

# **Instrument 5: Improvement Team Information Form**

## **A Breakthrough Series Collaborative for Engaging Fathers and Paternal Relatives in Child Welfare**

The purpose of this document is to provide information to the Fathers and Continuous Learning in Child Welfare (FCL) project team about each site's composition. The information will be used to create a profile of each site that participates in the Breakthrough Series Collaborative (BSC).

Public reporting burden for this collection of information is estimated to average one hour for the improvement team's senior leader.

Providing this information is voluntary, and all collected responses will be kept private to the extent permitted by law.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0531 and the expiration date is 07/31/2022.

Thank you for participating in the Breakthrough Series Collaborative (BSC) to Engage Fathers and Paternal Relatives in Child Welfare. As the senior leader of your team, please complete the following questions on behalf of your improvement team and site.

|   |   |  |
|---|---|--|
| Date completed:   | Department name:                        |  |
| <b>1. About the child welfare agency</b>                    |   |  |
| Number of children served by child welfare agency:          | Number of children in out-of-home care: |  |
| Of children placed in out-of-home care, how many live:      | 1. In kinship homes?                    |  |
|   | 2. In non-relative foster homes?        |  |
|   | 3. In specialized foster homes?         |  |
|   | 4. In group/transitional living homes?  |  |
|   | 5. In residential facilities?           |  |
| Describe the racial makeup of families in foster care:      | Percent African-American:               |  |
|   | Percent Latino:                         |  |
|   | Percent Caucasian:                      |  |
|   | Percent Native American:                |  |
|   | Percent other:                          |  |
| Number of children whose families receive in-home services: |   |  |

| 2. Contact information for improvement team senior leader and team manager  |        |
|---|--------|
| Senior leader:  | Title: |
| Phone:  | Email: |
| Team manager (For communication between FCL project team and improvement team members):   | Title: |
| Phone:  | Email: |
| 3. Composition of your improvement team   |        |
| <p><b>a) Who is the proposed senior leader of your improvement team?</b> (It is strongly recommended that the senior leader be a high-level agency leader.) Please include name, title, and a brief description of this leader's demonstrated commitment to the goals of this BSC. Also describe the role and responsibilities of the proposed senior leader in terms of the agency's organizational chart.</p> |        |
|   |        |
| <p><b>b) Who is the proposed team manager of your improvement team?</b></p> <p><i>The team manager will coordinate the activities of the improvement team and actively guide its work. This person must have easy access to the senior leader.</i></p> <p><i>Please include the name, title, and a brief description of this person's demonstrated commitment to the goals of this BSC.</i></p>                 |        |
|   |        |

*Describe the management/reporting relationship between the proposed team manager and the proposed senior leader. Please also report the key contact's role, skills, and experience with engaging fathers and paternal relatives.*

**c) Who will be on the improvement team?**

Please list all names, positions, including length of time in current position, experience/expertise in engaging fathers and paternal relatives, and unique strengths they bring to the team.

**d) How will your agency ensure that the members of the improvement team have the resources and time they need to complete the BSC requirements?**

**4. Child welfare agency: background information**

a) Please tell us about your agency. Briefly describe your organizational structure and approach to serving fathers and paternal relatives.

b) Describe the staff (name, title, responsibility) in your agency whose roles may be relevant to this project.

c) What are four key strengths of your agency that help position you to promote engagement of fathers and paternal relatives?

d) What specific professional development has your staff received about engaging families?

e) What training and support has your staff received about engaging fathers and other paternal relatives?

f) Describe how your agency currently engages fathers and paternal relatives as team

members to create the best outcomes for their children.

*Please be specific about how you provide them with information about their children, how you engage them in your interactions and involvement with their children, how you give them necessary supports or resources, and how you include them in discussions and decisions about their children.)*