Quality Matters
Improving Caseworker Contacts With Children, Youth, and Families

Capacity Building CENTER FOR STATES

Collaborating to Collect and Use Data to Inform Quality Contacts

Data and information systems play an important role in supporting the planning, implementation, and monitoring of quality contacts. Determining how to collect and use data on quality contacts in a child welfare agency is best done through a thoughtful and collaborative process involving key stakeholders, including child welfare staff with data and information technology (IT) responsibilities, policy and program staff at all levels, and youth and family representatives. This tip sheet offers considerations and collaborative strategies related to the collection, analysis, and use of quality contact data.

> **Quality Matters: Improving Caseworker Contacts With Children, Youth, and Families**
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> This tip sheet is part of a larger suite of products addressing quality contacts in child welfare. As defined by the Capacity Building Center for States (2017), quality contacts are "purposeful interactions that reflect engagement and contribute to assessment and case planning processes. These face-to-face interactions often are referred to as 'home visits' or 'caseworker visits'" (p. 1).
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> Access a foundational issue brief, "Defining Quality Contacts," and other related resources at https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/quality-matters

The Importance of Data and Information Systems to Quality Contacts

Quality, accurate, and timely data inform quality contacts. Effective information systems can support the collection, storage, and processing of such data so that child welfare caseworkers, supervisors, managers, and others can access and analyze it to support decision-making. Data and information systems support the following functions:

- **Caseworker planning and implementation of visits.** Specific, individualized data and case information can help workers prepare for a visit, focus the visit agenda, determine key discussion points, and engage family members.

- **Assessment and decision-making.** Case-level data inform workers on what's happening with the family, including what changes have occurred and what changes still need to occur. Data reflect the family history over the life of the case and create a picture of the current point in time. Through interviews and other information gathering, caseworkers assess child and family functioning, protective capacities, threats to child safety, and other conditions. Information about the child's safety and risk, family functioning, child and family well-being, strengths and needs, and progress toward case goals contributes to ongoing assessments, decision-making, and case plans.

- **Documentation of case facts, activities, and decisions.** Clear and concise documentation of contacts in information systems helps caseworkers and their supervisors reflect on case progress and follow up on identified needs. It also facilitates communication with community service providers, court personnel, and others involved with the case.

- **Quality assurance.** Information systems aid supervisors and managers in monitoring visits and ensuring the implementation of agency policies and completion of requirements. For example, in accordance with provisions of the Child and Family Services Improvement and Innovation Act of 2011, Public Law (P.L.) 112–34, state agencies monitor the frequency of caseworker visits (specifically, the percentage of children receiving monthly visits) and report findings to the Children's Bureau (CB), including whether the visits took place in the child's residence.[1] In addition, states also can use information systems to monitor various aspects of visit quality, such as face-to-face contact, private interviews with children, visit focus on case goals, and updates to assessments. Strong quality assurance processes and procedures support the monitoring of the information, data, and systems and, in turn, strengthen the monitoring of the visits.
- **Analysis of patterns.** Breaking down data in various ways—for example, by child's age or placement type—can help answer questions (e.g., are visits more common for certain ages and living arrangements?)[2] and highlight trends (e.g., are caseworker monthly visits with parents increasing?). Administrators and managers also can use analyses to explore connections between quality contacts and agency safety, permanency, and well-being outcomes.
- **Continuous quality improvement (CQI).** Aggregate data and trends related to contacts can point to agency strengths, challenges, and areas for improvement. Leadership can use this knowledge to inform agency improvement initiatives as well as staff development.

Information and data from an information system is used to support a quality visit, and then the visit creates new information to be entered into the information system. When equipped with information on specific family needs and service history, a caseworker can better engage a parent during a visit and, ultimately, obtain richer information to better assess family functioning and recommend services customized to the identified needs. For example, understanding a parent's history of domestic violence may help direct a caseworker's approach and questions about the circumstances and strategies the parent has used to keep the child safe. This level of engagement and assessment not only yields a more productive visit, but also provides more detailed and relevant information that will be reflected in data fields and case notes entered into the information system. Once entered into the system, this information can be used to inform case-level planning and also contribute to the agency's broader CQI efforts.

Data Sources, Elements, and Structural Considerations

Child welfare information systems support the collection, analysis, and presentation of needed data related to quality contacts.

Data Sources and Elements

Multiple information sources—including case notes, assessments, case plans, and service provider information—feed into child welfare information systems and help child welfare professionals understand the case, family needs, services and events, and key decisions. In most cases, each child's record will contain numerous data points and documentation of case activities. Exhibit 1 presents the type of information included in an information system that caseworkers might review before a quality contact and update after. The specific data elements will vary depending on an agency's policies, priorities, and information system.

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[1] For more information on monthly caseworker visit data standards in P.L. 112–34, see CB Information Memorandum No. ACYF-CB-IM-11-06 at https://www.acf.hhs.gov/sites/default/files/documents/cb/im1106.pdf; to view reported state data on caseworker visits, go to the "Child Welfare Outcomes Report Data" website at https://cwoutcomes.acf.hhs.gov/cwodatasite/

[2] See example from a Missouri report in a National Child Welfare Resource Center for Organizational Improvement (2010, p. 7) newsletter at http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters10.pdf.

Exhibit 1. Sample Information Documented or Updated After Caseworker Contacts

Information about the child and family
- Child and family demographic information
- Living arrangement or placement
- Circumstances associated with child welfare involvement and child removal
- Individuals living in the home
- Relatives and potential placement and support resources

Information on caseworker contacts
- Contact date, time, and location
- Contact participants
- Purpose of visit
- Type of contact (e.g., in person)
- Private interview with each child
- Observations of the home environment and interactions among household members
- Concerns or needs identified
- Cultural considerations (e.g., family cultural practices, language spoken in the home)
- Key decisions and priorities
- Follow-up activities

Assessments of child safety and risk
- Current assessment of safety and risk of harm
- Changes in caregiver protective capacities, child vulnerabilities, or threats to harm
- Current safety plan

Assessment of child well-being
- Child functioning and development
- Physical, mental, and behavioral health needs and services
- Educational status, progress, and needs
- Social support and relationships
- Family connections and visits
- Permanency plan

Assessment of parent(s)
- Parent functioning and well-being related to health, mental health, substance use, domestic violence, trauma, social support, resources, and capacities
- Family strengths and supports
- Parent progress toward case plan goals and needed changes to case plan

Information on resource parents/caregivers
- Caregiver functioning and needs

Services and case events
- Receipt of services and provider information
- Additional service needs

Structured and Unstructured Data

Information systems typically contain information in structured fields with categorized responses (e.g., using pulldown boxes or checklists) and unstructured fields (generally text). Both types of data fields can be useful.

- **Structured data.** Structuring narrative data, often contained in contact notes, can help make information easier to locate and analyze. As a result, agency staff reviewing the contact information can more quickly find relevant information, examine the content and quality of the contact, and assess family progress. Managers or supervisors can retrieve selected fields of structured data during case reviews or debriefings, and caseworkers can retrieve structured data fields when preparing for subsequent visits. Examples might include case plan goals, timeframes, a child's health and mental health information, and collateral contacts. Agency staff also can use structured data fields to determine whether information is missing from the system or requires follow-up.
- **Unstructured data.** Unstructured narratives of case activities are important for more indepth understanding of case activities. Detailed narratives also facilitate verification of structured yes/no or checklist elements.

Working together, IT and program staff can determine how best to set up the system structure to facilitate an appropriate balance of structured and unstructured fields. Decisions will need to take into account: intended use, system functionality, automated functions, ease of data entry, and quality issues. Involvement of program staff in data decisions early on can help them to appreciate the value of the information and make them more likely to enter the data in a timely and comprehensive way.

Creating Information Systems That Support Quality Contacts

Whether developing a new information system or enhancing an existing one, there are several key steps to developing useful processes to effectively collect and use data to inform quality contacts.

1. Collectively Identify Data Needs.

- **Involve multiple perspectives in the earliest stages possible.** Key stakeholders and staff across program areas—including frontline workers, supervisors, program managers and administrators, data and IT staff, CQI program staff, partner service providers, and family and youth representatives—should actively participate early and often in discussions of data needs.
- **Identify core data elements and structure.** Data decisions must balance the benefits of having data available for analysis with workload considerations for data entry and checking. Under the lead of an IT manager, staff and other stakeholders can explore the data considered most important to support the agency in conducting and monitoring visits and how to structure data for ease of entry and use. Comprehensive data dictionaries can be used to share information on quality contact data elements and structure.
- **Explore data entry.** Assess whether there are areas of duplicate data entry in the system, which can cause inconsistencies and inefficiencies. In addition, identify any barriers to data entry from visit case notes and explore solutions to alleviate the burden on caseworkers. Solutions may include technology innovations, such as audio transcription, case notes via laptops or electronic tablets synched with case records, and other advances using mobile technologies (Center for Advanced Studies in Child Welfare, 2012).
- **Determine access and reporting needs.** Consider how, how often, and by whom data will be needed, what breakdowns are important (e.g., by state, counties, supervisory units), and in what formats.

2. Promote Effective Collection and Use of Quality Contact Data.

- **Encourage a data culture.** Child welfare agencies can encourage a data culture by building recognition of data's value and communicating a vision that encourages continuous learning and improvement. Other factors that contribute to a data culture include sustained leadership involvement and commitment to information systems, consistent use of quality data for decision-making, and training and support for data and CQI initiatives (Kaplan et al., 2010). Gaining frontline buy-in to a data culture may require overcoming skepticism rooted in experiences in which workers have had extensive data entry requirements but did not see how the data were used (Webster, Putnam-Hornstein, & Needell, 2011).

- **Dedicate resources.** To enable effective and timely data collection, monitoring, and quality assurance, leadership and managers must allocate staff and supports.

- **Clearly communicate expectations for data collection, entry, and quality.** Ensure that workers, supervisors, and contracted service providers understand what information they must document and when. Set up processes and procedures to monitor data quality, identify erroneous or missing data, and resolve any related issues in a timely manner. Agencies electing to participate in Comprehensive Child Welfare Information System (CCWIS)[3] funding are required to develop a comprehensive data quality plan with systemwide participation.

- **Develop or enhance automated, bidirectional data exchanges.** Entities other than the child welfare agency—schools, courts, private service providers, and others—hold vital case information related to children and families. Agencies electing to participate in CCWIS are required to exchange data with some of these groups as applicable.

- **Share and discuss quality contact data and findings.** Reports should be easy to understand, timely, reliable, and reflective of agency priorities (National Child Welfare Resource Center for Organizational Improvement, 2010). Discuss ways to leverage data analyses to explore agency performance on outcomes (e.g., what are the relationships between how visits are conducted and case outcomes?).

- **Educate staff on using data to inform decisions.** At the case level, quality contact data support caseworkers in planning and carrying out their visits; at the program and systems levels, data aid managers and administrators in understanding service needs and agency performance. Staff may need training and coaching to build skills in critically assessing quality contact data to drive decisions.

3. Use Data to Continually Improve Quality Contacts.

- **Integrate data into CQI processes.** Agencies can use aggregate contact data to inform ongoing improvements in policies and practices. CQI processes should include diverse staff and stakeholder perspectives and link problem-solving activities to evidence (Wulczyn, Alpert, Orlebeke, & Haight, 2014).

- **Continue to assess data needs and systems over time to accurately reflect the evolution of child welfare practices.** Changes to data collection and reporting processes should evolve over time to respond to newly identified data needs, emerging agency priorities, and policy and practice changes.

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[3] See the CCWIS final rule overview at https://www.acf.hhs.gov/cb/resource/ccwis-final-rule-overview

Exhibit 2 presents sample questions and considerations for discussion among IT staff, managers, child welfare program staff, and other stakeholders to help inform the design, development, and refinement of data and information systems.

Exhibit 2. Discussion Considerations on Quality Contact Data Collection and Use

- How do workers access information to prepare for quality contacts? How can they retrieve that information quickly and in a user-friendly format?
- What information about contacts might others involved with decision-making (e.g., for case conferencing, supervision, monitoring) find useful?
- What data and information are of highest priority to collect and record?
- What information should be recorded in narrative form and what can be structured?
- What factors might be important for analyses (e.g., age of child, placement setting, safety issues, length and frequency of visit)?
- How can agency staff use data to explore the link between visit characteristics and outcomes?
- What expectations does the agency have for documenting the visit? How does the agency communicate those expectations to workers?
- How will the agency ensure data quality?
- What resources will the agency allocate to quality assurance of data and information?
- Are there available technological solutions to enhance data collection and alleviate the burden?

Collaboration

As underscored throughout this tip sheet, cross-agency collaboration is essential to enhancing information systems and the effective use of quality contact data. Data, IT, and CQI staff as well as program leadership, supervisors, frontline staff, service providers, trainers, parents and youth, and other stakeholders all play a role in improving data collection and application. Collaboration among key players requires a shared understanding of the purpose and value of robust data and open discussions on the best ways to record and share essential information. Working together can result in meaningful advancements to information systems and, moreover, more active use of data at case and system levels to improve outcomes for children, youth, and families.

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