



**Maximizing Current and Future Mobile Technology in Pennsylvania's Child Welfare System**

Child Welfare Education and Research Programs  
University of Pittsburgh, School of Social Work

November 2012

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This project was funded by the Office of Children, Youth and Families, Pennsylvania Department of Public Welfare.

Citation for this report:

Child Welfare Education and Research Programs (2012). Maximizing current and future technology in Pennsylvania's child welfare system. University of Pittsburgh, School of Social Work, Pittsburgh, Pennsylvania.

## **Executive Summary**

With the continued advancement in technology, the availability of WiFi, and other means of wireless connection to the internet, having a truly mobile workforce is becoming more of a reality. From 2009 to 2011, the Pennsylvania Office of Children, Youth and Families (OCYF) has embarked on a statewide demonstration effort to deploy and evaluate mobile technologies in child welfare services (CWS). This has been a collaborative partnership of OCYF and the University of Pittsburgh, Child Welfare Education and Research Programs. Although the initial motivation was that mobile technologies could improve Pennsylvania's performance on visitation benchmarks established by the Child and Family Services Improvement Act, it became apparent that there were other intermediate outcomes (i.e., worker satisfaction, better documentation, efficiencies) that could be positively influenced by introducing mobile technologies into the field.

The demonstration project was divided into two phases. Phase I included semi-structured interviews with two caseworkers from each of Pennsylvania's 67 counties in order to gather baseline information regarding current agency policies and procedures. During Phase II, Pennsylvania's 67 county child welfare agencies were randomized into "intervention" and "control" categories by a number of county-level variables. Three counties were excluded from the sample, resulting in 32 intervention counties and 32 control counties.

Several themes emerged from the open-ended questions in the Phase I interviews. Caseworkers reported using engagement strategies such as the use of self, providing positive feedback, taking a non-authoritarian stance, letting the clients take the lead, providing information, providing follow-through and consistency, and building connections by spending time with clients, finding common ground, and getting to know the person.

Although caseworkers tried numerous techniques to successfully engage families, barriers were identified that influenced the degree to which engagement occurred. Some of these barriers included the inherent negative opinions some families have concerning child welfare, mental health and substance abuse issues of caregivers that co-occur with reports of maltreatment, and demographic differences between caseworkers and families.

Phase II results showed no significant differences between workers in the control or the intervention counties on measures of professional commitment, receptivity, personal reward and responsibility and personal attachment. In other words, the use of a mobile device (tablet computers) did not increase or decrease their professional commitment, openness to clients, sense of work rewards or responsibilities. A trend, although not statistically significant, showed that workers who received tablets reported a slight decrease in their perception of respect toward clients. A small but statistically significant difference was observed in that the workers who had received tablets perceived a lesser degree of commitment toward clients.

Future directions and implications of this research include:

- Providing county administrators, IT staff and caseworkers with lessons learned from the first round of implementation.
- Providing forums for counties to learn from each other's experience with mobile technology (sharing success and discussing challenges).
- Formal agreements being made between the administrators and the IT staff prior to the distribution of the technology.
- Recognizing that the initial transition to using technology in the field includes both losses and gains across multiple levels of the workforce.

## **Introduction**

With the continued advancement in technology, the availability of WiFi, and other means of wireless connection to the internet, having a truly mobile workforce is becoming more of a reality. Although agencies are taking advantage of the ability to work remotely, there are few well-designed studies of technology in child protection casework. O'Connor and colleagues (2011) looked at the efficiencies of using technology to screen children for developmental delays and found that the programs using the technology acknowledged specific benefits (i.e. higher screening completion rates); however, the programs also experienced several challenges (staff adjustment, chaotic client home environments, shared computers). Trends on a post survey of implementation suggested that workers had a high degree of uneasiness with the use of computers during home visits and that they had high expectations for how the technology would affect their jobs, and when their expectations were not met they were less motivated to utilize the technology (O'Connor et al., 2011).

The state of New York and the Center for Technology in Government has also studied the success of mobile technology in the field over a period of several years (Cook, Helbig, Cresswell, Mulki & Akcam, 2008). The introduction of mobile technologies was found to produce fairly small positive gains in areas of productivity, mobility, and staff satisfaction. Workers did not use mobile technology in the families' homes although they did use them in their own homes and in other areas (Cook et al, 2008). Workers rated timeliness of documentation as generally being impacted "about the same" and "somewhat better" than before the mobile technology was implemented. Cook and Helbig (2008) report several key lessons from the New York implementation project:

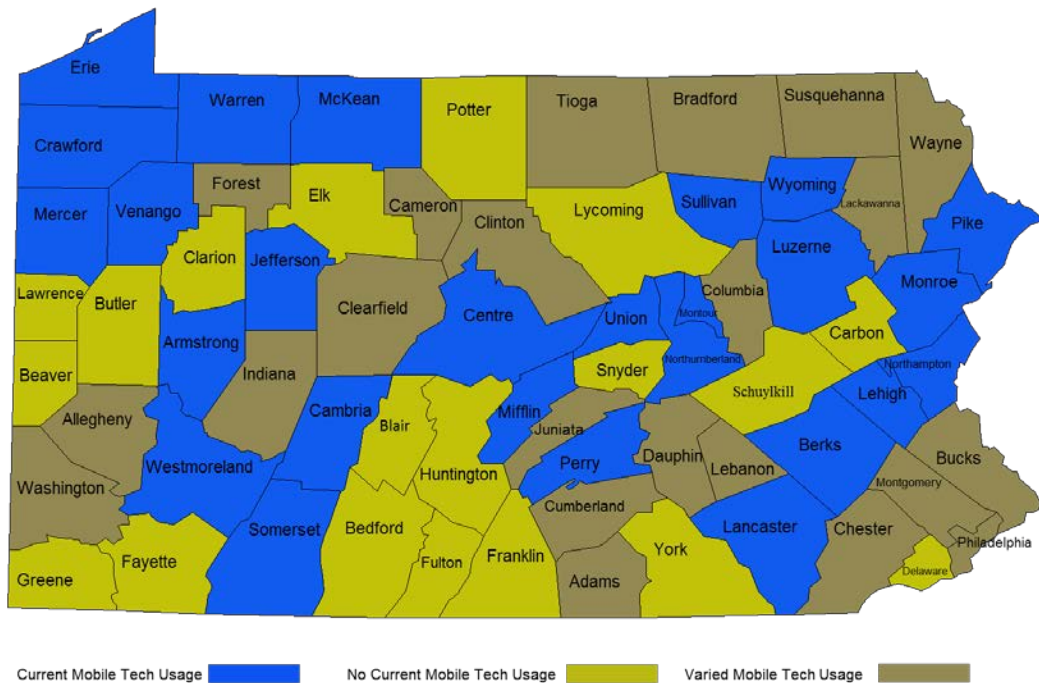
- The possibilities associated with going wireless and mobile will not be realized if employees do not use the technology. Knowing the nature of the work is important for actual use. For example, does information need to be accessed or entered in real time? In their evaluation, email was not found to be a pressing need, but documentation of visits in the casework database was a priority. Thus, connectivity was a critical aspect for using the mobile technology.
- A systematic assessment of individual needs is necessary. There are people who prefer to dictate, those who prefer to type and compose simultaneously, and those who must write first on paper and then type. Individual needs, and the nature of the work must be aligned with the right type of mobile technology.
- The policies for working from home, compensation for work outside normal hours and supervising scheduling of office and field days must be reviewed if mobile technology is to succeed.
- Caseworkers reported a two-step learning process of first understanding the technology and then integrating it into their work.

Beginning in 2009, the Pennsylvania Office of Children, Youth and Families (OCYF) embarked on a statewide demonstration effort to deploy and evaluate mobile technologies in child welfare services (CWS). This demonstration project was one of many workforce initiatives enacted through a collaborative partnership of OCYF, the sixty-seven county child welfare agencies and the University of Pittsburgh, Child Welfare Education and Research Programs. Although the initial motivation was that mobile technologies could improve Pennsylvania's performance on visitation benchmarks established by the Child and Family Services Improvement Act, it became apparent that there were other intermediate outcomes (i.e., worker

satisfaction, better documentation, efficiencies, a mechanism for enhanced client engagement and collaborative case planning) that could be positively influenced by introducing mobile technologies into the field.

Several counties were well on a course of mobile technology deployment prior to this initiative. These were counties that had administrators or county commissioners who believed that workers could and should be using technology in their practices and had the support of their county Information Technology divisions. Other counties were only beginning to implement technology, and others were reluctant to use technology. Figure 1 shows the initial availability of technology in Pennsylvania’s counties at the time of the project’s implementation, according to responses from the Phase I survey.

Figure 1: County usage of mobile technology prior to evaluation project



A “technology day” for county stakeholders, information technology and program staff from OCYF and the University of Pittsburgh, School of Social Work, Child Welfare Resource Center (CWRC) was held at the CWRC in July of 2009. Several technology vendors were

present to display their products and provide explanations of their function, features, and utility.

The goal of the technology demonstration was to define a mobile technology direction that would efficiently and effectively support county child welfare agencies in their daily work.

Those who participated in the technology vendor day were asked to consider which of the products they felt would have the greatest impact in the following areas:

1. Increased productivity by reducing or eliminating the need to record/enter the same data multiple times;
2. Improved worker efficiency by reducing manual processes and work-around activities;
3. Support for casework visits with children and families, assessments, and contacts;
4. Capturing of field data at the time of the activity;
5. Reduction staff stress;
6. Provision of greater flexibility for caseworkers;
7. Increased caseworker safety.

Following the demonstrations, participants showed interest in several of the types of technology presented but ultimately agreed that use of Fujitsu Lifebook T5010 Tablet Personal Computer<sup>®</sup> could have potential benefits in the majority of the seven categories listed above. Participants also showed an interest in the software to enable caseworkers to convert “voice to text”. It was felt that this software could increase worker efficiency and worker productivity (Child Welfare Training Program, 2011).

In response to the results of the technology day, Pennsylvania’s OCYF, through its Intergovernmental Agreement with the CWRC, authorized the purchase of 400 Fujitsu Lifebooks (tablets) and licenses for various software packages (i.e. dictation software) for distribution among selected foster care caseworkers in demonstration counties. Tablets were purchased with extended warranties and the vendor help desk. If there were items in which the vendor helpdesk



could not provide assistance, CWRC put county IT staff in contact with a Fujitsu representative. A demonstration project was created using a mixed quantitative/qualitative design to ascertain the current visitation policies and practices, and to examine how the use of technology in the field impacts family engagement, job satisfaction, and a sense of professionalism. In addition, the project controlled for county differences in the adoption of technology, and enabled equitable distribution of the tablets.

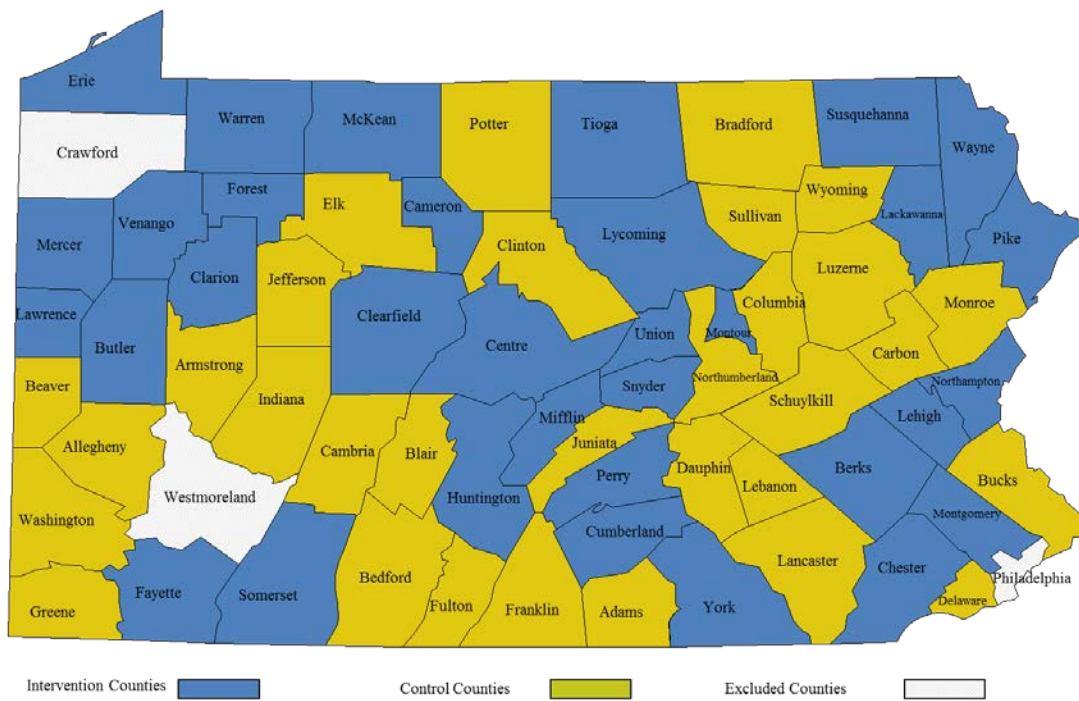
### **Methods**

The demonstration project was divided into two phases. Phase I included semi-structured interviews with two caseworkers from each of Pennsylvania's 67 counties in order to gather baseline information regarding current agency policies and procedures. Information concerning engagement strategies, perceived barriers to engagement, advice to new caseworkers, and the needs of both kin and non-kin foster families was collected (Cahalane & Fusco, 2011).

During Phase II, Pennsylvania's 67 county child welfare agencies were randomized into "intervention" and "control" categories by a number of county-level variables (i.e. per capita income, state region, population size, poverty level, percentage of children, county classification as urban or rural). Also included in the sampling were the child welfare workforce numbers, visitation percentage rate by county, caseworker to family ratio, and the number of tablets available. Three counties were excluded from the sample, resulting in 32 intervention counties and 32 control counties. Figure 2 shows the classification of counties after the randomization. Supervisors were asked to select a defined number of foster care caseworkers to participate and to consider positive work performance and varying lengths of agency experience in selecting staff (Cahalane & Fusco, 2011).

Tablets were mailed to counties 30 days in advance of scheduled trainings so that county IT staff could have time to prepare the tablets for use. Counties were required to install their local software and forms onto the tablet prior to the training, and to provide IT support contact information so that instruction and/or assistance could be provided as needed. After receiving the tablets, caseworkers participated in six hours of training prior to using the tablets.

Figure 2: Mobile Technology Sampling Strategy



*Trainings, Technical Assistance, and Informational Guide*

Technical trainings spanning two distinct content areas were developed and scheduled by the CWRC in conjunction with staff from Fujitsu and Nuance (software developers for Dragon Naturally Speaking). These trainings focused on the use of the Fujitsu tablet PC and the Dragon Naturally Speaking voice recognition technology. Additionally, a training devoted to engagement with youth and families was designed to reinforce basic engagement principles and how the use of technology can be incorporated into home visitation. This portion of the training

was informed by the themes identified in the Phase I interviews with caseworkers and included the essential elements of engagement noted in the literature.

#### *Using your Fujitsu tablet PC*

The training was coordinated with Fujitsu staff and delivered to child welfare staff that used the Fujitsu tablets in the office and in the field. A total of 31 training workshops were delivered statewide which oriented users to the tablet features and allowed them hands on application experience. County administrators and IT staff were encouraged to attend these sessions. An online training was also developed with the same content, allowing current and future users to complete the course. Prior users were able to revisit the course to brush up on their skills.

#### *Dragon Naturally Speaking*

A total of 5 trainings regarding Dragon Naturally Speaking were offered regionally across the state by the software developers (Nuance), with an additional training held via WebEx. Participants in this training were taught voice commands, shortcuts, and best practices in using the software.

#### *Youth and Family Engagement and the Use of Technology*

This supplemental training was designed to reinforce the critical nature of engagement for children, youth, and families and explore how technology can be used as a tool in collaborative case planning. Participants explored how to maintain and/or enhance their engagement skills while learning new strategies for involving children, youth, and families by using mobile technology. A total of 33 workshops were run statewide. An online training was also developed with the same content, providing a resource for both current and future users.

To further support counties in their efforts to successfully utilize mobile technology in the field, the CWRC developed an informational guide for the Fujitsu T5010 model which included tips and techniques for county IT staff to reference when working with agency caseworkers.

Content in the informational guide included:

- mobile printer setup and preparation
- Computrace installation instructions and support
- Dragon Naturally Speaking voice recognition information and helpdesk support
- Fujitsu tablet best practices, recommendations, and warranty information

CWRC's Management Information System (MIS) department provided technical assistance to all participating counties regarding software capabilities, distribution, docking stations, Computrace, and Dragon Naturally Speaking. In some cases where additional support was requested, bridges were made between the county agency and Fujitsu staff to remedy the situation. In all cases, positive feedback was received regarding the support that was provided by CWRC, Fujitsu, and Nuance.

Intervention caseworkers completed a demographic questionnaire, a use of technology scale (Appendix B), and the Revised Human Caring Inventory (Appendix C; RHCI: Ellis, Ellet & DeWeaver, 2007). The principal investigators developed the Use of Technology Scale specifically for this project in order to determine the extent to which caseworkers were using technology in their daily practice. The RHCI measures current job satisfaction, sense of professionalism, and level of engagement with families on the caseworker's caseload. After six months of tablet usage, the caseworkers in the Intervention counties were re-administered the

Use of Technology Scale and the RHCI, during which time the caseworkers in the Control counties completed the demographic questionnaire, and the RHCI.

In addition, a sample of caseworkers from the Intervention counties along with county administrators participated in focus groups regarding their use of mobile technology and the perceived challenges and benefits of adopting mobile technology. Administrators, from both intervention and control counties, were invited to participate in focus groups held during one of their quarterly meetings. Separate focus groups were held for caseworkers and these were stand-alone meetings; they were not held in conjunction with any other activity. Caseworkers primarily represented intervention counties but a few control county caseworkers participated.

## **Results**

Telephone interviews (Appendix A) were conducted with caseworkers from 60 of Pennsylvania's 67 counties. Administrators from each county were asked to identify two case-carrying foster care workers to participate in the interviews (n=134). One worker was to have less than two years of experience and the other participant was to have more than two years of experience. Participants responded to approximately fifty open and close-ended questions. 125 workers representing 60 counties completed the interviews resulting in a 90% response rate. The caseworker participants were asked some basic demographic questions, questions regarding their caseloads, and visitations with the families on their caseloads. Table 1 shows the demographics of the survey participants.

The majority of caseloads for the survey participants were less than 30 children and 20 families, which was consistent with national data regarding average caseload size (see American Public Human Services Association, 2009; Child Welfare League of America, 1999). Most caseworkers reported that they did not have any children on their caseloads placed outside of

Pennsylvania. However, there was a split regarding the number of children placed more than 50 miles from the caseworker's office. Thirty-nine percent of caseworkers reported having 3-15 children placed 50 miles or more away from their office, 32% said they did not have any children placed 50 miles or more away from their office, and the rest of respondents reported between 1-2 children placed fifty miles or more away from the office. Forty-eight percent of caseworkers said that none of the children on their caseloads are part of shared case management<sup>1</sup>. However, 32% of caseworkers reported that 2-13 children on their caseloads are part of shared case management, with the rest of the respondents acknowledging shared case management duties with one child.

Table 1: Participant Demographics

Characteristic	Percentage
<b>Years in current position</b>	
2 years or less	59%
<b>Years experience in public child welfare</b>	
2 years or less	36%
<b>Years additional experience in human services</b>	
0 years	40%
1-5 years	46%
<b>Education</b>	
Associate's	7%
<b>Bachelor's in Social Work</b>	20%
<b>Bachelor's degree in related field</b>	64%
<b>Master's degree in Social Work</b>	6%
<b>Master's degree in related field</b>	3%

Interview respondents provided details regarding their visits with children and families in federally defined foster care. They discussed how often they visit children and families, the role of private providers, and how they record their visits and length of visits. The vast majority

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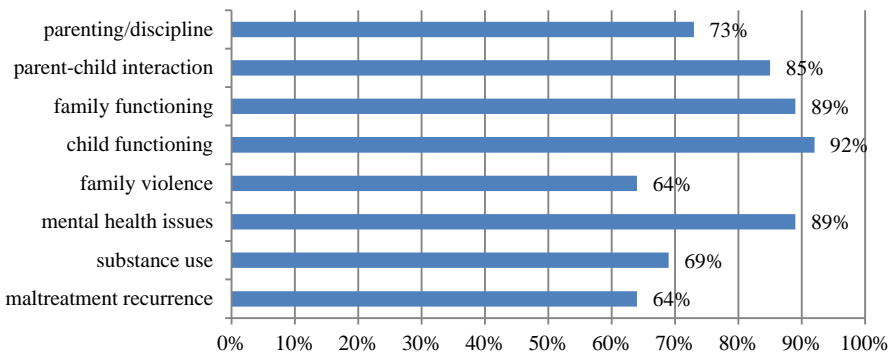
<sup>1</sup> This practice refers to the sharing of responsibility for care of and services to youth who are under the direct supervision of either county child welfare agencies or juvenile probation offices, or both concurrently, and the families of these youth.

(65%) of caseworkers reported that they visit out-of-home children in their home or placement monthly, which meets the federal regulations. Twenty percentage of caseworkers said they visit the children in out-of-home placement more frequently (up to weekly) in their home or placement, and 13% said they have some other visitation schedule which occur in the child's home or placement. The respondents who reported "other" were asked to clarify their answer, to which they indicated that visit frequency varies and can depend on the type of placement. There was an even split regarding whether private providers were permitted to fulfill the caseworker's monthly visitation requirement, with 45% of caseworkers saying yes and 55% answering no to this item.

The amount of time caseworkers spent with the family as a group varied from 10 minutes to 120 minutes, but almost half (40%) said they spent 30 minutes or less with the family, which echoes the number of caseworkers (74%) endorsing spending 30 minutes or less with the child. The majority of caseworkers (73%) indicated that they have a set agenda to review during visits. Figure 3 below demonstrates the life domains monitored during visits (caseworkers could select more than one). Unsurprisingly, close to 90% of caseworkers rated visitation with children in out-of-home placement as very important or important within their daily job priorities.

Interestingly, 76% of caseworkers indicated that they document visits in a database or computer file, but only 58% of counties reported using mobile technology prior to the evaluation project. Another significant number of caseworkers (79%) document their visits in the child's record, and 47% document the visit verbally to their supervisors.

**Figure 3: Life domains monitored during visit**



Several themes emerged from the open-ended questions in the Phase I interviews.

Caseworkers reported using engagement strategies such as the use of self, providing positive feedback, taking a non-authoritarian stance, letting the clients take the lead, providing information, providing follow-through and consistency, and building connections by spending time with clients, finding common ground, and getting to know the person.

Although caseworkers tried numerous techniques to successfully engage families, barriers were noticed in some instances. Some of these barriers included the inherent negative opinions some families have concerning child welfare, mental health and substance abuse issues of caregivers that co-occur with reports of maltreatment, and demographic differences between caseworkers and families.

Despite the engagement barriers, caseworkers had some important advice for new workers coming into the field. This included being flexible; being aware of negative images of child welfare, being aware of loyalty issues, having a good understanding of child development, and use of self (i.e., listening, patience, honesty and transparency, genuineness, respect, asking about what you don't know, taking your time and not being in a rush). These words of advice were incorporated into the curriculum for the engagement component of the training provided to caseworkers in Phase II of the study.



*Phase II: RCHI and Use of Technology Measures*

No significant differences were observed between workers in the control or the intervention counties on measures of professional commitment, receptivity, personal reward and responsibility and personal attachment. In other words, the use of a tablet did not increase or decrease their professional commitment, openness to clients, sense of work rewards or responsibilities. A trend, although not statistically significant, showed that workers who received tablets reported a slight decrease in their perception of respect toward clients. A small but statistically significant difference was observed in that the workers who had received tablets perceived a lesser degree of commitment toward clients. The full results from the RCHI can be seen in table 2 below.

Table 2: Revised Human Caring Inventory Post Intervention

	Sample	N	Mean
Receptivity	<b>Intervention</b>	<b>273</b>	<b>3.14</b>
	Control	187	3.16
Personal Reward/Responsibility	<b>Intervention</b>	<b>275</b>	<b>3.09</b>
	Control	187	3.09
Commitment to Clients	<b>Intervention</b>	<b>275</b>	<b>3.20**</b>
	Control	187	3.28
Professional Commitment	<b>Intervention</b>	<b>275</b>	<b>2.74</b>
	Control	187	2.80
Personal Attachment	<b>Intervention</b>	<b>275</b>	<b>3.00</b>
	Control	187	3.01
Respect for Clients	<b>Intervention</b>	<b>275</b>	<b>3.30^</b>
	Control	187	3.36

\*\*p<.01; ^p<.10

## *Phase II: Focus Groups*

There were three fundamental questions guiding this evaluation: (1) How was the technology used in the work setting and where was it used; (2) What prompted or prevented use; and (3) Does it impact their engagement with families, job satisfaction and sense of professionalism and comfort with use? Data were collected using baseline and post surveys administered to caseworkers and focus groups were held with workers and administrators. Similar focus group questions were asked of both administrators and workers. A summary of the major themes that emerged from these focus group meetings is presented below.

### *Mobility and Use*

The use of tablets has the potential to free workers from their desks. Administrators and many of the workers report that their desktop computers have been replaced with laptops and docking stations. However, mobility isn't limited to laptops or tablet computers. Workers and administrators also spoke of using several different types of mobile technology in the field such as portable scanners, portable printers, smartphones, iPads, digital recorders, microphones and cameras. Administrators were consistently positive about the benefits that come from mobility: workers can use down time resulting from delays in court and cancelled appointments to catch up on documentation (writing and entering case notes, case closures, doing dictation). Workers spoke of the benefits of mobile scanners in scanning documents in the field that can be difficult to obtain, copy and return, such as foster parent licenses, child physicals, and grades. Likewise, workers endorsed the use of mobile printers that allowed for printing plans during visits.

Responses about use were varied, depending upon the individual as well as whether they were a worker or an administrator. Administrators did not know the specifics of usage on a day to day basis and the information that they had was obtained from supervisors. They didn't have

actual evidence that mobile technology resulted in productivity improvements such as more timely submission of case notes or case closures. They believed, however, that it did allow workers to spend less time in the process of documentation and more with families. The workers were less sure that the time saved through greater efficiency led to greater time spent with families. They believed that the time saved helped them to be more productive in other ways, such as timely submission of documentation.

The use varied across workers and by the type of support that they had as well as individual preferences. In one focus group a “superuser” described how she was totally mobile and paper-free. She used her tablet and personal smart phone for all intake related work such as safety plans, documenting family visits, searching for family members, and investigating community resources. This individual was motivated and persisted in trying out new ways to do her work using the tablet. She cajoled the information technology person in her county to give her access to the internet, licenses to software and to tutor her. Another user in the same group was initially excited about having a tablet, but became discouraged because she couldn’t figure out how to integrate it into her normal work tasks, didn’t have the correct software, and couldn’t access the internet and the database where client information was stored. When she couldn’t solve the issues, and the IT support was lacking, she became frustrated and began using technology minimally. This pattern is illustrated by the following excerpts from the focus group held with the caseworkers in the Northwest.

*“And somebody to call, like when I have a question, you know? I sat and it took me, I don’t know, two days to figure out how to import something so I could have a family sign it, but I was bound and determined. But then when you have your other caseloads of demands.....I don’t have the afternoon to play....I don’t have the time”.*

*“I wanted to use mine, but once I couldn’t get certain things where they needed to be and stuff, I just was done”.*

While these users represent the extreme of “super-adopter” and “de-adopter,” the majority of those interviewed fell somewhere in the middle of the range. Others in the groups described possible uses of mobile technology to include digital dictation; mobile printers to print out plans; mobile scanners to capture documents such as birth certificates and driver’s licenses; smart phones to access webpages for information for families for referral; independent living workers using laptops/tablets for college searching and for youth to complete the Ansell-Casey life skills tool; using laptops/tablets for educational materials for families; and, using the laptops/tablets to complete the early developmental screening measure. One county just began using SKYPE on a laptop with a camera to meet the judicial mandate of weekly contact with a parent who is geographically distant. Another worker uses the paint/draw application to engage young children. Others simply used a laptop or tablet to type up case notes, print them out and put into a paper record. Workers did report that for rural areas where it is hard to get back to the office, they appreciated being able to do some documentation (even without access to a database) outside of the office. They could type up their visitation notes and then cut and paste into their database when they were back at work. None of the participants mentioned using laptops/tablets for email to communicate with supervisors or other workers.

Use of mobile technology in the client/family home was a hotly debated topic in the worker focus group held in the Northwest. The “superuser” caseworker was adamant that tablet computers could and should be used and that families were very comfortable with its use in the home. Others felt that using technology was disrespectful, impersonal and distracting. Another believed that mobile technology was difficult to use in a chaotic environment in which there

were multiple children and animals, no place to sit, or a clear surface on which to put it on. Still others felt that it could be destroyed or used as a weapon and so did not bring it into the home. Workers did say that when they left the home, they often went to a place where they could quickly type up their observations and the content of the contact for later insertion into a paper record or to be put in a database. They reported that there are no policies on tablet computer use in the client home, and so it was up to the individual worker whether to bring it into the home. Some did have policies that if it was left in the car, that it must be locked in a car trunk for security reasons.

Participants also discussed the types of visits where they would be most likely to use the tablets. Workers felt that in homes where they regularly visit that they would and do bring them inside and use them during the visit. However, some workers expressed that they would be least likely to use the tablet during an initial visit. Initial visits are those visits in homes that are the first part of an investigation of child abuse/neglect. There are many things that need to happen during these visits, and the tablet was viewed as being more of a barrier and distraction than a benefit.

### *Shifts in Location of Work*

Both workers and administrators report that mobile technology has shifted the location of work. Work is being done in cars, in waiting rooms, courts, coffee shops, public libraries and in the worker's home. While caseworkers have always done the majority of their work "in the field," the information gathering, synthesizing and documentation has typically occurred in the office. The administrators view this as a positive change:

*"I just can't stand seeing them trapped in front of their computer at their desk, as much as I see them trapped in front of that computer. I want to see them out*

*there. I want to see, I want,..and I haven't gotten there, but I want to see them out.....”*

Workers, while generally positive, have mixed feelings about the shift. They appreciate that mobile technology allows them to use unexpected free time that results when scheduled appointments are cancelled or delayed or when they are in family court. They can use the hour or two to catch up on their documentation and this “keeps their heads above water” as described by one participant. They also appreciate that when they are on call, they can use their tablet in their home to access case information stored in their electronic records. What is less positive is that one can work “at home” and unsupervised rather than in the office, and a caseworker can perform unpaid work at home. Although some counties have policies about over-time and working at home, this seems to be an area in which there was a lack of clear and uniform policy and procedures, even within the same counties. A few workers expressed the difficulties that they were having balancing work and personal life when using the tablet. Like many professionals, these workers were trying to manage the expectations of constant availability and responsiveness that these devices now afford. Not all focus group participants expressed these concerns perhaps because they had not fully integrated the technology into their daily practice.

*Integration into Work Tasks: Documentation and Data Entry*

Casework is accompanied by a high degree of documentation. Some workers in the groups felt that the balance between doing and documenting was wrong, and that technology can only aid to a limited degree in re-balancing the work priorities. One caseworker commented:

*“...it's coming to the point where technology is great and that's wonderful for paperwork, but the more they continue to add to the paperwork, regardless of*

*whether the technology is there, the more they're taking us out of doing social work."*

The administrators and the workers did agree that mobile technology made documentation more efficient, but administrators were more optimistic about the promise of improved documentation efficiencies than were the workers who were dealing with the reality of what exactly could be done in the field.

Data entry has become a critical part of documentation. As counties move to web-enabled databases to store and maintain client information, documentation becomes more of an act of simultaneous data capture and entry and less pen/paper entry after the encounter. With the deployment of mobile technology, the work has been shifted in some counties from "back office" in which an administrative assistant would transfer written information into digital over a period of time to the worker capturing and entering the information directly into the database from their location outside the child welfare office or in the client home. This requires the combination of several influencing factors: a portable device; a web-enabled database; a secure internet connection with security and permission; individual worker skills; and, style of working. A worker documents by writing, typing, or speaking and workers have varying comfort and skill levels with each form of communication. As Cook and Helbig note (2008), some caseworkers are adept at thinking and typing, some can think but have limited keyboard skills and would rather speak out loud, and others prefer to think and write followed by typing, whereas others' preferred style is to think and write and then have someone else type the results. All of these methods produce the same product, but the skills and processes are different and that difference is important in terms of the devices used and the training. Caseworkers in the focus groups talked about the need for "individualized training" which may really be an assessment of their

skills, and how they do their work and using that knowledge to link them with the right device to increase efficiency. For someone who does not type, perhaps learning how to use dictation software to assist with documentation of case visits that can be copied and pasted into a database would be beneficial, with the goal of improving their typing so that they can eventually type their case notes directly into a database. Caseworkers also expressed the need for longer training on how to integrate the technology into their work; particularly regarding specific forms, (i.e. safety plans) as well as all the capacity that the tablet includes. The administrators also asked for more options, perhaps in an attempt to match worker skills and style with technology. One of the administrators of a county that does utilize mobile technology said:

*“...we’ve got a lot of laptops but maybe we need some tablets, and maybe we need some notebooks. I kind of like the idea of trying some of the different things....give us more, expose us to more and different, let us try”.*

#### Integration into Work Tasks: Communication with Families

Communication between workers and families is still largely face to face; workers did not talk about using email to communicate with families. However, a county CW administrator did share that they are exploring teleconferencing as well as SKYPE for contacting families:

*“we’ve bought some things like cameras, for visitation purposes for remote visits. I know our courts are starting to use video conferencing for preliminary hearings. But for long distances, and in order to maintain that contact initially...”*

Skype has been successfully used in another county to comply with court-mandated visits with a parent from a great distance. Mobile technology has been used to communicate with families primarily through the use of portable printers to print out copies of plans and other documents immediately and in the family home, and to share information resources with families and youth.



Transition workers were said to use laptops and iPads to communicate with youth, share college resources with them and use life skills tools like the Ansell-Casey.

#### *Integration into Work Tasks: Accessing and Sharing Information*

Both administrators and workers agreed that one of the benefits to mobile devices is that if you have a connection to the internet, and a database with client information, then the worker can retrieve and enter information directly into the database. This is important for when the workers are on call, or when they are contacting families that have been referred. It gives them a source of information as well as a way to find extended families when they are in need of emergency shelter for children. Workers and administrators also talked about how mobile technology has enabled them to share information within different divisions of child welfare, and because information can be entered quickly, then it is available in “real time” rather than in paper, in an inbox, waiting for it to be entered. However, the degree to which the access to real time information influences decisions and the resultant outcome is still unknown.

#### *Productivity*

Both workers and the administrators felt that mobile technology has improved a sense of efficiency although pre/post indicators of efficiency were not evaluated through this project. For example, since workers have strict documentation requirements set by law, a formal safety assessment and family plans must be completed within a certain period of time. Cases that are closed must have all the documentation completed. Although this study did not collect this information, nonetheless, workers talked of how additional time as a result of cancelled appointments, or time spent waiting in court, was now used to document. Some workers said that they have been able to get caught up in their backlog of case notes.

A big promoter of productivity was having the necessary forms available and also the ability to have certain information prepopulated into the form. If a worker can pull up a form, and it is prepopulated with the family name, numbers and address, this frees up time. Even if it doesn't prepopulate, having the form in an Adobe® file or other document that allows the worker to type into the form and perhaps even print it out for the family at the time of the visit would greatly reduce the amount of time to complete these forms. One of the workers mentioned how beneficial the tablet was while conducting developmental screenings.

Two of the biggest challenges to productivity have been connectivity and county case management systems (for example the "Child Accounting and Profile System" or CAPS). If a worker cannot access the internet because they lack an "air card" or it wasn't their day to have it because it is shared with other workers, and they can't easily find "hot spots" where there is free wireless (such as libraries), they won't be able to use the device fully to enter or retrieve information. Others talked of waiting until they went home and using their own wireless network to access the work server.

Although the agency administrators were very positive about the convergence of the county case management systems and the statewide data repository and mobile technologies, the workers were less enthusiastic. Several workers from counties using the CAPS system reported problems with slow performance and timing out which may be the result of insufficient bandwidth or slow indexing. (At the time of the focus groups approximately 40 of Pennsylvania's 67 counties were using the CAPS case management system. There are 8 different case management systems available to PA counties.) The result is that workers felt that it was more time consuming and interfered with productivity. They would have preferred to use

a word document and cut and paste into a database rather than entering information into fields in the CAPS screens.

*Worker Commitment, Receptivity, Reward, Responsibility and Personal Attachment*

Focus groups participants were asked to give their opinions on the unexpected direction of the Commitment to Clients and Respect for Clients subscales on the RHCI. One of the workers shared that it may be due to role overload:

*“Well, we spend so much time worrying about getting everything into CAPS and they keep adding stuff, they never take anything away, and we spend so much time messing around with the computer that it takes away time from the family. I see the family once a month, and that’s all they’re getting, that’s all I have to do. Otherwise I’m going to be months behind of paperwork. It’s pretty much slap a band-aid on a family and hope it sticks...”*

In other words, this worker was feeling overloaded and with the additional tasks associated with mobile technology, caseworkers are possibly making choices about where to put their energy. Other focus group participants also felt that perhaps these findings were due to the survey question not reflecting the issues that the caseworkers were having.

*Worker and Administrator Satisfaction with Mobile Technology*

Administrators were enthusiastic about the promise of what mobile technology and electronic databases offer, as well as more satisfied about how deployment has been in the field. Workers, on the other hand, felt that they had been overpromised about how technology could make their jobs less overwhelming, and so were less satisfied because they may have had unrealistic initial expectations that were not realized.

Although information was not obtained directly from clerical staff, some administrators identified that one of the unintended consequences of the direct data entry by caseworkers is that clerical support work now consists primarily of scanning rather than entering notes or plans. While this seems positive, one result is that clerical workers are now more concerned about job security. Administrators also said that clerical staff reported that the work is less interesting; when they were typing notes and case information, they felt involved in the work of the agency, and by extension, a part of the team. The re-assignment to less engaging work may be contributing to decreased job satisfaction.

### **Summary of Findings**

Prior to the mobile technology initiative, Pennsylvania's counties were in different phases of adopting new technology into casework practice. *27% of respondents in the Phase I interviews indicated that they used some sort of mobile technology in their practice.* During the interviews in Phase I, caseworkers were able to quickly identify not only the engagement strategies they employ with their clients, but also the barriers to youth and family engagement. Caseworkers were also able to offer advice to new workers coming into the field based on their experience.

Differences were noted in the results of the Revised Human Caring Inventory. When compared to the Control counties, the means for the Intervention counties were not in the expected direction. This unexpected finding may be due to the supervisor's selection of workers, the implementation challenges of using the mobile technology, and the actual measurement of the constructs. Focus groups conducted with administrators and caseworkers from the Intervention counties provided a wealth of information on the use of mobile technology in the field, and varying perspectives of its utility in casework practice.

Although users have unique likes and dislikes, devices that are lightweight, with long battery life, smaller and easier to hold are preferred over those that are bulky, heavy and have a short battery life. Some workers also said that the tablet bags were not large and sturdy enough to accommodate the tablet and their paper forms, resulting in restrictions in what they could carry on the job. Well-constructed bags that have the ability to expand but are not overly bulky will assist workers in carrying both paper forms and tablets.

Individual factors play a role in how mobile technologies are used in casework. As noted above, there are different personalities, skills and cognitive processes. Some workers will be motivated to adopt and persist and tolerate more challenges in order to use the technology. Some will be very comfortable and matter of fact in introducing tablets into client homes, while others will be less comfortable. Finally, cognitive processes and skills differ. For example, using a digital recorder or dictation software requires speaking progress notes in complete sentences. This may come naturally to some and others may have to write it out by hand and read in order to use dictation aids. As Cook and Helbig (2008) note, “asking people to change the way they work requires giving them time to learn and achieve proficiency in the new skill and recognition that this can engender substantial resistance” (p. 330).

Vision and leadership from administrators and supervisors was identified as a promoter: stating the desired future state, modeling the desired behaviors, and offering needed skills training were promoters identified by the administrators. Workers also wanted clearer policies and directions. Cook and Helbig (2008) write that “mobile technology use is only as pervasive as the policies and practices that support it. If policies thwart mobility or create disincentives, then use will decrease or even cease. As such, management practices created for traditional office-based staff may not be applicable to a more mobile workforce” (pp. 330-331). Policies and

procedures that need to be reviewed or re-written with worker input include working from home and overtime and compensatory time. Expectations about responsiveness and availability should also be addressed.

The workers believed that there was not enough attention paid to individual needs, and they felt that once the six hour training was over, they were on their own to figure out how to use the technology in their day-to-day work. Administrators and workers gave examples of active resistance from county information technology departments as well as misinformation. Many county Information Technology (IT) directors or staff members were not consulted and/or were not on board with this deployment. As a result, they did not support its use in the field and on occasion, actively sabotaged its effectiveness. Some workers had to ask individual IT workers to clandestinely help them. Since IT directors and their staff were not interviewed, it isn't clear why this occurred. However, it is likely that the new tablets created more work for the already stretched departments, and also created the possibility for problems that they would have to fix (e.g., virus threats, "bad" data, hardware problems). They also may not have been familiar with the actual devices since many IT departments have contracts with differing brands of technology providers. This, too, would have created a time demand for them to learn the new hardware and software in order to assist workers.

Only one administrator talked of offering basic training to workers, e.g. those that need to learn to type or needed to learn Microsoft products. However, in order to use the training, workers must feel that it is safe to admit that it is needed, and given the time to go to the training without becoming behind on their client work.

## **Recommendations for Maximizing Investment in Future Technology Investments**

It is important to note that there is variability in technology resources across the state. Field and working environments differ, and do the priorities of administrative staff, agency staffing patterns, and the readiness of both supervisory and caseworker staff for change and innovation. The following recommendations are general and must be tailored to address individual county and worker needs. A statewide committee may help to address these regional differences and answer the question “How mobile do we want our workforce to be?”

### ***Increase connectivity while in the field and office***

- Negotiate with carriers for connectivity contracts as a state or region rather than county by county for greater bargaining power
- Allocate a portion of the equipment costs to connectivity costs
- Assess bandwidth problems that slow data entry into county case management systems

### ***Systematic assessment of process to digital conversion***

- Identify the processes by which information goes from written/spoken or thought into a database, the steps involved in those processes, and what technology is best suited given a county’s resources
- Provide standard forms and a process for management of those forms
- Proceed with conversion to county case management systems, but include worker groups to provide input about field challenges so as to continually improve the software

### ***Systematic assessment of individual needs, preferences, skills and work tasks***

- Determine each worker’s baseline skill level, what they need to do in their job, and their preferences for completing their job functions
- Identify what mobile technology will help each worker to be more productive

- Connect the individual worker's needs assessment to a plan for implementation support before giving workers mobile devices in order to increase individual productivity

#### ***Enhance County IT Department buy-in and support***

- Engage county IT departments in finding solutions and providing assistance in the field so that workers can be supported as they encounter challenges and begin to conduct their work differently

#### ***Review Policies and Management Practices***

- Conduct open and honest discussions with workers and supervisors about working at home and working overtime
- Craft policies and procedures for overtime, compensation and working at home

#### ***Align individual needs, field and task functions, and nature of the work to the device by providing focused training and coaching***

- Assess individual technology skills and gaps, identifying the training needs and learning style of each worker
- Design a training plan that fits the individual worker in order to increase the ability to use technology
- Provide peer coaching to reinforce and support transfer of learning to the field

#### ***Build an evidence base for mobile technology as an intervention***

- Continue to assess use of mobile technology, and commit to ongoing CQI processes that measure utility, engagement, job satisfaction, and cost/benefits.

### **Future Directions**

Closer to the end of this project, the CWRC conducted a conference call to provide more detailed information and to answer any questions or concerns counties had regarding participation in the pilot project. After the call, CWRC IT staff scheduled calls with individual counties who had county-specific concerns related to the use of the equipment with their current



systems. In addition, counties were asked to participate in a survey to determine their future technology needs. A total of 94% of counties requested various forms of mobile equipment such as tablet computers, mobile printers, voice recognition software, and headsets. Some of these counties that requested additional new technology were among those who had been initially skeptical about incorporating technology in casework practice, suggesting that a period of adjustment is needed in order for users to experience technology as useful and beneficial. Conversations with counties suggest that they required more time to adapt their practice to incorporate technology. A limitation to the study described in this report is that users were not followed over time to assess changes in skill level, comfort, and perceptions of utility in practice. Additionally, youth and family perceptions of mobile technology use during visitation were not explored.

For mobile technology to be a functional tool for a caseworker, greater integration of county IT staff, on-line technical assistance, and an increased commitment to integrating the mobile technologies into practice are paramount. The CWRC developed a plan to implement and distribute the additional technology to be purchased.

CWRC's plan included the following components:

- Providing county administrators, IT staff and caseworkers with lessons learned from the first round of implementation.
- Providing forums for counties to learn from each other's experience with mobile technology (sharing success and discussing challenges).
- Formal agreements made between the administrators and the IT staff prior to the distribution of the technology.

- Recognition that the initial transition to using technology in the field includes both losses and gains across multiple levels of the workforce.

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## Presentations

Cahalane, H., Fusco, R.A., Reinhart, S, & Rauktis, M.E. (2011, August). *Mobile technology in caseworker visitation practices: Professionalism, job satisfaction, and family engagement*. Poster session at the second annual Child Welfare Evaluation Summit, Washington, DC.

Cahalane, H. & Fusco, R. (2011, October). *Mobile technology in caseworker visitation practices: Professionalism, job satisfaction and family engagement*. Presentation at the 57<sup>th</sup> Annual Program Meeting of the Council on Social Work Education. Atlanta, GA.

## Appendix A

Interview ID: \_\_\_\_\_

### CASEWORKER VISITATION SURVEY

The purpose of this survey is to help us understand how your county is implementing monthly caseworker visitation for children in federally defined foster care. Federally defined foster care includes non-relative care, kinship, group homes, shelters, pre-adoptive homes, residential facilities that aren't JCAHO, COA or CARF accredited, and public/private child care institutions that have more than 25 beds. It includes out of state placements, too. Federally defined foster care doesn't include detention facilities for adjudicated delinquents, secure treatment facilities, psychiatric or general hospitals, YDC/YFCs and training schools. We are interested in not only compliance with the visitation requirement, but also in the quality of visits and the engagement of children and families in case planning and service delivery. Our goal is to develop a better understanding of our current practices related to visitation, identify useful strategies for effective engagement, and address barriers that complicate quality caseworker-child visitation.

Name: \_\_\_\_\_ County: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years in current position: \_\_\_\_\_

1. Think about your child caseload. On average, what percentage of your total visiting time is spent on each type of out of home placement?

- a. Group homes \_\_\_\_\_%
- b. Residential placements \_\_\_\_\_%
- c. Non-relative foster/kinship care \_\_\_\_\_%
- d. Shelters \_\_\_\_\_%
- e. Others \_\_\_\_\_%

**(If c is greater than 0, please take a supplemental form to ask additional questions at the end of this survey. If c is 100% conduct the survey, then skip to Question 7 on the supplemental form.)**

**SECTION 1. DEMOGRAPHIC INFORMATION**

1. How many years of public child welfare experience do you have? \_\_\_\_\_
2. How many years of additional experience do you have in human services, either in the public or private sector? (excluding years in public child welfare noted above) \_\_\_\_\_
3. What is your highest educational degree?
  - a. Associate's degree
  - b. Bachelor's degree in Social Work
  - c. Bachelor's degree in related field (specify) \_\_\_\_\_
  - d. MSW
  - e. Master's degree in related field (specify) \_\_\_\_\_
  - f. Ph.D.
4. What is the size of your average child caseload?
  - a. Less than 15 cases
  - b. 15-20 cases
  - c. 21-30
  - d. 31-40
  - e. Greater than 40
5. What is the size of your average family caseload?
  - a. Less than 15 cases
  - b. 15-20 cases
  - c. 21-30
  - d. 31-40
  - e. Greater than 40
6. Number of children in out-of-state placements \_\_\_\_\_
7. Number of children placed in-state, but more than 50 miles from your office \_\_\_\_\_
8. Number of children in shared case management \_\_\_\_\_
9. If you are a supervisor, how many workers do you supervise? \_\_\_\_\_

*The following questions refer to children in all types of out of home care, i.e., group homes, residential, and foster care (kin and non-kin).*

**SECTION 2: AGENCY PROCEDURES**

1. What is your agency's working procedures for visiting children in out-of-home placements? *(We are not interested in their formal policies; we want to know what is actually happening at their agency. Probe for procedure specific requirements such as frequency, who must be seen and what must be done)*

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2. On average, how often are you visiting the child?
- a. Weekly
  - b. Twice a month
  - c. Monthly
  - d. Every other month
  - e. Other (Explain): \_\_\_\_\_
3. How often do these visits occur in the child's home or placement?
- a. Weekly
  - b. Twice a month
  - c. Monthly
  - d. Every other month
  - e. Other (Explain): \_\_\_\_\_
4. Under what conditions would you visit a child more frequently or less frequently? (*Probe for specifics, e.g., family circumstances or child circumstance such as child behavior, family stress*)
- \_\_\_\_\_
- \_\_\_\_\_
5. If you visit kinship care families, how are these visits different from other foster care visits? (*Probe for specifics, e.g., are different types of questions asked, are there different expectations about who will be in attendance*)
- \_\_\_\_\_
- \_\_\_\_\_
6. How far in advance do you schedule visits?
- a. A day in advance
  - b. Several days in advance
  - c. A week in advance
  - d. Never
  - e. Other
7. Do you make unannounced visits?
- a. Yes
  - b. No
8. What are the reasons that you would make an unannounced visit?
- \_\_\_\_\_
9. Under what circumstances do you make more than the required number of visits?
- \_\_\_\_\_
10. What are some of the reasons that you or someone in your office has missed a monthly visit with a child?
- \_\_\_\_\_
11. Are private providers permitted to fulfill your monthly visitation requirement?
- a. Yes
  - b. No

11a. If *yes*: How many different private provider agencies are being used for visitation management on your caseload?

- a. 5 or fewer
- b. Greater than or equal to 5 agencies
- c. Don't know

12. Does your agency have procedures for coverage and seeing children other than those on your caseload?

- a. Yes
- b. No

13. Under what circumstances would you or someone else visit a child on your caseload to meet the monthly visitation requirement? (*Probe for who makes the visit, how it gets scheduled, and ask for an example of one*)

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14. What is the procedure and feedback you receive if someone else completes a visit in your place? (*Probe for how this works and ask for an example*)

---

15. How do you document your visits?  
(Circle or bold all that apply)

- a. In the record (in notes)
- b. Verbally to a supervisor
- c. Enter into a database or computer file
- d. Other \_\_\_\_\_

### **SECTION 3.           QUALITY OF VISITS**

1. How does visitation with children in out-of-home placement rate within your daily job priorities?

1	2	3	4
Not at all important	Somewhat important	Important	Very important

1a. Please explain why you rated this the way you did.

---

2. Do you have an agenda or areas that you must cover when you visit children and families?

- a. Yes

No2a. If *yes*: What are the components of your visitation agenda with each child?

---

3. Do you meet with the caregiver/staff during visits?
  - a. Yes
  - b. No
4. What life domains\* are you monitoring when visiting the child?

---

\*Life domains include:

- Maltreatment recurrence
- Substance use
- Mental health issues
- Family violence
- Child functioning
- Family functioning
- Parent-child interaction
- Parenting/Discipline

**Think about a typical visit. Using the following criteria, describe what a visit looks like for you:**

5. Who is present? Circle or bold all the apply:
  - a. Child(ren)
  - b. Caregiver/foster parent
  - c. Birth parent(s)
  - d. Siblings
  - e. Other family members
  - f. Staff
  - g. Others
6. Who do you meet with alone? \_\_\_\_\_
7. Who do you meet with as a group? \_\_\_\_\_
8. How much time do you spend one-on-one with the child in minutes? \_\_\_\_\_
9. How much time do you spend with the family in minutes? \_\_\_\_\_
10. How do you prepare resource families for upcoming visits?

---

11. Please rate how often you cover the following areas during a typical case visitation using the scale below.

	Always	Often	Some	Rarely	Never
a. Safety	4	3	2	1	0
b. Educational needs	4	3	2	1	0
c. Permanency plans	4	3	2	1	0
d. Services	4	3	2	1	0
e. Interpersonal issues	4	3	2	1	0



12. What indicators do you look for to show that a family is ready for reunification?

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**SECTION 4. ENGAGEMENT WITH CHILDREN & FAMILIES**

1. How would you characterize your relationship with the children on your caseload?

---

2. Think about the children with whom you have a good rapport. Describe how you developed this relationship. *[Probe for behaviors (what they do) and traits (more like personality—how are they with the child)]*

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3. What strategies have you found useful in engaging **older** youth in quality visits? *(Probe for specific behaviors such as “Please give an example of a time when you needed to engage a teenager—what did you do? How did you do that? How did you know it was working?”)*

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4. What strategies have you found useful in engaging families? *[Probe for behaviors (what they do) and traits (like personality—how they are with the child)]*

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5. What was helpful to you in developing strategies for engaging families?

(Circle or bold all that apply):

- a. Informal training (e.g., things learned from supervisors or co-workers)  
Formal training (e.g., workshops)(specify:\_\_\_\_\_)
- c. Education (e.g., things learned in my Bachelor’s or Master’s program)
- d. Life experience

6. What advice would you give to a new caseworker about engaging children and families in the visitation process?

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7. What challenges have you had during visitations that helped to change your strategy and resulted in more positive outcomes?

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8. What barriers do you experience in engaging children, youth and families on your caseload?

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## **SECTION 5. SUPERVISION**

1. Does your supervisor meet with you to discuss your agenda for the visit between you and the child?
  - a. Yes
  - b. No
2. Do you meet about all of your cases or just some of them?
  - a. All
  - b. Some

2a: *If some*: What are some reasons why you might meet about a particular case?

---

3. How often do you meet with your supervisor to discuss how your visits went with the children on your caseload?
  - a. Weekly
  - b. Twice a month
  - c. Monthly
  - d. Never
4. When you meet with your supervisor about your visits, how much of the time is spent discussing the interactions between you and the children on your caseload?
  - a. Less than 25%
  - b. 25%
  - c. 50%
  - d. More than 50%
5. When you meet with your supervisor about your visits, how much of the time is spent discussing your compliance with visitation requirements?
  - a. Less than 25%
  - b. 25%
  - c. 50%
  - d. More than 50%

## **SECTION 6. TECHNOLOGY**

1. Are you using any mobile technology (i.e., notebooks, laptops) on the job?
  - a. Yes
  - b. No
2. Is anyone else in your agency using mobile technology?
  - a. Yes
  - b. No

## **SUPPLEMENTAL QUESTIONS FOR CASEWORKERS WHO WORK WITH NON-RELATIVE FOSTER CARE/KINSHIP CARE FAMILIES**

1. *If all previous answers have been about non-relative or kinship families, skip to Question 7.* For the average non-relative foster care/kinship care family, how often are you conducting visits?
  - a. Weekly
  - b. Twice a month
  - c. Monthly

- d. Every other month
- e. Other (explain): \_\_\_\_\_

2. Under what conditions would you visit a non-relative foster care/kinship care family more frequently or less frequently? (*Probe for specifics e.g., family circumstances or child circumstances such as child behavior, family stress*)

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3. How much in advance do you schedule visits?
- a. A day in advance
  - b. Several days in advance
  - c. A week in advance
  - d. Never
  - e. Other

4. Do you make unannounced visits?
- a. Yes
  - b. No

5. What are the reasons that you would make an unannounced visit?

---

6. Under what circumstances do you make more than the required number of visits?

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7. Do you also meet with the child(ren)'s biological families?
- a. Yes
  - b. No

8. What differences do you see in the needs of non-relative foster care/kinship care families compared to biological families?

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## Appendix B

Date: \_\_\_\_\_

County: \_\_\_\_\_

Participant ID: \_\_\_\_\_

### *Use of Technology Scale*

Please mark an **X** in the box that most closely matches your agreement with the following statements. **SD= Strongly Disagree; D=Disagree; A=Agree; SA=Strongly Agree**. Neither you nor your county will be identified when looking at responses—survey responses will be looked as a group.

	SD	D	A	SA
1. Using tablet computers can enable me to complete my work with clients more quickly.				
2. Using tablet computers CANNOT improve my work with clients.				
3. Using tablet computers can increase my productivity in work with clients.				
4. Using tablet computers CANNOT enhance my service effectiveness.				
5. Using tablet computers can make my work with clients easier.				
6. I would find tablet computers technology NOT useful for my work with clients.				
7. Using tablet computers technology in work with clients is a good idea.				
8. Using tablet computers in work with clients is difficult.				
9. Using tablet computers technology is beneficial to my work with clients.				
10. I intend to use tablet computers in my work with clients.				
11. I intend to use tablet computers to provide more efficient services to clients as often as needed.				
12. I intend NOT to use tablet computers in my work with clients routinely.				
13. Whenever possible, I intend NOT to use tablet computers in my work with clients.				
14. To the extent possible, I would use tablet computers to do different things related to my work with clients.				
15. To the extent possible, I would use tablet computers in my work with clients frequently.				

## Appendix C

Date: \_\_\_\_\_

County: \_\_\_\_\_

Participant ID: \_\_\_\_\_

### **Revised-Human Caring Inventory**

Please mark an **X** in the box that most closely matches your agreement with the following statements. **SD= Strongly Disagree; D=Disagree; A=Agree; SA=Strongly Agree.** Neither you nor your county will be identified when looking at responses—survey responses will be looked as a group.

	SD	D	A	SA
1. I take responsibility for attending training to develop skills in areas in which I lack competence.				
2. I anticipate the needs of my clients and offer to help before clients ask directly for assistance.				
3. Most days, I do not look forward to going to work.				
4. It is important to me that the clients for whom I am responsible know that I personally care about them.				
5. When I go the extra mile for clients, I feel good about myself.				
6. I would delay personal plans in order to help a client in need of assistance.				
7. It is easy for me to establish a sense of connection with my clients.				
8. If I could do it all over again, I would choose a profession other than social work.				
9. Although I may not approve of my clients' behavior, I am accepting of them as people.				
10. I try to understand my clients' views of their problems.				
11. I find my relationships with clients rewarding.				
12. I request permission before looking in clients' cabinets.				
13. My clients know they can count on me.				
14. I would continue to work in child welfare even if I did not need the money.				
15. A personal sense of connection with clients brings me pleasure.				
16. When things are difficult at work, I can call upon memories of positive relationships with clients to keep me going.				
17. I cannot imagine enjoying a profession as much as social work.				
18. When I make a commitment to a client, I follow through.				
19. I avoid clients who are too demanding.				
20. I genuinely enjoy my profession.				

	SD	D	A	SA
21. I am usually the first to offer to help when someone needs something.				
22. I find little enthusiasm for working as a social worker.				
23. When developing case plans, I think of clients as partners in the problem-solving process.				
24. If a client has problems that are beyond my expertise, I seek advice from other professionals.				
25. Before entering a client's home, I request permission.				
26. When a client is distressed, I take time to listen.				
27. When clients begin to trust me, I experience a sense of personal reward.				
28. I am delighted when clients share their success stories.				
29. Parents should be informed of the consequences of their parenting behavior at the outset of agency intervention.				
30. I am bothered when I cannot keep a commitment to a client.				
31. I wish I could spend less time talking directly to clients.				
32. When I am able to maintain distant relationships with clients, I am more comfortable.				
33. I cannot imagine what life must be like for clients.				
34. My clients think I am pushy.				
35. I find relationships with clients frustrating.				
36. I have difficulty paying attention when clients are talking.				
37. I blame my clients for their problems.				
38. I take time to understand the needs of my clients.				
39. When clients are in need, I experience a natural motivation to help.				
40. I find relationships with clients unfulfilling.				
41. I enjoy stories clients share about themselves.				
42. I wait for my clients to request help with material resources before I offer to help.				
43. I try to meet clients with an attitude of acceptance.				
44. I listen carefully when clients are talking.				