of questions.

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what other questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?

TRAINER NOTE	*If one trainer is delivering the CPI and CBC versions of "Get Real" With Your Discussion Guide sequentially, then continue to Module 4B: "Get Real" With Your Discussion Guide: CBC.*	

If two facilitators are delivering the CPI and CBC versions simultaneously, then break for lunch as indicated on the next page prior to beginning Module 5: Conducting Effective Qualitative Discussions.
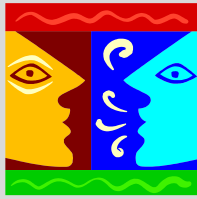
TIME CHECK   *12:00 PM*

LUNCH   ***75 minutes*** (60 minutes for lunch + 15 minutes for stragglers*)*

MODULE 4B:
Get Real With Your Discussion Guide: CBC

TRAINER NOTES	Continue promoting the following ideas:

Continue promoting the following ideas:

- *Critical MENTORING skill. Underscore the concept that qualitative discussions are a critical mentoring skill. Continually position qualitative discussion in the context of mentoring. Include the term mentoring at every opportunity.*

- *Job requirement that must be documented. Qualitative discussions are also a job requirement. Supervisors must document that they have held qualitative discussions with staff.*

- *NOT "more" — better!! At every opportunity, reiterate that the use of qualitative discussion is NOT something "more" for supervisors to do, but a better way of doing what they already do.*

TIME CHECK

11:05 AM *(assuming delivery of Module 4B simultaneous with Module 4A)*

ACTIVITY 4B-1: "GET REAL" WITH YOUR DISCUSSION GUIDE

Time: 55 minutes total

Purpose:

- *Help participants become familiar and comfortable with the questions in their job-specific Guide.*

- *Build buy-in by exploring ways to translate the questions to more accurately/completely reflect the realities of each supervisor's situation.*

- *Build buy-in by exploring ways to overcome potential service barriers.*

Directions:

Ask participants to take out their Participant Guide and turn to the Discussion Guide.

▶ Before we go to the PowerPoint, let's look first at just the face-sheet information that explains what the Guide is all about.

PARTICIPANT GUIDE: DISCUSSION GUIDE FOR CBC SUPERVISORS

Review the face-sheet information of the Discussion Guide, including the objective, underlying principle, (sampling methodology for the CBC version only), and instructions.

ASK?

> **What do you see as the primary purposes of a qualitative discussion?**

ELICIT:

▶ Obtain in-depth information about whether **immediate actions** are necessary to protect child.

▶ Explore and corroborate from a variety of angles whether **risk is increasing or decreasing** in the case.

▶ **Develop and strengthen** the individual worker's casework, interpersonal, and/or conceptual **skills**.

▶ **Model** a non-interrogatory questioning approach that gets to core issues in a non-threatening, supportive way.

EXPLAIN:

▶ With those purposes in mind, let's look at just a few PowerPoint slides.

▶ The **first section of slides corresponds** to the **first section of questions** on your hard copy Discussion Guide.

  ▶ This first section of slides addresses some **important quality issues**.

  ▶ The corresponding section of questions in your Guide is intended

to help you **uncover qualitative information related to the quality issues** covered in the slides.

▶ After we review the PowerPoint slides, we'll work with the related section of questions in our Guide to make sure everyone **understands** the questions and how to **use them effectively** when holding qualitative discussions to mentor your staff.

POWERPOINT: CBC DISCUSSION GUIDE PART A (SLIDES 73–80)

MODULE 4: CBC DISCUSSION GUIDE

SECTION A:
HISTORY AND CULTURE
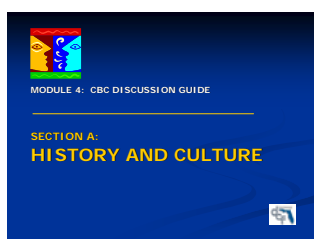
SLIDE 73

▶ Section A of your Discussion Guide gives you qualitative discussion questions related to a family's history and cultural background.

Family Context

- Children live in family systems of reciprocal interactions
  - Children need healthy family systems to thrive
- Families live in community systems that provide support and/or obstacles
  - Families do best in supportive communities

SLIDE 74

▶ Kids need families. Families are systems. Families live in context of systems. Families live surrounded by some mix of obstacles and supports. Communities are either supportive of families, obstacles to families, or a mix thereof.

Family History and Culture

- Cultural assumptions
  - Ethnic
  - Extended family
  - Community
  - Family
- Language
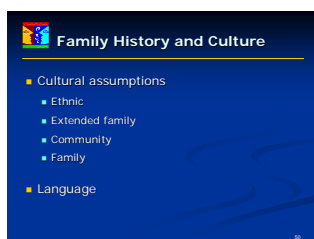
SLIDE 75

▶ Some of components of culture are listed here. It's important to understand the cultural and ethical assumptions of family and community. Extended families have their own culture, family traditions.

▶ Language is a very important issue in Florida. In some cases, it is impossible to match a worker with the family's language.

> ▶ This can lead to older child being the translator. That's a dangerous situation,

because we may not get accurate information.

▶ We need to develop language capability in our investigators and agency. We need to communicate in family's language.
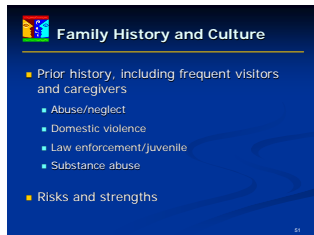
SLIDE 76

▶ The investigator needs to grasp the critical indicators in a family history.

▶ That helps them to understand the particular family's risk factors and how to fix them – the family's family system.
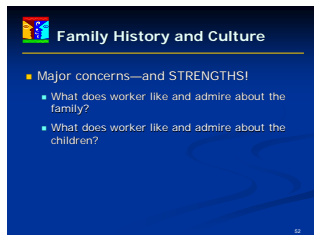
SLIDE 77

▶ Equally important is to start to ask the question, what do you like about this family?

  ▶ If investigators don't have some liking or admiration for the family, they are not likely to do a very good job for the family.

  ▶ If they are afraid or uncomfortable with them, they won't do well.

  ▶ On the video, it is very interesting that the young man says his mother had some good things about her. Look at me, I've got some problems, but she basically did OK by me.

▶ Our investigators ought to know about the strengths and what's working for our families.

  ▶ We need to know more than the negative side.

  ▶ What's the potential for these parents? They are struggling, but they have a lot of hope and potential . . . equally important with the kids to know this about the parents.

SLIDE 78

▶ One of the neat things about the film . . . how did these guys grow up in child welfare? They are so personable, self-aware.

▶ Same thing for the kids we work with . . . lots of potential and strengths.

▶ We need to see the humanity in the people we work with.

▶ When we can see children and their families as people, we turn a corner, move from an investigator doing a job to being an advocate and a champion for the family. Starts getting the investigator focused on action.

Importance of Family

- Removal is a risk to child safety and well being

- When families can be preserved or reunited with safety, a victory has been achieved
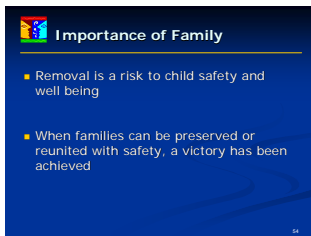
SLIDE 79

▶ Still, there is no purity in child welfare. There is no clear choice for safety vs. placement . . . preserve families or keep kids safe in foster care. The reality is, whether we preserve or place kids, something negative may happen.

▶ Leave kids in home, gives danger to safety.

▶ Pull means impacts of foster care – and danger to grow up as independent, self-sufficient adults.

▶ Either way we may have a negative impact. It's not as simple as safety or placement. There may be harm either way.

▶ When you can preserve or safely return a kid in family, you have a big win, best options for kid.

Importance of Family

- When it is not possible to preserve or reunify a family, creating a new legally permanent family is the best option

- Residential care with multiple caretakers is not optimal for children's well being and development
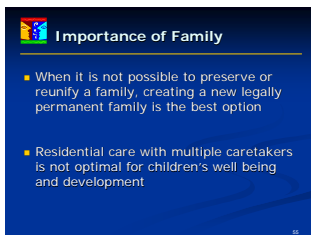
SLIDE 80

▶ When not possible to preserve or reunify a family, then it is good to find a good permanent placement . . . relatives or adoption is important. Adoption in 90% of cases provides permanent family for life.

PARTICIPANT GUIDE: CBC DISCUSSION GUIDE PART A: HISTORY AND CULTURE

▶ Keeping in mind what we've seen in the PowerPoint, now let's look in depth at the corresponding section of your Discussion Guide questions

▶ We're going to think about each of the questions in this section to make sure everyone **understands** the questions and how to **use them effectively** when holding qualitative discussions to mentor your staff.
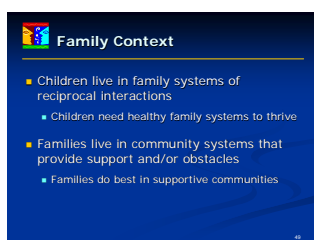
For each section of questions in the Discussion Guide, the facilitator should ask participants to consider the following:

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what other questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **common investigator/worker mistakes** have you noticed with regard to this question?

▶ What **additional questions** might you ask to determine whether these **common mistakes were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question…

… and, if so, **how have you helped your staff** to deal with them?

POWERPOINT: CBC DISCUSSION GUIDE PART B (SLIDES 81–89)

MODULE 4: CBC DISCUSSION GUIDE

SECTION B:
SERVICES AND PERMANENCY GOALS

SLIDE 81

▶ Section B of your Discussion Guide gives you qualitative discussion questions related to Services and Permanency Goals.
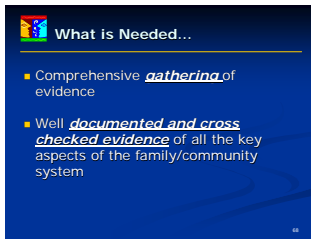
SLIDE 82

▶ Does staff really understand all the critical dynamics of these complex situations and families?

▶ Are they really documenting that understanding? Are they crosschecking the situation? I wouldn't go to the bank on grandmother saying everything is fine. Grandmother may be part of the system. I would want that verified and crosschecked.
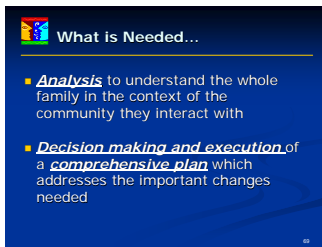
SLIDE 83

▶ What is their ability to analyze? Does their analysis follow the evidence and come to a reasonable conclusion?

▶ Given a sensible decision, does the plan flow out of it? Is it comprehensive?
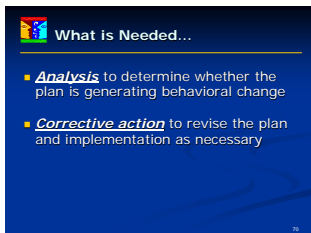
SLIDE 84

▶ One of the **dangers** is that our **interventions** have become very **compliance oriented** and **simplistic**:

> ▶ Go to parent training
>
> ▶ Go to 10 classes.
>
> ▶ Do these things and your kids are coming home.

▶ **But has the behavior changed?** Has the parent learned to stop hitting and be nurturing?

▶ **If not,** what do we need to do to improve the plan to go forward in the future?

SLIDE 85

▶ Bottom line: complex systems require comprehensive responses. Something that can address families and communities in all the critical ways that promote change.

▶ First factor for success: Frequency and intensity of visitation to ensure safety is critical.

▶ The one most important thing to the child/family is the investigator or case worker. Keep coming and pushing me and getting me into programs.

▶ Frustrating for the investigator, but transforming when successful.

Complex System Requires Comprehensive Response

- Personal services
  - Counseling
  - Substance abuse
  - Parent training
- Hard services
  - Income support
  - Housing
  - Food stamps
- Support services
  - Homemakers
  - Home health
  - Day care

SLIDE 86

▶ Also need a continuum of care . . . of personal services, support services, and hard services.

Quality of Visits

- Talk with child alone
- Sufficient relationship to ensure confidence
- "Don't wake the baby!"
- Different environments
- Appropriate questions
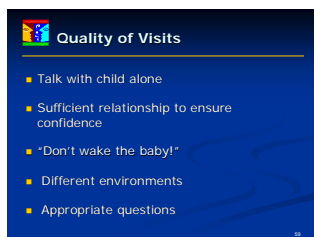
SLIDE 87

▶ Common kid complaint: "I don't know my worker well enough; no relationship to share real issues."

▶ Quality of visits important to develop relationship to get trust so people can speak honestly about issues . . . personal questions.

▶ New investigators really need to develop relationship for honest sharing.

Services & Permanency Goals

- Sufficient frequency and intensity of visitation to
  - Develop, cross check, and document needed evidentiary basis to understand the family and community system to support decision making
  - Make sure that each child (not just the alleged victim) is safe during the decision making process

SLIDE 88

▶ Think outside the box. If a family says they are willing to go to church-based parenting services, rather than getting in a conflict with them and having the court choose, why not give the church effort a try and see what happens?

▶ We're too quick to dismiss what we don't know that much about.

SLIDE 89

Adoption

- Steps and timeline to move from setting goal to termination of parental rights
- Appropriate home selection
- Action for timely finalization
- Availability of post-adoption services and support
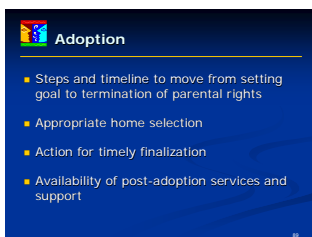
▶ You know how important it is once the adoption goal gets set to keep the case moving to an adoption. Too many cases get bogged down and don't overcome the obstacles.

PARTICIPANT GUIDE: CBC DISCUSSION GUIDE PART B: SERVICES AND PERMANENCY GOALS

Turn to the hard copy Discussion Guide and process the corresponding section of questions.

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what other questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?

POWERPOINT: CBC DISCUSSION GUIDE PART C (SLIDES 90–94)

MODULE 4: CBC DISCUSSION GUIDE

SECTION C:
WELL-BEING

SLIDE 90

▶ Section C of your Discussion Guide gives you qualitative discussion questions related to the Well-Being of the child.

Well-Being

- Physical and medical indicators
- Behavioral indicators of physical abuse
- Behavioral indicators of emotional abuse
- Developmental abilities and milestones

SLIDE 91

▶ How well versed are your staff in physical, mental, behavioral, etc. indicators of abuse and neglect?

▶ What kinds of training are they getting regarding parents' attitude toward child, how child reacts to the parents, etc.?

Well-Being

- Environmental dangers
- CPT conclusions
- Analysis of family strengths and needs
- Sufficiency of the Safety Plan

SLIDE 92

▶ What do you see as the strengths and weaknesses of their background in these areas?

Medical

- Because they see the child regularly, medical personnel are key sources of evidence and continuing child safety
- Medical history form
- EPSDT Periodicity Schedule
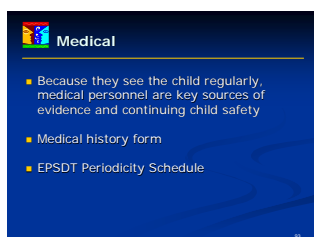
SLIDE 93

▶ The issue of medical care is tremendously important for kids for a number of reasons.

▶ For example, when doctors are regularly involved, you have a knowledgeable person taking a look at the child, checking for bruises, psychosomatic illnesses.

▶ When the child is not developing properly in terms of growth charts, the doctor can otify you. They are really important support people.

SLIDE 94

Medical
- Diagnosis
- Freedom from contagion
- Follow up care
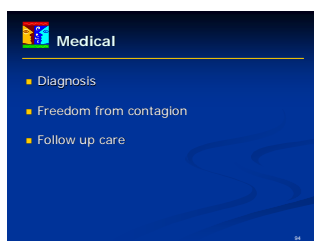
▶ It's also really important, since our kids have more health problems than other kids – they need their medical diagnostic screening, wellness checkups, etc.

▶ In too many places, these screenings are not happening within the expected timeframes. This is dangerous from a safety perspective for the child, but such delays also may be a problem with respect to contagious diseases.

PARTICIPANT GUIDE: CBC DISCUSSION GUIDE PART C: WELL-BEING

Turn to the hard copy Discussion Guide and process the corresponding section of questions.

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?

POWERPOINT: CBC DISCUSSION GUIDE PART D (SLIDES 95–98)

TRAINER NOTE   *Includes placement in licensed care, relative or non-relative care*
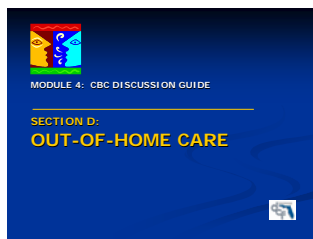
SLIDE 95

▶ Section D of your Discussion Guide gives you qualitative discussion questions related to Out-of-Home Care.
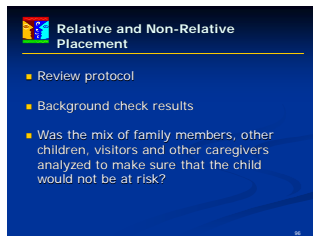
SLIDE 96

▶ Are we doing a good job of understanding who is in the home:

   ▶ When are various members of the home there?

   ▶ What kind of supervision is provided?

   ▶ What is the mix of kids and visitors?

▶ This kind of information is important at foster home and relative placements.
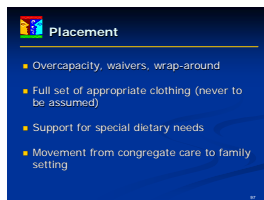
SLIDE 97

▶ Clothing is more important to a child's self-concept and well being than many adults may realize. Make sure kids have the clothes they are entitled to.
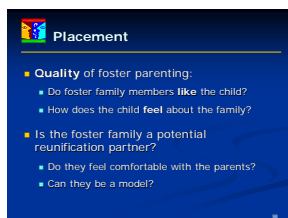
SLIDE 98

▶ Did the case manager <u>like</u> the child, the foster parents, etc? This concern applies also to caregivers . . . do they like the kid?

   ▶ See the child's potential?

   ▶ Actively involved in reunification . . . reunification partner with parents?

   ▶ How do they feel about the parents? How does that get communicated to child?

▶ Too often we fail to ask the child how they like the foster parent, and whether the foster parent likes the child. Safety and a stable placement are certainly the first priorities, but sometimes we get

so hung up on those critical issues that we sometimes forget about the qualitative "well-being" issues that impact this relationship.

▶ Think of the impact of a bad divorce . . . how parents can split a child's loyalty. Same applies in foster care . . . need to work with foster parents to make sure they are not saying bad things about parents and show some respect for them.

PARTICIPANT GUIDE: CBC DISCUSSION GUIDE PART D: OUT OF HOME CARE

Turn to the hard copy Discussion Guide and process the corresponding section of questions.

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?
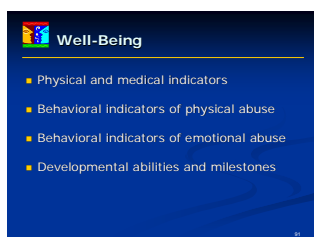

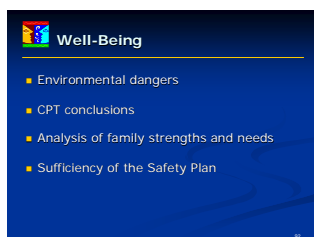

POWERPOINT: CBC DISCUSSION GUIDE PART E (SLIDES 99–101)

SLIDE 99

▶ Section E of your Discussion Guide gives you qualitative discussion questions related to Independent Living.
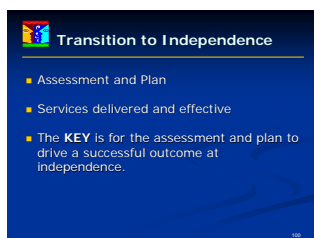
SLIDE 100

▶ Need to really make sure we know what the outcome is that we want. Consider points on slide:

  ▶ Do they have the clothes they need for church, job, gym?

  ▶ Do they have a safe place to live?

  ▶ Do they have income . . . government benefits in place, job, etc?

  ▶ Health care . . Medicare?

SLIDE 101

▶ Have they really developed an anchor in the community? A mentor . . . grandparent, minister, etc. that they can go to in time of need?

▶ Do we just have them hit the street or do we give them a good strong foundation from which they can build a successful life? How will it be sustained?

PARTICIPANT GUIDE: CBC DISCUSSION GUIDE PART E: INDEPENDENT LIVING

*Turn to the hard copy Discussion Guide and process the corresponding section of questions.*

▶ What is this question intended to **reveal/address**? (Risk, risk, and risk!)

▶ Do the questions give a new supervisor **sufficient guidance**? If not, what questions would you add?

▶ If any of these questions need to be clearer or more relevant for your investigators/workers, **how would you re-phrase** them?

▶ What **additional questions** might you ask to determine whether **common investigator/worker mistakes** related to this question **were avoided**?

▶ Are there common **staff or system barriers** that come into play as part of the investigation or services addressed by this question and, if so, **how have you helped your staff** to deal with them?

TIME CHECK   *12:00 PM*

LUNCH   *75 minutes* (60 minutes for lunch + 15 minutes for stragglers*)*

MODULE 5: Conducting Effective Qualitative Discussions

**COMPREHENSION
BRIDGE TO:**   **ACTIVITY 5-1: GUIDELINES FOR AN EFFECTIVE
QUALITATIVE DISCUSSION**

Time: *1 minute*

▶ I hope we all feel comfortable now with what's in
your Discussion Guide and how it supports quality
practice.

▶ Next we're going to **practice actually
conducting a qualitative discussion** with a
worker. To do this effectively, you should spend a
little time getting prepared.

▶ Let's look briefly at some guidelines for **how you
might prepare** for a qualitative discussion to
make sure it's a productive, useful experience for
you and the worker you're meeting with.

**ACTIVITY 5-1: GUIDELINES: PREPARING FOR AN EFFECTIVE
QUALITATIVE DISCUSSION**

Time: *5 minutes*

Directions:

▪ *Review the following Guidelines from the
Participant Guide.*

▪ *Emphasize that, in real life, the supervisor
would, of course, customize the discussion
to the worker and case.*

PARTICIPANT GUIDE: GUIDELINES: PREPARING FOR AN EFFECTIVE QUALITATIVE DISCUSSION

STEP 1:
USE GUIDE TO REVIEW CASE

▶ Before an investigator (or case manager) meets with their supervisor to discuss a given case, the worker should study the case using the Discussion Guide as a reference. The worker would consider the questions on the Guide and be prepared to answer those that the supervisor might ask.

▶ Ideally, the supervisor would also review the case using the Discussion Guide as a reference.

STEP 2:
PRESENT THE CASE

▶ When the supervisor and investigator (or case-worker) meet, the worker "presents" the case to the supervisor following the framework below, as relevant:

Framework

▶ Core Story of the Child and Family (5-10 minutes)

▶ Reason for entering care

▶ Current status of the child and family

▶ Key issues relating to safety, permanency and well-being issues

▶ Service System Performance (5-10minutes)

▶ What's working, not working, and why

▶ Key practice issues
  ▶ Child and family engagement
  ▶ Breadth and scope of assessment
  ▶ Quality of case plan
  ▶ Composition and functioning of the service team
  ▶ Case plan implementation and coordination issues

▶ Possible next steps

ASK**?**

> **Is this two-step process a reasonable reflection of what you already do in your units?**
>
> **Is there anything that you do differently, or in addition to these steps?**

PARTICIPANT GUIDE: **THREE STEPS OF THE SUPERVISORY QUALITATIVE DISCUSSION**

Time: 4 minutes

Directions:

- *Have participants turn to the "Three Steps of the Supervisory Qualitative Discussion" page in their Participant Guides.*

- *Introduce the three steps to doing a qualitative case review: Prepare, Do, Review/Document.*

Step 1: PREPARE

- Review purposes.

- Review case materials.

- Review staff member's work behaviors from a qualitative perspective, e.g., how well does he/she apply the job's technical, conceptual, interpersonal skills to achieve the best interests of the child?

- Determine focus questions, as drawn from Guide.

Step 2: DO

- Ask for general, current "story" of the family (e.g., what's happening, what's changed, what's working well, what's not working, what's your assessment of current risk, etc.).

- Ask focus questions.

- Follow-up with additional questions to accomplish purposes.

Step 3: REVIEW AND DOCUMENT

- Identify key casework conclusions/trends.

- Summarize current and future risk.

- Summarize investigator/case manager strengths/weak areas.

- Document in appropriate recording systems.

POWERPOINT: CONDUCTING A QUALITATIVE DISCUSSION (SLIDES 102-103)

Time: *2 minutes*

SLIDE 102

PowerPoint Title Slide: Mentoring Through Qualitative Discussion
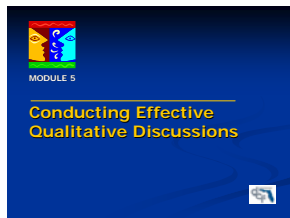
ASK?

> **What are the purposes you're trying to achieve by conducting a case review?**
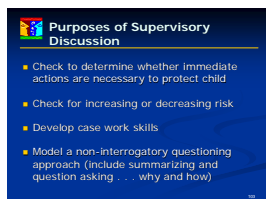
SLIDE 103

▶ These are the purposes you will want to accomplish through your review. Keeping these purposes in mind will help you prepare effectively for the review.

▶ Discuss case file review for preparation. Form your own initial opinion on case status with regard to the discussion purposes and identify apparent successes/strengths and potential problem areas.

  ▶ For CPI, there's a list of things to review in the guide

  ▶ For CBC, review case file and other items as determined by your CBC.

▶ Review worker characteristics . . . types of cases he/she does well/not so well on; technical, conceptual, and interpersonal skills, organizational skills, documentation skills, etc.

▶ This review should remind the supervisor of the qualitative aspects of the staff person's work: How well does he/she meet the best interests of a child? What are his/her strengths and weak areas when providing services? How may those be in evidence on the current case?

▶ Determine focus questions for review.

PARTICIPANT GUIDE: CPI SUPERVISORY DISCUSSION: KIZZA, JEFFREY, WESLEY CASE BACKGROUND

Time: 15 minutes

Directions:

▪ *Tell the participants that we will walk-through the "Prepare" step with a CPI case first, and then walk through a CBC case.*

▪ *Have participants turn to the document entitled "CPI Superviosry Discussion: Kizza, Jeffrey, Wesley Case Background" in their Participant Guide. This document give them the basic facts*

▪ *Give them time to read the Case Background.*

▪ *Check to see if participants have any questions about the case. (More information will be revealed in the "Do" step of the role play.)*

Worker Characteristics   ▶ This information is not included in the case background.

▶ Assume that the worker has been on the job for about a year.

▶ She tends to be a rather regimented investigator, perhaps too focused on child protection rather than considering ways to help the family while protecting the child.

Focus Questions

▶ At this point in the case, the boys have been sheltered with the grandparents. The investigator has mainly focused on Jaime's case, though she did interview the boys as part of that.

▶ In the question of where the boys should be placed, the supervisor wants more information about the boys and Kizza. Therefore, her focus questions are going to be questions 1-4 on the guide.

▶ Based on the responses to questions 1-4, adding the supervisor will develop other questions, as appropriate.

TRAINER NOTE   *The document entitled "CPI: Example Qualitative Discussion" is provided in the Trainer Guide appendices as background reading to prepare the trainer for the upcoming activity.*

COMPREHENSION BRIDGE TO: **ACTIVITY 5-2: CONDUCTING THE CPI QUALITATIVE DISCUSSION**

Time: 1 minute

▶ Now that we're prepared, let's practice actually CONDUCTING an effective CPI qualitative discussion.

ACTIVITY 5-2:   **CONDUCTING THE CPI QUALITATIVE DISCUSSION**

Time: 55 minutes, including Summarize

Directions: The trainer is encouraged to thoroughly read the following documents (see appendices) before conducting the CPI role play:

▪ *Whole Group Role Play Description/Guidance*

▪ *CPI: Example Qualitative Discussion (Based on Discussion Guide Questions)*

SUMMARIZE: **ACTIVITY 5-2: CONDUCTING THE CPI QUALITATIVE DISCUSSION**

Directions: *Process what the group learned from the role plays.*

ASK❓

> **In what ways was this role play discussion different from the typical "compliance checking" discussion with a worker?**

ASK❓

> **What were some of the questions that you think would work well back in your unit to uncover in-depth or unexpected information?**

COMPREHENSION BRIDGE TO: **DOCUMENTING CPI QUALITATIVE DISCUSSIONS WITH CASE NOTES**

Purpose:

Clarify what the Department is looking for with regard to documentation that illustrates productive use of qualitative discussion.

▶ Now you've had a chance to practice — or at least to *simulate* — the conduct of a CPI qualitative discussion, let's work on documenting the discussion.

▶ Our role plays gave us a chance to practice — or at least to *simulate* — the conduct of a qualitative discussion.

▶ Following each discussion, you would document it in FSFN.

▶ Let's work on how you do that.

POWERPOINT: CPI DOCUMENTATION QUESTIONS (SLIDE 104)

Time: 5 minutes

CPI Documentation Questions

- Were any immediate actions necessary to protect the child?
- Are needed safeguards in place?
- Is the investigation on track and being conducted in a thorough manner?
- What are the necessary next steps?
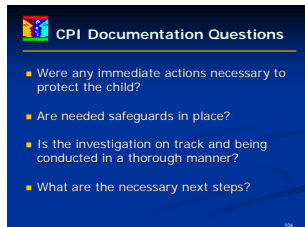
SLIDE 104

▶ For CPI supervisors, you

    ▶ document that the discussion occurred,

    ▶ summarize the major points that may need further attention, and

    ▶ identify potential trend characteristics to be considered in the future.

▶ We suggest that your documentation include the points presented on this PowerPoint slide.

ASK?

> **How would you document the supervisory discussion we just conducted in our role play?**
>
> **What would be the main points?**

ALLOW PARTICIPANTS TO RESPOND

ELICIT SUGGESTED RESPONSES:

▶ Who attended

▶ Purpose: supervisory qualitative discussion

▶ Child Safety: no immediate safety actions necessary; risk level low

▶ Case status: Preliminary family information has been gathered and case is progressing with appropriate speed and information gathering.

▶ Next steps: interviews with family members; observe family interactions; contact relevant collaterals – schools, church, neighbors

EXPLAIN:

▶ As a supervisor, you will also want to informally assess your investigator following the discussion.

This assessment should help you to develop your worker as well as assign the most appropriate cases to him/her.

▶ You don't document this informal assessment in FSFN. You may keep a separate paper file with your notes or just keep the information in your head.

ASK? | **What kinds of questions would you ask yourself to informally assess the investigator?**

ALLOW PARTICIPANTS TO RESPOND

ELICIT SUGGESTED RESPONSES:

▶ How well did they gather the necessary information for the case?

▶ How well do they analyze the information?

▶ How well do they draw appropriate conclusions?

▶ How well do they match services/goals to the child and family needs and characteristics?

▶ How well do they problem-solve when difficulties arise?

▶ How well do they engage the child, family, service providers, and other involved parties – seek their input, build trust, share information, etc.

ASK? | **Based on our role play, what would you conclude about the investigator?**

ALLOW PARTICIPANTS TO RESPOND

ELICIT SUGGESTED RESPONSES:

▶ She did a pretty good job gathering information about the boys when Jaime was the focus of the investigation.

▶ She may have been too quick to conclude that on-going placement with the grandparents would be preferable to Kizza, but seemed open to gathering more information to make that determination

---

COMPREHENSION BRIDGE TO: **POWERPOINT: CBC QUALITATIVE DISCUSSION**

Time: 1 minute

▶ That's the qualitative discussion for CPI. Next, we'll practice preparing for and conducting a qualitative discussion for case management.

POWERPOINT: CBC QUALITATIVE DISCUSSION (SLIDE 105)

Time: 2 minutes

> **Purposes of Supervisory Discussion**
> - Check to determine whether immediate actions are necessary to protect child
> - Check for increasing or decreasing risk
> - Develop case work skills
> - Model a non-interrogatory questioning approach (include summarizing and question asking . . . why and how)
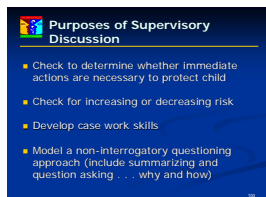
SLIDE 105

▶ As we saw earlier at the beginning of our preparations for the CPI qualitative discussion, these are the purposes you will want to accomplish through your review. Keeping these purposes in mind will help you prepare effectively for the review.

▶ Discuss case file review for preparation. Form your own initial opinion on case status with regard to the discussion purposes and identify apparent successes/strengths and potential problem areas.

▶ To check on case status, review case file and other items as determined by your CBC.

▶ Review case manager characteristics . . . types of cases he/she does well/not so well on; technical, conceptual, and interpersonal skills, organizational skills, documentation skills, etc.

▶ This review should remind the supervisor of the qualitative aspects of the staff person's work: How well does he/she meet the best interests of a child? What are his/her strengths and weak areas when providing services? How may those be in evidence on the current case?

▶ Determine focus questions for review.

PARTICIPANT GUIDE: CBC SUPERVISORY DISCUSSION: MICHAEL CASE BACKGROUND

Time: *15 minutes*

Directions:

- *Tell the participants that we will now walk through the "Prepare" step with a CBC case.*

- *Have participants turn to the document entitled "CBC Superviosry Discussion: Michael Case Background" in their Participant Guide. This document give them the basic facts*

- *Give them time to read the Case Background.*

- *Check to see if participants have any questions about the case. (More information will be revealed in the "Do" step of the role play.)*

Case Manager Characteristics

▶ This information is not included in the case background.

▶ Assume that the worker has been on the job for about a year.

▶ She tends to be idealistic about the families and is a little too quick to believe whatever they tell her. She's been "burned" by families in some cases because of this tendency, but her beliefs have also led her to accomplish some things with families that her supervisor thinks are quite remarkable.

Focus Questions

▶ At this point, Michael has been in care about 2.5 years and in a stable group home placement for 1.5 years. The supervisor is familiar with many of the facts of the case.

▶ At this point, the question of TPR is coming up. The question of whether Michael should be placed for adoption or remain in foster care with the goal of reunification with his father is the key focus question of the discussion.

▶ The supervisor identifies the following questions as supporting focus questions (see Discussion Guide for Case Management Supervisors):

  ▶ 1
  ▶ 2
  ▶ 3
  ▶ 4
  ▶ 5
  ▶ 6
  ▶ 10

TRAINER NOTE *The document entitled "CPI: Example Qualitative Discussion" is provided in theTrainer Guide appendices as background reading to prepare the trainer for the upcoming activity.*

COMPREHENSION BRIDGE TO: ACTIVITY 5-3: CONDUCTING THE CBC QUALITATIVE DISCUSSION

▶ Now that we're prepared, let's practice actually CONDUCTING a qualitative discussion one more time, this time focusing on a case management discussion.

ACTIVITY 5-3: CONDUCTING THE CBC QUALITATIVE DISCUSSION

Time*: 55 minutes, including Summarize*

Directions*: The trainer is encouraged to thoroughly read the following documents (see appendices) before conducting the CPI role play:*

▪ *Whole Group Role Play Description/Guidance*

▪ *CBC: Example Qualitative Discussion (Based on Discussion Guide Questions)*

SUMMARIZE: **ACTIVITY 5-3: CONDUCTING THE CBC QUALITATIVE DISCUSSION**

Directions: *Process what the group learned from the role plays.*

ASK?

> **In what ways was this role play discussion different from the typical "compliance checking" discussion with a worker?**

ASK?

> **What were some of the questions that you think would work well back in your unit to uncover in-depth or unexpected information?**

COMPREHENSION BRIDGE TO: **DOCUMENTING CBC QUALITATIVE DISCUSSIONS WITH CASE NOTES**

Time: *2 minutes*

Purpose:

Clarify what the Department is looking for with regard to documentation that illustrates productive use of qualitative discussion.

▶ Now you've had a chance to practice — or at least to simulate — the conduct of a CBC qualitative discussion, let's work on documenting the discussion.

▶ Just as with CPI discussions, following each discussion, you would document it in FSFN.

▶ Let's work on how you do that for case management.

POWERPOINT: CBC DOCUMENTATION QUESTIONS (SLIDE 106)

Time: 2 minutes
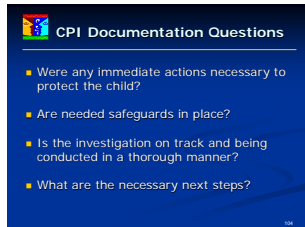
SLIDE 106

▶ Documentation for CBC supervisors is just like that for CPI supervisors:

  ▶ you document that the discussion occurred,

  ▶ summarize the major points that may need further attention, and

  ▶ identify potential trend characteristics to be considered in the future.

▶ We suggest that your documentation include the points presented on this PowerPoint slide.

ASK?

> **How would you document the supervisory discussion we just conducted in our role play?**
>
> **What would be the main points?**

ALLOW PARTICIPANTS TO RESPOND

ELICIT SUGGESTED RESPONSES:

▶ Who attended

▶ Purpose: supervisory qualitative discussion

▶ Child Safety: no immediate safety actions necessary; risk level low

▶ Case status: Father is still in prison. Michael and father both express preference for reunification over TPR and adoption. Michael is stable in current placement and doing well in group home, school, and counseling.

▶ Next steps: arrange for adoptions worker to discuss adoption with Michael; arrange for phone call with father for case manager and Michael; request counselor delve into Michael's feelings re: adoption.

EXPLAIN: ▶ As a CBC supervisor, you will also want to informally assess your investigator following the discussion. This assessment should help you to develop your worker as well as assign the most appropriate cases to him/her.

▶ You don't document this informal assessment in FSFN. You may keep a separate paper file with your notes or just keep the information in your head.

POWERPOINT: DISCUSSION EVALUATION QUESTIONS (SLIDES 107-108)

Time: xx minutes

Supervisory Discussion Evaluation Questions
- How well do they match services/goals to the child and family needs and characteristics?
- How well do they problem-solve when difficulties arise?
- How well do they engage the child, family, service providers, and others (seek input, build trust, share information, etc.)?
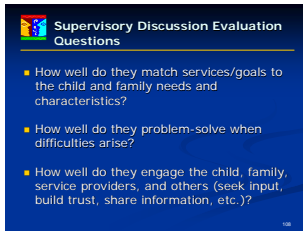
SLIDE 107

▶ Remember, these were the questions that a supervisor should ask himself/herself.

Supervisory Discussion Evaluation Questions
- How well do they match services/goals to the child and family needs and characteristics?
- How well do they problem-solve when difficulties arise?
- How well do they engage the child, family, service providers, and others (seek input, build trust, share information, etc.)?
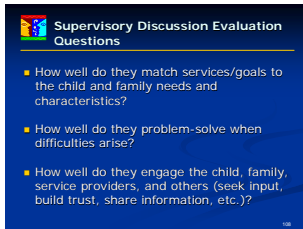
SLIDE 108

ASK?

> **In our role play, what would you conclude about the case manager?**

ALLOW PARTICIPANTS TO RESPOND

ELICIT SUGGESTED RESPONSES: ▶ She's did a pretty good job keeping up with the case. She could have done more to get in contact with the father by phone, for herself and Michael.

> ► She may be too quick to conclude that Michael
> should be reunified with his father, given the time
> involved. Her quick conclusion may have closed
> her mind to pursuing other alternatives as well,
> particularly adoption.

**COMPREHENSION
BRIDGE TO: BREAK**

Time: 1 minute

► Now you know what a qualitative discussion looks
like, you've had a chance to practice — or at least
simulate practicing — how to conduct one, and how
to document one.

► The final section of our training today is going to
focus on making individual plans for actually
conducting qualitative discussion in the workplace.

► But before we dive in, let's take a break.

MODULE 6:
Planning for Qualitative Discussions At Work

TIME CHECK *4:15 PM*

ACTIVITY 6-1: NOT "MORE" — BETTER!

Time: *15 minutes*

Purpose:

- *Describe at least **two current work tasks** in which the supervisor **already uses**, or can use, qualitative discussions.*

- *Describe at least **two work tasks** that the supervisor **has consolidated, or can consolidate**, for the purpose of improving time management and making time to conduct qualitative discussions.*

Directions:

- *Separate into CPI and CBC groups.*

- *Trainers lead group discussions and record tasks on flipcharts.*

PARTICIPANT GUIDE: PLANNING FOR DISCUSSIONS IN THE WORKPLACE

Time: *20 minutes*

Purpose: Encourage participants to <u>use</u> what they've learned when they return to their units.

Directions: *Have participants open their Participant Guides to "Planning For Discussions In The Workplace." Have them complete their plans, which contain the following elements:*

▶ What are two tasks you could combine to make more time available for face-to-face mentoring with your staff?

    ▶ _____

    ▶ _____

▶ Think of a specific worker in your unit who might benefit from a more focused mentoring effort from you. What are two open-ended questions you might ask to help this worker think more broadly or creatively or in greater depth about a current case?

    ▶ _____

    ▶ _____

▶ What are two questions from your Discussion Guide that you will commit to asking in your next case review discussion?

    ▶ _____

    ▶ _____

VIDEO 6-1: CINDY SCHULER

Time: 15 minutes

COMPREHENSION BRIDGE TO: POWERPOINT: DISCUSSIONS THAT MAKE A DIFFERENCE

Time: 2 minutes

▶ Brief point(s) about relevance of Cindy Schuler video

▶ Prepare participants for PowerPoint recap of key points from the day

**POWERPOINT: DISCUSSIONS THAT MAKE A DIFFERENCE
(SLIDES 109–114)**

Time: 8 minutes

*Purpose:*Summarize purpose and benefits of qualitative di
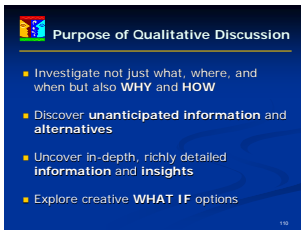
SLIDE 109

SLIDE 110 *(bullet points build one at a time)*

▶ You may recall from earlier in the session that the purpose of qualitative discussions is to help you and your staff explore **not just the "what, where and when facts**" of a case, **but** also the **WHY** and **HOW** of what is going on with a family.

▶ The purpose is also to **discover unanticipated information** and **alternatives** by encouraging a free flow of ideas.
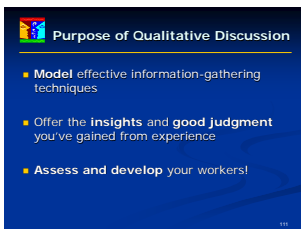
SLIDE 111 *(bullet points build one at a time)*

▶ Sometimes just getting to the point with an explicit directive — a "**Do this" statement** — or a compliance-focused **"Have you done this?" question** — is perfectly appropriate.

But using a qualitative approach has several **important advantages**.

▶ Helping your staff **learn to think** is just as important — perhaps more important — than telling them what to do or checking to see if they've done it.

Summarize remaining bullets.
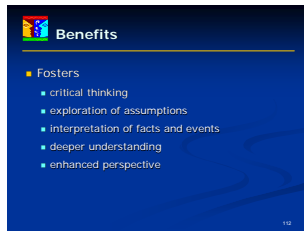
SLIDE 112

▶ Another important benefit of qualitative discussions is that it helps you find and stay in the **"productive supervision zone."** If your staff learn to think for themselves, it's less likely you'll end up having to work their cases for them.
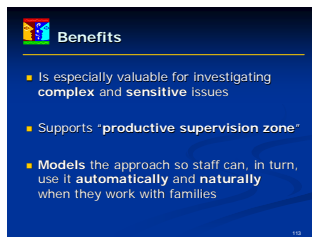
SLIDE 113

▶ And to reiterate what we said about an important purpose of qualitative discussions, one extremely important benefit is that you are **modeling** for your staff an approach that they can, in turn, use productively with families — an approach that will help them increase positive outcomes.

▶ For example, the more often staff get open-ended questions from you, the more likely they'll **use open-ended questions with families** — and that will increase the quality of the information they get for helping families increase positive outcomes.

SLIDE 114

▶ Enthusiastic thanks for your time today!!

▶ Encouragement to go back to your units and use qualitative discussions to mentor staff.

▶ Last task: Training Evaluation Form

PARTICIPANT GUIDE: TRAINING EVALUATION FORM

Time: 15 minutes

Directions:

- *Ask participants to remove the Training Evaluation Form from their Participant Guides.*

- *Collect the forms before participants leave.*

- *Return the forms as follows:*

Eleese Davis, Chief, Office of Family Safety

Florida Department of Children and Families

1317 Winewood Blvd., Building 6, Room 147

Tallahassee, Florida 32399-0700
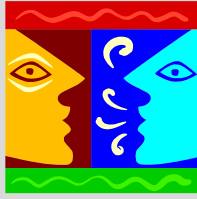
APPENDICES

The following appendices provide all of the background reading documents the trainer will need to review. The appendices also provide full copies of documents the trainer may want to hold up for display to the group during the conduct of certain presentations and activities.

Appendix A: Reflective Practice Background Reading

REFLECTIVE PRACTICE ACTIVITIES

SELF-ASSESSMENT OF PRACTICE IN A SELECTED CASE

The reflective practice and assistance process focuses on the daily front-line practice of caseworkers using actual cases. The purpose is to strengthen daily practice and improve results via self-assessment, case discussion with supervisors, and specific caseworker assistance, provided when needed. The process brings help and hope to the front-line practitioners, especially with those cases that challenge practice. The process also identifies front-line working conditions that hinder good practice and seeks ways to resolve and improve them.

The practice assistance process begins with a self-assessment of case practice conducted by the caseworker with a current case selected from the worker's caseload. The self-assessment uses a job aid that requires about 15 minutes to complete. The self-assessment tool explores **five core areas of practice-focused questions:**

1. **Engaging Service Partners:** Do you have a trust-based working relationship with the child, family, and any other service partners working with the child and family?

2. **Understanding the Situation:** Do all involved understand the child and family situation well enough to achieve positive results in their lives (i.e., achieving adequate well-being, improving daily functioning, and reducing risk of harm and poor outcomes)?

3. **Planning Responsive Services:** Is service planning an ongoing process reflective of the current situation and helping to achieve desired results for the child and family?

4. **Implementing Supports and Services:** Is implementation of planning supports and services timely, competent, and of sufficient fidelity, intensity, and continuity to achieve desired results for the child and family?

5. **Getting and Using Results:** Are intervention efforts leading to positive results for the child and family? Is the knowledge gained through experience being used the refine strategies, solve problems, and achieve appropriate conditions for successful case closure?

For each of the five questions, a set of three to six probes is provided to help the caseworker think through important aspects of practice in this case. Using this reflective practice tool, the caseworker identifies particular strengths and needs in this case related to case practice. The worker notes any barriers that thwart efforts and results. Requests for specific assistance for the caseworker are identified with support arrangements made by the supervisor.

BARRIERS ENCOUNTERED IN THE CASE

As part of the self-assessment process, the caseworker identifies barriers, problems, service system gaps, or breakdowns that have been or are now adversely affecting good casework practice or limiting service efforts in the selected case. The worker is asked to suggest ways to overcome the barriers or to request assistance in countering the effects of any such barriers. The purpose is to find ways to overcome barriers in the case so that good work can be done and good results achieved.

ASSISTANCE NEEDED BY THE CASEWORKER WITH THE CASE

Providing the caseworker with any assistance needed to succeed, case by case, is a key goal of the self-assessment process. Based on the worker's assessment of practice strengths and needs in the case, as well as the identification of any barriers that are thwarting practice and results, the worker may request case-specific assistance. The areas in which assistance may be requested include:

- **Mentoring assistance** when special craft knowledge or skills may be required with a case, especially for a caseworker who is a novice or advanced beginner in the art of practice.

- **Supervisor assistance** in addressing case situations where complexity conflict, or other factors combine to impede and complicate routine practice.

- **Specialty consultation** to add expert knowledge that may be required in successfully serving children or caregivers having special needs or unusual life circumstances.

- **Multi-agency relations and coordination support** required when a child or caregiver is receiving services via multiple agencies, funding sources, and providers.

- **Training to acquire special or skills** required to serve a child or family with a particular need or profile. This may be necessary to serve a particular target population.

- **Other assistance** that may be necessary to do good practice and get good results in a case.

ASSISTANCE TO CASEWORKERS AND FAMILIES

The worker presents the case assessment results to the supervisor who uses a parallel tool designed for supervisors. In a 20-minute conference, results are discussed, next steps are agreed upon, and specific assistance is planned. The supervisor assures that necessary assistance is planned.

FINDING WHAT'S WORKING

The Quality Service Review (**QSR**) is based on an in-depth case review method. It uses a performance appraisal process to find out how children and their families are benefiting from services received and how well local services are working for those children and families. Each child served is a unique "test" of the service system. Small representative groups of children are reviewed to determine child/family status and related system performance results.

QUESTIONS ABOUT HOW CHILDREN AND FAMILIES ARE DOING INCLUDE:

- Is the child safe from manageable risk of harm caused by others or by him/herself? Are others safe from the child?
- Are the child's basic physical and health needs met?
- Is the child learning, making school progress and becoming more responsible?
- Is the child doing well emotionally and behaviorally?
- Are the parents/caregivers able and willing to assist, support, and supervise the child reliability?
- Is the family making progress toward independence? Is there timely progress toward permanency?

Positive answers to these questions show that children and families served by local staff and service providers are doing well. When negative patterns are found, improvements can and should be made to strengthen front-line practices and working conditions.

QUESTIONS ABOUT HOW WELL THE SERVICE SYSTEM IS WORKING INCLUDE:

- Do the child's parents, caseworker, teacher and service providers share a "big picture" understanding of the child and family situation and their strengths and needs so that sensible supports and services can be planned?
- Do these "practice partners" share a long-term view of how services will enable the child and family to function successfully in their daily settings (e.g., home and school)?
- Does the child and family have a sensible service plan that organizes all supports, service, and
- interventions to be provided and that spans all involved service providers?
- Are needed supports and services provided in a timely, competent, and adequate manner?
- Are the focal and key underlying issues being addressed?
- Are the child's caregivers getting the training and support necessary for them to be effective parents while keeping the home safe and stable?
- Are the child's and family's services being coordinated effectively across settings, providers, and agencies?

- Are the supports and services provided reducing risk and improving safety and family functioning without causing harm or unreasonable hardship to the child or family?
- Are services and results monitored frequently with the plan and services modified as necessary to reflect changing needs and life circumstances?

The **QSR** provides a close-up way of seeing how individual children and families are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to results.

ENHANCING PRACTICE AND RESULTS

QSR results can be used by local front-line staff, supervisors, managers, and service providers (i.e., local practice partners to:

- Understand what is working <u>now</u> for local children and families, what is not working, and why.
- Review and understand important aspects of practice in real cases to guide practice development plans and activities. Plan efforts to improve practices, working conditions, and results.
- Identify and share exemplary pieces of practice found in actual cases reviewed. Recognize successful practitioners.
- Troubleshoot vexing problems that adversely affect practice.
- Find new ways of sharing information and resources waste caused by duplication of effort or burden shifting strategies.
- Track system practices and progress made.
- Achieve results that parents, practitioners, and citizens expect.

Appendix B: Flipchart 1-1: What Is "Quality" In Child Welfare?

What is QUALITY in a child welfare setting?

Appendix C: Flipchart 1-2: Qualitative Discussions Are — Are _Not_

QUALITATIVE DISCUSSION

  ✎   IS a flexible, face-to-face information-gathering approach

  ✎   IS an approach that uses open-ended questions and critical thinking prompts

  ✎   IS an approach that probes below the surface to uncover in-depth, richly detailed information and insights

  ✎   IS an approach that encourages a free flow of unanticipated responses

  ✎   **IS** an APPROACH to tasks you _already_ do!

Appendix D: Flipchart 1-3: Goal Of The Training

GOAL

Increase **POSITIVE OUTCOMES**
for kids and families…
⬆

by conducting
QUALITY PRACTICE
⬆

which includes
effective **MENTORING**
⬆

and the specific mentoring skill of
**CONDUCTING
QUALITATIVE DISCUSSIONS**
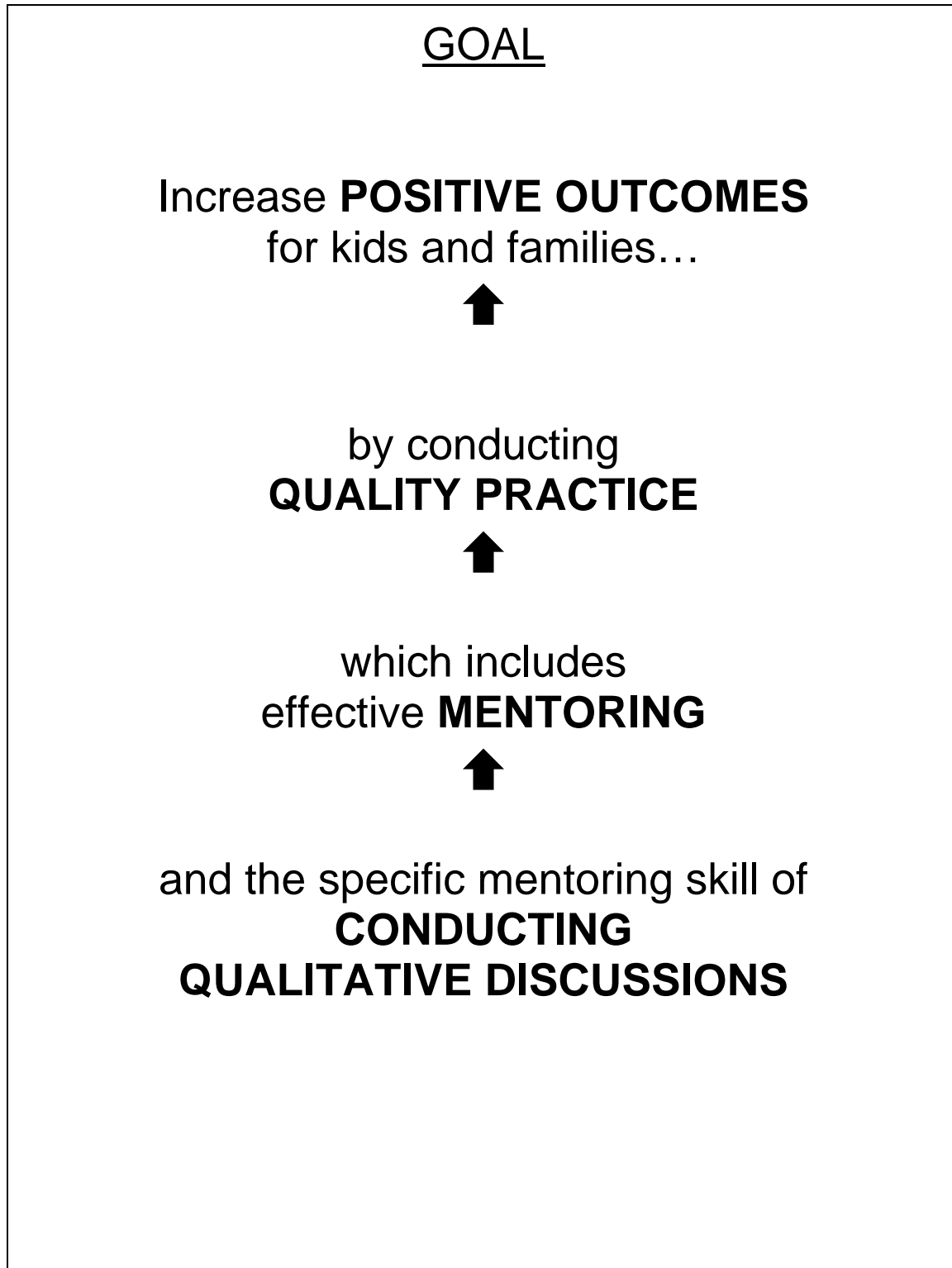
Appendix E: Flipchart 1-4: What You'll Be Able To Do

YOU'LL BE ABLE TO

1. Explain how **MENTORING** and **MODELING** complement–and offer advantages to–"directing" and "compliance-checking"

2. Show you can conduct a **QUALITATIVE DISCUSSION**

3. Make a **PLAN** for strengthening your use of qualitative discussions with your staff

Appendix F: Flipchart 2-1: My Mentoring Role Model

Highlight "My Mentor" similar to what's shown (a banner), or feel free to highlight it in some other way, such as with a star, etc.

MY MENTOR
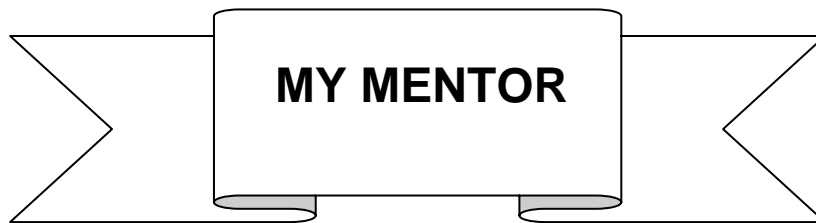
Appendix G: Whole Group Role Play Description/Guidance

A whole group role play can be a valuable training tool because it incorporates all the training participants into the role play in a non-threatening manner, tends to keep role plays more realistic, presents a variety of approaches that can be used in a situation, and corrects errors quickly.

The core idea is that the role players at the front of the room are merely the mouthpieces for the whole group. The trainer's role is to moderate the role play so many people are involved and to help evaluate what is being said to reinforce good things and correct errors.

There are a variety of ways to structure the role play in terms of role players.

First, the trainer can play the roles of the supervisor and investigator/case manager along with the moderator role. While this may seem complicated, it does give the trainer control over the dialogue and that may help to keep the role play on track and conduct it in the allotted time. Also, the investigator/case manager doesn't have to "get up to speed" in terms of preparing to play his/her role. In this option, the trainer should move to a different side of the table to connote what role he/she is speaking from, or change hats or name tags, etc.

Second, the trainer can play the supervisor. However, if the trainer knows that a knowledgeable and qualitative discussion/mentoring supervisor is in the participants, he/she may encourage that supervisor to play the supervisor and the trainer fulfill only the moderator role. If training participants are going to role play, it's best to have them read the **Example Discussion** (see below). You may want to take a break to give them time to read the example discussion and to talk over how to do the role play with you. Or, ideally, you will identify the "investigator" prior to the training and have him/her prepare for the role before the training program.

The trainer fulfills the moderator role primarily by asking questions of the observers and role play participants. Following are the basic types of questions that can be asked; a trainer can certainly add to this list.

<u>Prompting</u>

- I want to find out more about X (what the investigator just said), how should I ask about that? What should I say?
- I just told the investigator X. How could I have improved the way I responded to him? What should I have said?
- I want to move to the next topic of discussion. How should I do that? What should I ask next?
- I'm stuck here. I don't know whether to ask more questions about this or move on. What do you think I should do?
- I want to ask something about X, but I'm not sure how to phrase the question. Who can give me some ideas?

Follow-up

- He said X. Should I ask a follow-up question or move on? If so, what should the next question be?
- He just said something that seems incorrect to me. How should I respond in a mentoring way?
- I want to find out why the investigator thinks that way. How can I probe deeper into how he came to that conclusion?

Feelings
- Based on what I just said to the investigator, what do you think he is feeling now?
- John (investigator), how did what I just said make you feel?

For all of these questions, the trainer can ask more than one person to respond. As a matter of fact, that is a good thing to do. Getting more than one observer to respond keeps all participants "on their toes," gives a variety of ways to ask a question, and makes it easier to correct a question that may not be stated well or even be the appropriate question. After getting one response, the trainer merely says something like, "OK. Jane (a different observer), how would you ask the question?" Or, "Carl, could you ask that question in a different way?" As you get a good question, you can compliment that participant and point out why it is better than the previously suggested questions.

When you are done seeking the advice/suggestions of the participants, you can either ask the question to the "investigator" yourself (or have whoever is playing the supervisor to ask the question) or have the participant ask the investigator the question directly. The investigator responds and the role play continues.

Continue the role play until the needed information is obtained or allotted time for the interview expires.

Note: Example whole group role plays are presented on the following pages. These are indeed examples. They include just the key questions, not the whole group involvement questions as presented above. In training, your role plays may be very different. Do not have the "investigator" or "case manager" try to learn or read the lines as presented in the examples.

Appendix H: Discussion Guide for CPI Supervisors

The following Discussion Guide is the official "May 21, 2008" version provided by the Office of Family Safety.

"Mentoring and Modeling Quality"

A Discussion Guide for Child Protective Investigations Supervisors

Objective: To improve practice and outcomes for children and families who have been reported for child abuse or neglect.

Underlying Principle: All staff must understand each person has a role in assuring quality service to children and families. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity and responsibility require action.

Sampling Methodology: At a <u>minimum</u>, supervisors must randomly select three cases per child protective investigator, each calendar month and facilitate discussion of critical and qualitative aspects of the investigative process specific to the sampled case with the investigator.

Instructions: The supervisor must first review the investigative record in preparing for a qualitative discussion with the investigator. The file review includes the following:
- All prior reports to the Hotline and outcomes
- Intake summary and allegations
- Household composition and frequent visitors
- Interview notes of child and family members
- Use of collateral contacts in assessing the family
- Assessment of criminal background checks
- Referrals to Child Protection Team and Law Enforcement as appropriate
- Completeness of Child Safety Assessment
- Consultation with Children's Legal Services as appropriate
- Referral for behavioral health assessment as needed

The supervisor will document in a case note in Florida Safe Families Network that the discussion occurred, summarizing any major points that may need further attention and potential trend characteristics to be considered in the future. The supervisor will provide documentation to the Circuit Administrator that discussions occurred as outlined in this guide. The Circuit Administrator must determine how the the discussion process will be documented and managed at the local level.

Discussion Guide

A. History and Cultural Background

1. Tell me about this family; what are they like; do they have supports? (Include: Does the investigator understand the language and culture of the family, and if not, how is he/she communicating with the family?)

2. Tell me about the prior reports on this family, even those that were closed with "no indicator" findings. Were there priors on the mother as a victim? The father? Other household members? Do you have a sense that we're getting more reports on the family and that the reports/allegations are getting to be more serious than prior reports? Do any family members have a criminal history; if so, how might this impact safety?

B. Quality of Contacts

3. How would you describe the family's interactions with each other? Have you assessed each child's safety?

4. Is/was the frequency and intensity of your contacts with the child and the family sufficient to thoroughly address the reported allegations and to assess the family's strengths and needs?

5. What do the collateral contacts say as to the child's current safety and potential future risks?

C. Safety

6.   Have you observed any behavioral or physical indicators that the child is not thriving or is in a potentially dangerous environment? Did you involve CPT; if so, what were the findings?

7. Based on the family's strengths and needs, are they able to provide a stable home life for the child?

8. Is there a plan in place that will help assure the child is kept safe – what is the [safety] plan?

D. Services

9. Is the family receiving the services they need based on your assessment? (Did you provide service referrals yourself? Did you assure they were engaged? Were services addressed through Case Transfer or Early Service Intervention agreements in which the CBC would make referrals and ensure engagement?)

10. Are the services in line with the goals of family preservation or reunification? Are there mental health, developmental, or substance abuse issues that require treatment?

E. Removals

11. Before the CBC placement authority took responsibility for placement, did the child stay overnight in an unapproved, unlicensed or office setting (including a hotel room)?

12. If you made the placement with a relative or non-relative, how did you assure the relative or non-relative was an appropriate placement setting for the child? Is there any potential danger due to "visitors" in the home?

13. Was the medical history form sufficiently completed so that the next caregiver had all of the medical information you knew about at the time?

14. Did the child have a medical diagnostic screening within 72 hours; if not is it planned/scheduled? Were any health problems identified; if so, what follow-up actions are planned?

F. Supervisor's Assessment of Discussion

15. The investigation and subsequent maltreatment findings are based on well documented, properly weighted and well analyzed evidence.

16. All appropriate and required authorities were involved in the decision making process? (CPT, law enforcement, therapists, etc.)

17. The discussion has been documented in the FSFN case note

Appendix I: CPI Supervisory Discussion: Kizza/Jeffrey/Wesley Case Background

Participants:
Kizza – non-relative caregiver for Jaime and Rebecca; mother of Jeffrey and Wesley
Rebecca – Jaime's older sister; victim of first abuse report
Jaime – 11 year old that is primary victim in current report
Melonia – non-relative to all children/friend of Kizza
Jeffrey – Kizza's 11 year old son; focus of supervisory discussion
Wesley – Kizza's 4 year old son; focus of supervisory discussion

Maltreatment Summary:
An April, 2008 report was received alleging physical injury, substance misuse, and threatened harm to 11 year old Jaime. The report alleged that: "Jaime has epilepsy and diabetes and she has been physically and emotionally abused. She is cursed at by both her 'aunts' and punched in the chest and back. She has had brushes broken on her, a black eye and a scratch on her face. She sleeps in the closet when she is at her 'Aunt' Melonia's home.

Jamie was found around midnight to be sleeping on a pallet in the master bedroom at Melonia's house. She was noted to have numerous and severe cuts, abrasions, bruises, and burns on multiple areas of her body. She had a marked pain and difficulty when being helped up off the pallet. EMS was called and she was admitted to the hospital.

During a joint interview with law enforcement, Melonia admitted to abusing Jamie on a number of different occasions after Kizza left Jamie in her care. (This sending of a child for severe discipline was a repeat from the original abuse report concerning Jaime's older sister, Rebecca. Rebecca was placed in foster care and the court ordered that Kizza not let any of the remaining children in her care (Jaime, Jeffrey, and Wesley) have any contact with Melonia.) The most recent incident included striking Jamie repeatedly with a coat hanger, forcing Jamie's hand into a pan of scalding water, and pouring scalding water on Jamie's shoulders and down her back. This was to punish Jamie for stealing and lying.

Melonia and Kizza were both arrested for several counts of child abuse. Jamie, Jeffrey, and Wesley were placed in emergency shelter. Jamie was placed in licensed out-of-home care and Jeffrey and Wesley were placed with their maternal grandparents.

Current Situation:
The children have been split into two cases: Jaime and the two boys. For her sons, Kizza has been charged with Threatened Harm. The supervisor has been closely involved with Jaime's case and it has all occurred with a few days so she is familiar with the file review documents for the supervisory discussion.

Kizza's father has bailed her out of jail and Kizza has returned home. Kizza's father

has expressed concerns about keeping Jeffrey to the investigator as he feels Jeffrey may accuse him of child abuse as he has accused Wesley's father of abusing him when he would come to visit at Kizza's house. Wesley's father has not been seen for years.

Major issue for supervisory discussion:
Should the boys be returned home to Kizza?

Appendix J: CPI: Example Qualitative Discussion (Based on Discussion Guide Questions)

Focus Question 1 and 2.

Supervisor: *Having just closed the case regarding Jaime, I'm rather familiar with this family now, but give me your perspective on the family . . . what are they like? What did you see as the critical abuse dynamics?*

Investigator: It's a complex situation. On the one hand, Kizza has taken care of her sons rather well. They are neatly dressed, polite, attend school, and don't express a fear of being around their mother. None of the physical abuse accusations have ever involved the boys.

On the other hand, both girls have suffered a similar history. Kizza took them in when their mother couldn't care for them due to her drug problems. As Rebecca matured, she apparently became more difficult for Kizza to handle. Rather than dealing with the problem, Kizza turned discipline over to a friend of hers, Melonia, and Melonia would whip Rebecca with coat hangers and verbally abuse her. There appear to be some mental health problems with Rebecca, so it is possible she was a difficult child to raise, but Kizza didn't get help with that. Rebecca was removed from the home and placed in foster care.

As Jaime grew older, the pattern re-appeared despite a court order for Kizza not to allow Melonia to have contact with Jaime. Kizza certainly knew of the abuse of Jaime and may have participated in it at Melonia's house. There is some evidence that Jaime had mental health problems, like Rebecca, and, again, Kizza doesn't appear to know how to or want to deal with them.

So, the abuse dynamic appears to be that something in what might be considered the "mother-daughter" interaction sets Kizza off. She argues with the offending daughter usually over something like stealing candy and lying about it, and at some point, she sends her to Melonia's house for disciplining. Melonia then abuses the girl, as Kizza knows she will. Kizza fails to protect the girl.

Supervisor: *What supports do they have?*

Investigator: As far as supports go, Kizza's parents are strong supports. They are ready to take the children in when necessary. They adore the kids. The kids go there often on weekends or when Kizza needs more time to complete her school work. Kizza is a student at the community college. The boys' fathers are out of the picture. Both boys attend a Christian school, but I don't know if there are supports within the church community for Kizza.

Supervisor: *How would you see the current level of risk?*

Investigator: Since the boys are placed with the grandparents, I see the current level of risk as low. I don't believe we need to do anything immediately to safeguard the children. The grandparents understand that Kizza is not to have contact with the kids other than in the form of a supervised visit.

Focus Question 3.

Supervisor: *How would you describe Kizza's interactions with the boys?*

Investigator: Through the investigation focused on Jaime, I did talk with the boys, of course. Jeffrey expresses a love for his mother. He says that his mother has a variety of punishments – taking away the TV, not allowing him to go outside or to have friends over, or spanking him when he's really bad. But, he seemed nervous and he may have been just telling me what he thought I wanted to hear.

When I tried to talk with Wesley, I wasn't particularly successful. I think he could sense something was wrong, I was a stranger, and the other kids were playing and he wanted to join them.

At the shelter hearing, when Kizza heard her boys were going to be removed from her custody due to threatened harm, she began to cry and threw up. She seemed truly upset.

Focus Question 4.

Supervisor: *Have you visited with the family enough to thoroughly address the allegations of threatened harm and to assess the family's strengths and needs?*

Investigator: Well, the pattern and history is pretty frightening to me, so I think so. Kizza has shown twice that she will turn the discipline of children in her care over to another person – and not be bothered if that person abuses them. If she's done it before, she could do it again. She flaunted the law when she violated a court order in turning Jaime over to Melonia.

To me, the family's main strength is the grandparents. We need to get them the services they need to take care of their concerns about Jeffrey. The home study indicated this was a very good environment for the boys.

Trainer Note: This would be a particularly good place for the supervisor to play "devil's advocate" and present another view. Could get some suggestions from the group as to how to proceed . . . what questions to ask.

Supervisor: *You've raised some valid concerns for the children's safety. We do know from family systems that when a target child is removed, another child may become the target child. If we were going with a strict interpretation of the law, we could certainly take your line of reasoning in court and petition to continue placement with the grandparents. And maybe we will . . . but first, let's take a deeper look and see if*

that's the way we want to go . . . will that be the best placement for this family? We know any placement has its risks, so let's be thoughtful here.

Sample Questions:
You've mentioned some of the problems with Kizza. Do you see any strengths in her?

Investigator:
- Attends community college
- Holds a job
- Keeps house clean, free of safety hazards, and food available
- Has kids in school

Supervisor: Has she done anything in the past that would be oriented to keeping the boys safe?

Investigator: She does take the boys to her parents for weekends when she knows she'll be out partying or when she needs to get school work done.

Supervisor: Would you consider that a strength?

Investigator: Well, I never looked at it that way. But, I guess she is thinking ahead and taking care of the boys that way.

Supervisor: I agree. How about discipline . . . do we have any indicators that she has alternatives to severe corporal punishment, either by her or by a friend?

Investigator: Earlier investigation revealed that Jeffrey reported that mother had a variety of options regarding punishment and that she seemed to match the punishment to the "offense."

Supervisor: Do you have any ideas regarding why the girls were physically abused and not the boys in the family?

Investigator: The girls were not Kizza's natural children and they may have had some mental health-related behavioral problems that the boy's don't have. I guess the girls and Kizza could have had different patterns of interaction that got Kizza more upset with them than the boys.

Supervisor: I see that the reporter claimed that Kizza was on crack. Have you seen any evidence of drug involvement?

Investigator: There have been no indications of Kizza being on crack or exposing her children to any drugs.

Supervisor: *What do you think the impact would be on the boys and on Kizza if we keep the boys with grandparents?*

Investigator: The boys love their grandparents and seem to enjoy their weekends with them – and the grandparents love the kids. I must admit, I don't know what to make of the grandfather's fear of being reported by Jeffrey. The boys do love their mother, though I haven't been able to focus on that relationship as we worked Jaime's case. The boys would need to change schools if they stay with the grandparents.

My sense in watching Kizza is that she would truly be devastated . . . that may be too strong, but she wants her kids with her.

Supervisor: *OK. Those are my questions. What is your sense of the case now regarding the boys' placement?*

Investigator: I'm still concerned about Kizza and whether she would harm the boys, but I can see that she has treated her boys much better than she did the girls. She does have some strengths that argue for keeping the boys with her. I'm concerned about the grandfather's issue about Jeffrey. I certainly don't want to see that relationship become a problem.

Supervisor: *It's certainly true that Kizza is not a perfect parent. Despite her history, I think we need to look into her family situation more before we can make a recommendation regarding the boys' permanent placement. Let's talk some about next steps. What would you suggest as next steps?*

Investigator: As we've talked, I can see that I need to do more interviews with the family and to observe how they interact.

Supervisor: *OK. That's good. What kinds of things would you be asking them about?*

Investigator:
Suggestions:
- ▶ Who gets punished for what? What are the punishments?
- ▶ What things do they do together as a family?
- ▶ Who does what around the house? What jobs or chores do they do?
- ▶ Are there any neighbors you talk to on a regular basis?
- ▶ Jeffrey – How do you feel about being at your grandparents' house?
- ▶ Grandfather – Why do you feel Jeffrey may report you for child abuse?
- ▶ Kizza – You have a history of abuse with Rebecca and Jaime. How would we know the boys will be safe with you?

Supervisor: OK. So you will set up some interviews with Kizza and the boys. Now, how about observations of family interactions? How will you do that?

Investigator: According to the court order, Kizza can have supervised visits with the boys. I'll check with the boys on things they like to do as a family and see if we can set that up as an opportunity to see them interact.

Supervisor: Good. Anything else we need to do?

Investigator: No . . . other than writing up my reports . . .

Supervisor: I think it would be good to check on more collaterals. Who do you think would be relevant collaterals for the case?

Investigator: I could check with the boys' schools to see if a teacher has observed or heard anything out of the ordinary from the boys . . . and there may be a neighbor who can talk to how the family gets along together.

Supervisor: Fine. If Kizza has a strong faith, you may want to see if she is a member of a particular church and, if so, if the pastor can help with any observations of how the family interacts or programs they may have that would be beneficial for the family.

Any other concerns or questions?

Investigator: No. I got it.

Supervisor: OK. Let me summarize our review. We didn't talk about Jaime and her case, but you did a fine job there. You've got this case with the boys going well. You understand the family abuse dynamics and you did a good job getting the home study of the grandparents done. Currently, with the boys at the grandparents, their current risk is low and no immediate action is necessary for their safety.

As we've discussed before, you are a little too quick to push for getting children out a bad situation. In this case, the boys definitely need to be placed with the grandparents temporarily . . . the question is for how long and what might we be able to do to support Kizza and so keep the family together?

Appendix K: Discussion Guide for CBC Supervisors

The following Discussion Guide is the official "May 21, 2008" version provided by the Office of Family Safety.

"Mentoring and Modeling Quality"

A Discussion Guide for Case Management Supervisors

Objective: To improve practice and outcomes for children and families served by the child welfare system in Florida.

Underlying Principle: All staff must understand each person has a role in quality assurance. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity and responsibility require action.

Instructions: At least once a quarter during the life of the case, the supervisor will review all open cases in the unit and subsequently facilitate a qualitative discussion with the case manager to assure needed safe guards and services are in place and casework activity is moving the child toward an appropriate safe and permanent living arrangement. It is recommended that the qualitative discussion occur in conjunction with the existing quarterly review that focuses on standing casework requirements.

At a minimum, the supervisor will document in a case note in Florida Safe Families Network that the discussion occurred, summarizing any major points that may need further attention and potential trend characteristics to be considered in the future. The CBCs may determine and mandate any additional operational or documentation requirements it deems necessary to ensure this activity occurs.

Discussion Guide

A. History and Culture

1. Tell me about this family. (If this is not the first time the case has been reviewed during supervision, ask about any changes since last discussed. Determine if the case worker understands the language and culture of the family. Are there any difficulties with communication/language barriers?) What do you like best or most admire about them? What is your major concern? Tell me about the children? What are his/her/their strengths? What do like about him/her/them? Does anything particularly concern you?

2. What risk factors have you identified in this family? Do the parents have the capacity to keep the child safe if services are effective?

B. Services and Permanency Goals

3. Based on the family's needs assessment, have you been able to match a comprehensive array of services to help eliminate the risk by resolving the family's problems?

4. What is the case plan goal? What is the concurrent case plan goal? (Is the plan congruent with services and is the case worker's assessment of the situation evidence-based, documented and sound? Is the plan congruent with assuring safety while addressing risks?)
   - Will these services allow the family to be preserved intact or facilitate reunification?
   - If reunification is the goal, have you conducted a current safety assessment and formulated a safety plan?
   - Has an intensive visitation plan and array of services been provided to ensure the reunification is successful?

o If reunification is unlikely what steps have you taken to document this in order to free the child for adoption?

5. What progress has the family made toward the goal? What strengths are present and what barriers exist? [Break out by Child, Mom, Dad, Siblings, Others]

6. How frequently have you visited with the caregivers, parents, and child? (Discuss the content-qualitative and effectiveness-of those visits.)

7. If adoption is the permanency goal what is the plan and timeline for termination of parental rights?

8. Has an adoptive home been identified for the child? Tell me why it is a good match for this child's needs.

9. What steps need to be taken to ensure that the adoption is completed with 24 months of the child's entry into care and within six months of the termination of parental rights?

C. Well-Being

10. Have you observed any behavioral or physical indicators that the child is not thriving or is in a potentially dangerous living arrangement? Is the child receiving physical, mental and dental health services as needed? Is the child enrolled in Medicaid or another health insurance program?

11. Did the child receive a medical diagnostic screening (previously known as an EPSDT) and is the child receiving the required follow up? Does the record reflect we have up-to-date medical information and has that information been shared with the caregivers?

12. Are there any developmental or mental health issues?

13. How is the child doing in school? Are grades and attendance OK? Is the school fulfilling any Individualized Education Plan properly?

14. Was the child able to remain in his/her own school and participate in school and community activities? Do the substitute caregivers have up-to-date educational records on the child? Does the child need any additional educational help and support; if so, what is the plan to provide it?

15. Was a multi-disciplinary staffing held to address the child's developmental, emotional, behavioral, educational and health care status? Are the prescribed services being delivered; if so, are they effective?

D. Out-of-Home Care (Includes placement in licensed care, relative or non-relative care.)

16. Has the child ever stayed overnight or longer in an unapproved or unlicensed setting (including an office or hotel room)?

17. Have you verified that the placement is fully licensed or, if placed with relatives or non-relatives, was a thorough home study completed along with appropriate background checks? If in licensed care, is the home over-capacity or on a waiver? Why? *If so, are wrap-around services in place?* If the child is in congregate care are steps being taken to move the child to a family setting?

18. Are you satisfied with the quality of care the child is receiving in the home. How does the family feel about the child? How does the child feel about the family?

19. What is the mix of other children in this placement? Is there any danger to the child from other children who may be abusive?

20. Do the current caregivers know how to access emergency support?

21. Are the child's basic needs being met? Are special dietary requirements being met? Does the child have the full complement of required clothing?

22. Is the home stable? If there is a risk of placement disruption, what is being done to address this?

23. Tell me about the placement history. If the child was moved from one placement to another, were staffings held to try and prevent multiple moves?

24. What have you done to preserve the family's connections? Have parents, child and siblings, if applicable, been able to visit frequently and not less than monthly? Are other significant relatives or friends involved with the child?

E. Independent Living

25. If foster care youth is 13 to 14 years of age, have you thoroughly completed the pre-independent living assessment and identified services needed? Are those services being delivered and are they effective?

26. If foster care youth is 14 to 17 years of age, have you thoroughly completed the independent living assessment and identified services needed? Are those services being delivered and are they effective?

27. Does the case plan contain a written description of programs and individualized services that will help the youth prepare for the transition from foster care to independent living? Is it anticipated that those services will enable the youth to have adequate clothing, a safe place to live, sufficient income, educational opportunities and health care, and the anchoring of a reliable adult mentor at the point they leave the system? If not, what steps must be taken to achieve these goals?

Appendix L: CBC Supervisory Discussion: Michael/Father Case Background

Michael was removed from his home in 11/05 following a report of excessive corporal punishment by his father. The findings were verified as he did have injuries when the father used a paddle on him. This was the second report in which he was listed as a victim; the first was closed with no indicators.

Michael is a slightly overweight 12 year old. He was diagnosed by a clinical social worker as Adjustment Disorder with Depressed Mood. He sees a counselor at a counseling center and speaks positively about it.

Michael was raised by his father. His mother lives out of state and had no contact with him. The father reported she abandoned him shortly after birth. He has two half brothers, one on his mother's side and one on his father's. There is no contact with them.

During his first year in care he lived in five different placements. These included 2 group homes, 3+ months with a non-relative, and 3 months with his father when he abducted Michael during a visit, and 1 month with his mother before she requested his removal. The mother reported that he had sexually molested his younger half brother, but the investigation found no evidence to support this.

Since his return from his mother's home in 12/06, Michael has remained in the same placement, a group home. The staff expresses a fondness for him, and he in turn always speaks positively about them. He does well in school. He is active in church, plays sports, is in the Boy Scouts and is in the Beta Club at school. The facility where he lives offers the children opportunities to take fun as well as educational field trips.

Michael's mother has expressed no desire for further contact with him. His father has been incarcerated most of the time he has been in care. The charges are interference with custody, burglary, and escape. His expected release date is 8/09. He and Michael have maintained contact through letters. He has written regularly and continues to express his desire to regain custody upon his release from prison. Michael has resisted the idea of adoption, and has told this to his FSC, his caretakers, his counselor, and his guardian ad litem. He continues to express his love for his father and his desire to return to live with him.

The current goal for Michael is adoption. A petition for termination of parental rights was filed on 8/7/07.

The critical issue for the supervisory discussion: to go for TPR or change case goal from adoption to reunification.

Appendix M: CBC: Example Qualitative Discussion (Based on Discussion Guide Questions)

Focus Question 1 and 2: Case update, family characteristics, risk levels . . .

Supervisor: *I'm rather familiar with Michael as we've reviewed this case before and I've just taken a look at the case notes, but give me your perspective on the last few months . . . have there been any significant developments or changes? Any change in risk levels?*

Case Manager: There have not been any major changes. Michael continues to do well in the group home. His group home parents say he's a good kid to have around, he helps out, and he participates in the activities. Michael likes the group home parents and the other boys. He has been going to his counseling sessions, doing well in school, and joining in clubs and sports. His father is still in prison, as you know. Michael's mother has no interest in parenting him. Michael still expresses a strong interest in returning to live with his father when he's out of prison and his father feels the same way.

The risk level is low given Michael's placement in the group home.

Supervisor: *What risks would you anticipate if Michael and the father were reunified?*

Well, the original abuse report was physical abuse as Michael's father injured him while paddling him for disobedience. It's hard for me to judge the risk if they were to be reunited. Michael is older so the father may not turn to harsh physical punishment like paddling. They've been apart for a few years and the father has had time to see what it's like not to have Michael living with him. Michael and the father have exchanged letters for a number of years now, so I think the bond is strong. And, there's the 3 months when Michael and his father lived together after the father took him from the group home – there was no abuse during that time. I certainly wouldn't say the risk is high.

Focus Question 3: Services

Supervisor: *Have we been able to provide any services that could help?*

Case Manager: Yes. I think the best service, actually, has been the group home. Michael has been able to get good support from the group home parents. I think the stability of the group home has helped him at school and in getting on with his life. He also likes his mental health counselor and sees her twice a month. He seems to be doing well coping with his Adjustment Disorder. The main issue actually seems to be his resistance to adoption.

Focus Question 4 & 5: Goal and Progress

Supervisor: *And that brings us to the case plan goal. Michael has been in foster care for close to 2.5 years. Once his father was placed in prison, the goal changed to adoption. The father will be incarcerated until August, 2009. I know you've expressed some concern about adoption as the goal. What do you see as our options here?*

Case Manager: I feel we should keep Michael where he is now and plan for reunification when the father is released. I know we can't reunify as soon as the father is out, but we should be doing what we can to reunify as quickly as possible.

On the other hand, it is asking Michael to wait a long time to live in a "family." The group home is nice, but it's not a family. Michael really has a lot of potential and I can see that he may be adopted rather easily, if he is prepared for it and becomes open to it. He's not open to it now.

Supervisor: *You've summarized the options well. You seem pretty sure that reunification ought to be our goal. Why do you have such a strong feeling for that?*

Case Manager: The main thing that drives my thinking is the correspondence between Michael and his father. Each does that voluntarily and it has kept up for over a year once we got the kinks worked out. They write to each other at least every two weeks – and that's better contact than many of my foster kids have with their parents. Plus, Michael has always expressed that he wants to be with his father and vice versa.

The father can't do all the things on his case plan, but he's done what he can and more while in prison. He's gone to an anger management class and even a Narcotics Anonymous group even though he's not had a drug or alcohol problem.

Supervisor: *Have you been able to talk with the father at all?*

Case Manager: No. It seems they can only call out from the prison, we can't call in. Plus, they can only make collect calls out. We tried to set it up so the father could call Michael, but the group home can't accept collect calls.

Supervisor: Well, maybe we should arrange for him to call here. I think we could get it set up to accept a collect call. I think it would be good for you to talk to the father to have your impression of him and his level of interest in reunifying with Michael.

Case Manager: I hadn't thought of that.

Focus Question 12: Mental health issues

Supervisor: *You said Michael is attending his counseling?*

Case Manager: Yes. He likes his counselor and they seem to be doing well with his Adjustment Disorder with Depressed Mood diagnosis. As I said, Michael is doing well in school, has joined scouts and a sports team, and participates in activities at the group home and church. The group home awards privileges based on behavioral points and for the last quarter at least Michael has been in the high point group so he gets to play his computer games and have other privileges. The only thing he doesn't seem to be improving in is his willingness for adoption.

Supervisor: *It's clear Michael isn't prepared for adoption, if we go that way. What have we done to give Michael a good understanding of adoption and what it means . . . and doesn't mean? When I say "doesn't mean," I wonder if he feels that adoption would be abandoning his father, who he obviously loves. What could we do to give Michael a better understanding of adoption so he could better evaluate it?*

Case Manager: Well, I've never sat down and talked about adoption in detail with him. Or, for that matter, had anyone from the adoptions unit talk with him. I could set that up.

Supervisor: *I think that would be worthwhile. You can tell Michael that talking to the adoptions worker doesn't mean he's being placed for adoption . . . the idea is for him to understand what's involved and what his options are. Plus, you could arrange for him to attend a Teen Talk session . . . you know, the teen group of adopted kids and kids waiting to be adopted?*

Case Manager: OK. That sounds good.

Supervisor: *I wonder if we can get his counselor to probe deeper as to his feelings about adoption?*

Case Manager: I can talk to her about that.

Summary
Supervisor: *OK. How would you summarize where we are on the case now?*

Case Manager: Michael's a pretty well adjusted 12 year old that's been in a group home for a little over two years. His current risk level is low and no immediate safety actions are indicated. The only relative that could care for him is his father, but he is in prison for the next year or so. Time-wise, we're at a point where it would be best to have Michael adopted or reunified with his father. However, Michael resists adoption, as does his father, but it's at least another year before his father is released. Then, it would take some additional time to see if they could be reunified safely.

Supervisor: *That's about got it. Very good. Now, I don't know the best answer yet. I'm still leaning toward adoption, though Michael and his father's correspondence impresses me too. What are our next steps to see if we can get our dilemma resolved?*

Case Manager: Based on what we've discussed, I'm going to try to get a few things moving. First, you were going to see if we can arrange for a collect call here at the office. If so, I'll get Michael here and the time set with his father. I'll also arrange for an adoption worker to talk with Michael about adoption and see if he should attend a Teen Talk meeting. Finally, I'll talk with Michael's counselor to see if she can get a better sense of the basis for Michael's opposition to adoption.

Supervisor: *That sounds good to me. Let me know how those things turn out. If we're going to file a petition for TPR, we need to get on with it for Michael's sake. I appreciate the work you've done on this case. I do think you are pushing a little too much for reunification based on Michael being such a nice and successful child and the effort his father has made through letters. Let's see if we can get a better sense of the father by talking with him. He may be writing the letters and attending anger management classes as he has plenty of time on his hands. You've done good work, but let's make sure we've done our homework before we take the test on this one. OK?*

Case Manager:
Yes.

Appendix N: PowerPoint Thumbnails (Slides 1-114)

Supervisory Skills Emphasis
- No need to spend MORE time overall
- Instead, adjust allocation of time
- Mentoring skills can reduce time spent directing and checking

29

MODULE 3
Qualitative Discussions: Not "More" — Better!

30

Positive Outcomes Bridge

31

What It Is — What It Isn't
QUALITATIVE DISCUSSION
A flexible, inductive, face-to-face information-gathering approach

32

What It Is — What It Isn't
QUALITATIVE DISCUSSION
A flexible, inductive, face-to-face information-gathering approach
that uses open-ended questions and critical thinking prompts

33

What It Is — What It Isn't
QUALITATIVE DISCUSSION
A flexible, inductive, face-to-face information-gathering approach
that uses open-ended questions and critical thinking prompts
to probe beyond the surface of compliance requirements

34

What It Is — What It Isn't
QUALITATIVE DISCUSSION
A flexible, inductive, face-to-face information-gathering approach
that uses open-ended questions and critical thinking prompts
to probe beyond the surface of compliance requirements
and uncover in-depth, richly detailed information and insights

35

What It Is — What It Isn't
QUALITATIVE DISCUSSION
A flexible, inductive, face-to-face information-gathering approach
that uses open-ended questions and critical thinking prompts
to probe beyond the surface of compliance requirements
and uncover in-depth, richly detailed information and insights

36

What it looks like

37

What it looks like

38

What it looks like
Open-ended questions, prompts

39

What it looks like
Open-ended questions, prompts
New ideas
Creative solutions
Unanticipated information

40

Open-Ended Questions
- "Why do you think...?"
- "What was your reason for...?"
- Have you thought about...?
- When did you last see the mother?

41

Critical Thinking Prompts
- "Tell me about..."
- "Explain what you mean by..."
- "Describe what you think the next step should be."

42

Qualitative Discussion
- Unstructured or loosely structured
- Open-ended questions
- Critical thinking prompts

43

Purpose of Qualitative Discussion
- Investigate not just what, where, and when but also **WHY** and **HOW**
- Discover **unanticipated information** and **alternatives**
- Uncover in-depth, richly detailed **information** and **insights**
- Explore creative **WHAT IF** options

44

Purpose of Qualitative Discussion
- **Model** effective information-gathering techniques
- Offer the **insights** and **good judgment** you've gained from experience
- **Assess and develop** your workers!

45

Benefits
- Fosters
  - critical thinking
  - exploration of assumptions
  - interpretation of facts and events
  - deeper understanding
  - enhanced perspective

46

Benefits
- Is especially valuable for investigating **complex** and **sensitive** issues
- Supports "**productive supervision zone**"
- **Models** the approach so staff can, in turn, use it **automatically** and **naturally** when they work with families

47

MODULE 4: CPI DISCUSSION GUIDE
SECTION A:
HISTORY AND CULTURAL BACKGROUND

48

Family Context
- Children live in family systems of reciprocal interactions
  - Children need healthy family systems to thrive
- Families live in community systems that provide support and/or obstacles
  - Families do best in supportive communities

49

Family History and Culture
- Cultural assumptions
  - Ethnic
  - Extended family
  - Community
  - Family
- Language

50

Family History and Culture
- Prior history, including frequent visitors and caregivers
  - Abuse/neglect
  - Domestic violence
  - Law enforcement/juvenile
  - Substance abuse
- Risks and strengths

51

Family History and Culture
- Major concerns—and STRENGTHS!
  - What does worker like and admire about the family?
  - What does worker like and admire about the children?

52

Family History and Culture
- Major concerns—and STRENGTHS!
  - What does worker like and admire about the family?
  - What does worker like and admire about the children?
- Seeing the basic humanity in the parents and children helps communication, empathy, and understanding...and turns a "worker" into an advocate

53

Importance of Family
- Removal is a risk to child safety and well being
- When families can be preserved or reunited with safety, a victory has been achieved

54

Importance of Family
- When it is not possible to preserve or reunify a family, creating a new legally permanent family is the best option
- Residential care with multiple caretakers is not optimal for children's well being and development

55

MODULE 4: CPI DISCUSSION GUIDE
SECTION B:
QUALITY OF CONTACTS

56

Slide 57 — Complex System Requires Comprehensive Response
- Addresses families and their community in all critical ways needed to generate change
- Most important: Intensity and frequency of visitation sufficient to ensure safety

Slide 58 — Complex System Requires Comprehensive Response
- Personal services
  - Counseling
  - Substance abuse
  - Parent training
- Support services
  - Homemakers
  - Home health
  - Day care
- Hard services
  - Income support
  - Housing
  - Food stamps

Slide 59 — Quality of Visits
- Talk with child alone
- Sufficient relationship to ensure confidence
- "Don't wake the baby!"
- Different environments
- Appropriate questions

Slide 60
MODULE 4: CPI DISCUSSION GUIDE
SECTION C:
SAFETY

Slide 61 — Classical Abuse System Roles
- Perpetrator
- Rescuer
- Victim

Slide 62 — Classical Abuse System Roles
- So, what happens when the victim is removed?
- Importance of continued review of each child from the perspective of the allegation matrix

Slide 63
MODULE 4: CPI DISCUSSION GUIDE
SECTION D:
SERVICES

Slide 64 — Services & Permanency Goals
- Sufficient frequency and intensity of visitation to
  - Develop, cross check, and document needed evidentiary basis to understand the family and community system to support decision making
  - Make sure that each child (not just the alleged victim) is safe during the decision making process

Slide 65
MODULE 4: CPI DISCUSSION GUIDE
SECTION E:
REMOVALS

Slide 66 — Relative and Non-Relative Placement
- Review protocol
- Background check results
- Was the mix of family members, other children, visitors and other caregivers analyzed to make sure that the child would not be at risk?

Slide 67
MODULE 4: CPI DISCUSSION GUIDE
SECTION F:
SUPERVISOR'S ASSESSMENT OF DISCUSSION

Slide 68 — What is Needed...
- Comprehensive *gathering* of evidence
- Well *documented and cross checked evidence* of all the key aspects of the family/community system

Slide 69 — What is Needed...
- *Analysis* to understand the whole family in the context of the community they interact with
- *Decision making and execution* of a *comprehensive plan* which addresses the important changes needed

Slide 70 — What is Needed...
- *Analysis* to determine whether the plan is generating behavioral change
- *Corrective action* to revise the plan and implementation as necessary

Slide 71 — Supervisory Review: The Heart of Quality
- Verification that removal was necessary course of action
- Verification of the execution of the plan and whether or not the execution is generating behavioral change

Slide 72 — Supervisory Review: The Heart of Quality
- Decision-making as to corrective actions and plan changes required
- Oversight to ensure that the corrective actions take place

Slide 73
MODULE 4: CBC DISCUSSION GUIDE
SECTION A:
HISTORY AND CULTURE

Slide 74 — Family Context
- Children live in family systems of reciprocal interactions
  - Children need healthy family systems to thrive
- Families live in community systems that provide support and/or obstacles
  - Families do best in supportive communities

Slide 75 — Family History and Culture
- Cultural assumptions
  - Ethnic
  - Extended family
  - Community
  - Family
- Language

Slide 76 — Family History and Culture
- Prior history, including frequent visitors and caregivers
  - Abuse/neglect
  - Domestic violence
  - Law enforcement/juvenile
  - Substance abuse
- Risks and strengths

Slide 77 — Family History and Culture
- Major concerns—and STRENGTHS!
  - What does worker like and admire about the family?
  - What does worker like and admire about the children?

Slide 78 — Family History and Culture
- Major concerns—and STRENGTHS!
  - What does worker like and admire about the family?
  - What does worker like and admire about the children?
- Seeing the basic humanity in the parents and children helps communication, empathy, and understanding...and turns a "worker" into an advocate

Slide 79 — Importance of Family
- Removal is a risk to child safety and well being
- When families can be preserved or reunited with safety, a victory has been achieved

Slide 80 — Importance of Family
- When it is not possible to preserve or reunify a family, creating a new legally permanent family is the best option
- Residential care with multiple caretakers is not optimal for children's well being and development

Slide 81
MODULE 4: CBC DISCUSSION GUIDE
SECTION B:
SERVICES AND PERMANENCY GOALS

Slide 82 — What is Needed...
- Comprehensive *gathering* of evidence
- Well *documented and cross checked evidence* of all the key aspects of the family/community system

Slide 83 — What is Needed...
- *Analysis* to understand the whole family in the context of the community they interact with
- *Decision making and execution* of a *comprehensive plan* which addresses the important changes needed

Slide 84 — What is Needed...
- *Analysis* to determine whether the plan is generating behavioral change
- *Corrective action* to revise the plan and implementation as necessary

Slide 85 — Complex System Requires Comprehensive Response
- Addresses families and their community in all critical ways needed to generate change
- Most important: Intensity and frequency of visitation sufficient to ensure safety

85

Slide 86 — Complex System Requires Comprehensive Response
- Personal services
  - Counseling
  - Substance abuse
  - Parent training
- Support services
  - Homemakers
  - Home health
  - Day care
- Hard services
  - Income support
  - Housing
  - Food stamps

86

Slide 87 — Quality of Visits
- Talk with child alone
- Sufficient relationship to ensure confidence
- "Don't wake the baby!"
- Different environments
- Appropriate questions

87

Slide 88 — Services & Permanency Goals
- Sufficient frequency and intensity of visitation to
  - Develop, cross check, and document needed evidentiary basis to understand the family and community system to support decision making
  - Make sure that each child (not just the alleged victim) is safe during the decision making process

88

Slide 89 — Adoption
- Steps and timeline to move from setting goal to termination of parental rights
- Appropriate home selection
- Action for timely finalization
- Availability of post-adoption services and support

89

Slide 90
MODULE 4: CBC DISCUSSION GUIDE
SECTION C:
WELL-BEING

90

Slide 91 — Well-Being
- Physical and medical indicators
- Behavioral indicators of physical abuse
- Behavioral indicators of emotional abuse
- Developmental abilities and milestones

91

Slide 92 — Well-Being
- Environmental dangers
- CPT conclusions
- Analysis of family strengths and needs
- Sufficiency of the Safety Plan

92

Slide 93 — Medical
- Because they see the child regularly, medical personnel are key sources of evidence and continuing child safety
- Medical history form
- EPSDT Periodicity Schedule

93

Slide 94 — Medical
- Diagnosis
- Freedom from contagion
- Follow up care

94

Slide 95
MODULE 4: CBC DISCUSSION GUIDE
SECTION D:
OUT-OF-HOME CARE

95

Slide 96 — Relative and Non-Relative Placement
- Review protocol
- Background check results
- Was the mix of family members, other children, visitors and other caregivers analyzed to make sure that the child would not be at risk?

96

Slide 97 — Placement
- Overcapacity, waivers, wrap-around
- Full set of appropriate clothing (never to be assumed)
- Support for special dietary needs
- Movement from congregate care to family setting

97

Slide 98 — Placement
- **Quality** of foster parenting:
  - Do foster family members like the child?
  - How does the child feel about the family?
  - Is the foster family a potential reunification partner?
  - Do they feel comfortable with the parents?
  - Can they be a model?

98

Slide 99
MODULE 4: CBC DISCUSSION GUIDE
SECTION E:
INDEPENDENT LIVING

99

Slide 100 — Transition to Independence
- Assessment and Plan
- Services delivered and effective
- The **KEY** is for the assessment and plan to drive a successful outcome at independence.

100

Slide 101 — Transition to Independence
- Will we have achieved a successful outcome at independence?
  - All necessary clothing?
  - Safe place to live?
  - Living income?
  - Access to health care?
  - Continuing educational opportunities?
  - Continuing stable adult community mentor?

101

Slide 102
MODULE 5
Conducting Effective Qualitative Discussions

102

Slide 103 — Purposes of Supervisory Discussion
- Check to determine whether immediate actions are necessary to protect child
- Check for increasing or decreasing risk
- Develop case work skills
- Model a non-interrogatory questioning approach (include summarizing and question asking . . . why and how)

103

Slide 104 — CPI Documentation Questions
- Were any immediate actions necessary to protect the child?
- Are needed safeguards in place?
- Is the investigation on track and being conducted in a thorough manner?
- What are the necessary next steps?

104

Slide 105 — Purposes of Supervisory Discussion
- Check to determine whether immediate actions are necessary to protect child
- Check for increasing or decreasing risk
- Develop case work skills
- Model a non-interrogatory questioning approach (include summarizing and question asking . . . why and how)

105

Slide 106 — CBC Documentation Questions
- Were any immediate actions necessary to protect the child?
- Are needed safeguards in place?
- Are needed services provided and engaged?
- What are the necessary next steps?

106

Slide 107 — Supervisory Discussion Evaluation Questions
- How well did they gather the necessary information for the case?
- How well do they analyze the information?
- How well do they draw appropriate conclusions?

107

Slide 108 — Supervisory Discussion Evaluation Questions
- How well do they match services/goals to the child and family needs and characteristics?
- How well do they problem-solve when difficulties arise?
- How well do they engage the child, family, service providers, and others (seek input, build trust, share information, etc.)?

108

Slide 109
MODULE 6
Discussions That Make a Difference

109

Slide 110 — Purpose of Qualitative Discussion
- Investigate not just what, where, and when but also **WHY** and **HOW**
- Discover **unanticipated information** and **alternatives**
- Uncover in-depth, richly detailed **information** and **insights**
- Explore creative **WHAT IF** options

110

Slide 111 — Purpose of Qualitative Discussion
- **Model** effective information-gathering techniques
- Offer the **insights** and **good judgment** you've gained from experience
- **Assess and develop** your workers!

111

Slide 112 — Benefits
- Fosters
  - critical thinking
  - exploration of assumptions
  - interpretation of facts and events
  - deeper understanding
  - enhanced perspective

112

Slide 113 — Benefits
- Is especially valuable for investigating **complex** and **sensitive** issues
- Supports "**productive supervision zone**"
- **Models** the approach so staff can, in turn, use it **automatically** and **naturally** when they work with families

113

Slide 114
Mentoring Through Qualitative Discussion
Training for Child Welfare Supervisors

FL Department of Children and Family Services
Office of Family Safety

114

Appendix O: Activity 2-1: "Toolbox" and "Tool" Labels

<u>Quality Practice Toolbox:</u> This can be any cardboard box, paper bag, or other container labeled "Quality Practice Toolbox" (see printable template that follows). The container should be large enough to hold the "Tool" labels in the next checklist item.

<u>Super-Worker and Super-visor "Tool" Labels:</u> Make "Tool" labels by photocopying or hand-printing the words on the following pages onto card stock or other stiff paper and cutting into strips.

The "Tool" labels should be small enough for several pieces to be pinned onto one person's clothing, but large enough and stiff enough to be read with reasonable ease from the back of the room.

Each "Tool" label is marked by a small "w" or "s." The "w" stands for "super-worker," and the "s" stands for "supervisor."

QUALITY PRACTICE TOOLBOX

w = super-**w**orker   s = **s**upervisor

Engages families w

Builds trust w

Maintains contact w

Insightful investigations & assessments w

Negotiates effectively w

Finds creative services w

Sees big picture[s]

Anticipates problems[s]

Works system[s]

Keeps goal in mind[s]

Works well with people[s]

Models good casework[s]

Develops workers[s]

Shares experience s

Shares judgment s

★Productive Sup. Zone

Appendix P: Training Evaluation Form

The Training Evaluation Form is provided in the Participant Guide. It is also provided on the following pages for the trainer's convenience.

Mentoring Through Qualitative Discussion
Training Evaluation Form

Name (optional): _____

Date of Training: _____

Name of Trainer: _____

1. How often did you conduct "qualitative discussions" (as defined in this training) <u>prior</u> to attending this training?

1	2	3	4	5
Frequently	Regularly	Occasionally	Rarely	Never

2. How much do you think your ability to perform qualitative discussions has been <u>strengthened</u> as a result of this training?

1	2	3	4	5
Tremendously	A Lot	Some	A Little	Very Little

3. How would you rate the amount of time devoted to practice activities in the training?

1	2	3	4	5
Far too much	Too much	About right	Too little	Far too little

4. How would you rate the amount of time spent on interactive discussion?

1	2	3	4	5
Far too much	Too much	About right	Too little	Far too little

5. How would you rate the usefulness of the training to strengthening your supervisory skills?

1	2	3	4	5
Very Useful	Useful	Average	Poor	Very Poor

6. In general, how beneficial do you think it was to combine CBC and DCF staff in this training?

1	2	3	4	5
Very Beneficial	Somewhat Beneficial	Didn't Matter	Not Beneficial	Not at All Beneficial

7. In general, how would you rate the trainer's ability to make the training a productive, worthwhile experience for you?

1	2	3	4	5
Very High	High	Average	Low	Very Low

7A. What training activities were most worthwhile?	7B. What training activities were least worthwhile?

8A. What were the strengths of the training?	8B. How could we improve the training?
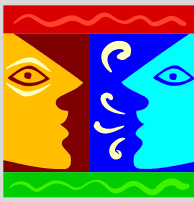
Appendix Q: At-A-Glance Schedule

The following suggested schedule assumes a start time of 8:30 AM and a completion time of 5:30 PM. This schedule also assumes delivery of Modules 4A and 4B by two different facilitators. A blank copy of the schedule is provided in the appendices for your convenience in developing an alternative schedule.

INSTRUCTIONAL EVENT	RUNNING TIME	MINUTES
MODULE 1: A Context For Strengthening Quality		
Video 1-1: Casey Foundation		
Main Idea: What Are Kids Asking of Us?		
Flipchart 1-1: What Is "Quality" in a Child Welfare Setting?		
Summarize: What is Quality in a Child Welfare Setting?		
Main Idea: Why We're Doing This Training Together		
Flipchart 1-2: Qualitative Discussion Is— Is NOT		
PowerPoint: Goal & Positive Outcomes Bridge (Slides 1–14)		
Flipchart 1-3: Goal of the Training		
Flipchart 1-4: What You'll Be Able To Do		
Housekeeping		
Comprehension Bridge to Why the Discussion Guides Were Developed		
Main Idea: Why The Discussion Guides Were Developed		
Comprehension Bridge to PowerPoint: QA Model & Guiding Principles		

INSTRUCTIONAL EVENT	RUNNING TIME	MINUTES
PowerPoint: QA Model & Guiding Principles (Slides 15–22)		
Comprehension Bridge to PowerPoint: Module 2		
BREAK		
MODULE 2: Mentoring Toward Quality Practice		
Comprehension Bridge to Activity 2-1: From Super-Worker To Super-Visor		
Activity 2-1: From Super-Worker to Super-visor		
Main Idea: Productive Supervision Zone		
Comprehension Bridge to PowerPoint: Benefits of Mentoring		
PowerPoint: Benefits of Mentoring (Slides 23–29)		
Comprehension Bridge to My Mentoring Role Model		
Participant Guide: My Mentoring Role Model		
Flipchart 2-1: My Mentoring Role Model		
Key Points: My Mentoring Role Model		
Comprehension Bridge to Module 3		
MODULE 3: Qualitative Discussions: Not "More"—Better!		
Comprehension Bridge to PowerPoint: Definition & Benefits		
PowerPoint: Definition & Benefits (Slides 30–47)		
Comprehension Bridge to Modules 4A and 4B		
MODULES 4A and 4B: Get Real With Your Discussion Guide		

LUNCH (60 minutes for lunch + 15 minutes for stragglers*)*
MODULE 5: Conducting Effective Qualitative Discussions
Comprehension Bridge to Activity 5-1: Guidelines: Preparing for an Effective Qualitative Discussion
Activity 5-1: Guidelines: Preparing for an Effective Qualitative Discussion
Participant Guide: Three Steps of the Supervisory Qualitative Discussion
PowerPoint:Conducting a Qualitative Discussion (Slides 102-103)
Participant Guide: CPI Supervisory Discussion: Kizza, Jeffrey, Wesley Case Background
Comprehension Bridge to Activity 5-2: Conducting the CPI Qualitative Discussion
Activity 5-2: Conducting the CPI Qualitative Discussion
PowerPoint: CPI Documentation Questions (Slide 104)
Comprehension Bridge to PowerPoint: CBC Qualitative Discussion
PowerPoint: CBC Qualitative Discussion (Slide 105)
Participant Guide: CBC Supervisory Discussion: Michael Case Background
Comprehension Bridge to Activity 5-3: Conducting the CBC Qualitative Discussion
Activity 5-3: Conducting the CBC Qualitative Discussion
Comprehension Bridge to PowerPoint: CBC Qualitative Discussion With Case Notes
PowerPoint: CBC Documentation Questions (Slide 106)
PowerPoint: Discussion Evaluation Questions (Slides 107-108)

Comprehension Bridge to Break
BREAK
MODULE 6: Planning for Qualitative Discussions At Work
Activity 6-1: Not "More" — Better!
Participant Guide: Planning for Discussions in the Workplace
Video 6-1: Cindy Schuler
Comprehension Bridge to PowerPoint: Discussions That Make a Difference
PowerPoint: Discussions That Make a Difference (Slides 109–114)
Participant Guide: Training Evaluation Form
CLOSE OF TRAINING

Appendix R: Participant Guide

The following Participant Guide is used for both CPI and CBC participants.

NOTE: The Participant Guide is to be printed from the electronic file and inserted as hard copy. The electronic file for the Participant Guide is a separate file on the CD that contains all of the training materials (Trainer Guide, PowerPoint, and Participant Guide).