### Worker Rating Tool for Case Consultation Proficiency

**Are workers PROFICIENT in assessing danger, safety threats and protective capacities of family members, as well as really understanding what happened to lead to maltreatment?**

1: Can the worker engage the family to develop a clear understanding of who the family is and what they need, who is in the family and their roles within the family including absent parents, other adults in the home, all children, and members of the natural support system?  

2: Can the worker describe how information was gathered and what information was learned?  

3: Can the worker paint a picture of family dynamics and family functioning?

**Are workers PROFICIENT in utilizing the least restrictive intervention?**

4: Can the worker accurately write a case plan which can include creating an IPAP, safety plans, a WPC, and monitor those cases for ongoing safety/policy violations and transfer cases per policy?

**Are workers PROFICIENT in assessing needs and identifying strengths that help a family change behaviors and keep the family plan on track?**

5: Can the worker engage the family in identifying underlying causes of need surrounding safety and is co-creating a plan that clearly addresses behaviors that need to change in order to know that the child/ren could safely remain in or return to the home without child welfare involvement, or be placed in a resource home?

**Are workers PROFICIENT in monitoring the family’s plan success?**

6: Can the worker facilitate communication between the clients and or providers in modifying case/resource plans’ objectives so they are easily understood?

7: Can the worker accurately document progress in meeting objectives?

8: Can the worker use positive reinforcement and identify clients’ successes in reaching family plan goals?

**Are workers PROFICIENT in the ability to verbalize and celebrate progress?**

9: Can the worker make timely recommendations addressing the child’s best interest?

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- **Emergent practice:** There is evidence in the case files that the worker has begun to use the practice. It is there.  
- **Accomplished practice:** There is evidence that the worker has begun to build shared understanding and agreement among the parties. It is shared.  
- **Distinguished practice:** There is evidence that the element is integrated into the worker’s practice as a way of doing business. It is integrated.
1: Can the worker engage the family to develop a clear understanding of who the family is and what they need, who is in the family and their roles within the family; including absent parents, other adults in the home, all children, and the members of the natural support system?

Emergent Practice: Worker finds out the race, ethnicity, age and significant issues affecting all children in the family; the race, ethnicity, age and household status of parents, and criminal as well as child welfare history of household members. Worker does not ask enough questions to determine who played a role in maltreatment or what role each adult in the household played in creating the context for the maltreatment. Worker does not produce a genogram or other tool showing family member relationships. Worker does not describe maternal and paternal family members or other family supports.

Accomplished Practice: Worker not only finds out about race, ethnicity, age and significant issues affecting all children in the family, but also the race, ethnicity, age, criminal and child welfare history of all adults in the household as well as any non-residential parents. Worker has an understanding of who is responsible for the child maltreatment and how all adults in the family contributed to the context for maltreatment. Worker presents a genogram or other family relationship tool and reports what was learned about all maternal and paternal family members and other social supports. [See Genogram handout]

Distinguished Practice: Worker is integrating the understanding of family make up, structure, demographics, and dynamics and support in this case as well as others. They are drawing comparisons across cases or explaining why a particular family variable is critical for understanding what happened, sources of trauma for the family (e.g. Native American historical trauma affecting the family functioning), sources of support for the family and potential placements for children. They may note that a worker is missing a particular piece of information repeatedly and using the opportunity to teach and coach the worker again.

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2: Can the worker explain how information was gathered and what information was learned?

Emergent Practice: The worker draws conclusions regarding case planning. The worker says “There is present danger in this case so I acted based on that.” The case record asserts the presence of indicators without always providing evidence or behavioral descriptors. Worker may be able to answer follow up questions such as “Is the maltreatment occurring now?” “Is the caregiver incapacitated?” “Is there a history of severe and escalating domestic violence in the home?” “What was the sequence of events leading to the maltreatment?” if probed by the supervisor.

Accomplished Practice: Worker presents information about the family with a written and verbal account of what the worker saw. Worker is able to answer questions about any information that is missing from the record or account. Worker does not make erroneous assumptions but actually has compelling evidence of indicators of present danger. Worker builds the case based on shared understanding of the situation among as many relevant parties as possible. Engaged family, children, collaterals, teachers, reporting/concerned parties, ICWA, service providers or other natural support system. Worker reinforces
strength focused questions to accurately identify protective capacities within families. Worker assessed the areas of domestic violence, drug/alcohol use, discipline, mental health history within the family, day to day parenting, and discipline? This includes the general assessment of safety (how does the information impact the decision making process? Worker explores application of the safety threshold to determine impending danger. Worker is actively examining any personal or cultural biases that might affect the understanding of the family situation and ending with a clear understanding of what led to the maltreatment. (See 6 Key Questions Handout; Identification of Impending Danger/Safety Threshold handout)

**Distinguished Practice:** Worker is not only assessing what is going on in this case, but also integrating the way of assessing present danger into their daily work as an investigative worker or ongoing worker. They are drawing comparisons across cases or exploring why a particular indicator is easy to miss or critical for identification of present danger and how that might show up in other cases on their current or future caseload. Worker identifies if a particular indicator is missed repeatedly.

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3: **Can the worker paint a picture of family dynamics and family functioning?**

**Emergent Practice:** The worker documents or talks about the maltreatment, the circumstance, the child, discipline, parenting issues and adult functioning without answering follow up questions. The worker may probe to understand the situation better and may or may not uncover some missing information.

**Accomplished Practice:** Worker ensures that all aspects of each of the 6 areas are thoroughly assessed and documented. Worker discusses the protective capacities of each PRFC that can contribute to the ongoing protection of the child. (See 6 Key Questions handout; Protective Capacities Handout)

**Distinguished Practice:** Worker is not only assessing what is going on in this case, but also integrating the way of assessing safety into their daily work as an investigative worker or ongoing worker. They are drawing comparisons across cases or exploring why a particular indicator is easy to miss. Worker identifies if a particular indicator is missed repeatedly.

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4: Can the worker accurately write a case plan which can include creating an Immediate Protective Action Plan (IPAP), Safety Plans, a Written Plan of Compliance (WPC) and monitor those cases for ongoing safety/ policy violations and transfer cases per policy?

Emergent Practice: The worker presents an IPAP, safety plan, or Written Plan of Compliance which includes a brief description of the identified present danger, what actions have or will be taken to protect the child in relation to the present danger and who is responsible for implementing each action. The IPAP and safety plan includes a third party monitor and all parties have signed the IPAP, safety plan, or WPC. If a parental signature is missing receives assurance that the signature will be received in 24 hours. (See Present Danger handout; Immediate Protective Action Plan; In Home/Out of Home Safety Plan handout)

Accomplished Practice: Worker ensures that there is a correspondence between the assessment that showed evidence of indicators of present danger and the IPAP. May ask questions about each part or ask for more details. Worker answers questions about the intervention and how it is going. Ensures that the plan includes all relevant parties. Worker is able to state back a consensus summary of a clear understanding of the situation and direction of how they need to proceed. (See Present Danger handout; Immediate Protective Action Plan; In Home/Out of Home Safety Plan handout)

Distinguished Practice: Worker is not only assessing what is going on in this case but also integrating the way of writing IPAPs, Safety Plans, and WPCs into their daily work as an investigative worker or ongoing worker. They are drawing comparisons across IPAPs and for example, explaining why some wording is clearer. Worker identifies if a particular indicator is missed repeatedly.

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5: Worker engages the family in identifying underlying causes of need surrounding safety and is co-creating a plan that clearly addresses behaviors that need to change in order to know that the child/ren could safely remain in or return to the home without child welfare involvement, or be placed in a resource home?

Emergent Practice: Worker says things like “The caregivers have emotional, cognitive and behavioral protective capacities and can keep the child (ren) safe at this time.” Or “While the caregivers have some emotional, cognitive and behavioral protective capacities, these are not sufficient to keep the children safe, so we must remove the children at this time.” The worker does not back up their assertions with facts and behavioral descriptions of all of the protective capabilities they observed and those that were absent.

Accomplished Practice: Worker identifies caregiver protective factors based on written and verbal account of what the worker saw. Then the worker asks questions about any information that was missing from the record or account to make sure the worker was not making erroneous assumptions, but actually had compelling evidence of indicators of protective factors that could keep the children safe or with enhancement could sustain child safety. Also asks how PRFC’s diminished protective capacities results in in unsafe child behaviors,
conditions or circumstances that must change to sustain child safety. Worker is building the case based on shared understanding of the situation among as many relevant parties as possible.

**Distinguished Practice:** Worker is not only assessing what is going on in this case but also integrates the way of assessing protective factors into their daily work as an investigative worker or ongoing worker. They are drawing comparisons across cases or explaining why a particular indicator is easy to miss or critical for identification of protective factors and how that might show up in other cases on their current or future caseload.

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6:  Can the worker facilitate communication between the clients and or providers in modifying case/resource plan objectives so they are easily understood?

**Emergent Practice:** The worker facilitates a discussion between the clients and providers they are working with to help them achieve task objectives so that everyone is on the same page. Worker does not answer follow up questions.

**Accomplished Practice:** Worker facilitates a discussion between the clients and each of their service providers so that everyone is clear about how the service provider will help the client achieve task objectives and change BEHAVIOR so that children can safely remain or return to the home. There is ample proof that such meetings have occurred.

**Distinguished Practice:** Worker facilitates a relationship between the family and service providers in the current case and integrating knowledge of facilitating communication across cases. Able to demonstrate this practice is consistent across cases.

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7: Can the worker accurately document progress in meeting objectives?

**Emergent Practice:** The worker simply states the client is or is not progressing on objectives in the ISP. Does not explain exactly how the client is demonstrating behavior changes.

**Accomplished Practice:** Worker documents progress on each objective of the ISP in their case notes regarding visits with the family. The worker provides evidence they have gathered to show that the client has gained an insight into their patterns, knowledge about childrearing, discipline or why they maltreated their child (ren) in the past, changes in their behavior towards the child, particularly in situations where they are vulnerable to maltreatment and plans they have to prevent maltreating their children in the future.

**Distinguished Practice:** Worker documents progress on specific case objectives and is able to consistently demonstrate this across their cases.

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8: Can the worker use positive reinforcement and identify clients' successes in reaching case plan goals?

**Emergent Practice:** The worker simply states they are rewarding their client and celebrating success as they progress on objectives in the ISP. Worker does not reinforce behavioral change.

**Accomplished Practice:** Worker documents ways they are reinforcing client behavior change through verbal praise and celebrations as progress is made. Worker provides specific examples of how they encouraged their clients and the client reaction to the support.

**Distinguished Practice:** Worker is not only able to document their support of change in clients but also across cases. When a particular piece is repeatedly missed, worker responds to coaching to improve in this area.

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9: Can the worker make timely recommendations addressing the child’s best interest?

*Emergent Practice:* The worker presents a conclusion about termination of the ISP but cannot answer probing questions for more information, clarity, testing of false assumptions, etc.

*Accomplished Practice:* Worker ensures that a logical conclusion is drawn from all data about whether or not the threats to safety have been reduced to the point that an intervention can be terminated. Part of testing the logic is ensuring that the 6 key questions and protective capacities have been re-assessed and documentation of any changes in the circumstances have been documented. Entire decision is built on a robust set of insights from as many collaterals as possible. *(See 6 Key Questions handout; Protective Capacities handout)*

*Distinguished Practice:* Worker assesses what is going on in this case and integrates knowledge of termination of ISPs across cases. Worker draws comparisons across other terminated ISPs. Worker is able to gather relevant information, synthesize that information, critically appraise the conclusions and generate reasonable conclusions about whether or not to terminate the ISP consistently across cases.

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