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### Day One

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Section I: Introduction

Estimated Length of Time:
30 minutes

Quality Service Review Practice Performance Indicators
none

Performance Objectives:
None

Methods of Presentation:
Lecture, pairs activity, small group activity, and large group discussion.

Materials Needed:

- Sign in sheets
- Folders (optional)
- Name tents (construction paper or 5”x 8” index cards)
- Markers
- Scissors
- Masking Tape
- Flip chart easel
- Flip chart pad
- Prizes (optional)
- Sentence strips, or flip chart sheets cut to 3”x 24”, or flip chart sheets
- Banner headings: WIIFM and Parking Lot (optional)
- Laptop, LCD projector and screen
- **Handout #2: The Supervisor Training Series**
- **Handout #3: Agenda**
- **Handout #4: Learning Objectives**
- **Handout #5: Idea Catcher**
- **PowerPoint Slide #2: The Supervisor Training Series**
- **PowerPoint Slides #3-4: Agenda**
- **PowerPoint Slides #5-6: Learning Objectives**
- **PowerPoint Slide #7: Roles of Supervision**
- **PowerPoint Slide #8: Idea Catcher**
- Pre-work
Section I: Introduction

Trainer Note: Display PowerPoint Slide #1 (503: Supervisor Training Series: Module 2: Living the Mission of Child Welfare) prior to the arrival of participants.

Additional materials for initial distribution to participants are Handout #2 (The Supervisor Training Series), Handout #3 (Agenda), Handout #4 (Learning Objectives), and Handout #5 (Idea Catcher), if used. The trainer may wish to place the handouts in a folder and can decide how best to distribute all the materials, i.e. placing them on the tables in advance or handing them to each participant.

Step 1: Preliminaries

(2 minutes)

Start the training session by covering the following points:

✓ Welcome participants to the training.
✓ Review the details of the Resource Center’s trainings including:
  - 15 minute rule
  - Sign-in sheet
  - Initial sign-in sheet on day 2
  - Evaluation
  - Credits available for completion of the training
✓ Introduce self

Step 2: Supervisor Training Series Overview

(2 minutes)

Using Handout #2 (The Supervisor Training Series) and PowerPoint Slide #2 (The Supervisor Training Series), provide an overview of the five courses that make up the Supervisor Training Series:

-Module 1: The Preparatory and Beginning Phases of Child Welfare Supervision
-Module 2: Living the Mission of Child Welfare
-Module 3: The Middle/Work Phase of Supervision
-Module 4: Managing Diversity through the Employment Process
-Module 5: Endings and Transitions/Managing Staff Retention, Satisfaction, and Separation

Give particular focus to the rationale for this course. The rationale is that in order for supervisors and managers to function effectively within the structure of the child welfare organization, they must understand the concept of the organization as a system. This course is designed to provide supervisors and managers with a basic level of awareness, knowledge, and skills to assist them in functioning effectively within the structure of a child welfare organization. It will provide the opportunity for learning how to define organizational mission and outcomes that are consistent with the Adoption and...
Safe Families Act and Pennsylvania’s Child Welfare Practice Model that supports Continuous Quality Improvement (CQI), how to develop and arrange systems to organize and monitor work activities of the unit and staff member to achieve identified outcomes, and how to implement necessary change within the unit.

**Step 3: Introduce New Participants**  
(2 minutes)

If the participants are completing the Supervisor Training Series as a cohort group, identify any participants who did not attend The Preparatory and Beginning Phases of Child Welfare Supervision and ask them to introduce themselves, county, and number of agency staff they supervise while telling the information to the group.

**Step 4: Agenda**  
(3 minutes)

Note that the previous discussion regarding mission, outcomes, and change, addresses highlights of the course agenda. Review the agenda for the session using Handout #3 (Agenda) and PowerPoint Slides #3-4 (Agenda). The major sections of the Agenda are:

- **Day One**
  - I. Introduction
  - II. The Vision, Mission, Values, and Practice Model of Child Welfare
  - III. Child Welfare as an Open System
  - IV. Continuous Quality Improvement (CQI)
  - V. Defining Key Outcomes in Serving Families
  - VI. Identifying Benchmarks and Indicators

- **Day Two**
  - VII. Performance Actions and Performance Capacity
  - VIII. Assessing for Change
  - IX. Planning for Change
  - X. Implementing the Change Process
  - XI. Monitoring Progress
  - XII. Transferring Skills to Practice
  - XIII. Evaluation and Closure

**Step 5: Learning Objectives**  
(2 minutes)

Draw attention to the course learning objectives using Handout #4 (Learning Objectives). Display PowerPoint Slides #5-6 (Learning Objectives). Explain how the objectives relate to the rationale for the training. The overall learning objectives, which describe what participants will be able to do at completion of the training are:
✓ Define organizational mission and outcomes that are consistent with the Adoption and Safe Families Act and the Pennsylvania Child Welfare Practice Model;
✓ Identify the components of an Open System Model;
✓ Describe how Continuous Quality Improvement (CQI) can be achieved using the DAPIM™ framework;
✓ Explore ways to assess and plan work activities of the unit and staff member that will achieve identified outcomes;
✓ Explain how to implement necessary change within the unit; and
✓ Explore ways to monitor work activities to support the achievement of identified outcomes.

Step 6: Roles of Supervision
(3 minutes)

Display PowerPoint Slide #7 (Roles of Supervision). Remind participants that in Module 1: The Preparatory and Beginning Phases of Child Welfare Supervision, they learned the three roles of supervision: administrative, educational, and clinical. Explain that the module has an emphasis on the administrative role. Remind participants of what administrative supervision looks like.

Administrative Supervision focuses on those areas of supervision related to the efficient and effective delivery of services. This module stresses the importance of understanding one’s own management style within the context of the agency’s mission, vision, and administrative structure and focuses on agency goals and outcomes. It is within this role that the supervisor must always be aware of the supervisor role as an agent of the organization. It becomes the supervisor’s responsibility to support cohesion among the department and collaboration between departments by leading through example.

Remind participants that most supervisory tasks cross over the three roles. The final effectiveness of an agency or a unit is determined by the skills with which the workers implement its services. Therefore, while the module’s content will focus on administrative tasks, in order to successfully achieve the tasks, they will also need to use educational and clinical knowledge and skills.

Step 7: Other Rules
(1 minute)

Remind participants that each day’s training will be held from 9:00 am to 4:00 pm with a one hour break for lunch and mid-morning and mid-afternoon breaks. Discuss any special details including a request to turn off the ringers on cell phones and pagers.

Step 8: Name Tent Activity
(4 minutes)

Arrange participants in small groups of three to four persons each.
If participants are completing the Supervisor Training Series as a cohort group and/or have their nameplates from Module 1: The Preparatory and Beginning Phases of Child Welfare Supervision, have participants access them at this time. For those who do not have their previously-used nameplates, or if the trainer chooses, proceed with instructions for constructing new name plates.

Using either construction paper (folded in thirds) or index cards (folded in half), instruct participants to write their first name in the center of their nameplate with a marker.

Instruct participants to write the county in which they work in the top right corner of the name plate. Instruct participants to write their position in the agency in the top left corner.

Ask participants to write the amount of time they have been in their position in the bottom left corner. Asks participants to write the amount of experience they have in child welfare in the bottom right corner.

Ask participants to go to the back of their folded construction paper or index card. Considering the course agenda and learning objectives and the results of their Pre-work, participants are asked to tune in to self and their work environment and note their biggest learning need on the bottom of the back of their folded construction paper or index card. When the nameplates are complete, ask participants to stand their nameplate in front of them.

**Step 9: Learning Needs Activity**
(5 minutes)

Provide each small group with either several sentence strips, flip chart paper strips, or a sheet of flip chart paper.

Ask participants to share introductory information from their nameplates with the others seated at their table. Ask each person to share their responses regarding their learning needs with those in their small group. Instruct each group to compile a list of their learning needs that they would like to put forth to the entire group. The needs should be listed on individual sentence or flip strips (one need per strip) or on a sheet of flip chart paper. (As an alternative, each group can be asked to compile their needs on a sheet of notepaper. Transcribe notes on a flip chart sheet in Step 10.)

**Step 10: Presentation of Learning Needs**
(5 minutes)

Reconvene the large group and rotate among the small groups for presentation of the summarization of their learning needs.

If flip chart paper was used, each small group should hang their sheet on the wall. If sentence or flip chart strips were used, the strips, upon presenting, can be hung under
the headings for **WIIFM** (What’s In It For Me) for items to make a good faith effort to address in this training module, or **Parking Lot**, for items that will be addressed in other modules. Tell participants in which modules **Parking Lot** issues will be addressed. (Attempt to tell participants about other courses or resources that address any items that are beyond the scope of the **Supervisor Training Series**.) If neither flip chart paper nor sentence strips were used, list the needs, upon presenting, on a sheet of flip chart paper with the heading Need or **WIIFM** or on a sheet with the heading **Parking Lot**.

**Step 11: Idea Catchers**
(1 minutes)

Using **Handout #5 (Idea Catcher)**, reintroduce the concept of **Idea Catcher**. The handout should be used by participants throughout the training to jot down good ideas that they want to be sure to remember when they return to their agency.

Using **PowerPoint Slide #8 (Idea Catcher)**, explain that research shows that people retain 20 percent of what they hear, 30 percent of what they see, 70 percent of what they say, and 90 percent of what they say and do. If you use an idea within 24 hours of learning it, you are more likely to integrate it permanently. So, if participants hear or think of an idea or concept that they want to use back on the job, they should write it down immediately so that it is not lost. Tell participants that the minimum expectation of the two-day training is that they identify at least two new skills and two new pieces of knowledge. (Kornikau & McElroy, 1975).

**Trainer note:** To remind and encourage the use of the **Idea Catcher**, ask a few volunteers to share an idea a few times each day. (For example, state “It’s almost break time, but before we break, we need two volunteers to each share one of their ideas from their **Idea Catcher**.”) The sharing may also serve as a transition from one section of the curriculum to another. It is permissible to offer small prizes to those who share ideas.
Section II: Child Welfare Vision, Mission, Values, and Practice Model

Estimated Length of Time:
1 hour, 15 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 5. Long-Term View (pp. 8-10, 15)

Performance Objectives:
Participants will be able to assess within a large group setting, their respective agency’s mission statement as to whether it meets the seven mission statement criteria.

Methods of Presentation:
Lecture, large group activity, small group activity, large group discussion.

Materials Needed:
- Flip chart easel and pad
- Laptop, LCD projector and screen
- Blank sheets of paper
- Pre-work
- Poster #1: Getting to Positive Outcomes
- Handout #5: Idea Catcher (revisited)
- Handout #6: Characteristics of Effective Mission Statements
- Handout #7: Living the Mission in My Unit
- Handout #8: Pennsylvania’s Child Welfare Practice Model
- PowerPoint Slide #9: AFSA Provisions
- PowerPoint Slide #10: On the Floor
- PowerPoint Slide #11: Let’s Get on the Balcony
- PowerPoint Slide #12: Vision
- PowerPoint Slide #14: Mission
- PowerPoint Slide #15: A Mission Must Have
- PowerPoint Slide #16: Effective Mission Statements are:
- PowerPoint Slide #17: Effective Mission Statements Tell:
- PowerPoint Slide #18: Pennsylvania Child Welfare Resource Center’s Mission
- PowerPoint Slide #19: What is the Pennsylvania’s Child Welfare Practice Model?
- PowerPoint Slide #20: Pennsylvania’s Child Welfare Practice Model
- PowerPoint Slide #21: Pennsylvania’s Child Welfare Practice Model: Outcomes

✓ PowerPoint Slide #23: Pennsylvania’s Child Welfare Practice Model: Skills
Section II: Child Welfare Vision, Mission, Values, and Practice Model

Step 1: The Purpose of Child Welfare
(3 minutes)

Begin Section II regarding the mission of child welfare by leading a large group discussion on the purpose of the child welfare system. Ask participants “What is the purpose of child welfare?” Note key words or terms stated by participants on a flip chart sheet.

Continue the large group discussion by asking the group, “How does this purpose relate to the role and function of a child welfare supervisor or manager?”

State that to determine the mission of child welfare - our own reason for being - we must revisit a piece of legislation discussed in Module 1 of the Supervisor Training Series. The passage of the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) marked the culmination of more than two decades of reforms in the child welfare field. State that ASFA reinforces and clarifies that the intent of child welfare surrounds the issues of safety, timely permanence, and well-being. These issues rest on the foundation of people. It includes the people we are and connects our role, our function, and our day-to-day tasks to the purpose of the child welfare system. Since the child welfare supervisors do not work in a vacuum, the people include those we serve, those we supervise, those who supervise us, and even those who provide us with our purpose.

Using PowerPoint Slide #9 (ASFA Provisions), further explain the pyramid by stating that ASFA puts into place legislative provisions to:

- ensure that child safety is the paramount concern in all child welfare decision-making;
- shorten the timeframes for making permanency planning decisions and promote the adoption of children who cannot safely return to their own homes;
- focus on the well-being of, and positive results for, children and families and strengthen partnerships between child welfare agencies and other systems to support families at the community level.

Note that these purposes provide a framework that can be used to redesign, expand, improve, and complement current practices. The mission or purpose is used to shape the policies and practices within and across each component and unit to ensure good child welfare practice that upholds the requirements of ASFA.

Step 2: System Perspective
(5 minutes)

New supervisors are charged with overseeing the work of child welfare professionals’ day to day practice. Most new supervisors have been child welfare professionals and are familiar with the day to day work such positions entail. Display PowerPoint Slide
#10 (On the Floor). Supervisors have most likely been on the “floor” for quite a while. Most probably know the joys and challenges that come with being a child welfare professional. They are well versed in the everyday tasks of a child welfare professional such as risk assessment, safety assessment, home visits, permanency planning, court hearings, educational screening tools etc. This knowledge and experience will be invaluable to supervisors in their new positions. It will allow them to offer technical expertise, as well as empathy to child welfare professionals they supervise.

Display PowerPoint Slide #11 (Let’s Get on the Balcony). What might be different to new supervisors is that this position requires a greater understanding of how different parts of the Child Welfare System need to work together to ensure the safety, permanency, and well-being for children and families. Explain that when someone takes a balcony view, the view always looks different. The majority of this module will give supervisors the opportunity to take a balcony or aerial view of Child Welfare in order to build the system’s perspective for the work in which they engage every day. Heifetz and Laurie (1997) say that leaders “need to view patterns in the environment as if they were on a balcony”. It can mean not being “exclusively focused on one's own perceptions, nor on someone else’s views, but rather stepping back to consider the bigger picture” (Garmston and Wellman 1998). Explain that this module will give participants an opportunity to think like a leader.

Inform participants that much of the content that will be covered in this module may be a challenge for participants to connect to the everyday work of a caseworker and the work supervisors do every day. Many participants who are introduced to these topics report feeling confused and fatigued by the end of the day. Reassure them that these feelings are normal. By the end of the module, it will not be expected that participants have a firm grasp of all the material covered. Explain that these concepts will become more understandable as participants make their way through all five modules.

Step 3: Introduction to Vision, Mission, and Values
(2 minutes)

Explain that one of the most important elements in workforce development is a clear mission. Staff need to know and have an understanding that the work that they do matters. Explain that the supervisor’s role is to reinforce with their staff the vision, mission, and values of the agency whenever possible.

Step 4: Vision
(5 minutes)

Display PowerPoint Slide #12 (Vision). Define vision as a statement that describes how the future will look when an organization’s desires and aspirations are realized (APHSA 2011). By communicating the agency’s vision regularly to those inside and outside of the organization, supervisors help to assess their staff’s and stakeholder’s understanding of how the agency impacts clients, as well as their agreement with the vision.
Display **PowerPoint Slide #13 (Pennsylvania Child Welfare Resource Center’s Vision)**. Read the following vision statement for the Pennsylvania Child Welfare Resource Center: “Every child, youth, and family experiences a life rich with positive opportunities, nurturing relationships, and supportive communities.”

Identify that this vision is a broad based societal vision.

Ask participants if they are aware if their respective agencies have vision statements. If any know of them, ask them what they are. Write them on flip chart paper and post them to the wall.

**Step 5: Mission**
(5 minutes)

Note that the system’s purpose for being can be stated in a mission statement. The mission statement answers the question, “What’s the point?” It is the system’s collective vision of its reason for existence. It is a statement of shared values that drive our interest and commitment to the work at hand. It gives meaning to the forms, policies, and procedures. It helps our external and internal communities understand why resources should be allocated to support our work. It is stated formally in our mission statement at the system level. Display **PowerPoint Slide #14 (Mission)**. Define mission as a statement that describes the particular role an organization plays in realizing their vision. (APHSA 2011).

Using **PowerPoint Slide #15 (A Mission Must Have)**, state that three issues must be considered whenever the mission of the system is discussed:

- Its “fit” within the larger environment. Constant change in the public child welfare environment demands regular “refitting” of our sense of purpose or mission. Larger social forces in society (crack-cocaine abuse, single parents, impoverishment of families; executive, legislative, and judicial mandates, and initiatives; and patterns of support and interest within local communities) are all factors that demand that we regularly re-visit our sense of purpose. It allows us to regain perspective and assure that basic values held by individuals within the system are expressed operationally and decisions regarding policy shifts, hiring patterns, etc., are made from a mission focus. In addition, the core values of the members of the organization are affirmed and supported.

- Its “clarity” by all the key stakeholders responsible to and for the system’s functioning. Internal stakeholders include: staff, both support and direct services; administrative personnel, foster parents, etc. External key stakeholders need to be clear about what the system can legitimately be held responsible for as well. External stakeholders include: potential foster parents, taxpayers, legislators, etc. Once all are clear, we also have to determine if we are in agreement with each other and with the formal, stated mission of the system.
The “commitment” of all key stakeholders to act in ways that fully actualize the mission in day-to-day practice. We need to continually ask, “are we behaving in appropriate ways that demonstrate our commitment?”

**Step 6: Characteristics of Effective Mission Statements**
(5 minutes)

Refer participants to Handout #6 (Characteristics of Effective Mission Statements). Using PowerPoint Slide #16 (Effective Mission Statements are), discuss the characteristics of effective mission statements:

- Brief (3 to 5 simply stated sentences)
- Broad (describing comprehensive outcomes, not specific ones)
- Clear (meaning is clear to everyone)
- Compelling (inspiring commitment)
- Memorable (able to easily be memorized)
- Real (matches what the organization’s purpose is)
- Cultural (respectful of cultural differences, e.g. Available in language according to people served and reflective of the diversity of the population)

Using PowerPoint Slide #17 (Effective Mission Statements Tell), note that effective mission statements should tell:

- Who benefits (who are the consumers of services);
- What (what is going to be done);
- How (what methods, strategies, and values will be used to produce these results); and
- Address the diversity of the population served.

**Step 7: Examples of Mission Statements**
(5 minutes)


In partnership with families, communities, public and private agencies, we prepare and support exceptional Child Welfare Professionals and systems through education, research and a commitment to best practice.”

Conduct a brief, large group discussion to determine how the mission statement compares to the elements of effective mission statements.
**Trainer Note:** The Resource Center’s mission statement is being provided as an example for participants to critique. It is not being provided as an exemplary mission statement.

### Step 8: Pre-Work
(5 minutes)

Ask participants for a show of hands to determine how many are aware of their agency’s mission statement.

Determine how many participants completed their **Pre-work** by bringing their agency’s mission statement to the training. Ask a few participants to read their agency’s mission statement.

Ask participants to consider whether their agency’s mission statement meets the seven criteria for effective mission statements.

### Step 9: Unit Mission Statements
(5 minutes)

Conclude the section on the mission of child welfare by suggesting to participants that, in addition to holding a unit discussion regarding the purpose of child welfare, they hold a discussion regarding the agency’s mission. The discussion is critical to understanding how the unit as a whole and each individual in it contributes to accomplishing the agency’s mission. The mission becomes a key tool that gives meaning to all of the workers’ day-to-day tasks.

Note that those units that also have unit mission statements can continue the discussion by periodically reviewing the unit’s mission and how it relates to the agency’s mission and the purpose of child welfare.

Ask participants if any of them have unit mission statements that describe what their unit does to support the mission of the larger organization. If any participants have unit mission statements, ask them to share them.

Suggest that those supervisors who do not have unit mission statements consider engaging their workers in a process to develop a unit mission statement. The unit’s mission should compliment the purpose of child welfare and the agency’s mission.

Refer participants to **Handout #7 (Living the Mission in My Unit)**. Explain that this handout will be completed throughout the two day module. At the end of the training, participants will have developed initial thinking around a continuous quality improvement effort for their unit. Instruct participants to transcribe their agency’s or their unit’s mission statement into Section A of the handout.
**Trainer Note:** If participants did not complete the **Pre-work**, some participants may be able to access their agency’s mission statement from their agency’s website on their smart phones. If this is not possible, ask participants to develop a generic mission statement of their own that encompasses activities to achieve safety, permanence, and well-being for the children in their jurisdiction.

It is permissible to ask those who brought mission statements to the training to display them in the training room so that they can be reviewed by their cohorts during the course of the session.

**Step 10: Introduction to the Pennsylvania Child Welfare Practice Model:**
(3 minutes)

**Trainer’s Note:** Pennsylvania’s Child Welfare Practice Model was finalized and confirmed in February of 2013, and introduction and implementation is ongoing. Be prepared for a range of awareness and exposure to the model as rollout progresses.

Ask participants about their awareness of the model prior to any discussion, to give you an idea of the amount of explanation that will be required. If there is time, consider taking a class poll, either by a show of hands or by ‘human graph’:

**Show of hands poll:**
- Ask: How many of you have heard of Pennsylvania’s Child Welfare Practice Model?
- Continue: Keep your hand up if you have read the practice model or had it explained to you.
- Continue: Keep your hand up if your agency actively refers to and applies the practice model.

**Human Graph:**
Say: Let’s create an imaginary line across the front of the classroom.
- The left wall represents one end of the line: I know NOTHING about Pennsylvania’s Child Welfare Practice Model.
- The right wall represents the other end of the line: I know all about Pennsylvania’s Child Welfare Practice Model, and I can explain it to someone else.
- Now, get up and stand on the point in the imaginary line that represents your familiarity with the practice model.

Ask for volunteer participants to explain what a practice model does. Record the main points of their definitions on flip chart. Display **PowerPoint Slide #19 (What is the Pennsylvania’s Child Welfare Practice Model?)**. Explain that Pennsylvania’s Child Welfare Practice Model guides children, youth, families, child welfare representatives, and other child and family service partners in working together providing a consistent
basis for decision making, clear expectations of outcomes, shared values and ethics, and a principled way to evaluate our skills and performance. It helps us to benchmark our achievement and clearly links the abstract ideals of mission, vision, and strategic plans to day-to-day practice. Display **PowerPoint Slide #20 (Pennsylvania’s Child Welfare Practice Model)**. Explain that the practice model does this by defining outcomes, values, and principles and broad skills for all child welfare professionals.

**Step 11: Outcomes**
(4 minutes)

Display **PowerPoint Slide #21 (Pennsylvania’s Child Welfare Practice Model: Outcomes)**. Under Pennsylvania’s Child Welfare Practice Model, team members work together to achieve and maintain these six key outcomes directly related to our mission. Ask participants to read each of the outcomes aloud to the group and to identify with which federal outcome of safety, permanence, or well-being the PA outcome most closely aligns. The federal outcome is identified in parenthesis.

As an alternative activity, participants can be asked to identify with which federal outcome of safety, permanence, or well-being the PA outcome most closely aligns.

- Safety from abuse and neglect. (safety)
- Enduring and certain permanence and timely achievement of stability, supports, and lifelong connections. (permanence)
- Enhancement of the family’s ability to meet their child/youth’s well-being, including physical, emotional, behavioral, and educational needs. (well-being)
- Support families within their own homes and communities through comprehensive and accessible services that build on strengths and address individual trauma, needs, and concerns. (well-being)
- Strengthened families that successfully sustain positive changes that lead to safe, nurturing, and healthy environments, (safety and well-being) and
- Skilled and responsive child welfare professionals who perform with a shared sense of accountability for assuring child-centered, family-focused policy, best practice, and positive outcomes. (safety, permanence, and well-being)

Refer to **Poster #1 (Getting to Positive Outcomes)**. Point to the Keystone and point out that our practice model serves as a keystone for our child welfare system. Our practice model provides all child welfare professionals the support and guidance needed to work toward the achievement of our outcomes.

**Step 12: Values and Principles**
(4 minutes)

Ask participants to tune into the staff in their units. Ask participants what is personally important to their staff members in terms of values and principles.
Refer to Poster #1 (Getting to Positive Outcomes). Display PowerPoint Slide #22 (Pennsylvania’s Child Welfare Practice Model: Values and Principles). Point out that there is a CORE set of values and principles that have been identified for all child welfare professionals here in Pennsylvania. Without embracing these values and principles, it is a challenge to support the agency’s mission. Explain that our values and principles are to be consistently modeled at every level and across partnerships. We believe in:

- Children, Youth, and Families
- Community
- Honesty
- Cultural awareness and responsiveness
- Respect
- Teaming
- Organizational excellence

Point to the child welfare values and principles. Values and principles inform the work of child welfare practitioners. The understanding of and commitment to a set of values by the work unit is a primary driver of successful practice, cooperation, and agreement among unit members. If supervisors do not consciously attempt to tie the day-to-day work and the values and principles, to the child welfare mission and values system, they run the risk of a unit implicitly setting its own mission.

It is necessary for supervisors to ensure an appropriate “fit” between a worker’s personal values and perspectives with social work values and agency. During the first six months of a worker’s employment, values clarification and clarity is needed, regarding their relationship to the purpose and critical goals of the agency.

**Step 13: Connecting Personal Values to Agency’s Vision, Mission, and Values**

(15 minutes)

Remind participants that the elements in the practice model are to be applied throughout the organization and at every level. Divide participants into three groups. Explain that each group’s task is to identify ways that supervisors can help connect staff’s personal values to the agency’s and work unit’s vision and mission. One group will identify ways a supervisor can do this within individual supervision. The second group will identify ways to do this within unit meetings. The third group will explore ways they can do this more broadly across the agency as a member of the management team. Explain that groups can either write ideas on flip chart paper or take notes on blank paper. Provide flip chart paper to any groups that request it. Give them about 5 minutes to discuss.

Give each group an opportunity to provide highlights of their discussion.

Comment that Roy Disney said that “Decision making is easy when values are clear.” Explain that the supervisor’s ability to identify how values are operationalized, whenever possible, is one of the critical steps to value clarification and behavior change.
Step 14: Skills
(5 minutes)

Display **PowerPoint Slide #23 (Pennsylvania’s Child Welfare Practice Model: Skills)**. The Practice Model describes six broad skill areas describing what we need to be able to do in order to achieve our desired outcomes. Let’s review them in a little more detail. Refer to **Poster #1 (Getting to Positive Outcomes)**. Read the following descriptors one-by-one. After each one is read, ask for participants’ consensus that the skill is important to the staff in their units and to identify how the parallel process applies to each one, specifically for them as a supervisor. Ensure that participants’ examples identify that supervisors are to use the same skills with their staff as staff are to use with the families they serve.

- Engaging means establishing and maintaining relationships.
- Teaming means collaborating with others, including the family, in a unified effort.
- Assessing and Understanding refers to gathering and sharing information to fully inform the team and using that information to make sure that the team’s understanding is current and comprehensive.
- Planning means developing strategies and supports to achieve goals.
- Implementing refers to actively performing our roles to produce sustainable results.
- Monitoring and Adjusting is the skill of continuously evaluating effectiveness and modifying plans and supports so as to ensure goal achievement.

Step 15: (Web Resource)
(1 minute)

Display **PowerPoint Slide #24: (For More Information on Pennsylvania’s Child Welfare Practice Model...)** Click on the slide’s link to take participants to the PACWRC website’s dedicated page for Pennsylvania’s Child Welfare Practice Model. Explain that participants may access this information and review the Practice Model at any time, using the left hand menu tab titled **PA Child Welfare Practices, Products and Services** on the PACWRC website. Refer participants to **Handout #8 (Pennsylvania’s Child Welfare Practice Model)**.

Step 16: Strategy Summary
(2 minutes)

Defining the vision, mission, values, outcomes, and skill areas (practice model) are important steps in developing an agency’s or unit’s strategy.
Trainer note:
Some agencies may incorporate the use of major initiatives, action plans, and communication plans into their organizational strategy. For the purposes of this training, such discussions are not necessary.

In a sense, the practice model identifies the “ingredients” (specific values, principles, and skill areas) needed create a system that supports the achievement of the identified outcomes. The understanding of and commitment to the Practice Model is the primary driver of successful priority setting, cooperation, and agreement among unit members. Lack of consensus in this area creates tensions that negatively affect all the other variables.

Close this section of training by noting that participants have honed their skills in developing their unit’s strategy to achieve positive outcomes for children and families. The supervisor’s job is to use administrative, educational, and clinical skills to assist the child welfare professional in identifying, understanding, and embracing the agency’s strategy to support the outcomes of safety, permanency, and well-being for children and families.

Step 17: Idea Catcher
(1 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on Handout #5 (Idea Catcher).
Section III: Child Welfare as an Open System

Estimated Length of Time:
35 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 5. Long-Term View (pp. 17, 19)

Performance Objectives:
None

Methods of Presentation:
Lecture, large group discussion

Materials Needed:
✓ Laptop, LCD projector and screen
✓ Memo pad
✓ Poster #2: Child Welfare - An “Open” System
✓ Handout #5: Idea Catcher (revisited)
✓ Handout #9: Child Welfare - An “Open” System
✓ Handout #10: An Open System
✓ PowerPoint Slide #25: What is a System?
✓ PowerPoint Slide #26: Characteristics of All Systems
✓ PowerPoint Slide #27: Child Welfare – An “Open” System
Section III: Child Welfare as an Open System

Step 1: Organizations as Systems
(3 minutes)

Explain that when a group of people realize that they have a common purpose or shared interest, they often decide that they might accomplish more if they get organized. Business, service organizations, and government agencies are all examples of people getting organized to accomplish more than they could on their own. They understand that the different knowledge, skills, and perspectives each person brings to the organization will help it do good work.

Refer to the previous discussion of purpose and mission and note how organizations decide what it is they hope to accomplish, as was just discussed in Section II. They then also determine what they need to do to get the results they have identified. Then they decide what resources they will need to reach their goals. They will also decide how they will know how they are doing at getting the job done. Finally, they divide the tasks among the people so that each person knows how his or her work contributes to the whole.

Note that if they have done a good job of getting organized, people will begin to act in a systematic way. In other words, each person repeatedly does what is needed to achieve planned results with the resources at hand. The results of each person’s efforts are combined to produce results, which meet their unit and organization’s goals. Organizations move to becoming systems when they structure their cooperative efforts to achieve high quality results more consistently.

State that all organizations, no matter how large or small, require these basic elements to survive and grow. One of the primary responsibilities of supervisors and managers is to make sure the entire system is working effectively. The energy and authority to carry out this responsibility comes from understanding the whole system.

Step 2: What is a System?
(4 minutes)

Display PowerPoint Slide #25 (What is a System?). Explain that a system is “a group of interacting, interrelated, and interdependent components that form a complex and unified whole” (Pegasus.com, 2011). Systems are everywhere—for example, the circulatory system in the body, the predator/prey relationships in nature, the ignition system in a car, and the Intake Department in a county child welfare agency (CCYA).

Display PowerPoint Slide #26 (Characteristics of All Systems) and explain the characteristics of all systems:

- Every system has a purpose within a larger system;
• All of a system’s parts must be present for the system to carry out its purpose optimally;
• A system’s parts must be arranged in a specific way for the system to carry out its purpose;
• Systems change in response to feedback; and
• Systems maintain their stability by making adjustments based on feedback.

Refer to Poster #2 (Child Welfare - An “Open” System). State that the discussion of organizations as systems leads to the Open Systems Model. The open system is one that is continually interacting with its environment, thus the model was coined the “Open” System Model. Such a system has eight elements, which must operate in balance for an organization to operate effectively. They are strategy, inputs, performance capacity, performance actions, outputs, outcomes, internal feedback, and external feedback (APHSA, 2011). The job of the leader is to ensure that all these components are aligned. Supervisors need to understand this concept so they can effectively support their managers and administrators in their efforts to keep these components aligned with one another.

Step 3: Digestive System Analogy
(3 minutes)

Acknowledge that systems thinking might be a new concept for some participants. Therefore, explain the components of the digestive system as it relates to overall health. Refer participants to Handout #10 (An Open System). Explain the following strategy: In order for an individual to sustain a long and healthy life, optimal nutrition is essential. Explain nutrition as the outcome.

Nutrition can be measured by the person’s cholesterol level, BMI (Body/Mass Index), quality and quantity of urine and bowel movements, number of trips to the doctor, and the number of work days lost due to illness (outputs).

Healthy eating could require the following actions: drink water, grocery shopping, cooking, chewing, eliminate red meat from the diet, exercise, and regular elimination. Explain these actions as performance actions.

Explain the following as performance capacity: In order to accomplish healthy eating habits, it is also necessary for the other bodies systems such as the immune, muscular, nervous, respiratory, and skeletal systems to be in working order. A person’s knowledge about the body requirements for various protein, vitamins, minerals, carbohydrates, and fats is important. Healthy eating also requires cooking skills. It is also important for the person to trust that the food supply is safe.

Provide the following examples as inputs: It is necessary to have adequate food supply of food, i.e. using poultry, buns, cheese, lettuce, and tomatoes to make a turkey sandwich. Clean water is also important.
When all the system’s parts are working well together, the individual notices high energy (internal feedback). Others may notice changes as well and communicate it to the person. For example, co-workers or the supervisor may notice the individual is more productive at work. The insurance company may notice that the individual is less costly to insure. Friends may notice the individual is at a more desirable weight (external feedback). The internal and external feedback serves to inform the individual of whether changes are needed.

Ask participants for examples of an occurrence that might require the individual to modify or not modify a component in the system. Some examples might be the following:

- The individual learns that whole wheat has increased fiber. Therefore, a switch to whole wheat buns is made.
- The individual switches to low-fat cheese when the cholesterol level comes back high.
- The individual increases the amount of physical exercise when the amount of back pain decreases.
- Others notice weight loss and the individual’s current behavior is reinforced.

**Step 4: Strategy**
(2 minutes)

Refer to Poster #2 (Child Welfare - An “Open” System). Point to the strategy box on the poster. Switch the discussion to thinking about the child welfare organization as a system. Remind participants that in the last section, they have already reviewed the main components of an agency’s strategy. Ask participants to identify what is missing from the strategy box. Participants should be able to answer that outcomes and skill areas, or practice model are missing. Write the word “Practice Model” on a memo pad and post it next to vision, mission, values on the poster. Leave it posted for the rest of the training.

Explain that it will now become clear why they spent time defining a clear strategy. Explain that all of a leader’s efforts should be driven by the agency’s strategy. Explain that when leaders do effective strategic planning, planning is done from Open System’s Model's components moving right to left.

**Step 5: Outcomes**
(5 minutes)

Refer participants to Handout #9 (Child Welfare - An “Open” System). Display PowerPoint Slide #27 (Child Welfare - An “Open” System). Note that results/outcomes are indicated at the far right of the model. Outcomes or results are what we get in exchange for doing certain activities with the available resources. The model operates on both the macro and micro levels. It can be applied to the CCYA, the work unit, and an individual staff member.
State that the outcomes or results are directly related to the mission and our understanding of what is the point of having this agency, or this unit, or this individual. Point to the outcomes on **Poster #1 (Getting to Positive Outcomes)**. On an agency scale, if the agency achieves their outcomes, it has made a difference in the lives of children, youth, and families. If an agency reaches its outcomes, it has successfully achieved its mission.

State that organizations are generally known for their outcomes, not their processes. Particularly in the public view, child welfare agencies are better known for what they have done, for example, with children in crisis, than they are for which family service plan or risk assessment tool they use. Yet, it is what and how we do it that leads to the results we hope to achieve.

Point to the outcomes box on **Poster #2 (Child Welfare - An “Open” System)**. Note that supervisors are responsible for the outcomes of their work groups or units. They are expected to monitor and control the quality of work completed in the unit and ensure that it is focused on outcomes. An effective supervisor though, closely watches what is going on both inside and outside the unit. The quality results of one unit often become a key resource to another unit. For example, a result of one unit may be an accurate and comprehensive assessment of a family. The effective supervisor regularly communicates with the ongoing services unit, which receives these assessments to ensure that they meet the needs of the ongoing services unit. If they do, the ongoing unit can effectively plan services that keep the child safe, provide permanency for the child, and ensure the child’s and family’s well-being.

The ability of each part of the agency to recognize the importance of all the other parts is key to gaining cooperation and mutual respect, which will lead to effectiveness and high quality results, which meet the mission of the organization. It is why people decided to get organized in the first place.

For example, an intake unit may easily identify their unit specific outcomes to keep children safe. However, it is sometimes more challenging for intake units to align their outputs, performance capacities and actions, and inputs to support permanency or well-being outcomes.

Likewise, permanency and adoption units have generally focused on well-being and permanency and may be more challenged to align their outputs, performance capacities and actions, and inputs to support safety outcomes.

**Step 6: Outputs**

(2 minutes)

Expose the center-right portion of the model on **PowerPoint Slide #27 (Child Welfare - An “Open” System)**. State that the outputs are what agencies usually measure easily.
Outputs are easily quantifiable and lend itself to data. Provide some examples of outputs such as:

- Number of home visits made by a worker over the month.
- Number of Family Group Decision Meetings in a month.
- Number of Safety Assessments correctly completed in a month.
- Number of court hearings where reasonable efforts were made.

Outputs are certainly important and can help explain or predict successful achievement of outcomes. However, they in and of themselves, tell the stakeholders nothing about what the agency has done to ensure the safety, permanency, and well-being of children, youth, and families. Therefore, an agency, department, or unit must be careful not to jump to a conclusion that they have achieved their outcomes based on outputs alone.

**Step 7: Performance Actions**

(3 minutes)

Refer participants to Handout #9 (Child Welfare - An “Open” System) and point out Performance Action section. Expose the center-left portion of the model on PowerPoint Slide #27 (Child Welfare - An “Open” System). Performance actions refer to what we do. They refer to the policies, process, services, tasks, meetings, communication plans, and the activities accomplished by individuals that ensure that the desired results are met.

Mention that when we work in an organization, we often get to know each other by what we do. The larger the organization, the more we also identify each other with the unit in which we work. For example, we work in intake and they work in ongoing. Generally, each unit is named for what it does, a process.

Note that inside the unit there are two types of processes which make it possible for the unit to reach its goals: technical and people. Technical processes are the specific tasks to be completed by people in the group.

Ask participants to name technical processes found in most child welfare agencies. Examples include random moment time studies, report writing, dictation, diligent searches, and filing of petitions.

Note that, on the other hand, people processes are similar within all units. Ask participants to name examples of people processes.

Ask participants to name examples of people processes. These include interpersonal communication skills such as advocacy, teaming, building consensus, safety planning, explore permanency options, and conflict resolution.

Note that when technical and people skills or processes are mastered, a unit is well on its way to getting the planned or expected results.
Step 8: Performance Capacity

(3 minutes)

Refer participants to Handout #9 (Child Welfare - An “Open” System) and point out performance capacity section. Expose the left rectangle of the model on PowerPoint Slide #27 (Child Welfare - An “Open” System). Explain that performance capacity can be thought of as a unit’s capacity to convert inputs (people, equipment, finances) into performance that results in the desired outputs and outcomes. (APHSA, 2011). Some of the elements that make up a unit’s performance capacity are:

- Workforce capacity- The current unit’s combined competencies (knowledge and skills) in relation to achieving desired outcomes.
- Functional capacity- Use of strategic support functions to improve performance such as training, fiscal, human resources, information technology, office management, quality assurance, and policy development.
- Trust- Staff’s perceived level of physical and emotional safety within the work place. It also includes strategic partnerships, cliques, or subcultures that support or inhibit work being accomplished in alignment with the mission.

Step 9: Inputs

(2 minutes)

Expose the left rectangle of the model on PowerPoint Slide #27 (Child Welfare - An “Open” System).

Note that while a unit may be well on its way with effective processes, in order to control the quality of work and results, the supervisor must also monitor the quality of the resources which are available to the unit. Resources are the physical and financial assets as well as the people needed to do the activities to achieve outcomes.

Step 10: Internal Feedback

(1 minutes)

Point out the bottom of the model, or “we notice.” This signifies internal feedback or the methods for measuring progress against established success measures. Once the system is established, we decide how we will know how we are doing at getting the job done. Comparing results to what is planned provides our feedback. It is used to maintain or improve the quality of the results.

Step 11: External Feedback

(1 minutes)

Point out the top of the model, or “they notice.” This signifies external feedback or the methods for measuring progress against accountability measures set for review by the external community. For a unit, the external feedback may come from another unit’s
supervisor. For an agency, the external feedback may come from the community or the county commissioners. External feedback can also come through processes such as Child and Family Service Review and Quality Service Reviews. These reviews assess the Commonwealth’s and an individual county’s capacity, respectively, to promote positive outcomes for children and families engaged in the child welfare system. What the reviews want to get in terms of results is in keeping with the mission of child welfare. The State develops a Program Improvement Plan (PIP) to address areas needing improvement identified by the CFSR. The individual county develops a County Improvement Plan (CIP) to address areas needing improvement identified by the QSR.

**Step 12: Being Open to Feedback**  
(2 minutes)

Note that supervisors sometimes retreat to their own unit, which they feel they can control, when faced with system problems. As a result, they lose access to the feedback loop. This creates problems for their own units, as well as others. When we retreat, we frequently lose touch with how our unit contributes to system goals, defending what we do, rather than what we accomplish. The powerful, visceral feelings attached to what we need to accomplish—keeping children safe—help create the feelings of urgency, disappointment, frustration, and being overwhelmed that lead to retreat.

Note that all healthy, effective organizations are open systems and all eight elements of the Open Systems Model must be operating in balance for an organization to operate effectively.

**Step 13: Summary and Discussion**  
(2 minutes)

Conclude the section of the training by applying the Open Systems Model to child welfare. Leading a brief large group discussion, identify (or ask participants to identify) outcomes such as children are safe from abuse and neglect. Then ask participants to identify by calling out what must be done and what is needed to accomplish the outcome. The discussion concludes with the identification of the internal and external feedback mechanisms that will let us know if the outcome has been achieved.

Encourage participants to post **Handout #9 (Child Welfare – An “Open” System)** in their offices and to refer to it often in their work to reinforce “systems” thinking.

**Step 14: Idea Catcher**  
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on **Handout #5 (Idea Catcher)**.
Section IV: Continuous Quality Improvement (CQI)

Estimated Length of Time:
1 hour, 50 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 1b: Role and Voice (pp. 29-30)
Practice Performance Indicator 6: Child, Youth, and Family Planning Process (pp. 30-36)
Practice Performance Indicator 5: Long-Term View (pp. 37)

Performance Objectives:
Participants will develop a desired future state statement for their units with the assistance of peers.

Methods:
Lecture, large group discussion, small group activity, individual activity.

Materials Needed:
- Flip chart paper
- Colored markers
- Masking tape
- TV/VCR
- Laptop, LCD projector and screen
- Video #1: Max & Max
- Poster #2: Child Welfare – An “Open” System
- Poster #3: DAPIM™
- Handout #5: Idea Catcher (revisited)
- Handout #7: Living the Mission in My Unit (revisited)
- Handout #11: Max & Max & Me
- Handout #12: DAPIM™
- Handout #13: Typical DAPIM™ Continuous Improvement Process
- PowerPoint Slide #28: Continuous Quality Improvement (CQI)
- PowerPoint Slide #29: The Purpose of Continuous Quality Improvement (CQI)
- PowerPoint Slide #30: What does DAPIM™ Mean?
- PowerPoint Slide #31: Performance Management Cycle
- PowerPoint Slide #32: Typical “DAPIM” Continuous Improvement Process
- PowerPoint Slide #33: DAPIM™ (Define)
- PowerPoint Slide #34: DAPIM™ (Assess)
- PowerPoint Slide #35-36: DAPIM™ (Bridge to Planning)
- PowerPoint Slide #37: DAPIM™ (Plan)
- PowerPoint Slide #38: DAPIM™ (Implement)

✓ PowerPoint Slides #39-40: DAPIM™ (Monitor)
✓ PowerPoint Slide #41: “We must become the change we want to see.”
✓ PowerPoint Slide #42: APHSA Models and Tools: What Supervisors can Impact
✓ PowerPoint Slide #43: Define the Desired Future State
Section IV: Continuous Quality Improvement (CQI)

Step 1: Introduction to CQI Thinking
(2 minutes)

Remind participants that in the previous section, they learned that in order for an organization to achieve its mission, the organization’s parts need to be aligned. In this section, the process for aligning the parts of the organization through staff empowerment will be explored. These parts that need to be aligned are interconnected moving parts. These parts require continual movement in order for the organization to maintain its effectiveness.

Step 2: Video: Max & Max
(20 minutes)

Tell participants that they will watch the Video: Max & Max. Its purpose is to remind us of the enormous waste of human potential within organizations and the importance of beginning to unleash this power. It illustrates the frustration people feel when their organizations fail to create conditions in which mission-critical outcomes can be achieved. The video runs approximately 20 minutes.

Step 3: Max & Max & Me
Small group exercise
(10 minutes)

When the video ends, ensure that participants are seated in small groups of three to four persons each. Refer participants to Handout #11 (Max & Max & Me) and ask participants to work with their small group to respond to the questions on the handout.

Step 4: Supervisors’ Impact on Performance
Large group discussion
(10 minutes)

Reconvene the large group and lead a discussion on their responses.

Ask for responses to how the supervisor impacted positively on Max’s performance. If not offered by participants, note that the supervisor gave Max a warm welcome and shared the mission statement with him.

Ask how the supervisor impacted negatively on Max’s performance. If not offered by participants, note that Max was told that customer service is first, but when he tried to serve the customer, he was reprimanded. Max had new ideas but was kept on his leash, so to speak, so he could not use his ingenuity and ideas.
Ask what prevented Max from performing the expected mission-critical results. If not mentioned by participants, note that the rules got in the way. Mention the concept of institutionalized dependency as noted in the video.

Ask the groups what behaviors, attitudes, or values they have that might positively or negatively impact on the unit and what they might do to modify the negative impact.

**Step 5: Empowerment**  
(5 minutes)

We need to understand empowerment. We don’t empower others; we create conditions that release their human potential. These conditions enable them to exercise their unique gifts and endowments to accomplish worthy purposes. Explain the parallel process between staff empowerment and the Quality Service Review Practice Indicator, Role and Voice.

Add that we then set up guidelines, which give parameters that are consistent with principles to accomplish desired results.

End by noting that we then set up structures and systems, which reinforce an empowering culture. This facilitates people being empowered and helps people instead of "straight jacketing" them.

Facilitate a brief large group discussion by asking participants to offer ways they have tried or can think of to empower staff on a day to day basis.

**Step 6: Final Points on the Video**  
(1 minutes)

Conclude discussion of the video with further points made in the video. An agency will only be able to achieve its mission when all components of the organization are aligned. The ongoing process of aligning agency components in an effort to achieve its mission is called Continuous Quality Improvement (CQI). Explain that all staff at every level of the organization is responsible for CQI.

**Step 7: Introduction to CQI**  
(15 minutes)

Explain that a well-developed Continuous Quality Improvement (CQI) process is a vehicle to support an agency’s achievement of its mission. CQI is not a time-limited project or initiative. Display **PowerPoint Slide #28 (Continuous Quality Improvement (CQI))**. Explain that the National Resource Center for Organizational Improvement and Casey Family Programs define continuous quality improvement as “the ongoing process by which an agency makes decisions and evaluates its progress”. Pennsylvania’s CQI approach is therefore, not “another new initiative,” and is not even an initiative but rather an effort to reshape the system at the local and state levels to support the achievement
of positive outcomes for our children, youth and families. Display **PowerPoint Slide #29 (The Purpose of Continuous Quality Improvement (CQI))**. Explain that the purpose of CQI is to consistently gather information from a variety of sources that can help to evaluate the quality of services delivered, inform decision making related to program and agency improvements, and assist in the development of a plan for improvement. The Commonwealth guides this work by aligning existing quality and technical assistance efforts to meet county’s needs in a more coordinated, connected, and collaborative way.

The development of Pennsylvania’s CQI process is one of the foundational strategies of the 2010 Program Improvement Plan (PIP). It is believed that this process aids in the continuing shift from compliance-based efforts to more quality-focused work. It is believed that in order for quality practice to be internalized and exhibited at the practice level (with families), organizations need to create an environment in which quality practice is supported. Therefore, a system is being created in which all organizational components of the state, county children and youth agencies, and private provider and technical assistance communities are committed and able to effectively improve outcomes for children, youth, and families. The Commonwealth is also making efforts to work closer with community partners outside of the child welfare system to develop the comprehensive level of support children, youth, and families need to achieve safety, permanency, and well-being. Pennsylvania acknowledges that structural shifts are needed in order for local agencies to be better supported in their quality improvement efforts. To this end, key statewide stakeholders; including representatives from county children and youth agencies, Pennsylvania’s Department of Public Welfare, Office of Children, Youth and Families (OCYF), the private provider community, and the technical assistance community are committed to reshaping their systems to best support this statewide continuous quality improvement effort.

Although the state supported DAPIM™ process is intended to lead to agency-wide organizational change, it is recognized that a supervisor or manager can use the DAPIM™ framework when making unit or departmental decisions. For example, problems with staff meeting deadlines or inter-departmental miscommunications are some issues that a supervisor could use the DAPIM™ framework to troubleshoot.

Refer participants to **Handout #12 (DAPIM™)**. Display **PowerPoint Slide #30 (What Does DAPIM™ Mean?)** Pennsylvania’s CQI process is using the American Public Human Service’s Association’s (APHSA) DAPIM™ model. DAPIM™ is a step by step model of quality improvement. APHSA’s DAPIM™ model outlines five main steps: Define, Assess, Plan, Implement and Monitor, to facilitate and sustain change. In some ways, it is similar to other approaches which participants may be familiar including: Plan, Do, Study, Act.

Display **PowerPoint Slide #31 (Performance Management Cycle)**. Explain that in many ways, the steps in the DAPIM™ cycle are similar to the steps in the performance management cycle to which participants were introduced in **Module 1: The Preparatory and Beginning Phases of Child Welfare Supervision**. Remind participants that the
remaining modules will explore the performance management cycle in greater detail. Explain that for now, participants simply need to keep in mind that there is a parallel process between the DAPIM™ process and the performance management cycle.

Refer to Poster #2 (Child Welfare - An “Open” System). At the statewide level, implementation of this approach includes each county receiving support in achieving their individualized CQI effort while being supported by a more coordinated network of child welfare system collaborators through all components of the Open Systems Model.

Refer participants to Handout #13 (Typical DAPIM™ Continuous Improvement Process). Display PowerPoint Slide #32 (Typical DAPIM™ Continuous Improvement Process). In DAPIM™, decision making is shared by the entire organization in a collaborative manner. Therefore, all staff are responsible and accountable for the progress or lack of progress the organization makes. The agency creates a decision making structure for CQI efforts as follows:

- The identification of a leadership “sponsor” team to support and to provide resources for the county’s continuous quality improvement efforts. In a CCYA, this team is typically composed of the Leadership Team.

- The identification of a Continuous Quality Improvement team, consisting of primarily line staff and supervisors, to develop the plan and support the change effort. In some counties, this team is typically known as the Staff Steering Committee. The Continuous Quality Improvement team is the team that works together through the steps of DAPIM™.

- Work teams are the subcommittees that are created to develop new products or processes identified by the Continuous Quality Improvement team that are needed to support the continuous quality improvement plan. Work teams are very important to the agency in the Continuous Quality Improvement process because they create staff buy-in. Staff at all levels have a chance to participate in creating something that would have an impact on themselves and others.

Refer to Poster #3 (DAPIM™). Explain that the steps in the CQI process can be thought of as a flywheel that is continually going through the DAPIM™ process in relation to performance actions and performance capacity. Briefly explain the steps in the DAPIM™ process as follows:

Display PowerPoint Slide #33 (DAPIM™ (Define))

D – Define –Defining the organizations desired state and what the organization wants to improve. Defining what a system seeks to improve in operational terms means engaging key stakeholders in discussion to strategically identify specific and meaningful issues that system partners are interested in improving.

Display PowerPoint Slide #34 (DAPIM™ (Assess))
A – Assess – Assessing strengths and gaps in inputs, performance capacity, performance actions, outputs and outcomes. The locally driven assessment process is an inclusive process since the achievement of positive outcomes can only be realized when the full resources of a community are garnered. Through formal and informal means, the state supports the counties’ ability to utilize existing data and other forms of assessment.

Display PowerPoint Slides #35-36 (DAPIM™ (Bridge to Planning))

Explain that there is a bridge between Assessment and Planning. It involves the prioritization of gaps, root causes of gaps, and general remedies. When remedies identify the need for new products or processes in an agency, workgroups or subcommittees are identified whose members will develop new products and processes.

Explain why work teams are important at this phase:
- They create buy-in. Staff at all levels have a chance to participate in creating something that would have an impact on themselves and others.

Display PowerPoint Slide #37 (DAPIM™ (Plan))

P – Plan – Planning for remedies or improvements that leverage strengths and address root causes for gaps. This process culminates in the completion of each county’s County Improvement Plan. The county uses this plan to support their effort to build capacity to support the plan. This drives the county’s Needs-Based Plan and Budget. The counties develop their own improvement plan based on mutually identified needs of the agency, community, and system partners by engaging in a discussion to organize a plan for implementing remedies for the identified gaps. The improvement plan is communicated to the rest of the agency and other stakeholders.

Display PowerPoint Slide #38 (DAPIM™ (Implement))

- I – Implement – Implementation is a specific set of activities designed to put into practice an activity or program of known dimension. Successful implementation of these plans requires the CCYA to engage key internal and external stakeholders who actively support the implementation of the improvement plan. Work teams begin their work and action plans are used regularly. In this phase, capacity building turns into capacity management and special ongoing consideration is made to communication management. Externally, the counties are supported during the implementation of their plan(s) through coordinated efforts of all those external entities providing technical assistance to the county, as needed or requested by the county.

Display PowerPoint Slides #39-40 (DAPIM™ (Monitor))
M – Monitor – During this phase, the agency monitors progress through ongoing evaluation and follow through with CQI efforts. DAPIM™ does not end with Monitoring. Monitoring usually, if not always, uncovers new areas for continuous improvement. The flywheel starts again resulting in Continuous Quality Improvement.

Full implementation of a CQI process across Pennsylvania represents a multi-year effort. Ongoing implementation of CQI is individualized for each county in collaboration with regional OCYF staff and technical assistance providers that support the county.

The level of support the county receives in implementing the CQI process parallels that of the support the county offers to families. Explain that Practice Improvement Specialists from the Pennsylvania Child Welfare Resource Center lead the process in collaboration with other technical assistants from other identified training and technical assistance organizations. Technical assistance is made available to the CCYA until the DAPIM™ process becomes institutionalized in the agency. Until then, the agency works to build capacity to be able to sustain CQI efforts themselves by using the DAPIM™ process. Just as a family needs less support from a CCYA as it begins to function more effectively, the agency needs less support from outside sources as the organization improves its functioning.

Step 8: Using the DAPIM™ Framework in a Unit
(10 minutes)

Display PowerPoint Slide #41 (“We must become the change we want to see.”). The slide contains the quote by Mahatma Ghandi: “We must become the change we want to see”. Supervisors are the critical link between policy and practice. Only if supervisors act in ways that support the mission of child welfare, will changes in casework practice be made to help achieve safety, permanence, and well-being for children and families. DAPIM™ is a framework by which organizations go about making meaningful changes to achieve outcomes. Individual departments and units can also use the DAPIM™ framework to drive continuous quality improvement in an agency. Explain that although an individual supervisor may not be assigned a technical assistant to facilitate DAPIM™ meetings, a supervisor can head up the unit’s sponsor team, engage staff inside and outside a unit to create a Continuous Quality Improvement team, and solicit staff as needed to serve on work teams to develop new products and services.

Explain that the DAPIM™ framework has been used to help supervisors enhance particular practice areas for which they are responsible. For example, it can be used to help enhance kinship care or Independent Living Services with a CCYA.

Facilitate a discussion to explore how the DAPIM™ framework might be able to be used by a unit supervisor to drive change in an agency. Ask participants to share any
experiences they have using DAPIM™ at either the organizational level or the
unit/department level.

Explore the considerations a supervisor would need to make when embarking on the
DAPIM™ process. Some considerations would be to

- Solicit the support of the supervisor's supervisor, other supervisors within the
  organization, and upper management.
- Demonstrate transparency in everyday work. Transparency serves to increase
  the level of trust staff have with the process.
- Ensure that the staff who will be affected by the changes are represented and
  engaged in the decision making process. Shared decision making is crucial to
  the DAPIM™ process.

Explain that within this module, participants will practice using the DAPIM™
framework to explore how to drive changes that may be needed within the unit. The
purpose of the activities will be for supervisor to become familiar with the DAPIM™
framework and to explore how DAPIM™ could be used to define, assess, plan,
implement, and monitor work activities of the unit to support the achievement of
outcomes. By definition, DAPIM™ is collaborative and should only be done in
collaboration with others in the organization. It is not a tool for any individual or group
to make unilateral decisions for a unit, department, or organization.

Ask participants how successful a child welfare professional might be to change a
family when they were not engaged in the family service planning process.
Provide the parallel example of how child welfare professionals are trained in Charting
the Course. They are trained on the topic of family service planning in the classroom
and engage in related learning activities to help them learn the framework for family
service planning. However, without having a family to engage in the plan, it is an
imperfect simulation.

**Step 9: What Supervisors Can Impact**
(5 minutes)

Explain that defining what you want to improve in order to support the strategy is the
first step in the continuous quality improvement process. It is necessary to determine
where efforts should be directed. This effort will be formulated into The Desired Future
State which is to be stated using observable and measurable language.

APHSA Organizational Effectiveness Handbook states that:

“Supervisory teams sometimes claim that many of their identified gaps are
caused by staff “having bad attitudes” or “lacking motivation,” or they assess this
as the gap in and of itself. The challenge is that attitudes and motivations are not
things a supervisory team can objectively observe, measure, and therefore,
impact. Supervisors may be under the impression that they can impact attitudes
and motivations through either inspiring or authoritative means -- positive and negative reinforcement. But after some short-term success, this approach often leads to failure, frustration, and lower trust between supervisors and staff. Even in therapy, these “deeper” internal changes are a matter of personal reflection, choice, and free will.”

It must be acknowledged that while the supervisor has an increased power, authority, and responsibility to facilitate change, there are limits as to what a supervisor can impact. Display PowerPoint Slide #42 (APHSA Models and Tools: What Supervisors Can Impact). Explain that this slide depicts The American Public Human Service Association (APHSA) model for providing guidance to supervisors on areas they can best impact during the CQI process.

APHSA Organizational Effectiveness Handbook states that:

“The model illustrates four levels of the things supervisors try to impact, with each level being linked to the one below it. At the “tip of the iceberg,” staff behaves and makes decisions in observable and measurable ways, in accordance with expectations and ground rules that can be set and reinforced by supervisors. Beneath this level are individual feelings and perceptions -- supervisors can impact this level of staff experience through dialogues and difficult conversations.

As the model’s two deepest levels illustrate an individual’s experiences of and responses to his or her environment are consciously or unconsciously guided by their attitudes, beliefs, and personality traits. These are developed early in an individual’s life or are apparent at birth. Supervisors have neither the authority nor the skills to impact these directly. Staff may “change from within” based on how their supervisors and other mentors model effective behavior, make decisions, and communicate with them. While these “transformative” experiences can be caused by effective supervision, they will most likely occur by letting staff exercise their free will versus trying to inspire or force them.

Therefore, “bad staff attitudes and motivations” are themselves perceptions and feelings that may or may not be valid. As supervisors reflect on and evolve their own guiding beliefs, attitudes, and motivations and discipline themselves to model expected behaviors, communication methods, and decision making techniques, they are more likely to “change from within” and have the greatest positive impact on their staff.” (APHSA, 2011)
Step 10: Defining: Desired Future State
(20 minutes)

Ensure that they are seated in small groups of two to three persons each. If feasible, group participants together so that they are working with others who supervise similar types of units.

Display PowerPoint Slide #43 (Define the Desired Future State). Refer participants back to Handout #7 (Living the Mission in My Unit). Ask participants to individually consider their agency’s mission statement listed in Section A and identify their own units specific Desired Future State. Have them reflect on the following questions.

- What do you want to improve? (barrier)
- If the problem were solved, what would you see in your agency?
- How would you define success?

Participants should ensure that the Desired Future State uses observable and measurable language and is written in such a way that unit members and others outside the unit will be able to know it when they see it. Groups should evaluate whether each Desired Future State addresses at least one child welfare purpose of safety, permanency, or well-being, that it is connected to the unit mission and that it uses observable and measurable language. Instruct those to consider the feedback from table mates. If after considering peer feedback, it makes sense to revise a Desired Future State, instruct participants to do so. Have them record their barriers and the Desired Future State for their individual units in Sections B and C of Handout #7 (Living the Mission in My Unit). Rotate around the room offering assistance as needed.

Step 11: Desired Future State Report Out
(10 minutes)

Go around the room and ask participants to read their Desired Future States. Ensure that each addresses at least one child welfare purpose of safety, permanency, or well-being that it is connected to the unit mission and that it uses observable and measurable language. Offer feedback as appropriate.

Step 12: Idea Catcher
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on Handout #5 (Idea Catcher).
Section V: Defining Key Outcomes in Serving Families

Estimated Length of Time:
55 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 5. Long-Term View (pp. 36-39)

Performance Objectives:
Participants will identify two outcomes for their units with assistance from their peers that are consistent with the Adoptions and Safe Families Act and the Pennsylvania Child Welfare Practice Model.

Methods of Presentation:
Lecture, large group discussion, small group activity, large group activity.

Materials needed:
- Flip chart paper and easel
- Colored markers
- Masking tape
- Laptop, LCD projector and screen
- Poster #2: Child Welfare – An “Open” System
- Handout #5: Idea Catcher (revisited)
- Handout #7: Living the Mission in My Unit (revisited)
- Handout #8: Pennsylvania Child Welfare Practice Model (revisited)
- Handout #14: Outputs vs. Outcomes
- PowerPoint Slide #44: Outcomes are:
Section V: Defining Key Outcomes in Serving Families

Step 1: Mission-Critical Outcomes
(2 minutes)

Remind participants that they have explored mission and purpose and related it to the Open Systems Model. The Open Systems Model provides a framework for thinking about how the different parts of a system are interconnected and forever moving. DAPIM ™ offers the step by step process for making decisions about which parts of the organization to move or shift in an effort to support Continuous Quality Improvement (CQI). Note that discussion will now turn to the importance of defining unit or departmental outcomes that focus on the mission and will begin with an activity that brings home the point of mission-critical outcomes.

Step 2: Focus on Outcomes
(3 minutes)

Refer to Poster #2 (Child Welfare – An “Open” System). Remind participants that their discussion is still on key outcomes in serving families. It will help us address the question, “What is the outcome or result?” ASFA set a new trend in child welfare to increase its emphasis on outcomes and results. In the past, agencies tended to focus on fulfilling laws and outputs rather then outcomes. Ask participants what is the difference.

Step 3: Outcomes are Not Outputs
(18 minutes)

Refer participants to Handout #14 (Outputs vs. Outcomes). Review that handout and note that outputs are products of a program’s activities. Examples of outputs include:

- The number of people served
- The number of units of service delivered
- The number of staff hours devoted to a particular type of activity
- The number of abuse reports investigated
- The number of foster parents recruited

Outputs should produce desired results for children and families. However, they are not the result or outcome in and of themselves. They may or may not help us to accomplish the mission of safety, permanency, and well-being.

Note that outcomes describe the benefits for participants during or after participation in services. In other words, outcomes are those results produced as a result of the services delivered. Some examples of outcomes include:

- An increase in the number of children who are protected from re-abuse after coming to the attention of child protective services
• The increase in number of days of in-home services provided in comparison to a decrease of the number of days in placement services
• The increased number of foster children who are safely reunited with their families within the first six months of placement
• The decrease in indicated abuse reports in families who complete parenting education classes

Note that this can be confusing as some outputs can be very close to being outcomes. Care must be taken to state outcomes in terms that demonstrate that these results are consequences of our efforts.

Explain that outcomes need to be stated in measurable terms and derived from the Desired Future State or vision. They need to be specific and observable – usually describing something that is a behavior. It is nearly impossible to measure attitudes or values – unless there is a precise measure available, which evaluates behavior that is consistent with these values or attitudes.

Offer one example of outcomes from NASA (National Aeronautics and Space Administration). Based on the overall mission: “Return America to First Place in Space,” John Kennedy defined the key results for NASA in 1960 as: “To the moon and back safely, within 10 years, for approximately 25 billion dollars”. Open systems was the basis for the NASA planning and management processes that lead to the successful accomplishment of these results. Once Neil Armstrong accomplished this result on behalf of NASA, the key result became “Explore the Universe”. NASA became misunderstood and unsuccessful. This is analogous to the sometimes-heard statement, “We are here to help children.” Reinforce the importance of doing the upfront work DAPIM™ requires in Defining the Desired Future State.

Further, explain this difference by comparing what the caseworker does in a client contact as an activity, which might yield results or might not. The progress note, contact sheet, or narrative which records this activity, might be seen as an output. The actual time of service could also be counted as an output. What actually changes in the family as a result of this casework is what is measured as an outcome. If the parent learns a non-abusive form of discipline and no longer abuses the child, the casework will be seen as producing the mission-critical outcome of preventing abuse and protecting a child in his or her own home.

State that to assure effective feedback to ourselves and to assure that our external communities hold us accountable to appropriate measures of performance, we need to set specific, measurable, and observable results for our units. This defines our role in the larger efforts of the system to accomplish its mission.

Add that only important measures need to be defined and accounted for. Importance should be defined by how critical the outcome is to the agency and unit carrying out its part in accomplishing the agreed upon mission of the system.
The focus should be on defining the Desired Future State and its related outcomes, as opposed to regulation and evaluation, although this is a by-product. Units and departments that feel successful, experience maximum productivity even under stressful conditions. Those that cannot define outcomes in specific, measurable, and observable terms tend to drift and focus time and attention on less productive issues. They talk about things like: lack of adequate desks, poor lighting, and caseload size. Supervisors who define outcome measures tend to focus on improving productivity as opposed to spending their time assuring disciplinary actions.

Refer participants to the outcomes to which the Commonwealth holds county children and youth agencies on Handout #8 (Pennsylvania’s Child Welfare Practice Model). Note that each outcome requires teaming between children, youth, families, child welfare professionals, and family service partners. Point out that the final outcome is an organizational outcome that addresses how all child welfare professionals are expected to function regardless of position in an agency. Specific units’ efforts may emphasize certain outcomes or even portions of an outcome more than other outcomes.

Provide the following example or an example from practice to illustrate how a supervisor can approach identifying unit outcomes: A truancy unit might choose as an outcome: Enhancement of the family’s ability to meet their child/youth’s educational needs. This does not mean that the truancy child welfare professional doesn’t need to concern him/herself with other well-being needs of children, such as physical, emotional, and behavioral needs. However, the supervisor defines what success will look like for the unit. In most cases, children/youth’s attendance difficulties stem from a root cause related to other safety, permanency, or well-being needs. When these needs are better met, often an improvement is seen in school attendance. (NCSE - National Center for School Engagement, 2013).

Explain that new child welfare professionals typically don’t yet understand how their daily casework tasks or tasks and outputs contribute to a unit or agency reaching ASFA’s or the Pennsylvania Child Welfare Practice Model’s outcomes for children and families. Facilitate a discussion about ways a supervisor can help staff to make these connections. Ask supervisors for ways they have successfully helped their staff to understand the work they do with outcomes for children and families.

Explain that additional ideas will be explored in later sections of the training.

**Step 4: Characteristics of Outcomes**
(5 minutes)

Display PowerPoint Slide #44 (Outcomes are:) and summarize the discussion on outcomes by stating that they must be:
- Mission-critical;
- Specific;
- Measurable;
- Observable;
• Behavior-oriented; and
• Results-oriented rather than stating output.

Step 5: Identifying Unit Outcomes
(10 minutes)

Ask participants to refer back to Handout #7 (Living the Mission in My Unit) and ask participants to individually complete Section D. Participants are expected to list the two most relevant outcomes for their unit. The outcomes should support the mission statements previously identified in Section A and the Desired Future State identified in Section C, have them refer to those. Unit outcomes can match the outcomes from the practice model or they can be modified to more accurately and specifically to fit a specialized unit’s mission.

Participants should consider whether their outcomes are mission-critical, specific, measurable, observable, behavior-oriented, and results-oriented. Participants should not list measures for the outcomes at this time. Encourage participants to seek feedback as needed from peers at their table. Feedback should include whether the individual outcomes are mission-critical, specific, measurable, observable, behavior-oriented, and results-oriented. Give participants 10 minutes to complete the activity. Rotate and offer assistance as needed.

**Trainer note:**
Participants who identify outcomes directly from the Pennsylvania Child Welfare Practice Model have most likely chosen outcomes that fit the criteria.

Ask each table to choose one outcome to share with the large group.

Step 6: Unit Outcomes Presentations
(15 minutes)

Reconvene the large group. Circulate among the tables, asking each to present an outcome. As the reports are made, ask the other participants for feedback on whether the outcomes are mission-critical, specific, measurable, observable, behavior-oriented, and results-oriented. Ask participants to consider whether the unit specific outcomes they developed support their respective agencies in achieving these outcomes.

Conclude this step of training by suggesting that if participants’ agencies or units have not developed mission-critical outcomes, they should engage their units in a process to develop a list of mission-critical outcomes to guide their work.
Step 7: Idea Catcher
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on Handout #5 (Idea Catcher).
Section VI: Identifying Benchmarks and Indicators

Estimated Length of Time:
55 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 5. Long-Term View (pp. 42-45)

Performance Objectives
Participants will identify one benchmark and one indicator for one of their identified outcomes.

Methods:
Lecture, large group discussion, individual activity, small group activity, large group activity.

Materials Needed:
- Flip chart paper
- Colored markers
- Masking tape
- Laptop, LCD projector and screen
- Poster #2: Child Welfare – An “Open” System
- Table Resource #1: Pennsylvania QSR Protocol, Version 3.0
- Handout #5: Idea Catcher (revisited)
- Handout #7: Living the Mission in My Unit (revisited)
- Handout #15: Benchmarks and Indicators
- Handout #16: At-a-Glance Summary of QSR Indicators
- Handout #17: Quality Service Review Protocol Rating Scale
- PowerPoint Slide #45: Benchmarks and Indicators
- PowerPoint Slide #46: What’s the Difference?
- PowerPoint Slide #47:Baseline
- PowerPoint Slide #48: Effective Indicators are:
Section VI: Identifying Benchmarks and Indicators

Step 1: Understanding Benchmarks and Indicators
(10 minutes)

Remind participants that they have explored the mission, Desired Future State, and developed key outcomes of their work. Discussion will now turn to benchmarks and indicators.

State that benchmarks and indicators are used to measure progress in child welfare practice. They are an element of the agency’s continuous quality improvement process designed to meet established outcomes. They allow us to know how we are doing, in view of the Open System Model, and provide data to enable the findings to be disseminated to others. Refer to Poster #2 (Child Welfare - An “Open” System) and point out that through benchmarks and indicators, we can notice our success and they can hold us accountable to the measures of the outcomes. The results of the process are then used to make changes in agency planning, policy, and practice (Performance Capacity and Performance Actions).

Refer participants to Handout #15 (Benchmarks and Indicators). Display PowerPoint Slide #45 (Benchmarks and Indicators) and note that benchmarks and indicators provide numbers, percentages, increases, decreases, or stability.

Display PowerPoint Slide #46 (What's the Difference?). Explain that benchmarks are the measured goals for which we aim. Indicators are the specific measurements used to gauge performance or progress toward the benchmark.

Display PowerPoint Slide #47 (Baseline). Explain that the process begins with a baseline measurement, which is the first measurement of the indicator or the current state.

Step 2: Quality Service Reviews
(5 minutes)

The main purpose of the QSRs is to help individual child welfare agencies, in partnership with the State, to monitor their own progress toward implementation of the Pennsylvania Child Welfare Practice Model. The QSR process uses the Pennsylvania QSR Protocol, Version 3.0 (QSR Protocol). Refer participants to Table Resource #1 (Pennsylvania QSR Protocol, Version 3.0). Ask participants to pass it around the table and briefly review its contents and layout. Explain that this Protocol uses an in-depth case review method and practice appraisal process to find out how children, youth, and families are benefiting from services received and how well locally coordinated services are working for children, youth, and families. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth, and families receiving services. The QSR Protocol contains qualitative indicators that
measure the current status of the focus child/youth and the child/youth’s parents and/or caregivers. In a sense, the measures of current status may be used to reveal outcomes achieved thus far in the life of the case. The QSR Protocol provides a set of qualitative indicators for measuring the quality and consistency of core practice functions used in the case. The QSR serves as a measure of Pennsylvania’s Practice Model and standards for child welfare practice.

To be effective, QSR Protocol is not a tool used for compliance enforcement. Rather, QSR feedback is used to stimulate and support practice development and capacity-building efforts leading to better practice and results for the children, youth, and families receiving services.

The first round of the Pennsylvania's Quality Service Reviews (QSR) data gathered additional data around indicators to establish the baseline data. The federal government works collaboratively with Pennsylvania to make steady improvements over time through CQI efforts. Realistic benchmarks are negotiated between the federal government and Pennsylvania. QSR data is gathered to demonstrate continued progress toward this outcome.

**Step 3: Reviewing the Quality Service Review Indicators**  
(15 minutes)

Refer participants to **Handout #16 (At-a-Glance Summary of QSR Indicators)**. Ask participants if they have experienced the use of this QSR Protocol within their agencies. Ask participants to explain their role using it and any benefits they received from the experience.

Explain that QSR volunteer reviewers are continually needed throughout Pennsylvania. Encourage participants to apply to become a volunteer reviewer. Most supervisors who have served as a reviewer, report it is beneficial to their professional development as it helps to them to connect policy to practice. This, in turn, helps them to better support their staff in developing casework skills.

Note that the QSR Protocol provides reviewers with a specific set of indicators derived from our Practice Model to use when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of the core practice functions. Indicators are divided into two distinct domains: Child, Youth and Family Status and Practice Performance.

Briefly review the following Child/Youth and Families Status Indicators:

- Safety: Exposure to Threats of Harm
- Safety: Risk to Self/Others
- Stability
- Living Arrangement
- Permanency
• Physical Health
• Emotional Well-Being
• Early Learning and Development
• Academic Status
• Pathway to Independence
• Parent or Caregiver Functioning

Briefly review the following Practice Performance Indicators:

• Engagement Efforts
• Role and Voice
• Teaming
• Cultural Awareness and Responsiveness
• Assessment and Understanding
• Long-Term View
• Child/Youth and Family Planning Process
• Planning for Transitions and Life Adjustments
• Efforts to Timely Permanence
• Intervention Adequacy and Resource Availability
• Maintaining Family Relationships
• Tracking and Adjustment

Engage in a large group discussion while asking them to assess the indicators on the following criteria: specific, observable, measurable, mission-critical, culturally competent, clear, and reasonable.

Refer participants to Handout #17 (Quality Service Review Protocol Rating Scale Logic).

With scoring of the indicators, there are three ways to look at it. The first way the trainer explains is looking at each indicator score individually. Briefly review the 6-point scale with participants and answer any questions they pose. The reviewers start at the top with the score of 6, and if the criterion is not met, then the reviewers go down to a five, etc. This process is continued until the criterion for the scoring is met. Point out that the rating set a high bar for optimal scoring. The following is a list of the individual scoring measures:

• 6 - Optimal;
• 5 - Substantial;
• 4 - Fair;
• 3 - Marginal;
• 2 - Poor; and
• 1 - Adverse.

The second way to look at the scoring of the indicators are those with a score of 4-6 are considered in the acceptable range while those with ratings of a 1-3 are considered
The benchmark for each indicator is 4. This means that if the baseline QSR data for each indicator is not at least 4, the agency needs to develop strategies for improving the indicator.

The final way for QSR Reviewers to consider when scoring each indicator is to look at each indicator in one of three zones. These encourage an agency to strive for continuous quality improvement. The zones are the:

- Maintenance Zone (scores between 5-6);
- Refinement Zone (scores between 3-4); and
- Improvement Zone (scores between 1-2).

**Step 4: Developing Effective Indicators and Benchmarks**

(10 minutes)

Display **PowerPoint Slide #48 (Effective Benchmarks and Indicators are:)** and state that in order to be effective, indicators must be:

- Specific—not general or broad, but identifying a detailed aspect of the work to be assessed.
- Observable—behavioral, something that can be seen; not attitude, but actions, which might reflect a specific attitude.
- Measurable—can be quantified in terms of a decrease, increase or stable condition; something that can be counted or calibrated in some way.
- Mission-critical—is significant and important and will contribute to the fulfillment of the mission-critical results or outcomes; are not pet peeves or projects.
- Culturally competent—respects the values and practices of the various cultural groups affected by the indicator or service being provided.

For example:

“The number of Christmas visits between foster children and their parents.”

This reflects only one specific type of holiday. If all foster children celebrate Christmas, it might be appropriate—but it is more likely that the diversity of the foster child population would require a statement such as this:

“The number of December holiday visits between foster children and their parents, (including Hanukkah, Kwanza, Christmas, Solstice, etc.)

- Clear and reasonable—easily understood by all key stakeholders, not open to subjective interpretation or confused by meanings.

Explain that participants will now have the opportunity to practice developing indicators and benchmarks using the QSR indicators. Refer participants back to **Handout #7 (Living the Mission in My Unit)**. Tell participants that in Section E, they will work individually to tentatively identify one indicator and one benchmark for one of the outcomes that they identified in Section E.
Trainer Note: Space is provided to list the indicators and benchmarks for the two previously-identified outcomes. If time allows, instruct participants to identify indicators and benchmarks for both outcomes.

For the outcome, participants will record one indicator and one benchmark. For each, participants will also record how they will measure the factor, how often they will monitor the progress, and how they will determine the baseline measurement. Encourage participants to go beyond the minimum requirements as noted in law and regulation. Give participants about 10 minutes to complete. Rotate around the room and offer assistance as needed.

Step 5: Sharing
(13 minutes)

When participants have completed their work, if time permits, consider pairing participants in order to have the pairs give feedback to each other and assist each other in refining their wording to clearly state indicators and benchmarks to meet the criteria discussed previously.

Reconvene the large group and ask one or two participants to share one of their indicators and benchmarks. Offer feedback on the efforts. Ask the large group to identify the types of new forms or processes that might be required to measure their indicators and to track progress at designated intervals.

Offer positive support on participants’ results and acknowledge that this is challenging work. Participants are encouraged to refine and complete the process with the members of their units.

Note that participants will revisit their work when they complete a plan for transferring their learning in Section XII of the training.

Step 6: Idea Catcher
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on Handout #5 (Idea Catcher).
Section VII: Performance Actions and Performance Capacity

Estimated Length of Time:
1 hour, 30 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 5. Long-Term View (p. 51-55)

Performance Objectives:
Participants will individually identify three performance actions required to support their unit’s identified indicator and benchmark.

Participants will work in a small group setting to identify the required skills and knowledge to support the assigned QSR indicator.

Method of Presentation:
Lecture, small group activity, large group discussion, and individual activity

Materials Needed:
- Flip chart paper
- Markers
- Tape
- Laptop, LCD projector and screen
- Poster #2: Child Welfare - An “Open” System
- Poster #3: DAPIM™
- Table Resource #1: Pennsylvania QSR Protocol, Version 3.0 (revisited)
- Handout #5: Idea Catcher (revisited)
- Handout #8: Pennsylvania’s Child Welfare Practice Model (revisited)
- Handout #7: Living the Mission in My Unit (revisited)
- Handout #16: At-a-Glance Summary of QSR Indicators (revisited)
- PowerPoint Slides #49-50: Agenda
- PowerPoint Slide #51: Performance Capacity
- PowerPoint Slide #52: Competencies
- PowerPoint Slide #53: What is a Skill?
- PowerPoint Slide #54: Skill
- PowerPoint Slide #55: Which Skill is Responsible?
- PowerPoint Slide #56: Knowledge
- PowerPoint Slide #57: Competency Tasks
Section VII: Performance Actions and Performance Capacity

Step 1: Refresher
(5 minutes)

Welcome participants to the second day of training. Facilitate a large group discussion by asking participants to identify something they either learned yesterday that stuck with them or something they intend to do when they get back to their offices as a result of yesterday’s learning. Go around the room giving every participant an opportunity to participate.

Display PowerPoint Slides #49-50 (Agenda). Review the sections of the training that occurred yesterday and those that will be covered today.

Remind participants that discussion thus far has focused on child welfare as an open system, referring to Poster #2 (Child Welfare – An “Open” System). In order to achieve results, participants have defined outcomes for their units in view of ASFA’s and the Pennsylvania Child Welfare Practice Model outcomes. Participants have also set benchmarks and indicators to measure progress toward meeting these outcomes. Participants know too that the people processes and technical processes must drive purposeful activities within the unit.

Step 2: Performance Actions
(19 minutes)

Refer participants to Poster #3 (DAPIM™). Remind participants that the class work they are doing for their units are still in the defining phase. However, when participants identify strengths and gaps impeding the achievement of the mission, explain that gaps will be identified and be more fully assessed in the assessment phase.

Refer to Poster #2 (Child Welfare - An “Open” System) and point out performance actions section. Note that once we know what the mission, desired future state, and concrete outcomes that we must accomplish are, we choose activities, which are directed at those results. These activities are called Performance Actions.

Ask participants what some of the activities are that their staff do to support the achievement of outcomes. Record these ideas on flip chart. Some of these ideas may be investigate, assess “risk,” write reports, testify, counsel families, recruit foster parents, etc. Supervisors observe performance, provide feedback, train and orient staff, conduct performance appraisals, etc.

Explain that these activities are only valuable to the agency if they produce mission-critical outcomes (“What we must do…”). They are only valuable to the individual if they are understood as an expression of a shared value system (“What we want to do… “). Making contacts with community agencies, for example, is a waste of time if it does not produce constructive relationships, which help families in measurable ways. Conducting
a performance appraisal is valuable only when it produces observable growth or behavior change, which in turn contributes to the agency mission. We need to reduce the number of performance actions, which do not contribute to mission-critical outcomes, and to enhance the effectiveness of those, which are mission-critical. This does not mean all work and no play. Work can be fun and productive. We may have activities, such as potluck suppers with foster parents, which help us relax, get to know each other better and feel more congenial. This may help us to get work done. The key is that our work-related activities need to directly or indirectly enhance the mission. Resources are too scarce to waste them on non-productive activity. Motivated employees are often defined as those who demonstrate behavior that assures the accomplishment of the unit’s key outcomes. Mission-critical desired performance must be as clearly stated as unit outcomes if staff are ever going to feel successful and be accountable to the system that provides their paycheck. Failure to clearly define mission-critical processes reduces an individual’s commitment to accomplish desired tasks as well as the individual’s feeling of success. Both are critical to maximizing the potential contribution of the employee to the organization’s work.

Refer participants to Handout #7 (Living the Mission in My Unit). Ask participants to complete Section F by identifying at least three performance actions that are required by members of the unit to achieve the mission-critical outcome and benchmarks. Give participants 5 minutes to complete the assignment. Rotate around the room offering assistance as needed.

Ask for volunteers to offer the performance actions they identified. Offer feedback as appropriate.

**Step 3: Performance Capacity**
(5 minutes)

Display PowerPoint Slide #51 (Performance Capacity) and point out performance capacity section. Explain that performance capacity can be thought of as a unit’s capacity to convert inputs (people, equipment, finances) into performance that results in the desired outputs and outcomes. (APHSA, 2011). Remind participants that some of the elements that make up a unit’s performance capacity are:

- **Workforce capacity** - The current unit’s combined knowledge and skills in relation to achieving desired outcomes. This is also known as competencies.
- **Functional capacity** - Use of strategic support functions to improve performance such as training, fiscal, human resources, information technology, office management, quality assurance, and policy development.
- **Trust** - Staff’s perceived level of physical and emotional safety within the workplace. It also includes strategic partnerships, cliques, or subcultures that support or inhibit work being accomplished in alignment with the mission.

Trust is important because it impacts the psychological atmosphere or climate of the work unit. It is expressed overall by the morale, motivations, cooperation, and
collaboration of the work team. Individually, it is the commitment and confidence individuals demonstrate in their day-to-day behavior.

Comment that there should be some unresolved conflict in all effective work units. A conflict-free climate usually means the unit does not have high, but realistic outcomes set. This results in individuals and the group not being asked to stretch and grow. However, excessive conflicts resulting in fear, polarized sub-groupings of unit members and closed communication patterns tend to be a symptom of problems, rather than problems themselves. Normally, the real problem(s) is found in: unhelpful structure, goal disagreement or lack of consensus regarding values and/or philosophy. Inexperienced supervisors tend to focus intervention efforts at the climate level.

Inform participants that supervisors play a large role in the area of a unit’s trust. Since this is a huge area for discussion, this topic will be more fully explored in Module 5: Endings and Transitions/Managing Staff Retention, Satisfaction, and Separation. Explain that most of the time this section will focus on workforce capacity because its responsibility rests very heavily on supervisors.

**Step 4: Competencies**
(2 minutes)

Display **PowerPoint Slide #52 (Competencies)**. Explain that one of the most important functions of the supervisor is identifying the workforce capacity or competencies that staff needs to achieve mission-critical key outcomes. In other words, what combined skills and knowledge must workers within the unit have to conduct the activities that will lead to successful outcomes for children and families?

**Step 5: Skills**
(10 minutes)

Display **PowerPoint Slide #53 (What is a Skill?)**. Note that skills will first be addressed. Lead a brief, large group discussion to elicit feedback on the meaning of the term skill. Note that Lawrence Shulman defines the term skill as a specific behavior that the worker uses in the helping process. (Shulman, 1999).

Using **PowerPoint Slide #54 (Skills)**, note that in their foundation training, child welfare professionals learn the foundational knowledge so that they can work towards application of the skill areas identified in our practice model:

- Engaging
- Teaming
- Assessing and Understanding
- Planning
- Implementing
- Monitoring and Adjusting
Refer participants back to Handout #8 (Pennsylvania’s Child Welfare Practice Model) and Handout #16 (At-a-Glance Summary of QSR Indicators). Have participants consider the skills required to successfully perform the QSR Protocol’s Practice Performance Indicators and to achieve Pennsylvania’s outcomes.

Explain that a skill deficit in one area will most likely appear as a deficit in another area. Facilitate a discussion surrounding how often these skills are very closely related. Ask participants to identify how these skills may affect one another. If no participants offer examples, use PowerPoint Slide #55 (Which Skill is Responsible?) to explain the following example:

A supervisor may notice that their worker’s documentation lacks specificity and thoroughness. Documentation is also an ongoing process. It includes the written presentation of data to supervisors, colleagues, and other community partners. It also entails the presentation of oral data to supervisors and peers, such as in case conferences and to community partners, such as in court.

At first glance, the skill deficit that will most likely be identified is documentation relating to the skill area of monitoring and adjusting. However, skilled supervisors may determine when getting to the root cause of the deficit that what exists is a lack of skills in the area of assessment and understanding. Supervisors need to be able to understand how these skills interface with one another and how they may positively or negatively impact the QSR Protocol Child, Youth and Family Status Indicators.

In carrying out their professional tasks, child welfare professionals must talk with others, including family and community members. The overall purpose of effective interviews are to gather and give specific information, initiate and maintain purposeful engagement with families and collateral contacts in order to establish collaborative relationships, and facilitate and maintain solution-focused movement toward the goal of change for the family and move them toward the outcomes of child welfare.

Assessment is an ongoing process that dictates the decision making at all points in the tenure of a family with the child welfare system. At each stage of the life of a case or following the caseworker model of intake, assessment, service planning, service provision, monitoring, and evaluation, assessment is revisited as the worker learns more about the individual, family, or group and their abilities to use the services and supports offered.

When a child welfare professional cannot demonstrate engagement skills with hostile family members and other partners, she will not obtain the depth of accurate information needed to effectively demonstrate assessment and understanding. Thus, the child welfare professional will not be able to distinguish chronic or episodic problems, link assessment findings to case plan goals and
services, and provide appropriate services to address the true patterns that put the child at risk of abuse and neglect.

Step 6: Knowledge  
(5 minutes)

Note that as the group continues their competency analysis, the necessary knowledge base must be considered. While the unit’s skills may be targeted toward achieving outcomes, their behaviors must occur within the context of a child welfare knowledge base. Display PowerPoint Slide #56 (Knowledge). When assessing unit needs, the supervisor needs to be asking the question, “What do my workers need to know to do a specific job?” When assessing for an individual worker’s needs, the question is, “What knowledge does this worker need?”

A placement worker, for example, needs a working knowledge of the Juvenile Act in order to ensure that the legal requirements of the placement process are met. The responsibility rests with the supervisor to ensure that staff have sufficient knowledge in order to complete child welfare tasks.

Step 7: Skills and Knowledge: Small group activity  
(25 minutes)

Ensure that participants are seated in small groups of about two to three participants each. Provide each small group with two sheets of flip chart paper and markers and ask them to write “Skills” on the top of one paper and “Knowledge” on the other paper.

Assign each small group one of the QSR indicators from Table Resource #1 (Pennsylvania QSR Protocol, Version 3.0). Assignment may be made randomly or as deemed appropriate, such as based on the practice area of each small group.

Display PowerPoint Slide #57 (Competency Tasks) and explain the two tasks to participants:

- List on flip chart paper the skills needed by a worker to effectively meet the assigned QSR indicator.
- Identify on flip chart what a child welfare professional needs to know to achieve the assigned QSR indicator.

Participants may refer to Handout #8 (Pennsylvania’s Child Welfare Practice Model). Give the small groups 20 minutes to complete the assignment.

Step 8: Presentations  
(10 minutes)

Reconvene the large group. Call upon a small group to present the required skills and knowledge identified. Upon completion, offer additional feedback. Repeat the process until all small groups have made their presentations.
**Step 9: Skills and Knowledge Needed in the Unit**
(5 minutes)

Refer participants back to **Handout #7 (Living the Mission in My Unit)**. Ask participants to individually complete Section G of the handout by identifying skills and knowledge required by their staff in order to support the identified outcomes for their unit. Give participants about 5 minutes to complete.

**Step 10: Summary**
(2 minutes)

Close this section of training by noting that participants have honed their skills in identifying the competencies needed by staff to achieve positive outcomes for children and families. One of the supervisor’s main jobs is to use administrative, educational, and clinical skills to assist the child welfare professional in developing the knowledge and skills to support the outcomes of safety, permanency, and well-being for children and families. Their work in this area will continue when they complete a plan later in the day and especially in **Module 3: The Middle/Work Phase of Child Welfare Supervision**.

**Step 11: Idea Catcher**
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on **Handout #5 (Idea Catcher)**.

Section VIII: Assessing for Change

Estimated Length of Time:
1 hour 55 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 1b: Role and Voice (pp. 58-59)
Practice Performance Indicator 4: Assessment and Understanding (pp. 60-63)

Performance Objectives:
Participants will identify at least one remedy to support achievement of their respective unit’s outcome.

Methods of Presentation:
Lecture, individual activity, large group discussion, small group activity, small group discussion, large group activity.

Materials Needed:
✓ Flip chart sheets
✓ Markers
✓ Tape
✓ Laptop, LCD projector and screen
✓ Sentence strips
✓ Poster #2: Child Welfare - An “Open” System
✓ Poster #3: DAPIM™
✓ Handout #5: Idea Catcher (revisited)
✓ Handout #7: Living the Mission in My Unit (revisited)
✓ Handout #18: Assessment
✓ Handout #19: Possible Core Variables Remedies
✓ PowerPoint Slide #58: Bridge to Planning
✓ PowerPoint Slide #59: Root Cause Analysis
✓ PowerPoint Slide #60: Three Types of Remedies
✓ PowerPoint Slide #61: Remedies for My Unit
Section VIII: Assessing for Change

Step 1: Introduction to Assessment
(5 minutes)

Refer to Poster #2 (Child Welfare - An “Open” System). Introduce Section VIII of the training by noting that participants have spent a great deal of time defining the desired future states of our respective units and their respective mission. They have identified what it requires to achieve that desired future state. Participants have identified two key outcomes and outputs for their units. In addition, participants have had the opportunity to identify the competencies required to achieve the outcomes.

Refer to Poster #3 (DAPIM™). Remind participants that the second step in the DAPIM™ process is assessment which includes an accurate identification of strengths and gaps. Sometimes it can be a challenge to accurately assess what the gaps are. Explain that often, the strengths and gaps of units or individual workers can be categorized as either a performance capacity issue or a performance action issue. Participants will have the opportunity to assess whether any of these factors are impacting the unit’s ability to achieve the desired outcomes. Without an accurate assessment, successful intervention strategies cannot be implemented.

When doing DAPIM™ in an agency, this is the phase where the Continuous Quality Improvement Team becomes active. Although the Continuous Quality Improvement Team can assist the Sponsor Team in the defining stage, it is the Continuous Quality Improvement Team that is primarily responsible for leading each of the four following phases. If a supervisor is doing DAPIM™ in a unit, the entire unit would be considered the Continuous Quality Improvement Team.

Explain that supervisors also conduct an assessment of each individual worker in terms of how well the worker supports the units’ mission. This task will be more fully explored in Module 3: The Middle Work Phase of Child Welfare Supervision and Module 5: Endings and Transitions/Managing Staff Retention, Satisfaction, and Separation.

Step 2: Reflective Thinking Questions
(10 minutes)

When an agency completes a rigorous organizational assessment, data from structured interviews, focus groups, staff and client surveys, and County Data Packet information is gathered. Supervisors are responsible for assessing the functioning of the unit in terms of how well it is achieving its mission. A supervisor can do a unit assessment of its performance capacity and performance actions by gathering feedback, although usually less formally from others with whom it interfaces. Sources of feedback can include unit members, other supervisors, staff from other departments that are impacted by the unit’s work, children and families, and reviewing the County Data Packet. Refer participants to Handout #18 (Assessment). Explain that the feedback received should help the supervisor answer the following questions related to performance capacity:
1. Does the current staff (at all levels) have the necessary knowledge and skills to perform their expected activities aligned with the organizational strategy? What are the strengths and gaps in regard to staff knowledge and skills?
2. Are there cultural forces within the organization at work that are either supportive of the organization’s mission or a complicating factor to making changes and improvements?
3. Is there a significant communication gap within the organization that relates to culture, cliques, or strategic partnerships?
4. Is trust a barrier or a strength within the organization? Why?
5. Are hiring and performance management done in alignment with the organization’s strategy?
6. How do you continuously improve your capacity?

The feedback received should help the supervisor answer the following questions related to performance actions:

1. Can all of the key staff activities be related to achieving strategic outcomes?
2. How do organizational products and services fit in with the needs of the community in which it serves? How do they fit with other service providers in the community?
3. What performance actions need to be changed and/or improved upon in regard to the organization achieving desired outcomes and why?
4. Are performance actions generally developed based on client needs, organizational needs, or programmatic needs?
5. Do policies currently in place direct performance actions? Who should be reviewing policy in regard to performance actions and how often does this occur?
6. What staff developmental needs exist due to specific performance actions? Are those needs met? Is staff development connected to specific skills to perform organizational activities?
7. What activities does the organization perform that it should not?
8. Do internal meetings advance the organizational outcomes or seemingly serve as a waste of time? Which meetings fit in which category?
9. Are decisions made in meetings communicated effectively throughout the organization? To stakeholders? To clients?

Reemphasize that these questions are answered with the assistance of others whose work overlaps with the unit. These questions are not to be answered one by one in a linear fashion. Instead, they are meant to spark and guide discussion. The set of questions serve as a tool for reflective thinking so that a list of strengths and gaps can be identified (APHSA, 2011).
Step 3: Discuss Reflective Thinking Questions
Small group discussion
(15 minutes)

Ensure that participants are seated in groups of two to three. Give small groups 15 minutes to consider and to discuss the reflective thinking questions on Handout #18 (Assessment). Refer participants back to Handout #7 (Living the Mission in My Unit). Point out on their handout that they have begun to assess the second phase in the DAPIM™ process. Instruct participants to identify their respective unit’s top four strengths and top four gaps to achieving outcomes in Section A and B.

Trainer Note: If time runs short, have participant complete this activity individually in 5-10 minutes.

Step 4: Bridge to Planning
(5 minutes)

Remind participants that they are still in the Assessment step in the DAPIM™ process. Explain that it is very easy to jump directly to solutions at this phase of the process. Caution participants that to jump these “bridge” tasks, can undermine the effectiveness of their efforts.

Explain that the tasks involved in assessment and planning are not always distinct steps because planning naturally flows from assessment. Display PowerPoint Slide #58 (Bridge to Planning). Explain that in DAPIM™, there are two tasks that serve to bridge the Assessment and Planning steps. They are

- Prioritizing gaps; and
- Root cause analysis.

Step 5: Bridge to Planning: Prioritizing
(23 minutes)

Prioritizing gaps is an important task because when too many gaps are identified, it serves to overwhelm those involved in the planning process. One of the most important things to remember about prioritizing gaps is to obtain group input on the level of importance of each identified gap. The importance of each gap should be based on the effect the gap is having on performance.

Refer participants back to Handout #7 (Living the Mission in My Unit). If more than a total of four strengths or gaps have been identified, participants should use their discretion to prioritize the top two from among them. Instruct participants to circle the top two strengths and the top two gaps.
Reconvene the large group and rotate among the small groups to elicit information regarding the top strengths and gaps. Track common themes that may emerge regarding the strengths and gaps.

**Step 6: Bridge to Planning (Root Cause Analysis and Remedy Identification)**

(5 minutes)

In order for units and agencies to be effective and reach positive outcomes for children and families, the root causes of gaps must be accurately identified so that a plan can be implemented to improve a unit’s performance. DAPIM™’s root cause analysis ensures that the time and energy devoted to remedies are designed to address the source of the challenge, instead of simply symptoms of deeper issues (APHSA, 2011).

Display PowerPoint Slide #59 (Root Cause Analysis). When identifying root causes, it is important to ask the following question for each priority gap: What isn’t working and why specifically is that? The question is continually asked about each gap until a tangible remedy is identified for each finding. Sometimes it is discovered that the same root cause applies to multiple gaps. It is also not uncommon for there to be multiple root causes for the same identified gap.

When identifying root causes to identified gaps, the bridge to planning is being successfully built. Supervisors can then begin to target appropriate interventions or remedies for their units.

Note that participants have identified the primary gaps to productivity in their units, have prioritized needs and are aware of the core variables that correspond to those gaps. It is important to engage those inside and outside of the unit in the root cause analysis and remedy identification. Agencies that are using a formal DAPIM™ model would use the implementation group to identify the remedies.

Explain that the best remedies are those that build upon or use the strengths of the unit. Remedies may include strategies that have been successfully implemented in the past as well as new ideas. The easiest remedies to identify are those remedies that were discovered when the question of “why is that?” was drilled down during the root cause analysis.

Note that the possibilities for remedies are endless. However, to be effective, supervisors need to identify remedies modestly, based on a clear outcome, using existing staff meetings whenever possible. Regular and thorough completion of assessments to update the supervisor’s best understanding of all the forces at play in the unit and surrounding environment are the basis for choosing which remedies are most likely to be successful in maximizing the performance capacity and improving the performance actions of the units and agencies.
Step 7: Root Causes and Remedy Identification Activity
(10 minutes)

Provide each participant a sentence strip. Participants now need to identify root causes for their identified gaps and begin to determine appropriate interventions or remedies. Ensure that participants are seated in pairs. Refer participants back to p. 7 of Handout #7 (Living the Mission in My Unit). Instruct participants to brainstorm, one at a time, remedies to one of their top gaps. Encourage the other participant who is listening to the presenter to ask “why is that” and offer feedback and suggestions to each participant as they present their gap and ideas. Each participant should be given roughly 5 minutes to present the gap, its causes, and possible remedies. After 5 minutes, instruct the groups to switch to a new participant’s remedies. Once a remedy or remedies start to be discovered, write them in the first column on p. 7 of Handout #7 (Living the Mission in My Unit) where remedies are identified. Instruct participant to also record their remedy on a sentence strip.

Give participants 10 minutes to complete the entire activity.

Step 8: Types of Remedies
(10 minutes)

Display PowerPoint Slide #60 (Three Types of Remedies). Explain that once remedies are identified, they typically fall into one of three types:

- Recommendations;
- Decisions or commitments; or
- Team activities.

Refer participants back to p. 7 of Handout #7 (Living the Mission in My Unit) and display PowerPoint Slide #61 (Remedies for My Unit).

Explain that the type of remedy chosen is based on the answer to the following question:

“Is the remedy in your control?”
- If the answer is no, the remedy must be made in a recommendation to those who have the control.
- If the answer is yes, then another question must be asked.

The new question is, “Does the remedy require new processes or tools?”
- If the answer is no, then the implementation group makes the decision or commitment needed.
- If the answer is yes, then the remedy chosen is a team activity, usually in the form of a charter work group who is charged with developing the new process or tool.
These tasks need to be completed before moving on to the planning step (APHSA, 2011).

It is also important to identify how long the Continuous Quality Improvement Team anticipates it will take for the remedy to be completed. There are three categories into which each remedy will fit:

- quick wins;
- mid-term improvements; and
- long-term improvements.

Quick wins are those improvement efforts that can be implemented in 30 days.

Mid-term improvements are those efforts that can be implemented in 6 months.

Long-term improvements are those efforts that take place over time generally, 6 to 24 months (APHSA, 2011).

Refer to Poster #2 (Child Welfare - An “Open” System). Point to the feedback arrows while explaining that the Continuous Quality Improvement process benefits from quick wins and mid-term improvements as immediate feedback is provided to all those involved. Note that this feedback reinforces the efforts and serves to keep the momentum going as mid-term and long-term improvement efforts get underway.

Mid-term and long-term improvements will require more formal written plans than quick wins.

**Step 9: Remedy Identification**
(5 minutes)

Refer participants to refer back to p. 7 of Handout #7 (Living the Mission in My Unit). Instruct participants to answer the questions on the handout by circling answers to determine what type of remedy it is and if the remedy is a quick win, mid-range, or long-term improvement. Walk around offering assistance to groups as needed. Give participants 5 minutes to complete the activity.

**Step 10: Remedy Sharing**
(18 minutes)

Ask for a show of hands for those who identified recommendations. One at a time, ask those participants to hold up their sentence strip, identifying their remedy to their gaps, and identify if their respective recommendation is a quick win, mid-term improvement, or a long-term improvement.

Ask for a show of hands for those who identified a decision/commitment. One at a time, ask those participants to hold up their sentence strip, identify their remedy to their gap,
and identify if their respective decision/commitment is a quick win, mid-term improvement, or a long-term improvement.

Ask for a show of hands for those who identified a team activity to address gaps. One at a time, ask those participants to hold up their sentence strip, identify their remedy to their gap, and identify if their respective team activity is a quick win, mid-term improvement, or a long-term improvement.

**Step 11: Core Variable Remedies**
(5 minutes)

Refer participants to Handout #19 (Possible Core Variable Remedies) and review additional intervention strategies regarding values, goals, structure, climate, and environment. Explain that this handout is meant to be a resource to give new supervisors ideas about interventions that might be helpful for their units depending on the result of their root cause analysis.

**Step 12: Summary**
(2 minutes)

Explain that they have successfully covered what goes into the assessment phase and how to build a bridge to the next step in the DAPIM™ process: planning.

**Step 13: Idea Catcher**
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn't get away and those new skills they plan on applying within their work setting on Handout #5 (Idea Catcher).
Section IX: Planning for Change

Estimated Length of Time:
50 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 1b: Role and Voice (pp. 67-68, 70)
Practice Performance Indicator 5: Long-Term View (pp.67-70)
Practice Performance Indicator 6: Child, Youth and Family Planning Process (pp. 66-68)
Practice Performance Indicator 9: Intervention Adequacy and Resource Availability (pp. 66-67)

Performance Objectives:
Participants will develop a communication plan that includes the five elements of an effective communication plan to support their change initiative.

Methods of Presentation:
Lecture, individual activity, large group discussion, large group activity.

Materials Needed:
- Flip chart sheets
- Markers
- Tape
- Laptop, LCD projector and screen
- About 5 pieces of paper per participant to be used in the gift of happiness activity
- Poster #2: Child Welfare- An “Open” System: (revisited)
- Poster #3: DAPIM™ (revisited)
- Handout #5: Idea Catcher (revisited)
- Handout #7: Living the Mission in My Unit (revisited)
- Handout #20: Elements of a Quality Communication Plan
- PowerPoint Slide #62: Planning
- PowerPoint Slide #63: Capacity Building Question
- PowerPoint Slides #64-65: The Purpose of Communication Planning
- PowerPoint Slide #66: The Most Important Purpose of Communication Planning is to
- PowerPoint Slide #67: Principle of Effective Feedback
Section IX: Planning for Change

Step 1: Introduction to Planning
(5 minutes)

Refer to Poster #3 (DAPIM™). Explain that it is now time to initiate planning; the third step in the DAPIM™ process. Planning is extremely important because it will direct the work that gets done in the effort to improve outcomes. Display PowerPoint Slide #62 (Planning). There are three main considerations when planning for change. 1) Organizing the improvement plan; 2) Capacity building; and 3) Communication planning.

Step 2: Continuous Quality Improvement Plans
(5 minutes)

Refer participants back to Handout #7 (Living the Mission in My Unit). Page 8 includes the Improvement Plan Goals and Action Steps. Ask participants to consider one remedy they identified on p. 7. Ask participants to individually identify one goal (using language stated in terms of the opposite of the root cause) on p. 8. Give participants about 3 minutes to complete the goal statement. Rotate around the room as needed as participants complete the activity.

Due to staff turnover, occasional delays in implementation, changes in funding, or other unforeseen obstacles, developing a written plan is the only way to assure good monitoring practices can occur and implementation can be successful.

Remind participants that in practice, DAPIM™ is a process that engages all staff in every phase. Therefore, this document is typically completed with the entire team. The action steps, person(s) responsible, timelines, and any resources needed for successful implementation may be filled in later after participants have the chance to collaborate with others in their agencies to further the identified improvement effort.

Discuss how supervisors can use this document when doing continuous quality improvement planning. Discuss how the document becomes a living document in the implementation phase. It is continually updated at the start of unit meetings to hold individuals accountable for the completion of tasks and to monitor progress made.

Step 3: Capacity Building
(5 minutes)

Capacity building is an area that should continually be monitored and improved upon when doing continuous quality improvement. It is the ongoing process of assessment and building of the unit’s capacity to implement meaningful improvements. Initial plans should correspond to the unit’s current capacity. Implementing a plan that a unit does not have the capacity to successfully complete is surely doomed to fail. Therefore,
capacity planning is most essential when long-term improvements are identified in the plan.

Refer to Poster #2 (Child Welfare - An “Open” System). Display PowerPoint Slide #63 (Capacity Building Questions) and point out that at this phase, a leader is planning for inputs needed to support the continuous quality improvement effort. The following questions can be asked to help a supervisor decide to what level capacity building will be needed to successfully implement the continuous quality improvement plan.

• What do we need to execute our initiatives and hit output goals?
• What inputs do we have? (resources, staff, materials, space, money)
• What state or condition are our resources in now?
• How adaptable/flexible are our resources?
• What staff developmental needs do we have?

The support of agency department heads and administrators are essential when doing ongoing capacity building. At times, capacity building requires extensive interdepartmental collaboration, resource sharing, and additional resources requested through the Needs-Based Plan and Budget process.

Step 4: Communication Planning and its Purpose
(5 minutes)

Display PowerPoint Slides #64-65 (The Purposes of Communication Planning). Explain that communication planning is an important part of the planning process. It informs everyone inside and outside the unit about the actions that will be taken and how the actions support the unit’s and organization’s strategy.

Communication serves to;
• Demonstrate explicitly a commitment to improving client outcomes and services over time;
• Build unit credibility with outside staff;
• Remind the work team of commitments made;
• Get everyone on the same page about improvement work to be done, how it will be rolled out over time, how different initiatives are connected, and why they matter; and
• Track accountability and monitor progress while reinforcing a culture of accountability, data-driven assessment, follow-through, and ongoing adjustment.

Display PowerPoint Slides #66 (The Most Important Purpose of Communication Planning is to). Most importantly, communication serves to minimize rumors, fear, and resistance of the change process that inevitably will surface.
Step 5: Elements of a Communication Plan
Large group discussion
(5 minutes)

Ask participants to consider to whom they need to communicate their improvement plan.

Ask participants what they think they would need to include in their communication plan regarding their improvement plan. Write their ideas on flip chart paper as items are called out. Ensure that at a minimum, the following points are identified and documented:

1. Change is not an option;
2. The change;
3. The desired future state or destination;
4. Benefits of the change; and
5. Ask for feedback.

(Sanborn, M., 1991).

As points are identified, elaborate on each specific point as follows:

1. Communicate that change is not an option; it is required.
2. Explain what the change is, the steps that will be taken, and what you are asking them to do. Explain their role in any needed work teams that will support the overall improvement effort.
3. Develop a clear vision of the end result of the change; inform people of the destination. Although no one can accurately predict the future, the challenge is to construct the clearest possible image of what the organization will look like when the change is complete. Resistance, shown through anxiety, fear, and anger are fed by ambiguity. Therefore, clarity and specificity of the vision will reduce resistance.
4. Focus on the benefits of the change. It is best to sell your change by explaining how it will benefit your staff or audience, as well as how children and families will benefit. An improvement plan communicated with enthusiasm sends the message that the leader believes in the change. Perhaps grim consequences are likely for staff if the changes do not take place. However, playing on those fears is often counterproductive. Except in dire emergencies, productivity is motivated more by hope and reassurance than by references to loss and pain.
5. Ask others for their feedback. Involve staff in the process and give them as much control as possible over the change process. Low control equates with high resistance. So, supervisors must find ways of engaging workers in the change process whether through providing information, giving opportunities for input and feedback, or involving workers in project or strategy teams based on their diverse strengths.
Distribute **Handout #20 (Elements of a Quality Communication Plan)** and explain that these are the most important elements of a communication plan. Without these five elements, a change initiative is more likely to fail.

**Step 6: Communication Planning Exercise**  
(6 minutes)

Refer participants back to the improvement plan that they identified on p. 8 of **Handout #7 (Living the Mission in My Unit)**. Tell participants that they will be given a few minutes to create their communication plan on p. 9 of the handout based on which audience each participant decides needs to hear the message first.

Encourage them to ensure the communication plan includes the elements listed on the flip chart created in Step 6 and items listed on their **Handout #20 (Elements of a Quality Communication Plan)**. Give participants 5 minutes to prepare their communication plans.

**Step 7: Communication Plan Practice**  
(10 minutes)

**Trainer Note:** If time permits, an alternative activity is to have participants practice communicating their improvement plan in pairs or triads.

Encourage a participant to practice presenting their improvement plan to their audience. The other participants will play the part of the audience receiving the notice of change. Remind participants that this is a safe place to practice this type of communication planning and that the feedback provided will help prepare for when this will be done on the job.

After the volunteer presents the improvement plan, the audience participants should spend 5 minutes asking questions or expressing concerns that such audience members might in the real situation. The presenter will practice responding in such a way to answer questions and address concerns while building support for the improvement plan.

Explain that the next 2-3 minutes will be spent by the participants who played the audience providing motivational and constructive feedback to the presenter. Remind participants that in **Module 1: The Preparatory and Beginning Phases of Child Welfare Supervision**, they learned the principles of effective feedback. As a reminder, display **PowerPoint Slide #67 (Principles of Effective Feedback)**. Feedback should be:

- Balanced
- Specific
- Objective
- Appropriate
- Understandable
Facilitate the feedback session to ensure that the feedback provided is motivational and constructive.

**Step 8: Debriefing**  
(2 minutes)

Ask for volunteers to share what they learned from the activity.

Encourage participants to make use of **Handout #7 (Living the Mission in My Unit)** back at their agencies. Suggest that they show their supervisors the work they completed during this module. Participants should explain to their supervisors that the items on the handout include their initial thinking regarding a change effort. Suggest that the handout might be a tool to begin conversations back at the agency with staff. Remind participants that any change effort requires the engagement of the staff.

**Step 9: Resistance to Change**  
(5 minutes)

State that it is important to understand that resisting change is psychologically a means of gaining some sense of control and coping with feelings of helplessness. Addressing the psychological issues that staff has during change is critical to successful change management (Sanborn, 1991 and Patterson, 2002). Explain that participants will have an opportunity in the next session to explore in more detail the psychological issues that staff experience during the change process.

**Step 10: Idea Catcher**  
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on **Handout #5 (Idea Catcher)**.

Section X: Implementing the Change Process

Estimated Length of Time:
1 hour

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 5. Long-Term View (pp. 75-76)
Practice Performance Indicator 9: Intervention Adequacy and Resource Availability (pp. 72-73)

Performance Objectives:
Participants will apply in a large group discussion, a Simple Model for Managing Change to the video, *Who Moved my Cheese?* by identifying the needs of each individual character in supporting the change initiative.

Methods of Presentation:
Lecture, large group discussion, video, large group activity.

Materials Needed:
✔ Flip chart
✔ Markers
✔ Laptop, LCD projector and screen
✔ Video #2: *Who Moved my Cheese?*
✔ Poster #2: Child Welfare - An “Open” System
✔ Poster #3: DAPIM™
✔ Handout #5: Idea Catcher (revisited)
✔ Handout #21: Change
✔ Handout #22: A Simple Model for Managing Change
✔ PowerPoint Slide #68: Tasks of Implementation
✔ PowerPoint Slide #69: Typical “DAPIM” Continuous Improvement Process
✔ PowerPoint Slide #70: Implementation: Capacity Management
✔ PowerPoint Slide #71: Implementation: Communication Management
✔ PowerPoint Slide #72: Steps in the Change Process
✔ PowerPoint Slide #73: Implications of Change
✔ PowerPoint Slide #74: A Simple Model for Managing Change
✔ PowerPoint Slide #75: Managing Change
✔ PowerPoint Slide #76: *Who Moved My Cheese?*
Section X: Implementing the Change Process

Step 1: Implementation Tasks
(5 minutes)

Refer to Poster #3 (DAPIM™). Explain that it is now time to initiate implementation; the fourth step in the DAPIM™ process. Implementation is extremely important because it sets in motion the work that gets done in the effort to improve outcomes. Some of the same tasks initiated in the planning phase are continued and become ongoing habits in the implementation phase. Display PowerPoint Slide #68 (Tasks of Implementation). There are three main tasks when implementing change:

1) Chartering work teams;
2) Capacity management; and
3) Communication management.

In addition, during implementation, there will usually be situations that arise that will require topic specific DAPIMs™ or “little DAPIM™s. These situations may be inefficient processes, unexpected shifts in the environment, obstacles, or other root causes that are uncovered. Therefore, the change agent tries to be proactive and always anticipates that change will be needed. It is during this time that the Continuous Quality Improvement team takes ownership of oversight of the improvement efforts.

Step 2: Chartering with Teams
(3 minutes)

Display PowerPoint Slide #69 (Typical DAPIM™ Continuous Improvement Process). Note that chartering work teams is the process by which expectations of the work team identified during the assessment and planning phase are clarified and the specific scope of the work is defined, usually in writing for the group. These work teams will usually operate as a subcommittee of the implementation group. Many agencies use documents called charters that outline the parameters of work, organization of the project, team members, conditions of success, and commitments to the committee by leadership and sponsor group. The workgroup begins the tasks with which they are charged and report back to the Continuous Quality Improvement Team as needed for further guidance. The Continuous Quality Improvement Team approves the new product or process when it has been satisfactorily completed. The workgroup is disbanded following approval of the new product or process.

Ask participants if any of their remedies include the need for new processes or product. Ask a couple of participants to explain their new process or product that is needed.
Step 3: Capacity Management
(3 minutes)

Display PowerPoint Slide #70 (Implementation: Capacity Management). Remind participants that the concept of capacity planning was discussed during the planning phase. During implementation, capacity planning evolves into capacity management. Since additional staff are now involved, it is at this point in the process that additional staff may experience time crunches. Capacity management may require adjustments be made to allow for successful implementation of the improvement plan. Some questions that a supervisor in the implementation phase needs to ask are:

- Have those involved in the implementation been released from responsibilities and assignments that compete for their time?
- How are those individuals who are actively engaged in the efforts being rewarded for their efforts?
- Are there capacity gaps that need to be filled immediately before further implementation efforts can continue?
- Were original assessments regarding capacity correct or have we over or under estimated capacity based on new information.

Step 4: Communication Management
(2 minutes)

Display PowerPoint Slide #71 (Implementation: Communication Management). Explain that similarly to how capacity planning moves to capacity management during implementation, so does communication planning move to communication management. Communication management requires that updated messages continually inform unit members and other staff throughout the organization about the direction and status of the improvement efforts. This ongoing open and transparent communication is necessary for continued trust and buy-in.

Remind the participants that no matter what initiative, project, or meeting they are in, communication planning is a key part of advancing the work forward. Every meeting with the Sponsors, the Continuous Improvement Team, or any Work Team should end with a discussion regarding communication and “who needs to know what” based on the content of the meeting.

Communication management is frequently a missing component of the implementation stage resulting in lack of transparency for the project, lack of trust of leadership, and frequent last minute communication and emergency planning.

Step 5: Dealing with Change
(5 minutes)

Note that in the context of child welfare, we are continuously called upon to change in order to enhance services to children and families in terms of child safety and
permanence and the well-being of children and families. Nonetheless, the simple and complex parts of ourselves cause us to deal with change in various ways.

Lead a large group discussion, asking participants to state the various ways people may respond to change.

Note that in his book, *Who Moved My Cheese?*, Spencer Johnson depicts four imaginary characters that represent the ways people may respond to change. “Sniff” sniffs out change early. “Scurry” scurries into action. “Hem” denies and resists change as he fears it will lead to something worse. “Haw” learns to adapt in time when he sees changing leads to something better. Spencer notes that whatever parts of us we choose to use, we all share something in common; a need to find our way in the maze and succeed in changing times. (Johnson, 1998)

**Step 6: Video (Who Moved My Cheese?).**
(15 minutes)

Show the Video *Who Moved My Cheese?*.

**Step 7: “The Handwriting on the Wall”**
Large group discussion
(10 minutes)

Lead a large group discussion on the key points or “The Handwriting on the Wall” from *Who Moved My Cheese?*:

Change happens. They keep moving the cheese.
- Anticipate change. Get ready for the cheese to move.
- Monitor change. Smell the cheese often so you know when it is getting old.
- Adapt to change quickly. The quicker you let go of old cheese, the sooner you can enjoy the new cheese.
- Change. Move with the cheese.
- Enjoy change! Savor the adventure and the taste of new cheese!
- Be ready to quickly change again and again. They keep moving the cheese (Johnson, 1998).

**Step 8: Understanding the Change Process**
(5 minutes)

State that in order to meet established outcomes, there must be a continuous quality improvement process. This process necessitates changes in planning, policy, and practice.

Lead a large group discussion asking participants what role change plays in an organization. Refer participants to **Handout #21 (Change)**. Point out that Kurt Lewin described a model of change that can be applied on a number of levels--individual,
group, family, or organization. His view, stated simply, is that the individual personality develops some form of balance with the environment or a quasi-stationary social equilibrium. Change requires breaking this balance.

Using **PowerPoint Slide #72 (Steps in the Change Process)**, point out that, according to Lewin, the three steps in change implementation are (1) unfreezing the equilibrium, (2) moving into a state of disequilibrium, and (3) freezing at a new quasi-stationary equilibrium. The third step is still quasi because it too is a stop along the way.

Note that because the defenses maintaining the initial equilibrium are valuable to the individual or group, expecting the unfreezing process to be easy is to ignore the essence of the dynamics. The more serious the issue and the more deeply an individual feels it as a challenge to the self, the more rigid will be his or her defenses and the greater will be the ambivalence about change.

State that Lewin’s ideas have several implications for the supervision process. Using **PowerPoint Slide #73 (Implications of Change)**, state that the first is recognition that expressions of ambivalence, defensiveness, and resistance are normal and they can be dealt with more easily if they are understood that way. A supervisor who is aware of this may be less threatened by the signals of resistance.

Point out that the second implication of change is that if the staff is to abandon the safety of a quasi-stationary equilibrium and accept the disruption of the disequilibrium required for change, they must feel safe and supported throughout the process.

**Step 9: Managing Change**
(5 minutes)

Refer to **Poster #2 (Child Welfare - An “Open” System)**. Remind participants that ongoing internal and external feedback is critical to successful continuous quality improvement. The feedback allows for adjustments to be made to the plan to better leverage resources and improve the likelihood of success. Feedback can be verbal or written and should be actively solicited from staff. Another source of feedback to which supervisors must pay attention is unsolicited feedback and can be in the behavioral form.

Introduce the idea that when implementing a change initiative, it is important for the leader to monitor changes in staff behavior and in organizational climate. These changes can provide the leader with feedback on how well implementation is progressing. It can indicate to the leader that one of the essential change components is missing or inadequate and can inform his/her next steps in the change effort. Refer participants to **Handout #22 (A Simple Model for Managing Change)** and display **PowerPoint Slide #74 (A Simple Model for Managing Change)**.
If the vision is not clearly articulated, leadership will see confusion among the staff. When staff does not have the skills and there is no plan to support skill development to support the efforts, they will become anxious. If the incentives are unclear, the improvement will be gradual. Supervisors will observe frustration in staff if resources have not been obtained to support the improvement. When action plans are not put into place and shared with staff, the change effort will experience “false starts”. When staff exhibit confusion, anxiety, frustration, and/or are slow to implement an improvement, it can often be viewed by leadership as resistance. Reactions of staff signal to leadership areas of the improvement planning process that might need to be revisited and planned for in order to support staff appropriately.

Display **PowerPoint Slide #75 (Managing Change)**. Explain that supervisors should not view such reactions from staff as being resistant, but rather leaders should reflect on their own role in planning and managing the improvement by asking themselves the following questions:

- What was the vision for the improvement?
- Who was impacted by the improvement?
- What skills were needed by staff to implement the improvement?
- What were the benefits to staff, clients, and the community for supporting and implementing the improvement?
- What resources were needed to implement the improvement?
- Who was involved in developing the action plan to implement the improvement?

Based on the answers to these questions, supervisors can readjust plans to ensure all five elements have been planned for and managed appropriately (APHSA, 2011 and American Productivity and Quality Center, 1993).

**Step 10: Applying a Simple Model for Managing Change**
(5 minutes)

Ask participants to think back to the **Video Who Moved My Cheese?**. Using the **Handout #22 (A Simple Model for Managing Change)**, ask participants to apply the change model to the characters in the video to explain how each reacted to change. Display **PowerPoint Slide #76 (Who Moved My Cheese?)**. Facilitate a large group discussion asking the following questions:

- How could each of the character’s behavior be explained?
  - Hem
  - Haw
  - Scurry
  - Sniff
- Imagine you were the leader in charge of the cheese. What feedback are the characters giving you through their behaviors?
Explain that participants will learn more about the use of the Interactional Helping Skill of empathy in *Module 3: The Middle/Work Phase of Child Welfare Supervision*.

**Step 11: Idea Catcher**
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on **Handout #5 (Idea Catcher)**.
Section XI: Monitoring Progress

Estimated Length of Time:
25 minutes

Quality Service Review Practice Performance Indicators
Practice Performance Indicator 5. Long-Term View (pp. 81-82)
Practice Performance Indicator 11: Tracking and Adjustment (78-81)

Performance Objectives:
Participants will identify the monitoring technique that would best be used to gather specific indicator data in an individual activity.

Methods of Presentation:
Lecture, large group discussion

Materials Needed:
- Markers
- Scissors
- Masking tape
- Flip chart easel
- Flip chart pad
- Laptop, LCD projector and screen
- Poster #3: DAPIM™
- Table Resource #1: Pennsylvania QSR Protocol, Version 3.0 (revisited)
- Handout #5: Idea Catcher (revisited)
- Handout #7: Living the Mission of Child Welfare (revisited)
- Handout #16: At-a-Glance Summary of QSR Indicators (revisited)
- Handout #23: Monitoring Methods
- PowerPoint Slide #77: The Purpose of Monitoring
- PowerPoint Slide #78: Three Types of Monitoring Activities
- PowerPoint Slide #79: Lessons Learned
- PowerPoint Slide #80: Implementation Review
- PowerPoint Slide #81: Impact Review
- PowerPoint Slide #82: Examples of Impact Review
- PowerPoint Slide #83: Heraclitus’s Famous Words
Section XI: Monitoring Progress

Step 1: Introduction to Monitoring
(2 minutes)

Refer to Poster #3 (DAPIM™). Explain that it is now time to initiate the monitoring phase; the fifth, but not final step in the DAPIM™ process. Identify partnership and collaboration as being important in this phase as well. Refer participants back to p. 3 of Handout #7 (Living the Mission of Child Welfare). Previously, participants identified here indicators and benchmarks for each of their identified outcomes. During this phase, such data is gathered. Display PowerPoint Slide #77 (The Purposes of Monitoring). There are three purposes of monitoring. The first purpose is to hold those accountable for creating the necessary change. The second purpose is to measure success. The third purpose is to gather the data needed to keep the DAPIM™ flywheel in motion. Remember that change is not a once and done episode. Continuous quality improvement is ongoing. The implementation group naturally goes back to defining and assessing phases as easily and naturally as other phases flowed into another.

Step 2: Three Types of Monitoring Activities
(4 minutes)

Display PowerPoint Slide #78 (Three Types of Monitoring Activities). Refer participants to Handout #23 (Monitoring Methods). Identify the three different types of monitoring activities. Inform participants that they will review each of them.

Display PowerPoint Slide #79 (Lessons Learned).

1) Lessons Learned are critical conversations that address new and emerging questions and can drive innovations within an agency. An example of this type of technique is an After Action Review that seeks to gather information from those individuals and groups who were involved in the implementation effort. Typically, the data is gathered in a group setting. However, it is possible to obtain this information individually. Individuals can provide their feedback in writing as well. An After Action Review typically has the following format: What went well? What didn’t go well? What should be different next time?

Display PowerPoint Slide #80 (Implementation Review).

2) An Implementation Review measures accomplishments and milestones. In other words, “Did we do what we said we’d do?” This is the most basic form of monitoring. This monitoring is done regularly through leadership team meetings, unit meetings, and supervisory conferences.

Display PowerPoint Slide #81 (Impact Review).
3) An Impact Review is a higher level techniques and measures impact on organizational capacity or client outcomes. The Pennsylvania Quality Service Review (QSR) process is utilized to drive the evaluative process. Just as the federal Child and Family Services Review is a shared process between the state and federal government, Pennsylvania’s QSR process is an equally shared process between the state and the local community.

Pennsylvania is also committed to taking a more comprehensive look at practice by examining the assurance of both compliance and quality. Therefore, a crosswalk of the current compliance-based licensing process and the QSR is being completed in an effort to enhance Pennsylvania’s evaluation process. The state and counties are working together in order to build capacity to eventually have all county Children and Youth Agencies to complete a yearly QSR.

Step 3: How Does a Supervisor Monitor?
(5 minutes)

Display PowerPoint Slide #82 (Examples of Impact Reviews). Explain that how these monitoring activities occur at each level of the system.

- The Federal Child and Family Services Reviews monitor states’ outcomes.
- Pennsylvania QSRs monitors counties’ outcomes.
- County QSRs monitors departments’ outcomes.

Pose the question to participants: How can a supervisor monitor staff?

Various methods may include, but are not limited to the following:

Supervisory conferences can be any of the following depending on the skills used by the supervisor:
- Lessons learned
- Implementation review

Unit meetings can be any of the following depending on the skills used by the supervisor:
- Lessons learned
- Implementation review

Performance evaluations can be any of the following depending on the skills used by the supervisor:
- Lessons learned
- Implementation review
- Impact review

Observations of court hearings, client home visits, and supervised visits can be any of the following depending on what the supervisor intends to monitor:
• Implementation review
• Impact review

Transfer of learning activities can be any of the following depending on what the supervisor intends to monitor:
• Implementation review
• Impact review (when changes to performance capacity is measured)

Supervisory Quality Service Review
• Impact review
• Implementation review

Explain that Module 3 and Module 5 will explore in more detail how a supervisor monitors performance of employees within the performance management cycle.

To assess for understanding from participants ask the following questions:
• How does this concept of monitoring apply to frontline casework practice? Do you believe this would be an effective way for caseworkers to help assure families achieve their goals?

Step 4: Tools for Supervisors
(3 minutes)

At the state level, the QSR provides a basis for measuring, promoting, and strengthening best practice. QSR findings are used for providing safe, positive feedback to frontline staff, supervisors, and program managers. To be effective, QSR is not a tool used for compliance enforcement. Rather, QSR feedback is used to stimulate and support practice development and capacity-building efforts leading to better practice and results for the children, youth and families receiving services.

Table Resource #1 (Pennsylvania QSR Protocol, Version 3.0) serves as a measure of Pennsylvania’s Practice Model and standards for child welfare practice. Therefore, it can serve as an excellent supervision tool that can be used between a supervisor and supervisee to discuss the effectiveness of casework to achieve outcomes. The QSR Protocol provides a set of qualitative indicators for measuring the quality and consistency of core practice functions used in the case.

Refer participants to Handout #16 (At-a-Glance Summary of QSR Indicators). The QSR Protocol provides reviewers with a specific set of indicators derived from our practice principles to use when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of the core practice functions. Indicators are divided into two distinct domains: child, youth and family status and practice performance.
The QSR Protocol uses a 6-point rating scale as a yardstick for measuring the situation observed for each indicator.

**Step 5: What is Learned Through the QSR?**
(4 minutes)

Results provide a rich array of learning for affirming good practice already in place and for identifying next step actions for practice development and capacity-building efforts. QSR results include:

- Detailed stories of practice and results and recurrent themes and patterns observed across children, youth and families reviewed.
- Deep understandings of contextual factors that are affecting daily frontline practice in the agencies being reviewed.
- Quantitative patterns of child/youth and family status and practice performance results, based on key measures.
- Noteworthy accomplishments and success stories for affirming good practice and results found during the review.
- Emerging problems, issues, and challenges in current practice situations explained in local context.
- Periodic reports revealing the degree to which important expectations are being met in daily frontline practice.
- Critical learning and input for next-step actions and for improving program design, practice models, and working conditions for frontline practitioners.

These results help social workers, supervisors, managers, practice designers and trainers, policy makers, and resource developers plan ways to help the service system perform even better tomorrow than it does at the time of the review.

**Step 6: Monitoring Progress in the Unit**
(3 minutes)

Refer participants to p.10 of *Handout #7 (Living the Mission in My Unit)*. Instruct participants to think about their improvement plan and to circle the type of monitoring method(s) that will best help them to gather the indicator data for their plan. In the space provided, have participants identify specifically how and when they will monitor. Rotate around the room and offer assistance as needed.
Step 7: What Comes After Monitoring?
(2 minutes)

Refer to Poster #3 (DAPIM™). Remind participants that the data obtained during monitoring informs ongoing CQI efforts which requires the continuous turning of the flywheel. The indicator data gives the information needed to determine if the benchmarks have been achieved. If substantial progress has been made, it may be reasonable to conclude that the interventions implemented were helpful. It is necessary to continue to turn the DAPIM™ flywheel to determine if the previous desired future state is still accurate and relevant and so on.

If substantial progress has not been made, it is necessary to determine to which parts of the continuous quality improvement plan is not aligned and make the necessary adjustments to the continuous quality improvement plan using the DAPIM™ approach. It may involve going back to reassess the desired future state.

As a final point on CQI, display PowerPoint Slide #83 (Heraclitus’s Famous Words). “The only constant is change.” State that he illustrates this point by saying “You can never step into the same river for new waters are always flowing onto you.”

Remind participants that it is the supervisor’s job to never let their staff become complacent, but instead, challenge them to forever strive for improvement outcomes for children and families.

Step 8: Idea Catcher
(2 minutes)

Conclude the section of training by reminding participants to jot down ideas that shouldn’t get away and those new skills they plan on applying within their work setting on Handout #5 (Idea Catcher).
Section XII: Transferring Skills to Practice

Estimated Length of Time:
10 minutes

Performance Objectives:
Participants will be able to construct a plan for the successful transfer of their learning to the workplace.

Method of Presentation:
Individual activity, large group discussion, and optional small group or pairs activity

Materials Needed:
- ✓ Handout #5: Idea Catcher (revisited)
- ✓ Handout #24: Transfer of Learning Plan
Section XII: Transferring Skills to Practice

Step 1: Transfer of Learning Plan
(7 minutes)

Advise the group that they have reached the stage of training that requires that they develop a transfer of learning plan to implement upon return to their agencies. The plan is key to transferring what they learned in the session to their work behavior.

Refer participants to Handout #24 (Transfer of Learning Plan). Review the components of the plan. The first two items are the two new pieces of knowledge and the two new skills learned in the training. These should be extracted from Handout #5 (Idea Catcher) and other notes that participants have collected over the two days. On the next section of the form, participants list actions that will be taken to use the knowledge and skills in the work place. For each item, participants list who will do what, by when. Ask participants to individually complete their plans.

Step 2: Sharing
(3 minutes)

When participants have completed their plans, conclude the activity by asking several volunteers to each share an action they will take to transfer their learning. (If time permits, as an alternative, ask participants to discuss their plans in small groups of three to four participants each or in pairs. If this is the case, the partner or others in the small group, should be asked to contribute additional suggestions and improvements to assure the most effective application of the learning. The key points for small group members or partners to check include: (1) Check the steps to ensure all necessary actions are identified and that the steps are realistic. (2) Check timelines to be sure that they are reasonable and allow time for appropriate movement. (3) Check that all activities have someone identified as the anchor, responsible for carrying out that particular step in the plan.)

Encourage participants to share their transfer of learning plans with their supervisor.
Section XIII: Evaluation and Closure

Estimated Length of Time:
10 minutes

Performance Objectives:
none

Methods of Presentation:
Trainer facilitation, large group discussion, individual activity.

Materials Needed:
✓ Resource Center Evaluation Forms
✓ Handout #25: References
Section XIII: Evaluation and Closure

Step 1: WIIFM
(3 minutes)

Review the *What’s In It For Me* activity completed earlier in the training to highlight key learning points and determine if there are any remaining issues to address or refer to other curriculums of the *Supervisor Training Series*, other trainings, and/or other resources.

Step 2: Evaluations
(5 minutes)

Distribute the evaluation form and ask participants to complete it. When complete, collect all evaluation forms.

Step 3: Closure and Next Steps
(2 minutes)

Refer participants to *Handout #25 (References)* as a reference.

If appropriate, remind participants of the next session of the *Supervisor Training Series*. Close the training by offering specific compliments to the group for such things as their participation, cooperation, etc. and wish them well in the application of their new learning.