# REPORT TO LEGISLATURE: CURRENT CHILD WELFARE WORKER TRAINING

Substitute Senate Bill 5955 New Sec. 26. (3)

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Washington State Department of
CHILDREN, YOUTH & FAMILIES

## Table of Contents

Executive Summary ..... 2

Introduction ..... 3

A Review of the Effectiveness of the Current Course Curriculum for Supervisors ..... 5

An Evaluation of Preparedness of New Child Welfare Workers ..... 9

An Inventory of the Trauma-Informed Training for Child Welfare Workers and Supervisors ..... 16

An Inventory of the Reflective Supervision Principles Embedded Within Training for Child Welfare Workers and Supervisors ..... 21

An Inventory of the Department's Efforts to Systemize Peer Support for Child Welfare Workers and Supervisors ..... 26

Conclusion ..... 28

Appendices ..... 29

Appendix A: Supervisor Core Training Survey ..... 29

Appendix B: Observation Report: Adult and Child Interviewing ..... 32

Appendix C: Adult Interviewing Tool ..... 43

Appendix D: Child Intervention Observation Tool ..... 45

Appendix E: Regional Core Training (RCT) Survey ..... 47

## Executive Summary

This report is prepared in compliance with RCW 43.216, which added a new section that requires the Department of Children, Youth, and Families (DCYF), and any external entity responsible for providing child welfare worker training to submit an annual report to the Legislature on the current child welfare worker training that includes:

a) A review of the effectiveness of the current course curriculum for supervisors;
b) An evaluation of the preparedness of new child welfare workers;
c) An inventory of the trauma-informed training for child welfare workers and supervisors;
d) An inventory of the reflective supervision principles embedded within training for child welfare workers and supervisors; and
e) An inventory of the department's efforts to systemize peer support for child welfare workers and supervisors.

(a) The mandatory Supervisory Core Training (SCT) modified in September 2017, better reflects the limited experience of new supervisors and the revisions offer more practical day-to-day guidance that new supervisors can apply to their work in the field. Although the number of supervisors who have currently completed the updated SCT is limited due to the recent roll out of the updated training, feedback from these supervisors identified high ratings for an increase in knowledge and skills. With these revisions in place, plans for SCT include ongoing evaluation with a focus on improving overall retention within DCYF's case carrying workforce.

(b) In January 2019, Regional Core Training (RCT)[1] for child welfare workers was lengthened from a six-week to an eight-week curriculum. Data from surveys gathered from RCT participants, RCT workgroup members, weekly coaching calls from Alliance coaches delivering RCT and DCYF executive child welfare leadership felt that additional experiential and program-specific content needed to be added, which focuses on actual cases while coaches provided feedback and coaching so case-carrying child welfare workers are better prepared to begin fieldwork. Training for staff should always be current, based within best-practice research and leave staff feeling well supported and able to do their jobs. As such, DCYF will continue to monitor the impact and effectiveness of these changes to the RCT and partner with UW Alliance to modify as required.

(c) Trauma-informed practice is not exclusively defined as secondary traumatic stress. It is recognition of the trauma experienced by children and families and doing your job in a manner that recognizes this, with the intent not to cause further trauma for the client. It also involves addressing secondary trauma of the worker. The department's adherence to the concepts of trauma-informed child welfare practice dates back to the first federal case review in the early 2000s and the Braam Settlement agreement. Indicators include revised policy and practice

[1] DCYF consists of six regions, and the Alliance delivers Regional core training in all six regions.

related to the importance of relative placements and sibling connections in reducing trauma, increasing the frequency and quality of parent-child visitation and consideration of issues of grief and loss for the child and parent at placement, as well as parental history of trauma as both a child and adult. The department plans to continue its focus on this practice area that impacts staff retention and client outcomes including health, education, resilience and permanency.

(d) In 2017, the department explicitly began focusing on reflective supervision, which is an important component of supervisor training and has been added to other workforce training as well. DCYF will continue coordination with the Alliance coaches to ensure consistent application in supervision practice.

(e) In 2006, after a couple of high profile fatalities and a staff assault incident, a program was established to provide compassionate peer support for department employees experiencing trauma or stress as a result of a critical incident. This program has expanded its mission that includes matching a peer support volunteer with a worker that needs support for work-related stress. Program systemization remains limited because there is currently no budget for the peer support program.

## Introduction

In 2010, DCYF[2] invited three of the state's leading universities – the University of Washington, University of Washington - Tacoma and Eastern Washington University – to collaborate on improving the professional expertise of the state's child welfare workers and the skills of those caring for adoptive and foster children. As a result of the partnership, the Alliance for Child Welfare Excellence (Alliance) has been in place since 2012.

Professional development for public child welfare workers, including tribal child welfare workers who choose to participate and those caring for children in out-of-home care, is primarily provided by Alliance. The Alliance provides core-training programs to both new child welfare staff and new supervisors. Over 100 different in-service eLearning's, classroom courses and coaching opportunities are offered to support skill development in child welfare case practice, trauma-informed care, staff supervision, and managing and leading child welfare programs (**www.allianceforchildwelfare.org/course-catalog**). Funding to train DCYF's child welfare workforce includes a state match and DCYF is able to claim federal IV-E dollars for a majority of the training activities provided by the Alliance.[3] The Alliance also provides core training to foster, relative and adoptive caregivers. DCYF closely monitors the Alliance training

[2] Effective July 1, 2018, the Department of Children, Youth, and Families (DCYF) replaced the Department of Social and Health Services (DSHS) Children's Administration (CA) as the state agency responsible for child welfare.

[3] Training delivered by the Alliance is Title IV Eligible except for training targeted prior to a child being taken into care (CPS, TANF). The Federal Financial Participation Rate (FFP) is either 75% for training targeted to children in care (such as RCT) and 50% for supervisory / administrative training (non-child welfare specific content) such as SCT.

plan through the Annual Progress and Services Report that is submitted annually to the federal government at the beginning of the state fiscal year.

Partners for Our Children (POC) was founded in 2007 and evaluates Alliance course offerings using an approach based on intervention research. Three main phases define the evaluation model: 1) design 2) implementation and 3) trainee experiences and outcomes.

| Phase | Evaluation Questions |
|---|---|
| 1. Design | What are the learning goals for the training program? |
| | Is the curriculum aligned and adequate to support the achievement of the learning goals?<br>Is the curriculum informed by evidence in terms of practice and instructional method and compliant with state and agency policies? |
| | Is the curriculum standardized to allow for delivery by multiple trainers? |
| 2. Implementation | Is the train the trainer program well defined and delivered? |
| | Is the course scheduled and available where and when it is needed? |
| 3. Trainee Experiences and Outcomes | *Reach/Demographics* - Does the registration and completion data show that training reaches all those targeted for the program in terms of region, program, tenure, age, race, gender?<br>*Satisfaction* - Are trainees generally satisfied with the training experience? |
| | *Knowledge and Skill Acquisition* - Do trainees acquire the knowledge and skills targeted in the training program?<br>*Pre-post, comparison and randomized control designs* – Are trainees more skilled following the program? Are trainees more knowledgeable/skilled from the training program as compared to a control or "training as usual" condition? |
| | *Transfer of Learning (TOL)* - Are trainees able to transfer the learning to the workplace? |

The Child Welfare Training and Advancement Program (CWTAP) provides graduate-level social work education to students who commit to working at DCYF or a tribal child welfare agency following graduation. CWTAP partners include the University of Washington Seattle School Of Social Work, the University of Washington Tacoma School of Social Work and Criminal Justice and Eastern Washington University. Partners for Our Children (POC) at the University of Washington is the evaluation partner within the Alliance. The goals of these partnerships are to:

- Improve the outcome for children and their families involved in the state's child welfare system.
- Enhance the professional child welfare skills of social workers among the existing DCYF workforce.
- Recruit and retain the appropriate number of highly trained ethnically and racially diverse social work professionals into public child welfare careers in the State of Washington.
- Advance the knowledge, experience and professionalism of public child welfare social workers employed by DCYF.
- Administer an academic and practicum program grounded in current evidence-based child welfare practice.

The primary objectives of CWTAP are to support social work within diverse cultural frameworks, to tap the full potential of families and effectively engage communities. DCYF employees interested in obtaining a Master of Social Work (MSW) are the primary audience for recruitment for the CWTAP programs. The aim of the MSW program is to enhance students'[4] knowledge and skills in delivering services to families and children and prepare those interested in making career commitments to public child welfare practice.

## A Review of the Effectiveness of the Current Course Curriculum for Supervisors

Supervisors at DCYF are required to take the Supervisor Core Training (SCT)[5] within the first six months of becoming a supervisor. SCT is a 42-hour competency based program grounded in the concept that effective child welfare supervisors rely on well-developed educational, administrative, clinical and supportive supervision skills. The training prepares supervisors to assume a new role and understand the responsibilities of a supervisor in the child welfare system. This seven-day training program is over a three-month period and supports learning in these areas:

- Becoming a Supervisor
- Workload and Caseload Management
- Navigating FamLink[6] for Effective Supervision
- Supervising with Data
- Elements of Administrative Supervision
- Talent Management
- Elements of Clinical Supervision

[4] Whether a current or future DCYF employee

[5] SCT is provided by the UW Alliance statewide in different regions throughout the year for easy accessibility. Coaches who train SCT receive training on the curriculum and are routinely observed for curriculum fidelity.

[6] FamLink is WA State's electronic case management system and reporting tool to meet the current business needs of DCYF. This statewide system is used to promote consistency throughout local offices and regions, support families, and maintain information across regions and the State - to facilitate the ability to transition cases from one office to another effectively.

- Self-Care, Secondary Trauma, Burnout Prevention and Conflict Management
- Building and Facilitating Effective Teams
- Role of the Supervisor in Critical Incidents and AIRS
- Professional Ethics
- Indian Child Welfare (including Government to Government relationship)
- Managing Community Complaints
- Understanding tort claims and liability
- Federal Child and Family Services Review Requirements for supervisory review and documentation

Supervisor Core Training curriculum was adapted from a supervisory training developed by the Butler Institute for Families at the University of Denver (**www.thebutlerinstitute.org**) called "New Supervisor Training Academy: Putting the Pieces Together."

**Supervisor Core Training Development**

Many DCYF supervisors who attend SCT have less than two years of experience as case-carrying caseworkers. The previous curriculum was highly theoretical and new supervisors, given their short time providing front-line services, found it impractical to their day-to-day environment.

In June 2017, the Alliance collaborated with DCYF to form a workgroup comprised of DCYF Subject Matter Experts (SME), Quality Program Specialists (QPS), Program Managers, Alliance Coaches, Regional Education Training Administrators (RETA), POC, Child Welfare Training Advancement Program (CWTAP) supervisors and the Learning and Development Curriculum Developer to develop a new curriculum. The new SCT was implemented in September 2017 and minor revisions were made based on feedback from participants after the revised curriculum was implemented

The current curriculum has been in place since April 2018. All revisions to SCT incorporated feedback from participants and are based in research from other states, transfer of learning, adult learning theory and the best way to implement training for supervisors.[7] The newly revised curriculum now focuses on the skill sets supervisors need to do their jobs effectively and day-to-day practical functions such as:

- Human Resources
- Child and Family Services Review[8] requirements
- Indian Child Welfare

[7] Based in the research, revisions to curriculum focused on the Administrative, Clinical, Supportive and Coaching styles of supervision

[8] This is a federal review with requirements based on best practice in child welfare. No state has met every requirement but it gives us a clear idea of our strengths and what we need to improve. The review covers safety, permanency, family and child well-being outcomes, as well as the systems we have in place, such as our case review system, licensing, recruitment, staff training, and the agency's responsiveness to the community.

- FamLink
- Tort
- Secondary Trauma Burnout and Self-Care
- Ombuds and the Critical Incident Unit
- Supporting new staff through RCT

**Leadership Preparedness, Succession and Development**

In response to agency needs for succession planning and ongoing skill development, the Alliance has developed and continues to develop a range of courses for the continuous professional development of supervisors and managers. These courses are evidence-informed and anchored in adult learning principles. Courses currently available include:

- **Growing a Leader –** This course is for DCYF employees who are interested in advancing to leadership roles. Participants learn about their leadership style and what it means to be a supervisor and leader in the child welfare system. The training focuses on:
    - Gaining an understanding of different leadership and management styles, hiring and onboarding new employees
    - Supervisory case management expectations
    - Providing feedback and effective communication with employees
    - Tracking and documenting employee performance
    - Engaging with community partners
    - Managing and resolving conflict
- **Leadership Training for Supervisors, Program Managers and Quality Practice Specialists –** This course focuses on baseline competencies for middle managers in public child welfare and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems and managing outward are the four main themes integrated throughout this course.
- **Supervisors Conference** – This two-day annual conference provides opportunities for peer networking and skill development for supervisors across the state.
- **Debriefing with Good Judgement for Supervisors** – This course is based on a debriefing theory developed in 2006 and used in medical simulations at Harvard University. The Alliance has adapted this model to child welfare simulations. Many educators consider debriefing to be the most important component in simulation learning. The model is based on the participants reflecting on their own assumptions (considered frames of reference), then reflecting on their actions in the simulation in order to apply changes to their practice.
- **Coaching for Supervisors** – Coaching supports skill development in the following areas:
    - Conducting monthly case reviews to provide observation and feedback to case-carrying staff
    - Documentation and approval processes
    - Using the Supervisor features within FamLink

    - Organizing and prioritizing work within the unit
- **Supervisor Readiness** – This course supports supervisors through understanding *Situational Leadership Theory* developed by Paul Kersey and Kenneth Blanchard. The model suggests that to be effective leaders, supervisors must match leadership style to individual worker's level of job readiness (job maturity). Supervisor readiness for any task is determined by the supervisor's ability and willingness.
- **Advanced Microaggressions for Supervisors: Guiding Staff through Cultural Conflict –** In this workshop supervisors and managers develop their skills for engaging across culture when tension exists. Participants will explore intent vs. impact, how implicit bias can affect their decision-making in determining outcomes and unpacking dynamics between employees when a conflict exists. Participants learn effective ways to approach tense situations through role-playing, video and small and large group discussions.
- **Reflective Supervision (RS) -** This 3-hour course builds upon RS material introduced in SCT, provides a deeper dive into skills and provides the supervisor with tools and opportunities to practice using the RS model. RS for supervisors focuses on the partnership between the supervisor and the caseworker/employee and how to structure RS conversations. RS addresses how the personal culture of the caseworker and the supervisor can affect bias in case decision making and case planning (addressing confirmation bias when gathering information). The conversation includes building a culture where utilizing reflective feedback is the norm, learning using RS is the expectation, developing trust between the supervisor and employee in the feedback process, leading using reflective feedback individually and as a team and using RS to enhance positive/permanency outcomes for DCYF children and families. This training will be developed in FY 2020.
- **CPS for Supervisors –** This course is for supervisors who oversee Child Protective Services, as well as Family Voluntary Services programs and will be developed in FY 2020.
- **CFWS for Supervisors-** This course is for supervisors that oversee Child and Family Welfare Services and Adoptions programs and will be developed in FY 2020.

**Trainee Survey Feedback**

Trainees complete surveys throughout Supervisor Core Training. Survey items solicit information about satisfaction with the instructor and course, trainee confidence in targeted knowledge and skills and assessment of the potential for transfer of learning. These items are rated using a Likert Scale ranging from one (Strongly Disagree) to five (Strongly Agree). Trainees assessed their confidence in targeted knowledge and skills at 4.6 out of 5.0 yet expressed that there could be more time to practice skills in the course. Trainees rated their potential to transfer learning from the SCT to the workplace at 4.3 out of 5.0.

*Supervisor Comments:*

"Learning about HR/hiring/discipline, discussion about the parallel process, and discussion about how to prevent secondary trauma and burnout."

"Improving my skills as a clinician and providing effective supervision. Effective ideas helping staff to reduce caseload size in a safe manner."

"Strategies on motivating staff to perform well; how to go about holding people accountable for poor work."

"Action Planning made me feel capable and got me excited to make more action plans in the future." "It helps me set a goal and stick to it to get it done." **(See Appendix A)**

## An Evaluation of Preparedness of New Child Welfare Workers

New child welfare workers are required to complete Regional Core Training (RCT) during the first two months of employment with DCYF. RCT is Washington State's evidence-informed, eight-week (as of January 1, 2019) foundational training designed to prepare newly hired caseworkers with the basic knowledge, skills and understanding to begin their careers in public child welfare for DCYF. RCT is a comprehensive training and coaching program that lays the foundation for continuous on-the-job learning and professional development critical to developing competent, confident and effective child welfare professionals.

Prior to January 1, 2019, RCT had been a six-week training. A joint RCT workgroup was formed at the guidance of the DCYF Field Operations Assistant Secretary and the University of Washington Alliance for Child Welfare Excellence leadership. The workgroup was tasked with evaluating the six-week program and providing feedback on improvements including expanding the training to fully cover the needed topics. The workgroup evaluated the program with the following information:

- Quantitative Surveys gathered from RCT participants
- DCYF Observers participated in over 40 observation sessions
- Weekly coaching calls for trainers – Alliance Coaches delivering RCT gathered via teleconference every Friday during the lunch hour to report their experiences during the week. Listening on the call were the RCT Workgroup members and other Alliance Coaches who would be delivering RCT soon.

All data points demonstrated the need for additional content to better prepare new workers for a career in child welfare and resulted in an expansion to an eight-week training. The content added is very experiential, program-specific and focuses on staff working through cases open with the department, while coaches provided feedback and coaching.

RCT includes pre-service activities, which new child welfare staff complete prior to the first classroom session, followed by eight weeks of instruction integrating both classroom and field-

based learning. New employees must complete all classroom sessions and field-based learning in order to complete the RCT course and be eligible to carry a full caseload.

RCT consists of a cohesive developmental curriculum in which knowledge and skills are broadened and deepened. RCT provides participants with blended learning opportunities, including classroom instruction, transfer of learning activities in the field and 1:1 or small-group coaching.

- RCT prepares new child welfare workers with basic knowledge, skills and understanding to begin their careers in public child welfare.

  Skill attainment in the areas of identification and assessment of child maltreatment, safety planning and case planning with families in order to ameliorate safety threats to children and to understand their role as a child welfare worker in creating stability and permanency for children.

  Upon completion of this 8-week course, staff know the basic functions of their position and the legal basis for intervention with families in order to protect children.

  Woven throughout RCT are several critical concepts integral to best practice in child welfare, and designed to maximize learning within the context and with relevance to the work:

  - Child Safety, Permanency, and Wellbeing
  - Critical Thinking
  - Trauma-Informed Practice
  - Disproportionality and Racial Equity in Child Welfare
  - Cultural Competency/Cultural Humility
  - Reflection and Recognizing Bias
  - FamLink Documentation Skills
  - Program Specific Job Skills
  - Child Interviewing
  - Adult Interviewing
  - Court Testimony Simulation

RCT is developed to maximize a participant's potential, considering the stages of learning most apt to ensure transfer of specific skills and knowledge by first presenting overarching and foundational theory – the *why.* Then, demonstrating concepts or skills and providing opportunities for practice and feedback – the *how*. Finally, 1:1 or group coaching supports deepened understanding[9] and increased skill proficiency.

[9] "Child welfare agencies and related human service organizations increasingly recognize coaching as a powerful workforce strategy for reinforcing knowledge and skills and improving implementation of desired practices (Akin, 2016; Hafer & Brooks, 2013; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). This issue brief supports child welfare administrators, managers, and supervisors in understanding the potential role of coaching and considerations for its use to support their workforce."

**Instructional Modalities**

- ***Classroom Sessions*** - Demonstration, practice and feedback around key concepts within the context of case scenarios and real-life case examples. FamLink practice will occur in conjunction with case process instruction, when applicable.
- ***Transfer of Learning Activities*** - Experiential opportunities in the field to shadow, observe and complete specific tasks on real cases as they relate to curriculum and learning.
- ***eLearning*** - Interactive electronic presentations of theory, task processes, job aids, and/or a test of knowledge. eLearning is self-paced and can occur with flexibility in scheduling.
- ***Coaching***: Individual 1:1 or small group sessions covering specific topics or coaching on newly assigned cases. Coaching usually occurs in the field as tasks and tools are utilized in real cases. Mandatory coaching sessions are:
    - Initial Case Assignment – Organizing Your First Case
    - Testimony Simulation Debrief
    - Safety Planning
    - Program-Specific FamLink Assessments (Investigative Assessment, FAR-Family Assessment, Comprehensive Family Evaluation)

Gradual case assignment across RCT is recommended as follows:

- ***Secondary Case Assignment*** – On the day of hire and prior to the first Regional Core Training (RCT) classroom session, new workers receive secondary case assignment. Secondary assignment gives staff the ability to have access to the electronic case file so they can become familiar with both paper and electronic case files prior to having primary assignment. Ideally, the worker with secondary case assignment will transfer to primary case assignment later in RCT. Secondary case assignment with a peer mentor can also be effective in providing new workers with context to complete field activities.
- ***Initial Primary Case Assignment*** – At the beginning of week 4, new workers receive their initial primary case assignment and works as the assigned worker with the assistance of coaching and supervisory support. A reasonable primary case assignment would be one to three child placement cases[10] or one to two CPS cases[11].
- ***Gradually Increased Primary Case Assignment*** – During weeks 5 through 8 of RCT, a new worker's caseload should gradually increase, not to exceed ten (10) child placement cases or six (6) CPS response cases. During RCT, new workers also receive structured activities to guide time management of their growing caseloads. In addition, RCT participants will receive 1:1 or small group coaching with their RCT coach to support

https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/114652.pdf?r=1&rpp=10&upp=0&w=+NATIVE(%27recno=114652%27)&m=1

[10] Providing longer term services to families who are requesting services or whose children have been placed in out of home care.

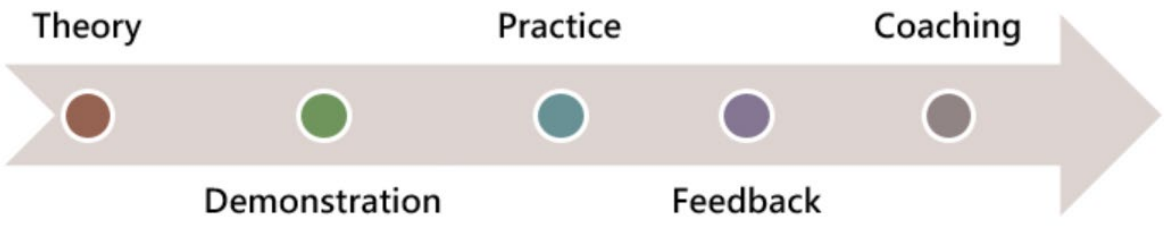
[11] Investigation of a documented screened in report of child abuse, neglect, or risk to children.

primary case assignment, completion of critical case activities and organizing case priorities.

- Skill-based simulation using a comprehensive case scenario
    - Program-specific child interview simulation – Participants engage in two child interviews to practice interview skills. Each round of interviews is debriefed using a research-based, reflective, debriefing model (Debriefing with Good Judgement from the Center for Medical Simulation at Harvard University). Observations of simulation training show marked improvement in interview skills during the second round. Additionally, most new workers (depending on cohort size) engage in a 1:1 child interview where they have the opportunity to conduct a more thorough interview. This third interview is also debriefed using the same model. If new workers are unable to engage in a 1:1 child interview, efforts are made to observe and provide coaching of a child interview in the field.
    - Program-specific adult interview simulation – Participants engage in two adult interviews to practice interview skills. Each round of interviews is debriefed using a research-based, reflective, debriefing model (Debriefing with Good Judgement from the Center for Medical Simulation at Harvard University). Observations of simulation training show marked improvement in interview skills during the second round. Additionally, most new workers (depending on cohort size) engage in a 1:1 adult interview where they have the opportunity to conduct a more thorough interview. This third interview is also debriefed using the same model. If new workers are unable to engage in a 1:1 adult interview, efforts are made to observe and provide coaching of an adult interview in the field.
    - Program-specific testimony simulation – New workers have the opportunity to practice court testimony in a real courtroom with the support of an Assistant Attorney General, Defense Attorney and a Judge or Commissioner. Through testifying in either a simulated 72-hour Shelter Care Hearing or a Dependency Trial, new workers practice testifying to the facts of the RCT Case Scenario. Testimony simulation also provides all new workers with the opportunity to identify their roles and discuss their credentials on the stand. The legal professionals who participate in the testimony simulation training offer immediate feedback following each of the court simulations. New workers find this feedback valuable and our legal partners are enthusiastic about the opportunity to help train new workers and provide feedback in a supportive and realistic way. Coaches observing the trainees' testimony simulation take notes and debrief with them during week 4 or 5. This debrief is informed by Debriefing with Good Judgement, self-reflection and skill-building. The debrief can occur 1:1 or in a program-specific small group setting to best support a new worker’s growth in terms of future court testimony.
- Program-specific coaching provides new workers with opportunities for practice and feedback on real-life cases. Coaching supports skills attainment and transfer of learning as new workers are given the opportunity to apply concepts, methods and skills from classroom learning.

- Recommended Individualized learning plan for post-RCT in-service training:
    - Final day of RCT, new workers identify in-service training necessary to continue to build skill and competency during their first 12 months of employment
    - Months 3 through 5 on the job:
        - Program-specific In-Service Training
        - Child Abuse Interviewing and Assessment Training (CPS Workers)
        - Worker Safety
    - Months 6 through 12 on the job:
        - New workers sign-up for up to three in-service training of interest or identified by Coach/Supervisor for additional skill attainment.
        - New workers identify up to two eLearning's to take before the end of their first year on the job.
    - Commitment to ongoing professional development:
        - New Workers identify five ways to develop professionally beyond formal training and make a commitment to engage in at least one activity per month for the remainder of their first year on the job. Examples include:
            - Observe peers complete tasks that seem daunting, such a testifying at a termination of parental rights hearing
            - Ask for feedback on a piece of work
            - Talk with experienced staff about difficult situations,
            - Identify an expert in the office on a topic such as the impact of opioid use on child safety, to network

- Self-care and developing worker resiliency – Across the 8-week course, new workers are encouraged to complete activities to support their own self-care, self-efficacy and worker resiliency, while also learning how to engage clients in ways that support their self-efficacy, growth and change, which creates a parallel process in increasing resiliency.
- Transfer of Learning Model – RCT is based on a transfer of learning model that includes five steps for adult learning as illustrated in the graphic below. Participants first learn the theory of the skill, then shown a demonstration, allowed to practice the demonstration with immediate feedback and then coaching available on an ongoing basis for mastery of the new skill.



In addition, new workers and their supervisors are encouraged to connect with their Coach to support regular coaching check-ins 30-60-90 days following RCT completion. Partnership with the DCYF Technology Services provides new workers with immersive documentation and learning utilizing both the RCT Case Scenario and real-life cases in a supportive training environment to increase FamLink skills and user knowledge.

There is an additional opportunity for workers who respond to abuse and neglect cases during non-regular work hours to participate in a specialized RCT with scenarios, topics and content specific to the needs and responsibilities of After-Hours Workers.

**Evaluation of RCT**

Partners for Our Children (POC) at the University of Washington School of Social Work is the evaluation partner for the Alliance for Child Welfare Excellence. The training evaluation approach is informed by implementation research, recognizing that improved client outcomes are impacted by the competencies of the workforce, organizational drivers (such as data systems and administrative support) and agency leadership.[12] The implementation of Regional Core Training is monitored and guided by a statewide workgroup with broad representation from DCYF program leaders, regional staff, Alliance curriculum developers, coaches and evaluators. The RCT workgroup gathers input, reviews data and makes recommendations to optimize the achievement of the goals of the training. The evaluation includes multiple sources of data to inform continuous improvement over time:

- Observations of RCT sessions by subject matter experts to provide feedback[13]
- Observations of skill-based sessions in child and adult interviewing to refine learning objectives
    - Curriculum and instruction.[14](See Appendices B-D)
- Trainee surveys throughout the course for self-assessment of skills and feedback on course delivery
- Weekly feedback session with coaches and curriculum developers regarding delivery and content, pacing and sequencing of learning[15]
- Follow-up surveys with RCT graduates and their supervisors regarding the transfer of learning and continuing training needs

POC collects, analyzes and discusses data findings at a statewide workgroup with representation from DCYF program and field staff. POC shares these data with DCYF

[12] Fixsen and Blase (2008). q National Implementation Research Network. Reprinted with permission of National Implementation Research Network

[13] The Alliance team provides a feedback form and makes the RCT schedule available for DCYF staff and Alliance managers and POC evaluators to attend RCT sessions and record observations. The evaluation team compiles this data for sharing at the RCT workgroup and for consideration by the curriculum development team.

[14] The POC evaluation team developed observation tools for the child and adult interviewing sessions to pinpoint specific practice behaviors expected in the interviews. Team members attend selected sessions of the simulations to gather data while trainees conduct interviews with actors. This data is compiled and analyzed for sharing back to the RCT workgroup and curriculum development team.

[15] The RCT curriculum lead facilitates calls, takes notes and develops responses in consult with the lead coach.

administrators and Alliance regional Advisory groups and internal Alliance meetings with coaches and curriculum development teams. This data is formative, thematic and relevant to program improvement. There is no data that conclusively shows that staff are well-prepared, however, the qualitative data provides a foundation to continually improve the training to better prepare staff. There is a continuous quality improvement effort underway to listen to feedback from coaches, curriculum team members, DCYF program leads and administrators, trainees and their supervisors. There are mechanisms to update the curriculum in response to changing federal, state and agency policies and recommendations of our DCYF program leads and experts in the field across all regions. For those interested in detailed findings, two RCT evaluation reports and related tools are included in Appendices B-E. Appendix B includes findings from observations of adult and child interviewing simulations. Appendices C and D are the observation tools that detail the skills required for interviewing. Appendix E is a report based on trainee surveys regarding their feedback on the program and their own assessment of competencies gained in the course.

**Highlights from recent trainee surveys**

In the spring of 2019, 56 trainees completed RCT. Surveys are administered at three points in time for RCT (the start of RCT, the end of week 2, and the end of week 3). The post-survey response rate is 41% among those who completed the course in spring.

The majority of trainees who carried a limited number of cases (2 to 10 cases) during the second half of the course generally experienced positive integration of case responsibilities and RCT classroom and coaching instruction. Some with higher assigned caseloads (6 to 18 cases) expressed challenges in balancing their responsibilities.

At the end of the course, respondents reported positive gains in their learning across all 14-targeted competencies. They **reported the most confidence** (80% or more) in:

1. Understanding racial disproportionality.
2. Understanding the effects of maltreatment on child development.
3. Knowledge of family poverty, substance abuse, mental health and domestic violence to support safety assessment.

Trainees **reported lower confidence** (40% or fewer) in three skill areas:

1. Knowing how and when to access the Medical Consultation Network.
2. Planning for placement, engaging relatives and managing visitation.
3. Understanding the dependency system.

Many trainees shared that the simulation prepared them for child and adult interviewing due to direct instruction and videos, as compared to the court testimony simulation. Across all the simulations, many trainees would like more time to practice with peers prior to simulations with actors, lawyers and the court commissioner.

Some trainees expressed that the volume of course content was challenging. Some asked for simulations to be introduced later in the course, others wanted more FamLink instruction and others wanted explicit steps for managing their cases. (See Appendix E)

## An Inventory of the Trauma-Informed Training for Child Welfare Workers and Supervisors

The Alliance curriculum developers have integrated trauma-informed principles in several course curricula for child welfare workers and supervisors that focus on awareness, prevention, planning and wellness balance. Current and proposed training provides foundations for understanding the impacts of trauma, including Adverse Childhood Experiences (ACEs) and skill-building opportunities in our approach to working with staff, parents, children and caregivers. Below are a few references utilized in developing curricula:

- Center for advanced studies in child welfare: School of Social Work, University of Minnesota. (2013) CW360-a comprehensive look at a prevalent child welfare issue: Trauma-informed child welfare practice.
- Childhood trauma: Changing Minds. Gestures that can heal. Retrieved November 21, 2016, https://changingmindsnow.org/healing
- Child Welfare Information Gateway. Resources on Trauma-Informed Care for Caseworkers. https://www.childwelfare.gov/topics/responding/trauma/caseworkers/
- Hermann, Judith. (1997) *Trauma and recovery: The aftermath of violence-from domestic abuse to political terror.* New York: Basic Books.
- The National Child Traumatic Stress Network. (2013). Birth parents with trauma histories and the child welfare system.
- The National Child Traumatic Stress Network. (2008). Child welfare trauma training toolkit-comprehensive guide-2nd edition.
- The National Child Traumatic Stress Network (2012). The 12 core concepts for understanding traumatic stress responses in children and families.
- Smyth, Nancy. (2017) Trauma informed care: What is it and why should we care? Social worker helper. https://www.socialworkhelper.com/2017/01/27/trauma-informed-care/
- CWLA. Birth Parent Trauma and What Child Welfare Workers Need to Know. 5-14-2015. https://vimeo.com/127943492

The following is a table listing an inventory of training with trauma-informed content.

| **Child Welfare Workers and Supervisors**<br><br>**Trauma-Informed Training Inventory**[16] |
|---|

[16] The report specifically requests an inventory of trauma-informed trainings, gaps between training weeks means the RCT sessions focuses on other topics.

| Course Title | Course Description/Session Description |
|---|---|
| ***Regional Core Training (RCT)*** (8 weeks) | • *Introduction to DCYF (Week 1).* Foundational content on understanding and respecting families and on culturally responsive practice. Address adversities facing families DCYF works with including **trauma history/ongoing trauma** and how this affects the people's behavior, thinking and well-being. How intervention and work activities (interviews, court, visits) are designed to help people who have **experienced trauma feel safe, competent and valuable.**<br>• *Effects of Maltreatment on Children-Child Development (Week 2).* Basic instruction in child development and the common effects of maltreatment on development. Discusses how **childhood trauma in terms of Adverse Childhood Experiences (ACEs)** affects health across a lifetime. Explores **essential elements of trauma-informed child welfare practice**.<br>• *Effects of Maltreatment on Children – Infant Safety (Week 4).* Training is structured to follow the Infant Safety Education and Intervention policy. Particular focus is placed on **trauma-informed assessment of developmental needs, infant safety, and mental health screening and referral.**<br>• *Effects of Maltreatment on Children – Children's Mental Health (Week 4).* Effects of Maltreatment on Children – Children's Mental Health. Addresses how **trauma contributes to mental health and behavior challenges** can lead to externalizing and internalized behaviors that impact safety, permanency and well-being. Covers assessing mental health treatment options.<br>• *Basics of Adult Mental Health and Substance Misuse (Week 4).* Introductory instruction around engaging parents when concerns are specifically related to mental health and/or substance misuse. Discusses the causes of mental health issues and substance misuse including **Adverse Childhood Experiences (ACEs)** and common **impacts of trauma**.<br>• *Permanency Planning and Court Preparation in CPS and FVS (Week 6).* Interactive instruction on **reducing trauma in children**. Includes discussion and activities covering |

| | |
|---|---|
| | various **engagement techniques/supportive behaviors** within the context of child welfare.<br>• *Permanency Planning and Court Preparation in CFWS (Week 7).* Interactive instruction on **reducing trauma in children.** Includes discussion and activities covering various **engagement techniques/supportive behaviors** within the context of child welfare.<br>• *Critical Thinking and Professional Development (Week 8).* Group coaching session with a focus on common biases and impact on work. The session includes information on the impacts of trauma and how decision-making and effective casework can be improved when looking through the lens of trauma-informed practice.<br>• *Basics of Domestic Violence in Child Welfare (Week 8).* Introductory instruction around engaging when concerns are specifically related to domestic violence. Includes universal screening and specialized DV assessment. Includes the common **impacts of trauma** and **trauma-informed responses** to survivors. |
| ***After Hours Core Training*** | • *Assessing Child Safety in Afterhours.* Explores how a **trauma history in adults may impact parenting** or the ability to prevent or respond to danger. Discusses the **impacts of trauma on mental health and the increased risk of future trauma** as well as the **trauma of out of home placement**.<br>• *Placing Children in Afterhours*. This session provides information and ideas on opportunities to **reduce the traumatic impact** to the child during removal from the home and placement into a new care setting. Includes information on **trauma-informed removal and placement.** |
| ***CFWS In-Service*** | This two-day in-service training prepares new CFWS caseworkers and experienced CFWS caseworkers who wish to improve their practice to engage parents and families from the point of transfer or case assignment. Participants learn how to make the most of the first meeting and monthly visits with the parent in building a working relationship geared toward safe reunification and timely permanency. Participants explore how **trauma experienced by parents impacts their ability to respond to their child's needs and** |

| | |
|---|---|
| | **must be addressed in the worker's engagement with the parent through individualized assessment and case planning.** Participants explore engaging children and caregivers during monthly visits, age-related **tips on addressing trauma in children and youth** best interest considerations and permanency planning. |
| ***Debriefing with Good Judgment for Supervisors*** | During this course, supervisors learn and practice a feedback approach that is respectful, supports reflective practice and supports staff in enhancing their clinical skills. The approach is based on Debriefing with Good Judgment, which is rooted in and supported by the science of adult learning and of organizational psychology. We review the idea of **psychological safety (a component of trauma-informed child welfare work) and its impact on how staff learn and grow**. Supervisors learn how they drive thoughts and actions, as well as how they are critical places for intervention when we do not understand why a staff (or client) is approaching a problem the way they are. Supervisors learn the building blocks of this feedback approach and anticipate some possible challenges they might face in the learning conversations they have with staff. |
| ***Mental Health: In-Depth Applications in Child Welfare*** | This six-hour training provides an in-depth review of key considerations related to children's mental health services, including sources of information, referral and matching to effective services. Course topics include assessing mental health strengths and needs, **prevalence of trauma within the child welfare population**, use of screening tools, characteristics and behavior indicators of developmental and mental health concerns, psychotropic medications, coordinating mental health services within the community, understanding the elements and criteria of Evidence-Based and Promising Practices and matching available EBP's with specific client needs. This course describes **key signs, symptoms and impacts of trauma, disrupted attachment and childhood adversity and ways to incorporate trauma-informed care into their day-to-day work.** |
| ***Permanency For Every Child*** | This one-and-a-half-day classroom in-service focuses on the role of the CFWS caseworker in achieving permanency for children. Topics include:<br>• The importance of permanency in protecting the child emotionally and developmentally |

| | |
|---|---|
| | • Permanency as means to **address the consequences of trauma and build protective factors**<br>• How to work a case from the beginning to achieve permanency through concurrent planning<br>• Having difficult conversations with parents about concurrent planning and the permanency process<br>• How to assess for reunification, determining best interest and choosing alternate plans. |
| ***Placement: When to Place, Where to Place, When to Return Home*** | This one-day training focuses on the decision to:<br>• place a child in out of home care<br>• where to place and when it is appropriate to return the child home based on the child safety framework.<br>The course also addresses risk factors including the **parents' own history of trauma**, **reducing trauma for children at placement** and the impact of **parent-child-sibling visits in reducing further trauma.** |
| ***Secondary Trauma: Impact and Solutions*** | This course helps DCYF caseworkers and supervisors identify and respond to **secondary trauma**. The training **increases knowledge and understanding of the levels of secondary trauma**, its impact and how to manage the impact in the DCYF environment. |
| ***Supervisor Core Training*** | This updated competency-based training course provides the foundation for effective supervisory practice in the Child Welfare system. This course prepares new supervisors to become comfortable in assuming their new role, learning what it means to be a supervisor in the child welfare system and to understand the new responsibilities of this position. This course is offered over a three-month period and covers topics such as:<br>• *Becoming a Supervisor*<br>• *Workload and Caseload Management*<br>• *Navigating FamLink for Effective Supervision*<br>• *Supervising with Data*<br>• *Elements of Administrative Supervision*<br>• *Talent Management*<br>• *Elements of Clinical Supervision*<br>• *Reflective supervision*<br>• *the Parallel Process*<br>• *Self-Care*<br>• *Secondary Trauma*<br>• *Burnout Prevention and Conflict Management*<br>• *Building and Facilitating Effective Teams*<br>• *Role of the Supervisor in Critical Incidents and AIRS* |

| | |
|---|---|
| | • *Professional Ethics*<br>• *ICW Government to Government*<br>Reflective supervision principles are addressed in the context of **supporting trauma-informed awareness** through consistency of supervisor-caseworker encounters, forming a **trusting, safe relationship between supervisor and caseworker** that parallels the caseworker-client relationship. |
| ***Trauma-Informed Engagement*** | This one-day training applies lessons from **trauma** studies to child welfare practice for both children and adults. The training distinguishes **trauma** from other adversities and suffering, describes the **characteristics, dynamics and effects of trauma** and emphasizes the ways in which **chronic trauma and complex trauma** compromise normal functioning. The training discusses the loss of control of body, mind and emotions associated with **trauma** and the negative effects on interpersonal relationships. Empowerment themes and practices are emphasized. The training outlines practice guidelines that are crucial to **trauma-informed practice** in any setting. |
| ***Working with Dependent Adolescents*** | This one-day course covers the **core principles of trauma-informed care** in working with dependent youth and young adults, engaging youth in their case planning and working with caregivers in supporting the youth's educational success, permanency, progress to independence and well-being. Participants have the opportunity to practice quality health and safety visits to elicit youth participation in planning and improve the quality of documentation in court reports. |

## An Inventory of the Reflective Supervision Principles Embedded Within Training for Child Welfare Workers and Supervisors

Reflective supervision is based on relationship, reflection and support. Reflective supervision is defined as the "regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee's use of his or her thoughts, feelings and values within a service encounter." The key elements of reflective supervision are:

- Reflection – asking and reflecting on what staff observe, think and feel
- Collaboration – developing the partnership
- Regularity – scheduling meeting times on a regular basis

The **principles of reflective supervision** are embedded in child welfare worker and supervisor specific courses to help workers and supervisors build caseworkers' capacities to interact with families in a trusting and psychologically safe manner (the parallel process).

In May 2019, the Alliance launched a pilot course for supervisors in Debriefing with Good Judgement, an approach to feedback grounded in **reflective supervision**. The course itself takes place across several months and includes four components (an eLearning, two classroom sessions and an interactive webinar). The design provides time to **practice skills** both in the classroom and on the job, to **reflect** on their experiences and try it again.

Following is a table listing training incorporating reflective supervision principles.

| **Reflective Supervision Principles Embedded Within Training for Child Welfare Workers and Supervisors[17]** | |
|---|---|
| ***Regional Core Training (RCT) 8 weeks*** | • *Introduction to DCYF (Week 1).* Foundational content on understanding and respecting families and on culturally responsive practice. Provides **overview of supervisor's role** in RCT, **supporting the caseworker in professional development**.<br>• *Child Interview Simulation (Weeks 3 to 4).* Participants review the stages of a child interview as well as watch an example interview with a child, specific to either an investigation or an initial meeting with a new CFWS worker. Participants get hands-on practice interviewing a child in a series of interview simulations. Simulations are both group interviews (round-robin style) and a single individual interview covering only a piece of a child interview. Following the simulation, **Debriefing with Good Judgement** is used to provide feedback to participants. This includes the coach/trainer identifying the important themes and asking participants to **reflect** on their actions in the interview related to that theme, **collaborating** on how to address a challenging situation and teaching about issues or skills that are still unclear (**support**).<br>• *Adult Interview Simulation (Weeks 3 to 4).* Participants review the stages of an adult interview as well as watch an example interview with an adult, specific to either an |

[17] The report specifically requests an inventory of reflective supervision principles, gaps between training weeks means the RCT or SCT sessions focuses on other topics.

| | |
|---|---|
| | investigation or an initial meeting with a new CFWS worker. Participants get hands-on practice interviewing a parent in a series of interview simulations. Simulations are both group interviews (round-robin style) and a single individual interview covering only a piece of an adult interview. Following the simulation, **Debriefing with Good Judgement** is used to provide feedback to participants. This includes the coach/trainer identifying the important themes and asking participants to **reflect** on their action in the interview related to that theme, **collaborating** on how to address a challenging situation and teaching about issues or skills that are still unclear (**support**).<br>• *Dependency Law and Court Testimony Simulation (Weeks 3 to 4)* Participants observe dependency court and get hands-on experience preparing for and testifying in a simulated court hearing. Following the simulation, **Debriefing with Good Judgement** is used to provide feedback to participants. This includes the coach/trainer identifying the important themes and asking participants to **reflect** on their action in the testimony related to that theme, **collaborating** on how to address a challenging situation and teaching about issues or skills that are still unclear (**support**). |
| ***Supervisor Core Training (42 hours)*** | This updated competency-based training course provides the foundation for effective supervisory practice in the Child Welfare system. This course prepares new supervisors to become comfortable in assuming their new role, learning what it means to be a supervisor in the child welfare system and to understand the new responsibilities of this position. This course is offered over a three-month period and covers topics such as:<br>• *Becoming a Supervisor*<br>• *Workload and Caseload Management*<br>• *Navigating FamLink for Effective Supervision*<br>• *Supervising with Data*<br>• *Elements of Administrative Supervision*<br>• *Talent Management*<br>• *Elements of Clinical Supervision*<br>• *Reflective supervision*<br>• *the Parallel Process*<br>• *Self-Care, Secondary Trauma* |

| | |
|---|---|
| | • *Burnout Prevention and Conflict Management*<br>• *Building and Facilitating Effective Teams*<br>• *Role of the Supervisor in Critical Incidents and AIRS*;<br>• *Professional Ethics*<br>• *ICW Government to Government*<br>**Reflective supervision principles** are addressed in the context of supporting trauma-informed awareness through consistency of supervisor-caseworker encounters, forming a **trusting, safe relationship between supervisor and caseworker** that parallels the caseworker-client relationship. |
| ***Coaching for Supervisors*** | Coaching for Supervisors provides a one-on-one professional development opportunity and is an essential element in supporting the daily work supervisors do with their units and staff. Sessions can be scheduled in 30-minute intervals and can cover:<br>• Observation and **feedback** on monthly supervisory case reviews<br>• Use of Supervisor Review Tool in FamLink<br>• Documentation/Assessment review and approvals<br>• **Observation and feedback on skills used to engage with staff**<br>• Organization and Prioritization of work |
| ***Debriefing with Good Judgment for Supervisors*** | During this course, supervisors learn and practice a feedback approach that is respectful, supports **reflective practice** and supports staff in enhancing their clinical skills. The approach is based on Debriefing with Good Judgment, which is rooted in and supported by the science of adult learning and of organizational psychology. We review the idea of **psychological safety** and its impact on how staff learn and grow. Supervisors learn how they drive our thoughts and actions, as well as how they are critical places for intervention when we do not understand why a staff (or client) is approaching a problem the way they are. Supervisors will then learn the building blocks of this feedback approach and anticipate some possible challenges they might face in the learning conversations they have with staff. This course is designed to provide several opportunities to learn, practice the skill with real staff and get feedback. |
| ***Growing a Leader*** | This in-service training course for DCYF employees is designed for child welfare social service employees who are interested in advancing to leadership roles within the agency. Participants will learn about their potential new role, what it means to be a supervisor and a leader in the child |

| | |
|---|---|
| | welfare system, their leadership styles and the responsibilities of the supervisory or leadership positions.<br><br>The training focuses on gaining an understanding of the various styles of leadership and management, hiring and onboarding new employees, supervisory case management expectations, providing feedback and effective communication with employees, **reflective supervision, the parallel process**, tracking and documenting employee performance, engaging with community partners and managing and resolving conflict. |
| ***Guidelines for Difficult Conversations*** | This course provides guidelines on how to have difficult conversations. A difficult conversation is a discussion between or among individuals that has the potential to lead to conflict or highly negative emotional reactions. In child welfare settings, difficult conversations may involve:<br>(a) Delivering bad news, for example a decision to continue an emergency out-of-home placement or to terminate parental rights (b) Confronting parents, foster parents, attorneys or other professionals with information and perspectives with which they are likely to disagree or confronting the unacceptable behavior of peers, supervisors, managers or other professionals<br>(c) Engaging in dialogue regarding controversial subjects or decisions.<br>The course requires participants to **reflect on their motivations, goals and emotional reactions** as well as **physical and psychological safety**. |
| ***Leadership Training for Supervisors, Program Manager, and Quality Practice Specialists*** | This course provides Supervisors and Program Managers with an introduction of baseline competencies for middle managers in public child welfare and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems and managing outward are the four main themes integrated throughout this course.<br>Day 1: Foundations for Managers in Child Welfare<br>Day 2: Effective Relationships as a Manager<br>Day 3: Strategies for Effective Organizational Communication<br>Day 4: Growing and Sustaining Effective Internal and External Teams<br>Day 5: Essentials for Resource Management<br>Day 6: Strategic Thinking and Planning Tools for the Manager |

| | |
|---|---|
| | This course is also offered to Area Administrators under the title *Area Administrator Core Training.* |

## An Inventory of the Department's Efforts to Systemize Peer Support for Child Welfare Workers and Supervisors

Child welfare workers have difficult jobs. They are charged with ensuring child safety and well-being, providing services to children, youth and families, many of whom are experiencing or have experienced trauma. The cumulative stress of working with children and families experiencing trauma – in addition to workload, access to limited resources, limited direct service time and burdensome paperwork – can all lead to "burn out" and high turnover rates. Workers that feel supported and understand how to process their own work-related trauma have greater capacity to empathize with clients and are better able to respond to the needs of the families we work with. Workers who experience secondary trauma need to be supported using multi-level preventive and intervention services. In 2017, the overall turnover rate, including both external turnover and internal movement of line workers was 40% statewide. Approximately one-third of the turnover was due to internal movement (including promotion), and two-thirds was due to staff leaving the department. High turnover in the child welfare field is costly to the state and has adverse effects on child and family outcomes. Parents, foster parents, caregivers and court partners continue to report staff turnover has significant impact on case progress influencing completion of accurate and timely assessments, offering necessary services to meet the needs of individual families, engaging families in case planning and achieving timely permanency for children and youth.

In the fall of 2006, the former Children's Administration (CA)[18] launched a peer support program to help support staff after some high profile fatalities with significant media exposure, a staff assault incident and the recognition that staff needs support after exposure to these types of traumatic events. At that time, there was no designated funding for the Peer Support Team (PST) program/unit, coordinator/trainer or staff, or funding to design and develop a tracking system. This is still the current state of the peer support program. The program relies on staff to volunteer their time and for a staff member to volunteer to conduct the necessary coordination and support functions along with their regular work.

A statewide workgroup was convened. After much research, the workgroup combined pieces of the Washington State Patrol and Toronto Children's Aid Society's (TCAS) models. TCAS provided training and consultation to the Peer Support Staff.

The PST was made up of a Trainer/coordinator and CA staff volunteers who received special training to provide critical incident support after a traumatic event, including training in critical

[18] Effective July 1, 2018, the Department of Children, Youth, and Families (DCYF) replaced the Department of Social and Health Services (DSHS) Children's Administration (CA) as the state agency responsible for child welfare.

incident debriefing. The PST members represented all areas of the state (urban and rural) and every office size (large, medium and small). The PST was diverse and represented different ages, genders, ethnicity, race and life and work experience. The purpose of the PST was to provide prompt debriefing to child welfare staff within 48 hours after a critical or serious incident. A charter and protocol were established. The mission of PST is to:

- Provide support after critical incidents.
- Connect peers with other peers.
- Organize events that build staff resilience.
- Offer secondary trauma education and resources.
- Build a culture of support among staff.

The PST members conducted statewide presentations on the establishment of the program, including information on how to request peer support. A pamphlet on the Peer Support Team was created and provided to statewide offices and peer support information was made available to staff on the CA intranet.

Peer support is a confidential and voluntary program. It allows staff to talk about the event, lessen the impact of the trauma and move toward the recovery process. Peer support is also available for groups of staff based on need. Staff who are impacted by a traumatic incident, which may cause psychological, emotional, cognitive and physical reactions, may experience loss of control, isolation and interference with an individual's ability to function day-to-day. Peers who have an understanding of the job and the complex and sensitive nature of the work can provide a compassionate forum for staff to debrief traumatic events.

Staff no longer have to rely on their supervisor to initiate peer support, as they did when the program was first established. Child welfare workers or supervisors can send an email to the PST email address, which is located on the DCYF Intranet. Peer support is available to staff that experience a critical incident at work and for any incident that critically affects them outside of work. Many of our staff report that it is difficult to leave the job at home and it sometimes carries over into their personal lives and vice versa. There are times when an employee experiences a loss or a trauma outside of work that impacts them at work. The purpose of peer support is to provide a "whole person" approach because we know the work is difficult

**Peer Support Gaps and Challenges**

Currently, there is no dedicated funding for the program, which is staffed by volunteers who take on the role of peer support in addition to regular job duties. This funding gap also limits the program both in staffing levels for training and the resources needed for the training to provide peer support. This limitation impacts the quality and on-going training for volunteers (there are approximately 57 volunteers) and creates barriers for volunteers to travel to staff that are in need of peer support. There are times when the PST volunteer needs to travel across

the state. There is no special funding for PST travel, the program relies on Regional Administrators and agency leadership to provide travel funds on an "ad-hoc" basis. But, there is no guarantee that a region will have funds to allow a peer support volunteer to travel. When that occurs, the peer support program coordinator tries to find another volunteer and if none are available then the requesting employee is told that there are no volunteers available. The lack of funds also creates barriers to offering training to staff. Current PST volunteers do this work on an "as available basis" so it creates gaps in being able to provide timely support to staff that request it. Under this staffing model, there are times when a PST member is not available and peer support is not provided. The peer support coordinator will contact the employee's supervisor notifying them that the program was unable to find a volunteer to support their employee, which means accessing other resources such as services through health insurance or the Employee Assistance Program.

There is no formal tracking system for peer support. The numbers below represent the number of times the volunteer peer support coordinator was able to match a peer support volunteer with an employee requesting support. Total numbers of peer support completed annually per region is the only data consistently collected since 2013.

| Year | Total Peer Support (Statewide) |
|---|---|
| 2013 | 43 |
| 2014 | No Data |
| 2015 | 13 |
| 2016 | 13 |
| 2017 | 54 |
| 2018 | 67 |
| 2019 as of November | 45 |

## Conclusion

DCYF and the UW Alliance are committed to ensuring new child welfare staff and supervisors are prepared in their roles to support the safety, permanency and well-being of children, youth, and families. Our agencies and POC review and evaluate staff training for effectiveness on a continuous basis. The ongoing evaluation is used to identify training innovations to improve workforce preparedness, which is a critical investment for DCYF.

Additionally, within existing regional budgets, our agency has taken steps to systemize the implementation of a peer support program. However, agency staff volunteer their time (on top of existing job duties) to support the program, which can result in employees being unsupported after a traumatic incident. The agency continues to assess and explore how to build the program within existing resources. Future development may also include seeking financial support for the program in agency request legislation/as a decision package.

# Appendices

**Appendix A: Supervisor Core Training Survey**

January 1, 2019 – June 27, 2019

| Course Code | Course Hours | Number of Sessions | Total Completions | Average Attendance | Total Survey Respondents | Response Rate *Number of Respondents/ Total Completions* |
|---|---|---|---|---|---|---|
| | | 3 | 7 | | Pre-survey: 10<br>Month 1 Survey: 12<br>Month 2 Survey: 12<br>Month 3 Survey: 14 | Pre-survey: 0%<br>Month 1 Survey: 0%<br>Month 2 Survey: 0%<br>Month 3 Survey: 50% |

| Course Satisfaction | | | |
|---|---|---|---|
| *Survey Question* | *Month 1 (n=6)* | *Month 2 (n=12)* | *Month 3 (n=14)* |
| I understand the difference between my role as a 'leader' and my role as a 'manager.' | 4.5 | 4.8 | |
| I understand the different roles of supervision (clinical, educator, administrative, and supportive) | 4.6 | 4.8 | |
| I can transition from being a peer to a supervisor and effectively manage my power as a supervisor. | 4.2 | 4.7 | |
| I know the steps for onboarding and welcoming new employees as well as supporting them through RCT. | 4.5 | 4.5 | |
| I feel confident in implementing team-building strategies. | 4.8 | 4.5 | |
| I take the necessary steps to address performance problems on my staff including coaching and counseling employees. | 4.2 | 4.6 | |
| I understand when to request an employee personnel investigation. | 4.2 | 4.2 | |
| I am confident in handling difficult conversations with my staff. | 4.8 | 4.5 | |
| I use techniques including reflective supervision and Parallel Process to my case management and employee performance management. | 4.6 | 4.5 | |
| I set clear and reasonable expectations for my staff and provide ongoing feedback. | 4.7 | 4.2 | |
| I can pull and interpret data used for performance measurement. | 4.6 | 4.8 | |

| | | | |
|---|---|---|---|
| | | | |
| I am aware of how my position of power and biases can influence the culture in my unit and office. | 4.3 | 4.8 | |
| I can take necessary steps when a critical incident occurs. | | | 4.4 |
| I can distinguish between a Critical Incident (or a fatality review) and an Aiden's law review. | | | 4.7 |
| I effectively implement strategies to prevent secondary trauma and burnout for myself and my team. | | | 4.6 |
| The instructor related training to practice. | 4.2 | 4.6 | 5 |
| The instructor displayed a clear understanding of the subject matter. | 4.3 | 4.7 | 5 |
| The instructor stimulated discussion and was responsive to participants. | | 4.6 | 4.9 |
| The content presented was logical, coherent, and well-developed. | | 4.3 | 4.9 |
| I had the opportunity to practice new skills in this training. | | 4.2 | 3.4 |
| The training I received will make a difference in the way I do my job. | | 4.3 | 4.7 |

## Demographics

| *Time at DCYF* | |
|---|---|
| 4-6 years | 6 |
| 7-10 years | |
| 10 years or more | 1 |
| *Region* | |
| Region 1 | 1 |
| Region 2 | 1 |
| Region 3 | 6 |

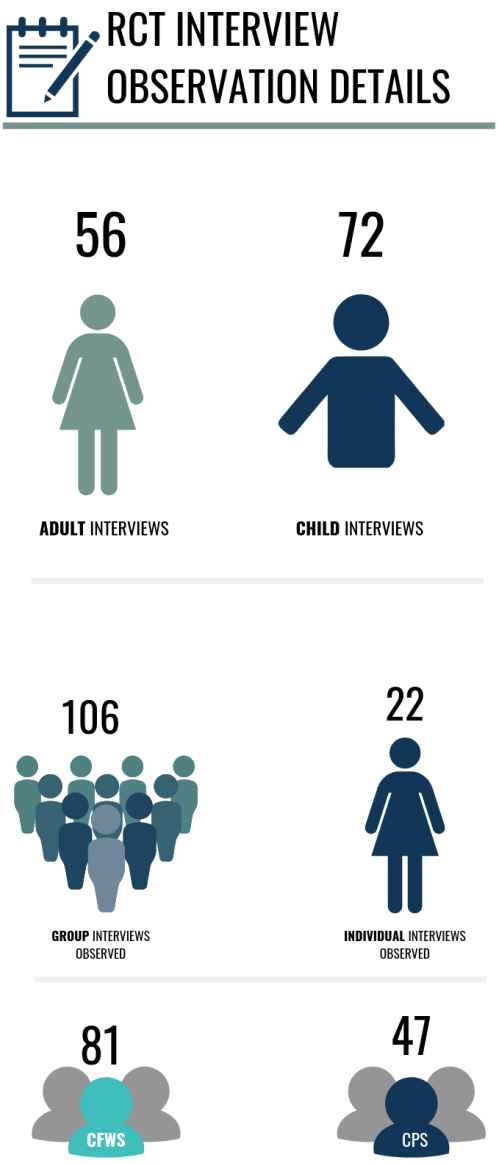
| *Current program* | |
|---|---|
| CFWS | |
| After Hours | |
| CPS-FAR | |
| Other | |
| *Time as a Supervisor* | |
| Less than 1 year | 7 |
| 1 year or more | 2 |

## Comments

| *What did you find most helpful about this training?* | *How can this training be improved?* |
|---|---|
| • Learning about HR/hiring/discipline, discussion about the parallel process, and discussion with Dee Wilson about secondary trauma and burnout, specifically how to prevent.<br>• HR, tort claims etc.<br>• I think it covers pretty much of the areas we deal with on a regular basis.<br>• HR presentation.<br>• Just about everything. The information provided has been great and very useful/needed.<br>• I loved the guest speakers. I really liked the HR portion of the training. | • The only thing I can suggest is to let people out to lunch at 11:30 to beat the noon hour rush so that we are able to make it back on time. Being from out of the area sometimes it makes it difficult to get around in a limited amount of time.<br>• There should be a discussion about how HQ wants field offices to use this tool. Otherwise, it was an exercise that took up valuable time unnecessarily. |

| | |
|---|---|
| | • More structure and continued discussion through-out the classes to keep us on task and to address any questions that arise.<br>• Perhaps it should be brought up each month we meet instead if mentioned at<br>• the beginning and then again on the last day.<br>• When asked to do it at the beginning, it was brief and confusing. I didn't really understand what we were supposed to do. I think giving out some ideas of goals would have helped us focus. |

## Appendix B: Observation Report: Adult and Child Interviewing




# Observation Report: Adult and Child Interviewing

*revised* June 2019

### Introduction

An eight week Regional Core Training (RCT) curriculum was launched in Washington in January 2019. In this iteration of "statewide week", each "simulation" day trainees participate in a minimum of two group interview simulations and may have the opportunity to participate in an individual interview using the case scenario. Tuesday has been identified as "Child" interviewing day while Wednesday is focused on "Adult" interviewing. There has been longstanding interest by the RCT statewide workgroup members, supervisors and leadership at Department of Children Youth and Families (DCYF) in the assessment of trainee knowledge and skills during RCT statewide week.

This report includes the following content:

I. Methodology
II. Findings: Adult Interview Observations
III. Findings: Child Interview Observations
IV. 2019 Adult Interviewing Observation Tool
V. 2019 Child Interviewing Observation Tool

## I. Methodology

Four staff from Partners for Our Children observed five cohorts of RCT trainees totaling 130 observation episodes during RCT "Sim Week" child and adult interviewing simulation days from 2/12/19 to 4/10/19. Tuesday is dedicated to "Child Interviewing" while Wednesday is dedicated to "Adult Interviewing". CPS (Investigations and FAR) workers have the opportunity to participate in a round robin style initial face-to-face interview and subject/parent interview respectively. CFWS workers have the opportunity to

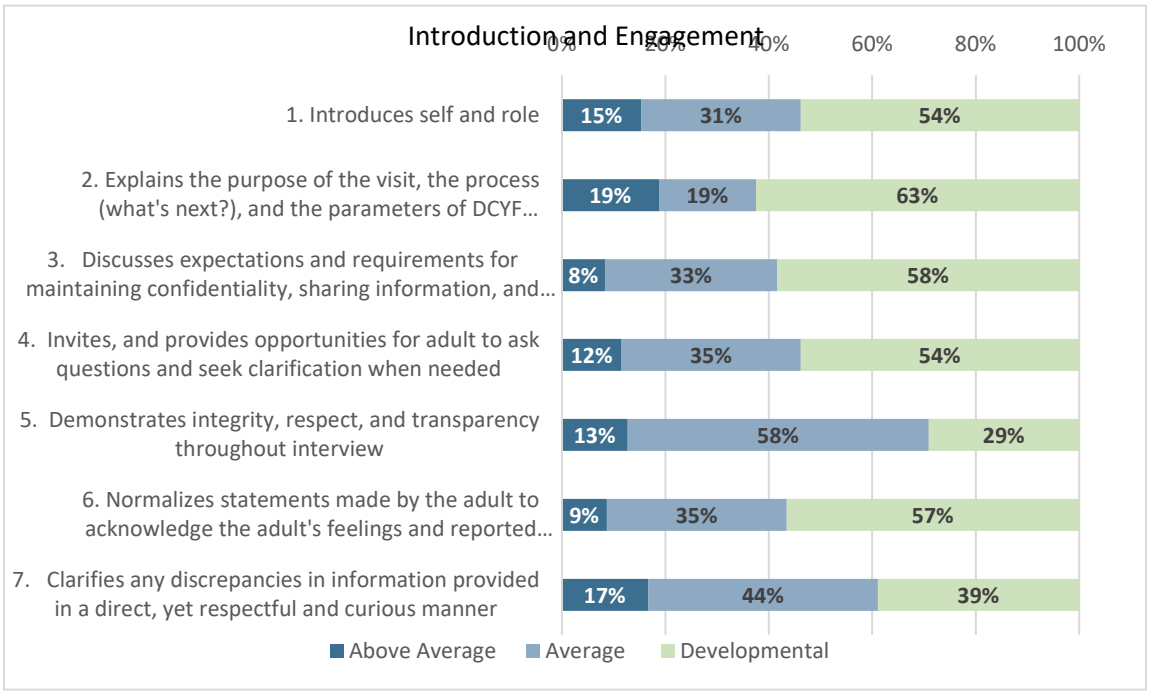
participate in an initial health and safety visit and parent monthly visit interviews. Each simulation day trainees completed two rounds of round robin style interviews. An additional three trainees participated in an individual interview the last 30 minutes of each simulation day. Of 130 observation episodes, 43% were adult interviews while 55% were child interviews. 62% were CFWS workers while 36% were CPS workers. 81% of the observation were group interviews while 17% were individual interviews. The Adult and Child Interviewing Observation Tools were organized into five domains that highlight practice and skill building tasks/behaviors trainees attempts during the typical pattern flow an interview. The practice/skills domains for each tool are listed below:

| Adult Interview Observation Tool Domains | Child Interview Observation Tool Domains |
|---|---|
| Introduction & Engagement | Introduction & Engagement |
| Gathering Information: Family & Household Functioning | Gathering Information: Family & Household Functioning |
| Discussing the Concern | Discussing the Concern |
| Safety & Service Planning | Assessing Needs & Service Planning |
| Next Steps & Closing | Next Steps & Closing |

Ratings and comments from each observation were entered and analyzed in RedCap. A copy of each tool is provided in the Appendix.

## II. Findings: Adult interviewing observations

A. During the **Introduction & Engagement** section of the Adult the interview, trainee were evaluated across seven competencies. The observers rated trainees strongest in this section when demonstrating integrity, respect, and transparency below:



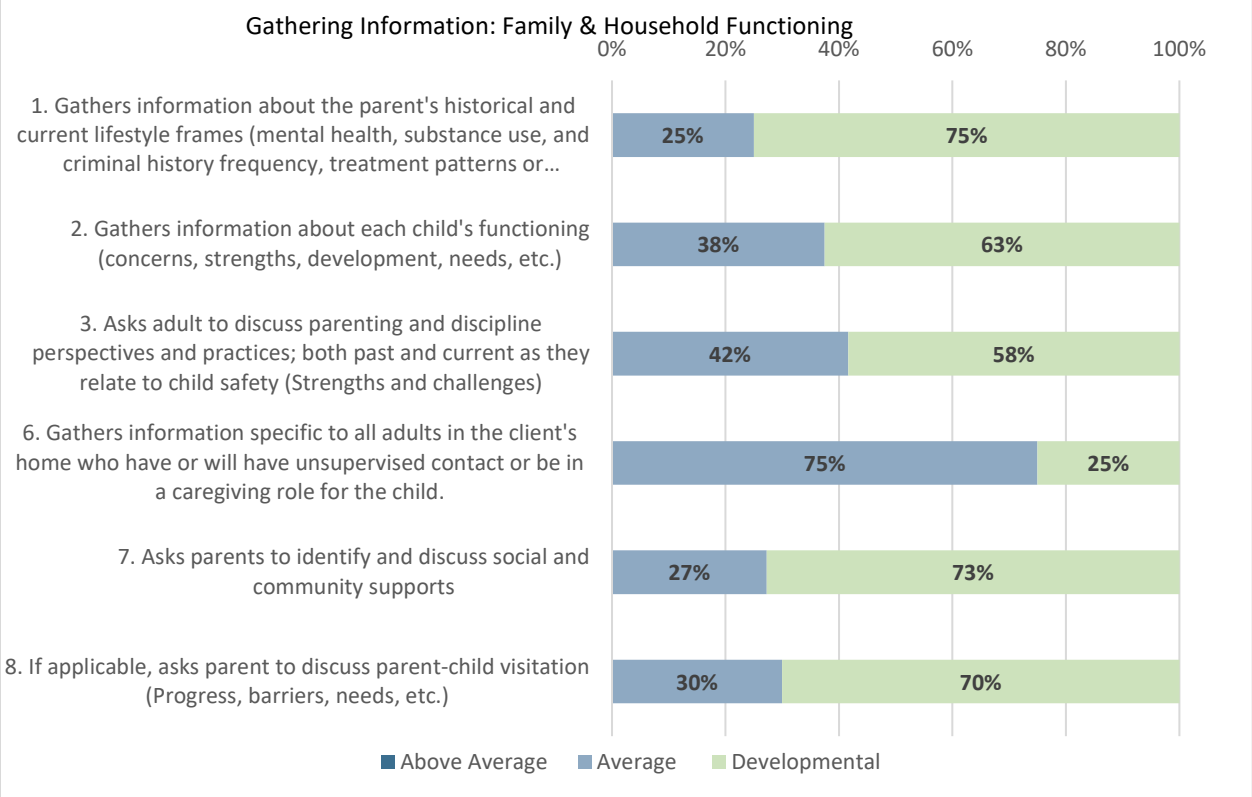
| **INTRODUCTION & ENGAGEMENT**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| Normalizing, empathic statements: "We all have areas where we could use a little work because nobody is perfect." "It must be really difficult as a mom being separated from your children." |
| Near the end of this SW's portion, SW said: You've been through a lot. . .I'm here to support you. . . but you've gotta do the work." The tone was appropriate and it was both a supportive and transparent statement. Also, effectively said: "Now through this interview, I noticed you haven't mentioned Brian. What is your relationship as of now with him?" |
| I want to commend you; you've been doing a lot of work to get to group. I want you to feel proud for taking baby steps. You are going through a lot, and we are taking baby steps. I want to talk about the court order. There are concerns about (lists). I can't imagine the difficulty. I can see why you'd feel that way. |

B. Observers rated trainees across eight competencies related to **Gathering information: Family and Household Functioning**. Two of the eight competencies were attempted by only one or two trainees and were omitted from the figure below. These include:

Competency 4. Gathers information about family ethnicity and cultural norms and practices

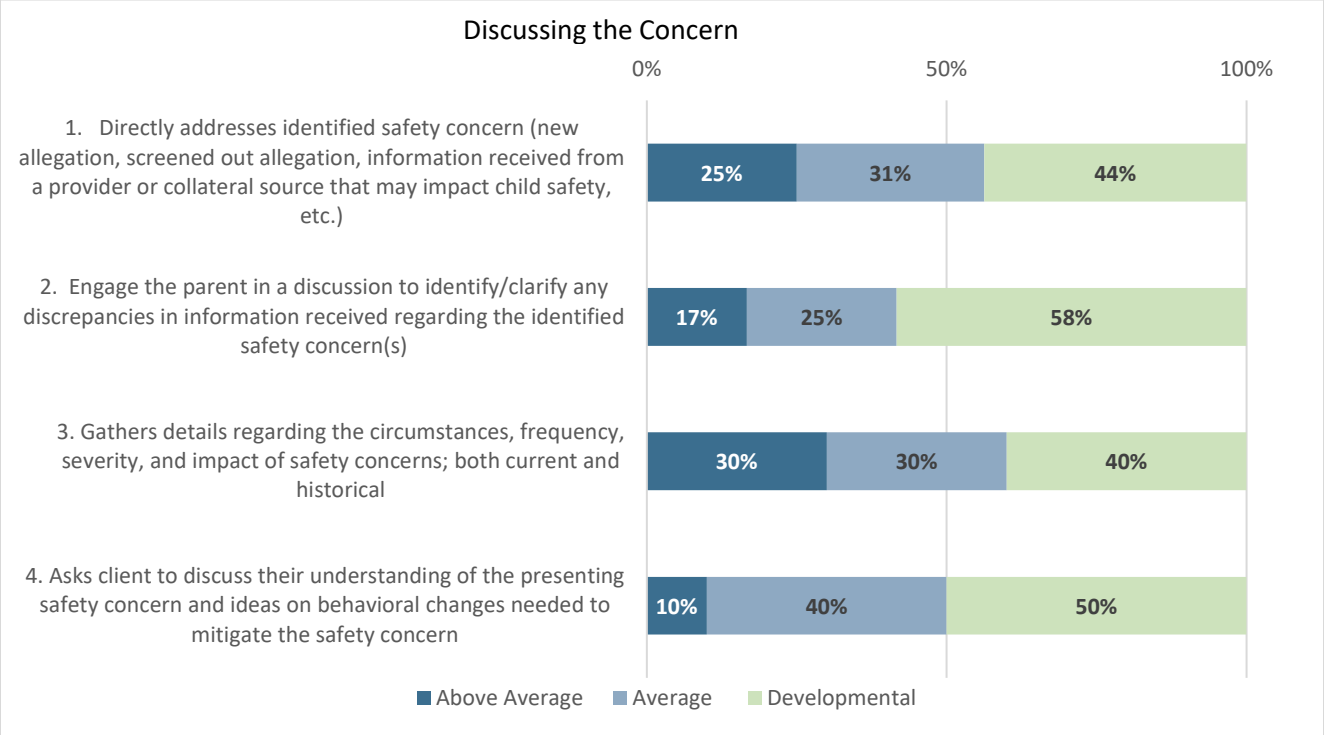
Competency 5. If relevant; gathers information and discusses Safe Sleep practices with parent/caregiver.

The trainees were rated highest when gathering information about adults in the client's home with unsupervised contact or a caregiving role to the child.



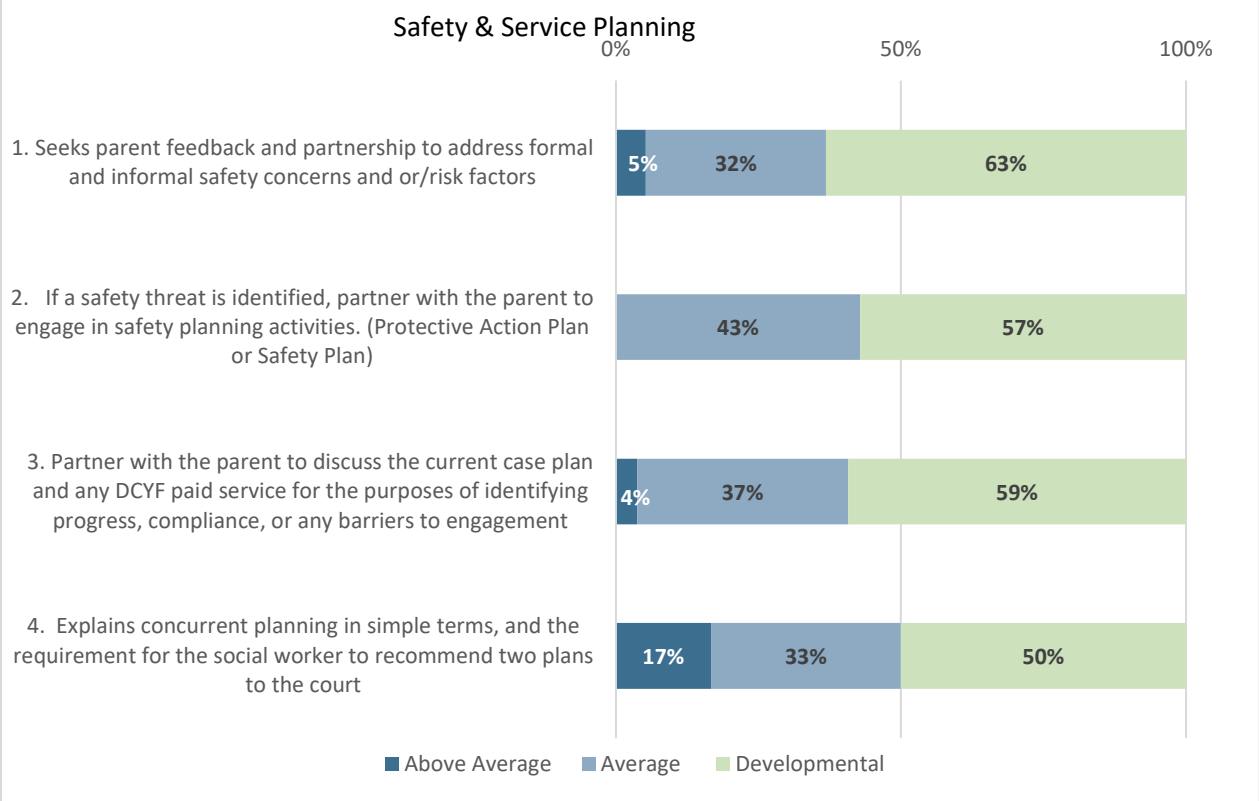
| **GATHERING INFORMATION**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| "What does Joseph like to do? Do you enjoy spending time with him? What things might be challenging?" ***Regarding discipline:*** "How did Bryan handle that? And how about you?" "When you said Brian raised his voice, what would he say?" "How are visits going now? What would make visits better? "Who do you have for support?" |
| "What do the kids do for fun?" "Do you enjoy being a mother?" "What's best thing, least favorite thing about being a mom?" "When kids are misbehaving, what is your way of handling it?" |
| SWRK asked parent about the different services that had been ordered including counseling and parent classes and about the challenges and benefits of these. |

C. There were four competencies related to **Discussing the Concern** shown in the figure below**.** The ratings were strongest when gathering details regarding the circumstances, frequency and severity of safety concerns, and directly addressing the concern with the parent.



| **DISCUSSING THE CONCERN**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| "What do you understand are the things you feel are keeping Joseph from coming home to you?" |
| ***Good open ended and focusing questions*** "I know this is difficult, what is your understanding of how did we get to this point?" "What was Brian's reaction?" "Where did he hit you?" "Has anything like that ever happened before or was this the first time?" "What happened after that?" |
| What do typical disagreements look like between you and Brian? Have you ever observed any marks on the kids after he's spanked them? Have the kids ever said anything to you after getting a spanking from him? Who manages the money in the house? Do you have access to all of the accounts? Do you always have to ask for money? Earlier you said Brian never has more than 1 or 2 beers but everyone agrees he was drunk the night of the incident. Is him being drunk a pattern or something else? Has his drinking changed over time? Has his behavior changed with his alcohol use? When did you first notice? |

D. In the **Safety and Service Planning** section of the interview, there were four competencies shown in the figure below. Trainee ratings were strongest when explaining concurrent planning in simple terms.



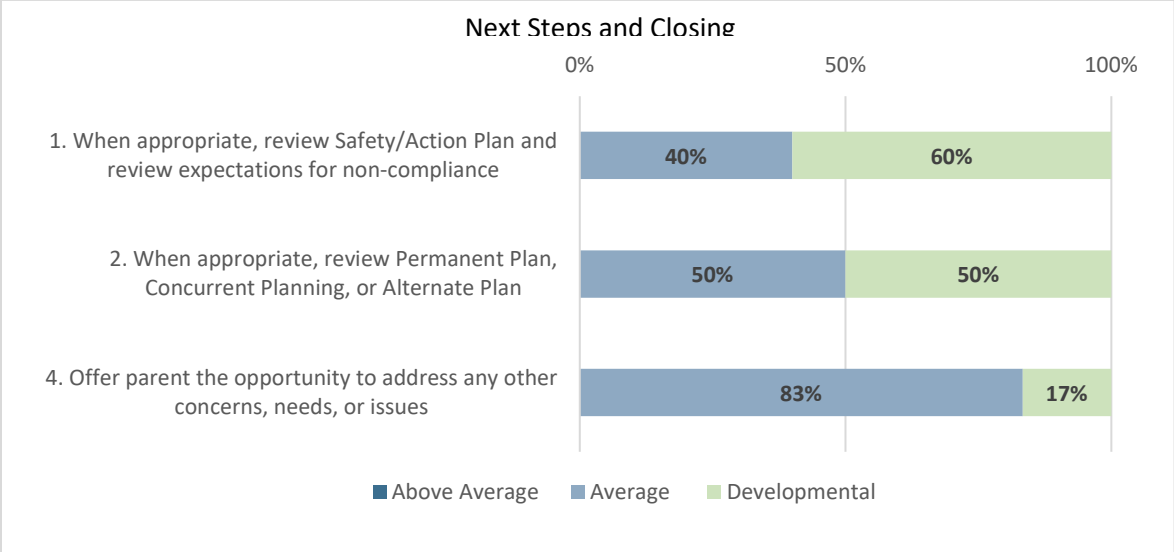

| **SAFETY & SERVICE PLANNING**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| "The next part of moving forward is addressing the substance abuse. It was recommended for you to do intensive outpatient services. How's that going?" |

| |
|---|
| "I'm not here to judge you. I'm here to help you get your kids back, but we have to look at other options as well, alternative plans. Both working on you, and working on that alternative plan." |
| "What do you think needs to change?" What does that look like? What else? I understand, do you see them (svcs) as beneficial?" "When you are in counseling, what is helpful?" "What about the other group? Have you shared in the group? Would you be open to 1:1 or another group?" Nice redirect, " I want to bring you back to the concern, the biggest concern is Bryan (physical abuse). What needs to change there?" |

E. In **Next Steps and Closing** there were only an average of five observations of three competencies. For three competencies in this section, there were only two or three observation, so these ratings were omitted from the figure due to the insufficient sample size:

3. Complete or review existing Releases of Information (Consents)
5. Discuss next steps
6. Provide card and discuss ways to reach worker

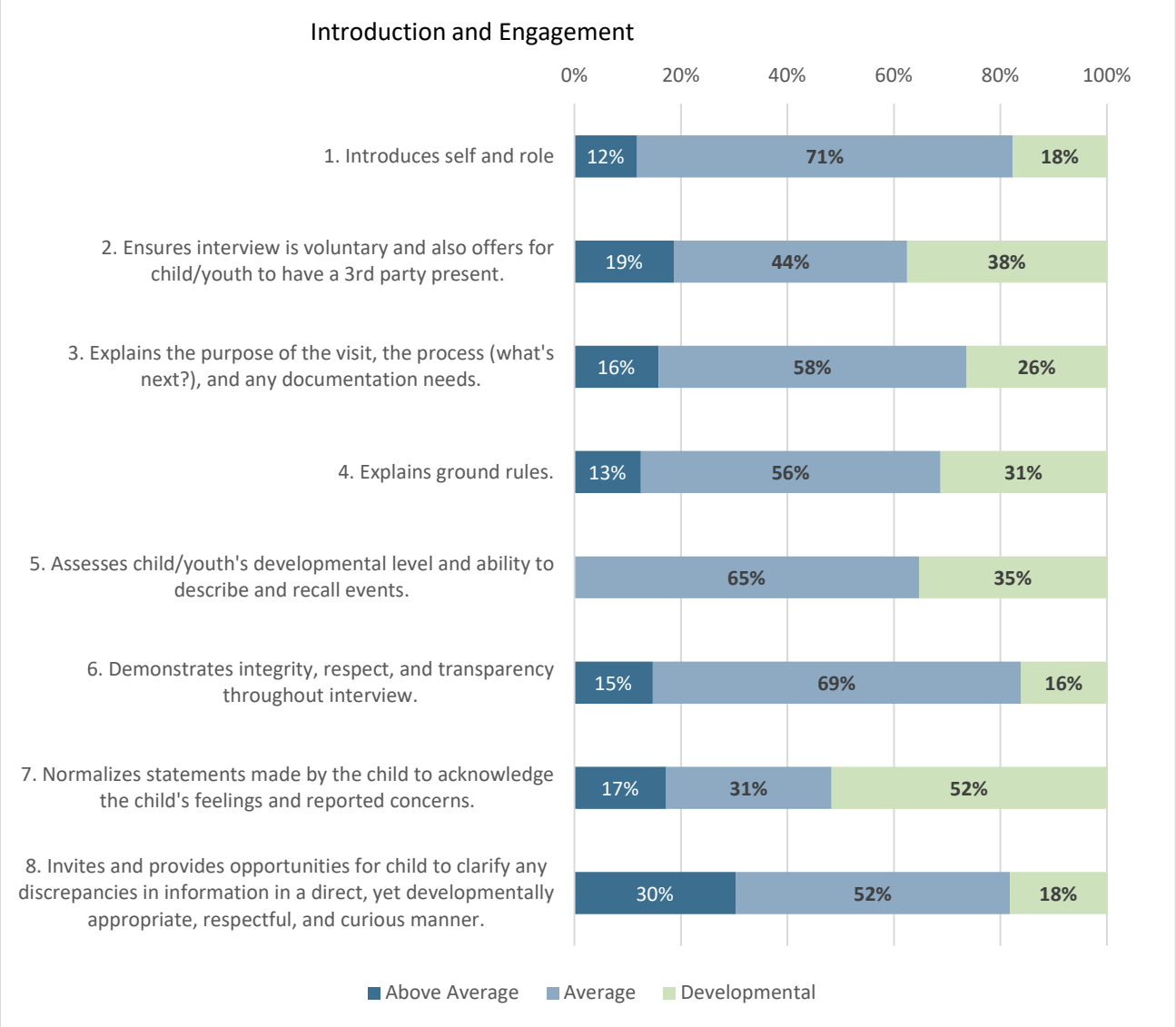
The small sample indicates that for the majority of simulation groups, the trainees do not complete this phase of the interview. For this limited sample, trainee ratings were strongest when offering the parent an opportunity to address any concerns prior to formally ending the interview as outlined.




| **NEXT STEPS & CLOSING**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| |
| "The next part of moving forward is addressing the substance abuse. It was recommended for you to do intensive outpatient services. How's that going?" |
| "I'm not here to judge you. I'm here to help you get your kids back, but we have to look at other options as well, alternative plans. Both working on you, and working on that alternative plan." |
| "What do you think needs to change?" What does that look like? What else? I understand, do you see them (svcs) as beneficial?" "When you are in counseling, what is helpful?" "What about the other group? Have you shared in the group? Would you be open to 1:1 or another group?" Nice redirect, " I want to bring you back to the concern, the biggest concern is Bryan (physical abuse). What needs to change there?" |

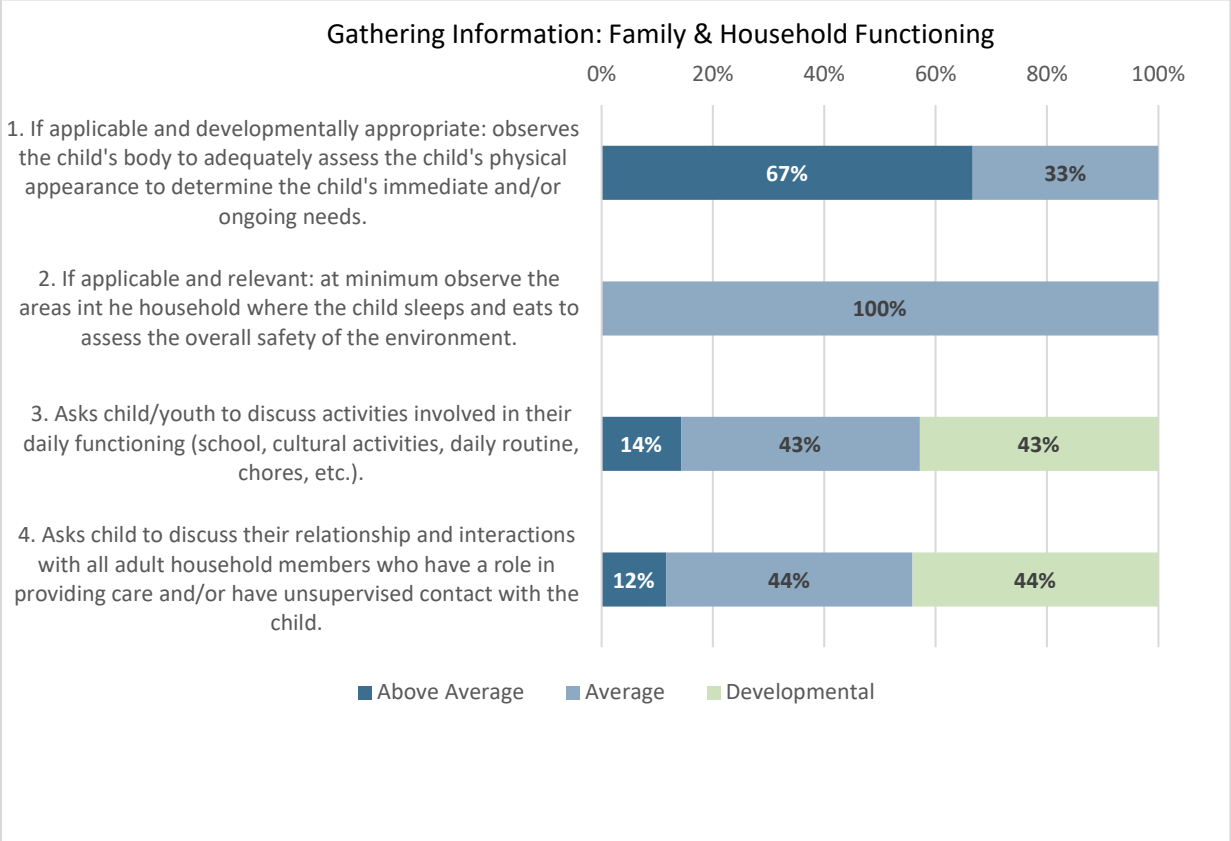
## Findings: Child interviewing observations

F. Trainee ratings were strongest when demonstrating integrity, respect, and transparency during the **Introduction & Engagement** portion of the interview as outlined in Figure 6 below :



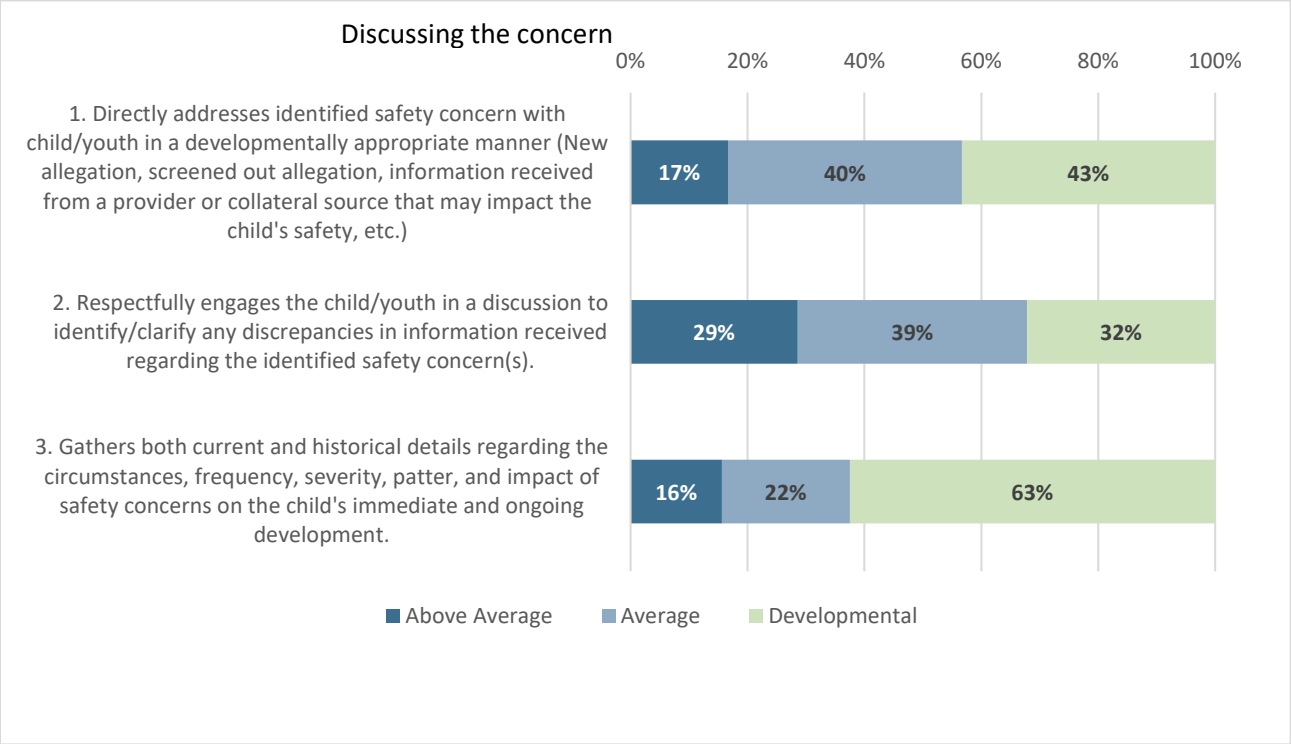

| **INTRODUCTION & ENGAGEMENT**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| ***Clear introduction, role, and explanation of rules. Used simple terms.*** Asked child if he knew what "CPS' was. Child responded "no" and trainee went on to explaining child in a developmentally appropriate way. The answer was framed around safety. Ensure child understood by asking "do you any questions?" "It is important for you to tell me if I'm wrong or let me know if you don't understand". |
| Skillful introduction, covering many tasks in an age-appropriate way. Tone was fitting. Missed a part of the ground rules (3rd party present), but showed working knowledge of major areas and an appropriate manner of being with child. |

G. Trainee ratings were strongest when engaging the child in discussing adult household members during the Gathering Information portion of the interview as outlined in Figure 7 below:



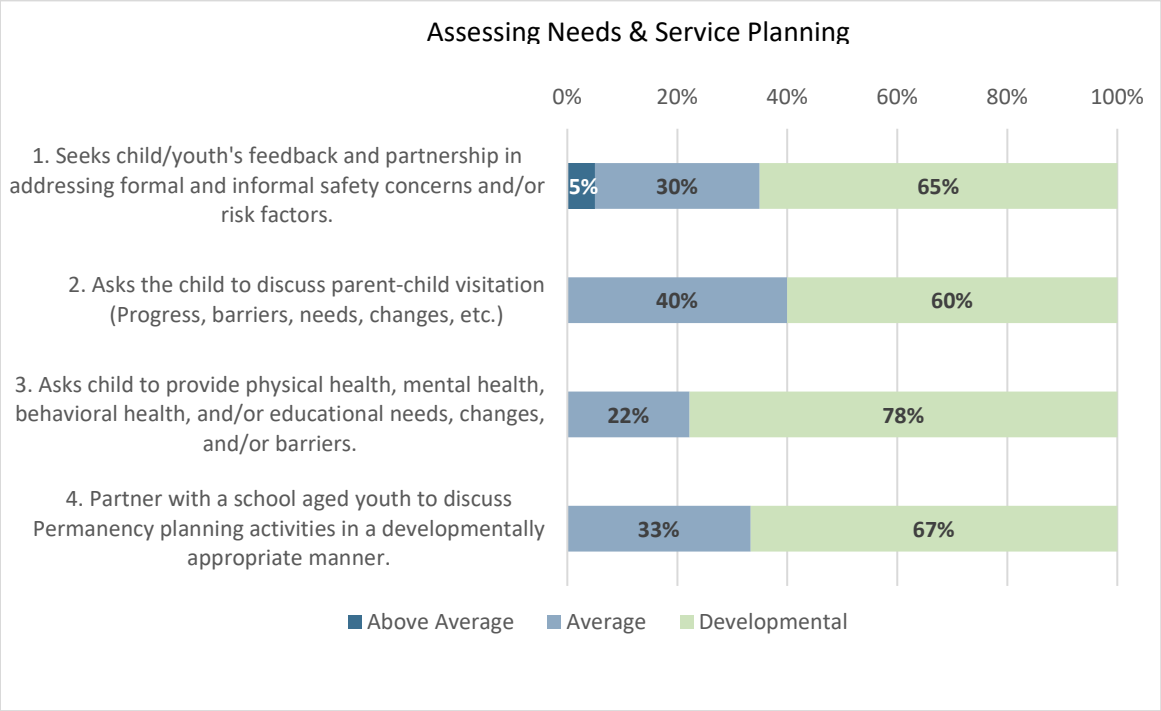

| **GATHERING INFORMATION**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| "So sometimes your mom/dad takes you to school?" "When you go home, can you tell me who are the people in your home?" "Are your mom and dad home when you get home?" "So sometimes it's just you and your sister home?" "How do you feel when is just you and your sister home?" "Tell me about your mom" "What are things you like about her?" "Dislike?" "What about your dad?" |
| "Do you know what safety means?" Who makes you feel safe at home? Tell me about them. Do you feel safe with Monica...? |
| "Can you tell me who is in your house" "Could you tell me about Christina? What do you like about her? Anything you dislike? How about mom? What about Dad?" "What are come rules in your house?" |

H. Trainee ratings were strongest when gathering current and historical details about and directly addressing the identified safety concern as outlined below in Figure 8:



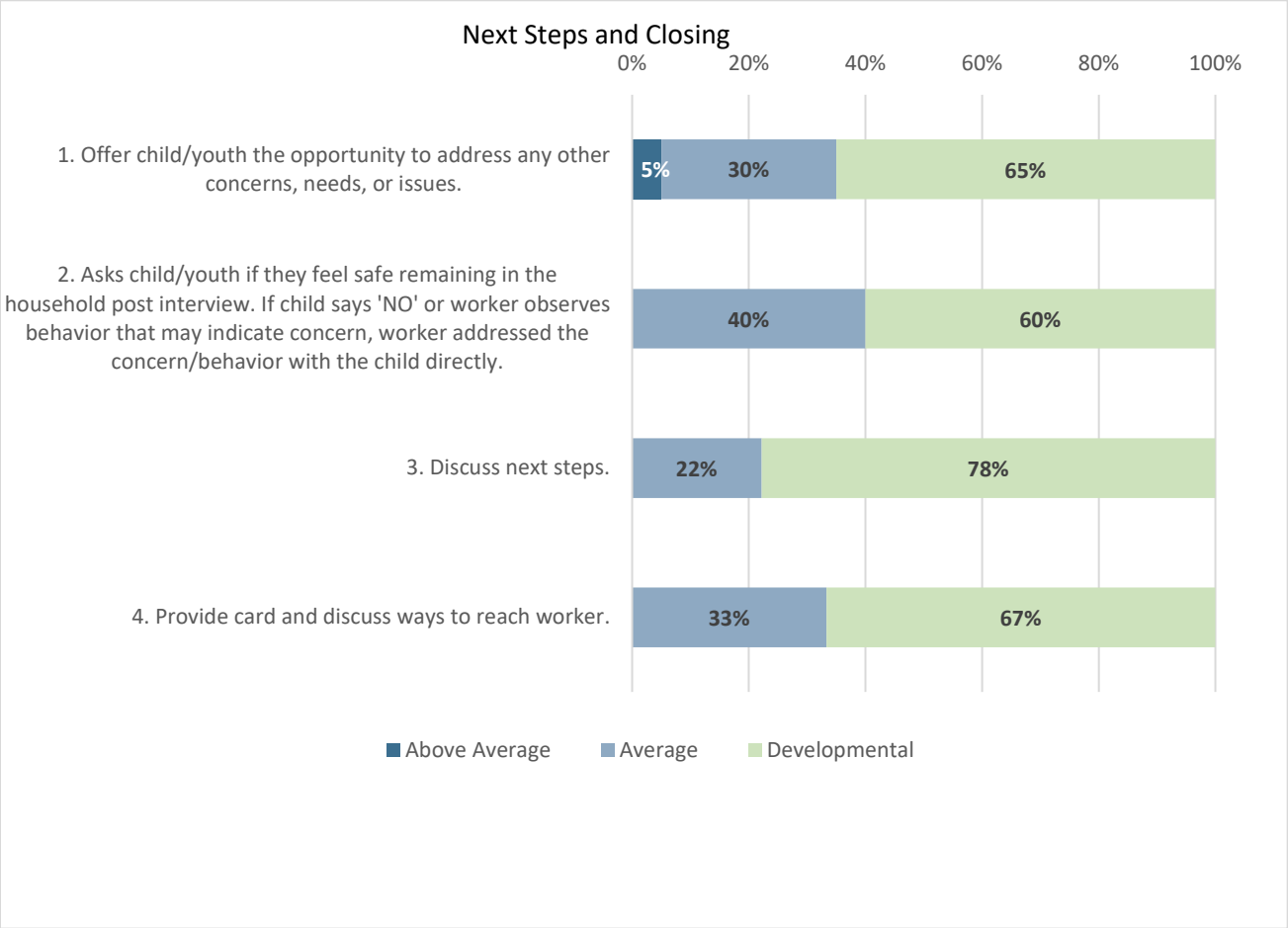

| **DISCUSSING THE CONCERN**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| I heard something happened. Your mom and Christina were upset. Can you tell me about that? So far, you've told me about what your Dad said...his words. Did anything else happen? Did you see your Dad hit anybody? Can you tell me more about that [victim stated: he's hit all of us before] When he punched you what happened? What does a push look like? |
| "How does it look like when they're [parents]mad? So what do they argue about? When was the last time they fought?" Anything involving you or your sister? Have you seen that happening? Child: "I know my dad punched someone before, you are not supposed to hit people" Trainee: "Was that your sister?" Asked about how fighting looks like. Child answered "saying mean stuff, kicking, punching" |
| I heard something happened at your house. What can you tell me about that? What does it look like when Dad gets mad? What did your mom say when you told her? Do you know what your Dad was so upset about? |

I. Trainee ratings were strongest when partnering with the child to address formal and informal safety concerns as outlined in Figure 9 below:




| **ASSESSING NEEDS & SERVICE PLANNING**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| "If I gave you a number, how many times would you like to see your mom? You can only use one hand...So you would like to see your mom more?" "Where would you like to live longer? Where would you feel more safe?" |
| Do you know if there are any guns in your house? |

J. Trainee ratings were strongest for the following practice area in the **Next Steps and Closing** domain**:**




| **NEXT STEPS & CLOSING**: TRAINEE QUOTE HIGHLIGHTS |
|---|
| " Is there anything we didn't talk about? What would you say safe is? What does it mean to be safe at your house? Is there anything that would make you feel safer here at Monica and Edgar's? Once a month, I will be coming back to see you... Here's my card. Is there a phone you can use? Do you know how to use the phone?" |
| "Do you feel safe here?...Do you have any questions or concerns for me?" |
| "I will be visiting you regularly. .. I will be meeting with you every month." How does that sound? "I will be talking to Monica now" |

# Appendix C- Adult Interviewing Tool

**Date of Interview Observation:**_____/_____/20_____

**INTERVIEW SETTING** (Circle one only):
**GROUP | INDIVIDUAL**

PROGRAM (Circle one only)
CFWS I CPS

ADULT INTERVIEWING TOOL

| | Behaviors/Tasks | Ratings | Comments/Feedback |
|---|---|---|---|
| Introduction & Engagement | 1. Introduces self and role | 0 1 2 3 | |
| | 2. Explains the purpose of the visit, the process (what's next?), and the parameters of DCYF involvement when asked or when appropriate | 0 1 2 3 | |
| | 3. Discusses expectations and requirements for maintaining confidentiality, sharing information, and any paperwork needs | 0 1 2 3 | |
| | 4. Invites, and provides opportunities for adult to ask questions and seek clarification when needed | 0 1 2 3 | |
| | 5. Demonstrates integrity, respect, and transparency throughout interview | 0 1 2 3 | |
| | 6. Normalizes statements made by the adult to acknowledge the adult's feelings and reported concerns | 0 1 2 3 | |
| | 7. Clarifies any discrepancies in information provided in a direct, yet respectful and curious manner | 0 1 2 3 | |
| Gathering Information: Family & Household Functioning | 1. Gathers information about the parent's historical and current lifestyle frames (mental health, substance use, and criminal history frequency, treatment patterns or completions, and impacts to overall functioning) | 0 1 2 3 | |
| | 2. Gathers information about each child's functioning (concerns, strengths, development, needs, etc.) | 0 1 2 3 | |
| | 3. Asks adult to discuss parenting and discipline perspectives and practices; both past and current as they relate to child safety (Strengths and challenges) | 0 1 2 3 | |
| | 4. Gathers information about family ethnicity and cultural norms and practices | 0 1 2 3 | |
| | 5. If relevant; gathers information and discusses Safe Sleep practices with parent/caregiver | 0 1 2 3 | |
| | 6. Gathers information specific to all adults in the client's home who have or will have unsupervised contact or be in a caregiving role for the child | 0 1 2 3 | |
| | 7. Asks parents to identify and discuss social and community supports | 0 1 2 3 | |
| | 8. If applicable, asks parent to discuss parent-child visitation (Progress, barriers, needs, etc.) | 0 1 2 3 | |

**INSTRUCTIONS**
Use the Ratings Scale Key to rate the quality of the interviewer's skills/ behaviors related to the Adult/Child interviewing exercise.

Use the Comments/ Feedback column to document as needed.

**NOTE**
Practice behaviors are not listed in the order they may occur during the course of the interview.

## RATINGS SCALE KEY

**0=NOT OBSERVED/APPLICABLE**

**1: DEVELOPMENTAL**
Performance does not meet the learning objectives, policies, or practice recommendations provided.

**2: AVERAGE**
Performance often meets the learning objectives, policies, or practice recommendations provided.

**3: ABOVE AVERAGE**
Routinely performs skills/tasks above the expectations of the learning objectives, policies, or practice recommendations provided.

Date of Interview Observation:_____/_____/20_____

INTERVIEW SETTING (Circle one only):
GROUP | INDIVIDUAL

ADULT INTERVIEWING TOOL

| | Behaviors/Tasks | Ratings | Comments/Feedback |
|---|---|---|---|
| Discussing The Concern | 1. Directly addresses identified safety concern (new allegation, screened out allegation, information received from a provider or collateral source that may impact child safety, etc.) | 0 1 2 3 | |
| | 2. Engage the parent in a discussion to identify/clarify any discrepancies in information received regarding the identified safety concern(s) | 0 1 2 3 | |
| | 3. Gathers details regarding the circumstances, frequency, severity, and impact of safety concerns; both current and historical | 0 1 2 3 | |
| | 4. Asks client to discuss their understanding of the presenting safety concern and ideas on behavioral changes needed to mitigate the safety concern | 0 1 2 3 | |
| Safety and Service Planning | 1. Seeks parent feedback and partnership to address formal and informal safety concerns and or/risk factors | 0 1 2 3 | |
| | 2. If a safety threat is identified, partner with the parent to engage in safety planning activities. (Protective Action Plan or Safety Plan) | 0 1 2 3 | |
| | 3. Partner with the parent to discuss the current case plan and any DCYF paid service for the purposes of identifying progress, compliance, or any barriers to engagement | 0 1 2 3 | |
| | 4. Explains concurrent planning in simple terms, and the requirement for the social worker to recommend two plans to the court | 0 1 2 3 | |
| Next Steps & Closing | 1. When appropriate, review Safety/Action Plan and review expectations for non-compliance | 0 1 2 3 | |
| | 2. When appropriate, review Permanent Plan, Concurrent Planning, or Alternate Plan | 0 1 2 3 | |
| | 3. Complete or review existing Releases of Information (Consents) | 0 1 2 3 | |
| | 4. Offer parent the opportunity to address any other concerns, needs, or issues | 0 1 2 3 | |
| | 5. Discuss next steps | 0 1 2 3 | |
| | 6. Provide card and discuss ways to reach worker | 0 1 2 3 | |

**INSTRUCTIONS**

Use the Ratings Scale Key to rate the quality of the interviewer's skills/ behaviors related to the Adult/Child interviewing exercise.

Use the Comments/ Feedback column to document as needed.

**NOTE**

Practice behaviors are not listed in the order they may occur during the course of the interview.

## RATINGS SCALE KEY

**0=NOT OBSERVED/APPLICABLE**

**1: DEVELOPMENTAL**
Performance does not meet the learning objectives, policies, or practice recommendations provided.

**2: AVERAGE**
Performance often meets the learning objectives, policies, or practice recommendations provided.

**3: ABOVE AVERAGE**
Routinely performs skills/tasks above the expectations of the learning objectives, policies, or practice recommendations provided.

partners forourchildren

# Appendix D: Child Interviewing Observation Tool

**Date of Interview Observation:**_____/_____/20____ **INTERVIEW SETTING** (Circle one only): **GROUP** | **INDIVIDUAL** **PROGRAM** (Circle one only): CFWS | CPS **CHILD INTERVIEWING TOOL**

| | Behaviors/Tasks | Ratings | Comments/Feedback |
|---|---|---|---|
| **Introduction & Engagement** | **1.** Introduces self and role | 0 1 2 3 | |
| | **2.** Ensures interview is voluntary and also offers for child/youth to have a 3rd party present | 0 1 2 3 | |
| | **3.** Explains the purpose of the visit, the process (what's next?), and any documentation needs | 0 1 2 3 | |
| | **4.** Explains ground rules | 0 1 2 3 | |
| | **5.** Assesses child/youth's developmental level and ability to describe and recall events. | 0 1 2 3 | |
| | **6.** Demonstrates integrity, respect, and transparency throughout interview | 0 1 2 3 | |
| | **7.** Normalizes statements made by the child to acknowledge the child's feelings and reported concerns | 0 1 2 3 | |
| | **8.** Invites and provides opportunities for child to clarify any discrepancies in information in a direct, yet developmentally appropriate, respectful, and curious manner | 0 1 2 3 | |
| **Gathering Information: Family & Household Functioning** | **1.** If applicable and developmentally appropriate; observes the child's body to adequately assess the child's phycial appearance to determine the child's immediate and/or ongoing needs | 0 1 2 3 | |
| | **2.** If applicable and relevant; at minimum observe the areas in the household where the child sleeps and eats to assess the overall safety of the environment | 0 1 2 3 | |
| | **3.** Asks child/youth to discuss activities involved in their daily functioning (school, cultural activities, daily routine, chores, etc.) | 0 1 2 3 | |
| | **4.** Asks child to discuss their relationship and interactions with all adult household members who have a role in providing care and/or have unsupervised contact with the child | 0 1 2 3 | |

**INSTRUCTIONS**

Use the Ratings Scale Key to rate the quality of the interviewer's skills/ behaviors related to the Adult/Child interviewing exercise.

Use the Comments/ Feedback column to document as needed.

**NOTE**

Practice behaviors are not listed in the order they may occur during the course of the interview.

## RATINGS SCALE KEY

**0=NOT OBSERVED/APPLICABLE**

**1: DEVELOPMENTAL**
Performance does not meet the learning objectives, policies, or practice recommendations provided.

**2: AVERAGE**
Performance often meets the learning objectives, policies, or practice recommendations provided.

**3: ABOVE AVERAGE**
Routinely performs skills/tasks above the expectations of the learning objectives, policies, or practice recommendations provided.

partners forourchildren

**Date of Interview Observation:**_____/_____/20_____ **INTERVIEW SETTING** (Circle one only): **GROUP** | **INDIVIDUAL** **PROGRAM** (Circle one only): CFWS | CPS **CHILD INTERVIEWING TOOL**

| | Behaviors/Tasks | Ratings | Comments/Feedback |
|---|---|---|---|
| Discussing the Concern | **1.** Directly addresses identified safety concern with child/youth in a developmentally appropriate manner (New allegation, screened out allegation, information received from a provider or collateral source that may impact the child's safety, etc.) | 0 1 2 3 | |
| | **2.** Respectfully engages the child/youth in a discussion to identify/clarify any discrepancies in information received regarding the identified safety concern(s) | 0 1 2 3 | |
| | **3.** Gathers both current and historical details regarding the circumstances, frequency, severity, pattern, and impact of safety concerns on the child's immediate and ongoing development | 0 1 2 3 | |
| Assessing Needs & Service Planning | **1.** Seeks child/youth's feedback and partnership in addressing formal and informal safety concerns and or/risk factors | 0 1 2 3 | |
| | **2.** Asks the child to discuss parent-child visitation (Progress, barriers, needs, changes, etc.) | 0 1 2 3 | |
| | **3.** Asks child to provide physical health, mental health, behavioral health, and/or educational needs, changes, and/or barriers | 0 1 2 3 | |
| | **4.** Partner with school aged youth to discuss Permanency planning activities in a developmentally appropriate manner | 0 1 2 3 | |
| Next Steps & Closing | **1.** Offer child/youth the opportunity to address any other concerns, needs, or issues | 0 1 2 3 | |
| | **2.** Asks child/youth if they feel safe remaining in the household post interview. If child says "NO" or worker observes behavioral that may indicate concern, worker addressed the concern/behavior with the child directly | 0 1 2 3 | |
| | **3.** Discuss next steps | 0 1 2 3 | |
| | **4**. Provide card and discuss ways to reach worker | 0 1 2 3 | |

**INSTRUCTIONS**

Use the Ratings Scale Key to rate the quality of the interviewer's skills/ behaviors related to the Adult/Child interviewing exercise.

Use the Comments/ Feedback column to document as needed.

**NOTE**

Practice behaviors are not listed in the order they may occur during the course of the interview.

## RATINGS SCALE KEY

**0=NOT OBSERVED/APPLICABLE**

**1: DEVELOPMENTAL**
Performance does not meet the learning objectives, policies, or practice recommendations provided.

**2: AVERAGE**
Performance often meets the learning objectives, policies, or practice recommendations provided.

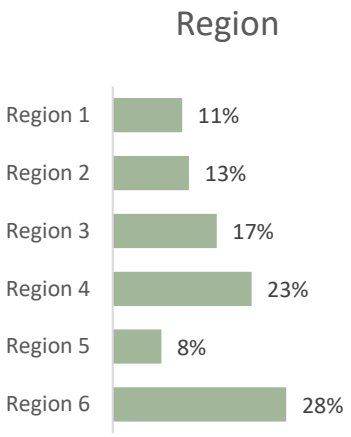
**3: ABOVE AVERAGE**
Routinely performs skills/tasks above the expectations of the learning objectives, policies, or practice recommendations provided.

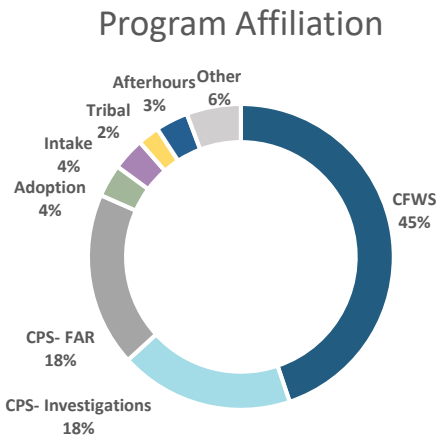
## Appendix E - Regional Core Training (RCT) Survey

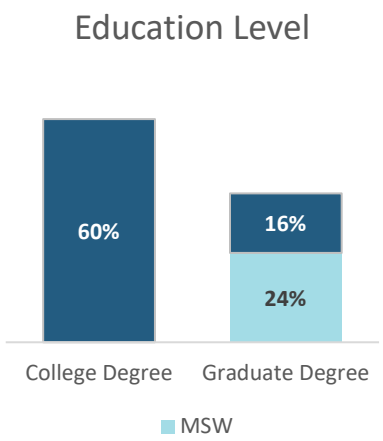
April 2019 – June 2019

| Course Code | Course Hours | Number of Sessions | Total Completions | Average Attendance | Total Survey Respondents | Response Rate<br>*Number of Respondents/ Total Completions* |
|---|---|---|---|---|---|---|
| 110440 | 320 | 9 | 56 | 6.2 | Pre-survey: 94*<br>Week 4 survey: 33<br>Post survey: 23 | Pre-survey: na*<br>Week 4 Survey: 59%<br>Post-Survey: 41% |

*The number of survey responses may be more than the number of completions due to the completions being from participants who started in the previous quarter.




| Course Satisfaction | | |
|---|---|---|
| | *Week 4 Survey Average* | *Post-Survey Average* |
| The primary trainer/coach supported me in developing the knowledge and skills I will need to be successful in the field. | 4.6 | 4.5 |
| The field-based learning activities I completed allowed me to apply my knowledge and skills in the field. | 4.1 | 4.1 |

| Feedback on Statewide week | | | | |
|---|---|---|---|---|
| | Very Helpful | Helpful | Not very Helpful | Not helpful at all |
| Interview Simulations | 65% | 29% | 6% | 0% |
| Court Testimony Simulations | 62% | 32% | 6% | 0% |
| Parent Ally Panel | 87% | 3% | 6% | 0% |

## Case Assignments

During the course of RCT, participants are assigned either primary or secondary cases. Before beginning RCT, three out of ten participants were already assigned cases and of those assigned to cases, only 2 people reported having one or more primary cases. Among these first week trainees, 27% had secondary case assignments. Among participants who were assigned cases one person said it was too much, most said the amount felt about right, and a few said it was not enough.

At the fourth week, about two thirds of respondents had been assigned cases, and the large majority of them felt their case assignment level was about right. When asked about integration of learning during RCT with caseload assignments trainees shared differing views. No comments were offered by the one third of participants who had not yet received assignments.

*I feel that there is a lot that has not been introduced in RCT, especially in terms of using FamLink. However, many of the items related to interviewing children and adults received through RCT has been helpful. As well as the review of the Safety-Assessment and review of Safety Threats.*

*Thus far, the interview simulations have helped to communicate with clients*

*Ever since I started working on cases the classroom material started forming to reality. I can now relate what I to what I was taught.*

*I have referred to my current secondary assignments during RCT on an infrequent basis.*

*I have been able to ask questions to the facilitator of the class and the cohort. I have been able to get valuable feedback that I could use for the case I have now and the cases that will be assigned later.*

*Have not taken over (referring to secondary assignments), I have been transporting children to assist the CFW case worker. Being in training has helped me understand the overall steps that have been taken in my assigned cases.*

*I think that with the limited amount of time we are in the office during RCT and the amount of work that is required outside of the classroom, we should not be assigned cases until after RCT.*

*Managing the time is a bit tricky, as I am out of the office for classroom learning very often. My supervisor has been great at helping me balance and making sure I have what I need.*

At week eight, 80% of respondents had case assignments and the median number of primary cases was six, with a range of 0 to 18. Among those who felt they had too much case responsibility during RCT, they were assigned 6 to 18 primary cases. Their comments included:

*It is overwhelming but I feel like I have had lots of support from my coach and my Supervisor.*

*I feel like there are many things that are "best practice" for the work put into each case. However, I am trying to balance between what I was taught to do in RCT and reality of what is practiced in my office and time manageable. Trying to take all the diligent time needed for each case has put me behind on other cases and all of my required work in general. I have spoken with my supervisor about prioritizing my tasks, so that I can catch up. I have been working overtime trying to do case work for my five cases and was told recently I should not have to work overtime with so few cases right now. There is concern about me picking up more cases, even though my position requires I have 20 cases on my caseload.*

*I was assigned six cases at week three and to do all the health and safety visits for a caseload of around 18. The six cases were so time consuming that they are like a caseload of 18 by themselves, so it was difficult*

*doing RCT and just trying to manage all the work coming to me and left behind by the previous worker. It was very stressful and difficult to focus on the RCT training.*

*I think that it is an unreasonable expectation to be assigned cases while in RCT. With the limited amount of time in the office, I don't think it is a fair expectation to be able to get eLearning's, TOL's and case work done at an A level.*

For those week 8 participants who felt that their caseload assignments were about right, they were assigned 2 to 10 cases each. Their comments about integration of learning included:

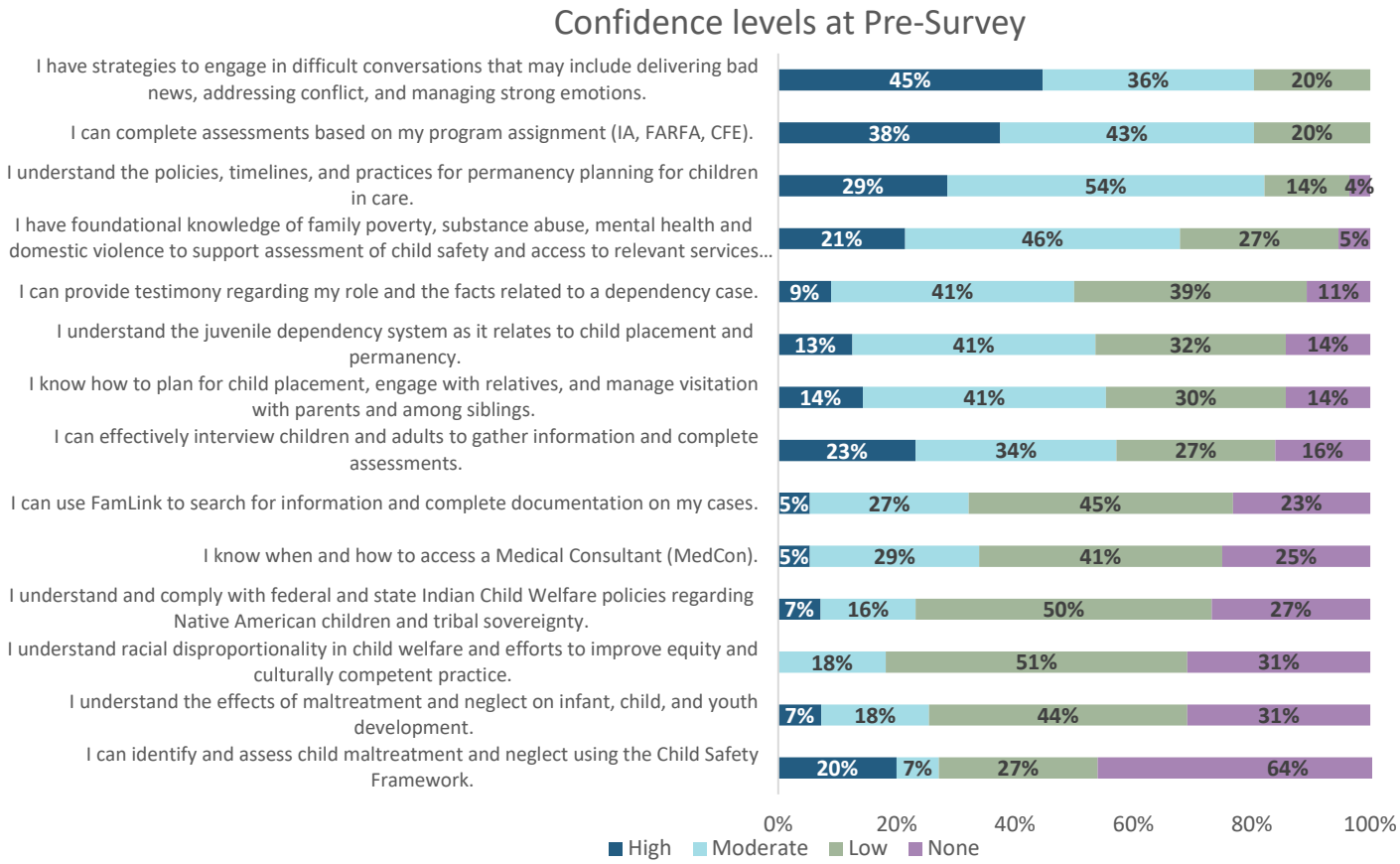
*The number of case assignments allows me to balance fieldwork with classroom instruction. Beyond the scheduling balance, there was a notable lack of integration between the two.*

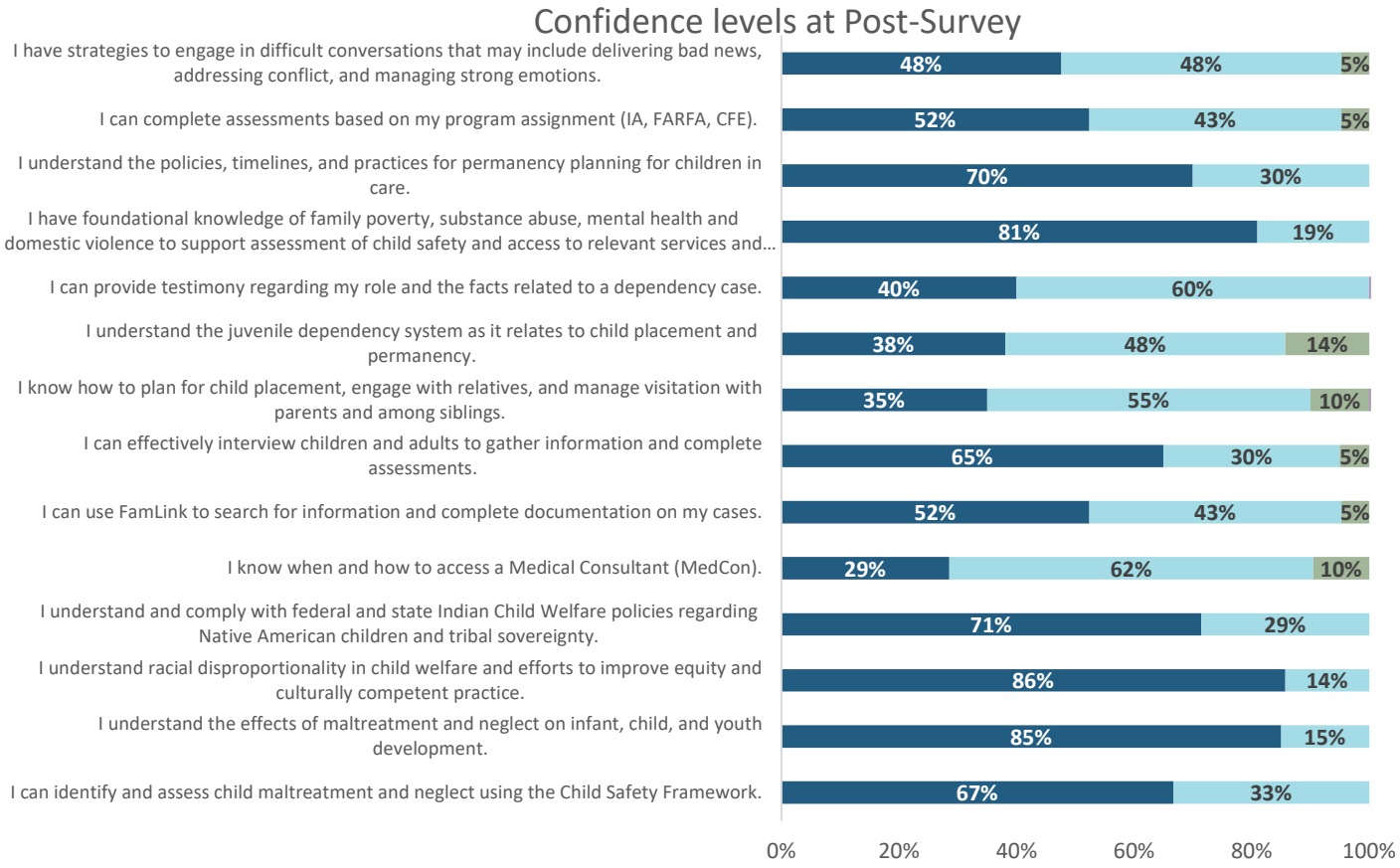
*I transferred in from child welfare agency in another state and am familiar with the investigations. I did not know what I was expecting since I am in the Licensing Division. My coach presented the information in a communicable and concise manner. He made learning fun and challenged our thought processes. I certainly benefit from the knowledge and make good use of it daily. For example, knowing where to input information with respect to their tabs (i.e. Initiating a case assignment for an IFF).*

*I feel more comfortable with taking on a case with some of the knowledge and critical thinking skills I learned in RCT. The training works best when able to plug in what we learned to our work. Conversations and open discussion of some areas of policy were constructive to understanding how to effectively perform our jobs.*

*I have been able to use most of the information that I have learned in RCT and know that I will use the rest of the information as time goes on.*

*It wasn't clear how much I was supposed to be working on the case I was assigned as I was gone so frequently for training. However, I was able to attend TOL activities that I missed while at training (FTDM, court, etc.) for other cases I was not assigned to.*


Confidence levels at Pre-Survey
I have strategies to engage in difficult conversations that may include delivering bad news, addressing conflict, and managing strong emotions.
45%
36%
20%
I can complete assessments based on my program assignment (IA, FARFA, CFE).
38%
43%
20%
I understand the policies, timelines, and practices for permanency planning for children in care.
29%
54%
14%
4%
I have foundational knowledge of family poverty, substance abuse, mental health and domestic violence to support assessment of child safety and access to relevant services...
21%
46%
27%
5%
I can provide testimony regarding my role and the facts related to a dependency case.
9%
41%
39%
11%
I understand the juvenile dependency system as it relates to child placement and permanency.
13%
41%
32%
14%
I know how to plan for child placement, engage with relatives, and manage visitation with parents and among siblings.
14%
41%
30%
14%
I can effectively interview children and adults to gather information and complete assessments.
23%
34%
27%
16%
I can use FamLink to search for information and complete documentation on my cases.
5%
27%
45%
23%
I know when and how to access a Medical Consultant (MedCon).
5%
29%
41%
25%
I understand and comply with federal and state Indian Child Welfare policies regarding Native American children and tribal sovereignty.
7%
16%
50%
27%
I understand racial disproportionality in child welfare and efforts to improve equity and culturally competent practice.
18%
51%
31%
I understand the effects of maltreatment and neglect on infant, child, and youth development.
7%
18%
44%
31%
I can identify and assess child maltreatment and neglect using the Child Safety Framework.
20%
7%
27%
64%
0%
20%
40%
60%
80%
100%
High
Moderate
Low
None


Confidence levels at Post-Survey
I have strategies to engage in difficult conversations that may include delivering bad news, addressing conflict, and managing strong emotions.
48%
48%
5%
I can complete assessments based on my program assignment (IA, FARFA, CFE).
52%
43%
5%
I understand the policies, timelines, and practices for permanency planning for children in care.
70%
30%
I have foundational knowledge of family poverty, substance abuse, mental health and domestic violence to support assessment of child safety and access to relevant services and...
81%
19%
I can provide testimony regarding my role and the facts related to a dependency case.
40%
60%
I understand the juvenile dependency system as it relates to child placement and permanency.
38%
48%
14%
I know how to plan for child placement, engage with relatives, and manage visitation with parents and among siblings.
35%
55%
10%
I can effectively interview children and adults to gather information and complete assessments.
65%
30%
5%
I can use FamLink to search for information and complete documentation on my cases.
52%
43%
5%
I know when and how to access a Medical Consultant (MedCon).
29%
62%
10%
I understand and comply with federal and state Indian Child Welfare policies regarding Native American children and tribal sovereignty.
71%
29%
I understand racial disproportionality in child welfare and efforts to improve equity and culturally competent practice.
86%
14%
I understand the effects of maltreatment and neglect on infant, child, and youth development.
85%
15%
I can identify and assess child maltreatment and neglect using the Child Safety Framework.
67%
33%
0%
20%
40%
60%
80%
100%

## Comments about RCT

| **There have been various elearnings assigned so far including: Worker safety, ethics and confidentiality, your role in the child welfare system, working with clients with Limited English Proficiency (LEP), placement, and interviewing. Could you comment on your experience of these elearnings?** | **There have also been several Transfer of Learning (TOL) activity assignments including: Mandated reporting, meeting your FamLink trainer, a day in the life of a DCYF social worker, the parent perspective, and testimony preparation. Can you comment on the value of these TOL activities to your learning?** |
|---|---|
| *The elearnings contained a lot of meaningful information and I appreciated that they included links to many important documents. At times, however, the elearnings did not feel meaningfully integrated into the larger training structure.* | *The TOL activities seemed disconnected from the rest of the RCT coursework. There were interesting ideas and questions to contemplate, but the purpose and use of activities was poorly defined.* |
| *All information has been of value though we may not have had opportunity to implement it. I am glad it is there on the intranet as a resource for the future.* | *The information is of use but what has helped most is observing it being used in the field as I observe my co-workers on their cases.* |
| *Great elearnings, but would be good to also go over these in the classroom after they have been completed. Some of the sequencing is off, so it's hard to recall with the amount of information we are receiving.* | *Decent to help prepare as well as help in critical thinking, however strenuous at times, having to rely on other workers at times* |
| *The interviewing elearning has been the most helpful. It directly correlates to what I will be doing on the job soon and it was helpful to see how others interview parents and children.* | *These have all been helpful, it's hard to remember them all, there has been so much to absorb!* |
| *These e-Learnings are helpful since I have no prior knowledge on working with LEP clients or thinking about my safety. The Worker safety e-Learning opened a window of opportunity for me to talk with my supervisor more.* | *All information and presentations were very valuable and needed in order to build professional confidence in this role.* |
| *I gained knowledge that I feel will help me in the field in the interviewing elearning. Many of the elearnings did not directly relate or prepare me for my work as an adoption worker.* | *It combined what was learned into a hands on activity and was helpful in retaining information* |
| *They were thorough and relevant. But the ethics training referred to a State employee ethics training which I could not locate. That video I could not locate should probably not have been the prerequisite to the eLearning on ethics and confidentiality.* | *These transfer of learning activities are helpful since they help fill my day and teach important skills I will need to know. I appreciate the questions it provides so you can ask better questions as you are shadowing in the field.* |

| | |
|---|---|
| *These e-learnings were informational, but I feel the information can be overwhelming with it all being at once. Most people say once I begin actual experience in working with families and gaining practice it will all make more sense.* | *These activities were helpful. I have not been able to meet with my FamLink trainer, despite emailing to schedule an appointment. All other TOLs are helpful and break down what is needed/required in terms of policies and laws for the worker.* |
| *The videos and mid quizzes/ questionnaires are very helpful in helping to absorb the information* | *The TOL activities have been helpful in providing a real world frame of reference for the content that I am learning in class.* |
| *The elearnings have not been my favorite. I'm more of a hands on learner so being in the group setting and discussing it with my cohort is much more helpful to me.* | *A day in the life of a DCYF social worker, I thought it was interesting as not everyone knows what is exactly entailed in the job and this learning gives you all the aspects.* |
| *They are helpful, but not necessarily setting us up for what we are doing right away. They could come later on and do more relevant ones first such as interviewing, assessing safety etc.* | *These are a little harder to accomplish when I am not in the office to much to catch up on the TOL's and the elearnings, meet with our RCT trainer in our area, meet with our tech guy, fill out the HR paperwork that is also required within 30 days. There has been little support or explanation on these documents.* |
| *They are very informational and interactive providing various ways to learn. It's been positive so far.* | *The TOL's have given me the opportunity to learn about all the different entities that come together to help keep children safe.* |
| | *These are fine. It would be good to focus more on the assessments and referrals we will be doing with cases.* |
| | *Many of these did not seem to prepare me for work in the field as an adoption worker.* |

| **How did the interviewing simulations, court testimony simulations, or parent ally panel help you?** | **What can be improved regarding interviewing simulations, court testimony simulations, or the parent ally panel?** |
|---|---|
| *The interviewing simulations were helpful because they provided the most realistic environment in which to develop skills. The testimony simulation deepened my understanding of the testimony process and interacting with counsel. During the parent ally panel I was able to gain a deeper understanding of the emotions parents experience.* | *I believe that individualized feedback/debriefing, as opposed to group feedback/debriefing, would be very useful.* |
| *I found I was more nervous in the simulations than when doing real interviews. I wish we could have practiced more and been able to discuss afterwards amongst ourselves, and the critique* | *REAL interviews (recorded) discussions about preparing ahead for what we will need to ask given the intake info. More on getting ready. then lots of* |

| | |
|---|---|
| *was not practical. I wanted to know what to say and what not to say. Also what we did well.* | *practice I found that going to real interviews was far more helpful than the simulations.* |
| *Really gave a taste for what it might be like and an opportunity to debrief what was going on.* | *I feel like it would have been better to do in smaller groups, and to get immediate feedback as it was happening. So I could stop and ask questions to a training after a section (introduce self, and build rapport then break and discuss)* |
| *Practicing the interviewing was good to get a feel for how I will be doing it for real, would have liked more time to do it more of it. The court testimony was a very good experience to know what to expect when I will have to testify for a real case. The parent ally panel was very important for us to her the parents point of view, and I wish they were given more time to talk; they were cut off after 10 minutes, and didn't get to finish their part.* | *I would have liked to have the general framework of the overall process given to us in the beginning so I could envision the structure of what was to come. I think it would have made more sense as to what we were learning, and why.* |
| *The simulations really highlighted areas for me that I will need to work on to do the best job* | *Simulation should be held closer to the end of RCT* |
| *They helped me get a feel for learning how to ask questions in interviews based on parent/child answers as well as get a feel for being cross examined at court.* | *If one person is alone in their work category for a group activity, they should not be forced to do a group activity that is not relevant for them. If I am CPS I want to review a CPS scenario packet, not be forced to join the CFWS workers because we can all be a group that way. In such a case my needs are being neglected.* |
| *These stimulations gave me real practice in realizing bad habits I may have, as well as give me an idea on how much to expect and prepare for the cases I will get.* | *More time spent understanding FamLink and what needs to be selected, filled-in, how to use, and expectations for case notes. I have not been able to meet with my FamLink trainer and was told they are often around many different offices for the region. If there is a way to differentiate more the steps and approach to talking with a family for CPS Investigations compared to CPS FAR. I believe I understand well how Investigations approaches the family, but there are some things that are different for FAR and I am afraid of being too "abrasive" (overstepping my scope) with my FAR family and not following FAR protocols.* |

| | |
|---|---|
| *Simulations are great learning tools, however, I think that they need to happen later in RCT. The parent ally panel helped me to understand what the parents are going through.* | *Let's put a parent at the defense table in the Court simulations. It would be nice if the parent ally parent were less didactic.* |
| *The court and interview simulations were minimally helpful, mostly just to gain exposure to the process. The simulations did very little to prepare me for conducting real world interviews. The parent panel was helpful in providing anecdotal examples for consideration of how to engage clients.* | *More practice and preparation. Also, have one social worker complete the entire simulated interview on their own as opposed to round-robin style.* |
| *I loved the interview simulations and the parent ally panel. The court day could be structured for a more conducive learning environment and we could have been prepped more. Also, listening to a 110 point powerpoint slide at 9am when everyone is incredibly nervous was not the best.* | *I think the interviewing was ok and made me so nervous, but I really liked the court room testimony.* |
| *They helped me think about questions I would ask. It was unhelpful to do round robin style, it sets us up for an unrealistic situation. Court testimony should have been prepped more. We watched videos of all other interviewing aspects but court we did not get to see an example. Parent allies are amazing, we should be required to see them more often.* | *I would have liked to watch a court testimony at least once before having to do one.* |
| *I loved hearing the parent ally panel and learning the other side and some of the things they went through and the stuff that they learned throughout the process and I even liked that they gave us tips as well.* | *The interviews can be structured to smaller groups and more turns to interview multiple clients.* |
| *All of them gave us hands on learning that was very helpful and the opportunity to practice in a safe environment. The parent ally I loved! It really was useful info that I can use and practice when meeting my own parents and supporting them as well as understand what worked for them and what didn't. Each parent had amazing stories of struggle, followed by triumph! That reinforced why I took this job!* | *I believe that having a better understanding of the timelines regarding the case scenario would be helpful to aiding my learning in the simulations. Many times I was lost on what part should be focused on, and where we were in the case. The program would also help to have more concrete information such as percentages, statistics, and graphs so that the information can stick a bit more than theoretical information.* |

| | |
|---|---|
| *Court simulation was very nerve-wracking, but it was a very valuable experience. Listening to the AAG, judge and defense attorney's comments were helpful in understanding how trials work.* | *The only thing would be if we could receive individual feedback on our interviewing and court testimony instead of blanket feedback.* |
| *I loved hearing from the parent perspective! I was really helpful to learn how they felt throughout their experience with dependency.* | *More time practicing interviews - less time watching the videos, we can do that on our own. More time actually practicing - even if just in pairs.* |
| *Yes, it helped prepare me for what it feels like to testify. I was very nervous and I am able to face my fear before a real situation* | *The only suggestion I would give is to have more role playing to practice the interactions that the worker may have with the kids and their families.* |
| *All of the simulations were very helpful. I would recommend making more time for them and have more of them throughout the RCT training. The parent ally panel offered hope and strength to continue with this job. It showed all of us how important this job is to the kids as well as their families.* | *RCT interview and court days should follow the timeline of the case. For example, we interviewed "Joseph" when he was staying at Edgar and Monica's house, but court the next day was when Joseph was still with his bio mom and dad. It got confusing when trying to remember all the details of what had or hadn't happened yet.* |
| *Experience is always good. More time actually doing the interview instead of watching them and discussing the stages over and over would have been even better. Hearing from actual parents is always fantastic.* | *I would have been REALLY helpful to have been instructed to read the 53 pages of case notes and not just pages 1-28 of the scenario.* |
| *They helped expose me some of the more stressful parts of the work. It was great to be able to test out my skills and receive feedback to become a more effective Social Worker.* | |
| *All three helped me better understand my role in certain scenarios as well as gave me an idea of what can be expected from various parties including child, parent, and court.* | |

| ***In what ways could the program be improved to better support your learning?*** |
|---|
| *Implementation of meaningful assessments connected to RCT content.* |
| *It seems we were all over the place and I want to be SHOWN exactly what to do. Once I get it all down I feel I could teach it in a more practical way. FAMLINK is not user friendly...it is all over the place...there should be a start and a finish and it should guide you and prompt you for the next step. I will get it eventually but especially in the beginning it was so terrifying because there is so much info and procedure but it is not put together in a straightforward way.* |

| |
|---|
| *Smaller groups and more videos of different interactions.* |
| *I don't learn well just looking at Power point presentations all day.* |
| *Clean, respectful hotels are a great place to start. For those of us travelling, it is a burden to be away from our families. Being away from home and in a hotel that is located in a dangerous part of town and is difficult to access due to traffic is hard. This was not a situation that set me up for learning or feeling valued.* |
| *I really loved it honestly. I found the simulations to be pretty realistic for the environment. I definitely don't think 25 min is sufficient for an interview, but I understand that there have to be some sort of time restraints.* |
| *There is a lack of discussion about different identities (LGBTQ, disabled, race, etc)- this needs to be talked about a lot more. Bias is a big issue in our work, not being aware of them is an even bigger issue.* |
| *I would love to have a 'technology day' incorporated into the training. We briefly had a Famlink training but I had wished we could have learned more on that as a group. It was useful but just gave us a scratch of what is needed. Topics of tech training that I think would be most useful: TEMS, Leave Tracker, and using your laptop and cell phone/ tips and tricks to get started. These are crucial tools for us beginning workers yet we are kind of left to figure it out on our own.* |
| *More time with co-workers in the office, then bring those experiences into the classroom.* |
| *The program seems very skewed towards CPS and CFWS but has not given me a lot of information about my work as an adoption worker* |
| *I think the program should stick to the case timeline to prevent confusion instead of going out of order.* |
| *I think there is still some work to be done on lining up the case scenario with interview and court simulations. The court simulation would have been way more helpful if it was clear that we needed to read beyond page 28 of the case scenario.* |
| *The program as a whole is extremely educational. However, supervisors assigning too many cases was overwhelming. Students were having to respond to an influx of emails and calls and missed crucial information because of it. Across the board, there was little support from supervisors in the regard that RCT was considered secondary instead of priority to them.* |
| *More preparation time for court testimony. The lack of time to prepare caused people stress and anxiety.* |
| *Cases start to finish...several of them...then discussing the different parts and different scenarios. Famlink is not user friendly. It will take me a while to get it down because it doesn't take you through what needs to be done step by step...you just have to know and that is hard for a new user.* |
| *I feel like court simulation should be scheduled for the last weeks of RCT.* |
| *Use of meaningful formative and summative assessment at essentially any point in the curriculum. Transfer of learning and elearning activities which are meaningfully integrated into the curriculum as opposed to being virtually ignored. Use of one-on-one feedback, especially during simulation week.* |

| |
|---|
| *Could there be more days to work in the office and train under office staff/supervisors? A lot of the information from RCT was not applicable to my office, many items trained on for RCT was later followed up as varying and depending on the office we worked in/tasks were sometimes "office specific." I believe RCT is great to get a foundation and understanding of the Department, but I feel like there is still a lot to learn, and I do not remember off the top of my head all the information provided to me for RCT (although all of it can be used*<br><br>*for practice/my case management).* |
| *I felt very lost when it came to my cases I was assigned, as I was gone so frequently for RCT. I understand why a case would be assigned so early on (to help get familiarity, complete TOL, etc), but being at RCT so caused me to miss important opportunities to engage with the family, do my own health and safety visits, attend meetings, court, etc. I feel that coaching should happen more during RCT, rather than having a session toward the end. I like that we are able to reach out and request more coaching if needed after.* |
| *It would be helpful to have a physical checklist (from start to finish) of how to begin working a new case. i.e. "You were just assigned this case- the first steps are: 1. Staffing with your supervisor and CPS worker. 2. Setting up a time to meet with the family. 3. Set up a visitation referral etc.* |
| *Should include more information for intake workers.* |
| *Allow more time for role playing different situations that we may come across while meeting with families and or the kids.* |
| *More time shadowing, even if its watching a coworker enter info into Famlink.* |
| *Having a program guide printed would have been helpful.* |
| *Supervisors should be informed as to just how much is involved outside of the classroom, I don't believe they have an accurate picture of what is involved.* |
| *In RCT we need to learn more practical skills, such as making a service referral, what services to refer and when, more about specific policies, examples of how to engage difficult clients.* |
| *More hands on experience with interviews and IA, FARFA, etc.* |

| **Could you please share feedback regarding the program specific classroom and coaching sessions?** |
|---|
| *My coach was an exceptional coach! He was extremely knowledgeable about the training competencies and how to practically apply them within our case assignments. He encouraged my group to utilize the elucidated training skills to effectively manage difficult cases and clients. He helped us identify our strengths in our individual backgrounds and our potential. He advocated for our self-care and expansion in the field. He is definitely a gem of an instructor and an asset to the coaching staff!* |
| *The program was very informational. Many of the topics discussed were helpful pertaining to the work, but also everyday life. Our coach was WONDERFUL!* |
| *the training lacked flow. I realize that flow was attempted by using the case scenario but it seemed all over the place...I gained the most knowledge by going out with other SWs. Famlink is not user friendly. it* |

| |
|---|
| *doesn't support you step by step to make sure that you have done everything and in which order it should be done, I feel it could be simpler and clearer to use than it is.* |
| *I think the Alliance's curriculum could be more practice versus theory based.* |
| *While I feel that I gained skills in each area, I feel that the curriculum was not efficient helping me learn.* |
| *With all the information received during RCT, I was under the impression that a lot of information had to be gathered immediately with each case, and tried to complete a lot of work from the beginning, which overwhelmed me and actually put me behind on other work that was actually needed. I later got help in managing my new cases, but wish I knew more from the beginning what was priority for my cases and the work I had to complete.* |
| *The court preparation class was interesting. In my observation many of the classmates provided a good testimony for the case assignment, provided the information given. I also observed the hesitation when asked what the primary duties of "held" position. It is my experience, having a "working" memory as to the responsibilities and duties, prove to be beneficial and helps establish the SW as credible. For example, I completed a workshop for court testimony in my previous child welfare position, and I learned to have a "theme" when testifying and to strongly lean on the Depts' values, beliefs and policy.* |
| *I came to Washington DCYF with 6 years of case carrying child welfare experience which has prepared me for this current position. However, I do not feel organized in handling my new cases. It really would have been helpful to have a checklist or a specific outline that explains everything we need to do on a case. Also, it would have been helpful to work a dummy case in Famlink which would include how to send referrals, setting up visitations, etc.* |
| *My coach made himself available for consultation about cases. He did a good job with the training.* |
| *I was fortunate to be a part of both program specific session due to being a generalist. I would recommend that everyone be a part of all program instruction. There is information that is given to the groups individually that could help the other group.* |
| *Should be more of a list style sheet to help you after training to remind you want to do from beginning to end (closing) of FAR case. For example 1. complete IFF. 2. FARFA, and so on because I feel like a lot to remember when you never really applied it to a real case yet.* |
| *My coach has been very helpful and has offered to walk through court preparations with me in the future as well as the training received in RCT.* |