

# Benefits challenges Training

## Transcript 03

Q: So in what ways has the CSI been helpful to your program?

A: Well, it helped us to really kind of, like when the, what's it called in English, the different domains and the sub domains, those were very helpful for us to focus on what it is that makes children vulnerable and so it was a really good way for us to hone in on okay this is what we need to focus on first. The other stuff is important and we need to look at the other stuff but this is the priority. This is your priority. So that was one thing that it helped us with. The other thing is it helped us to get a numerical value of how vulnerable is the child because initially we had so many referrals and we weren't able to get to them all at the same time and so we really had to kind of figure out how to determine who was a biggest priority without really knowing a lot about them and so we made our referral tool a little bit different and we added some of the same domains there as initial questions to determine if kids were actually in an extreme situation of vulnerability and they needed us to be admitted right away or if they were a little bit more stable and they could wait a month or so to be admitted. So it helped us to kind of look at things from a priority standpoint.

Hone in on/  
• ID domain  
sub-domains  
of vulner-  
ability

### Benefits

- ID priority children
- numerical value.

I think it's good to explain who you're getting the information from. I think what I like about the other thing that's been helpful about the tool is it really gave the child, it empowered the child to actually answer some of their own questions and perspectives and I think that that's something that we might not have taken into consideration had we not used the CSI tool. The other thing is that I don't know that we would have focused on the events that affect children and like past events how they could be affecting the current situation. I think the social workers are really good at that piece but I don't know necessarily that the case managers would have been able to look at those areas and so that's been helpful. I like the tool that you can ask about what services that they have received because one of the things that's important for our funder is to not duplicate services and so that's been a piece that we've had to really focus on as well so that families aren't getting educational scholarships from three organizations which is really a challenge to try and manage that for many reasons but I think that the tool helps us to at least keep that in our mind. You know? We're constantly asking those questions and constantly thinking. As I'm talking with you, it's quite possible that using this tool on a visit by visit basis would actually make it more valuable.

- child perspective
- effect of past events
- ask about other services received

Q: Can you describe some of the challenges you've experienced using the CSI?

A: Yeah. The CSI from what I understand was initially developed for use in Africa and so if you look at the tools, even the pictures are more African related pictures. We are not African so it may be hard for the social workers to relate to the pictures. One of the other things that I've found challenging is that as a person who has been educated we have a tendency to infer a lot of information in using the tool but if you're somebody who maybe is not at a level of education or training and doesn't understand the intricacies of each domain, I think that you're probably not going to use the tool as accurately. For example, how do you interpret a score of four?

### Challenges

- score interpretation
- 1 • African pictures



Scoring a four in the food and nutrition domain might be beans and rice three times a day, eating three meals, seven days a week kind of thing but from my point of view a four as a professional nutrition wise would be eating enough protein and vegetables and fruit and all of those things that go into a proper diet. It's difficult when you have different people evaluating what is a four because for me a four would be the best and ideal nutrition available to kids but in my country. I guess then no child who is considered vulnerable would have a four. So for me it was difficult to train on what is a four when like what is a standard for kids. What would you consider a standard for kids? Should they receive three meals a day? Should they also receive three meals a day plus two snacks? How much protein should they receive a day? What about vitamins and fruits and vegetables and how much milk should they be drinking and like what is the standard and then from there I think then you can determine okay well obviously then there's no kid in this country that we're seeing that have a four. Even our case managers that are evaluating kids don't eat three meals a day or they themselves don't eat meat every day or a protein source every day or maybe their only protein source is beans. So how do they evaluate a four? So for me as a professional, it's really difficult to know what a four is.

• challenge training  
• different scoring/diff scores interpretation

Q: So how do you deal with that with your staff? Do you have discussions about what is a four?

A: Yes. In every discussion we have, you'll have a different point of view. I think that this is an area where we've not done a sufficient job in training our staff or even understanding it ourselves and why I would say that the validity of the tool is in question in our use because of that factor. We have defined four – the best nutrition for a child – a child who is fully getting the full nutrition that their body needs and that's their human right to have. Well then we all agreed that there was no child that we cared for that would get a four but yet I still see fours because they go back to what is the standard so in their mind a four is well if they're eating beans and rice everyday then that's fine and that's probably a four.

• insufficient training  
• standard 4 scoring not clear

Q: Are there any other challenges besides the validity issue and subjectivity of it?

A: There is the issue of the pictures. Have some that are Latin American. Also our staff says it takes a really long time to do on every child and so the length of the tool or the amount of information that they're trying to gather to make a decision as to what level each child is that's an issue. The other issue is when it comes to getting valid information. For example, we get some information from the families. We get some information from observation and then we get some information from speaking directly with the kids. They often differ. Well what information then is valid? Also culturally people don't want to put themselves in a bad light so they to say what they think the person wants to hear so it's not always honest.

• pictures  
• long time 2 fill out  
• consistency of info  
• positive responses not valid

Q: So you've talked a bit about sort of how you learned about the CSI. Did you directly train your case managers to use the CSI?

A: Yeah.

Q: How did that go?

A: Well that's what I mean. I think I might be the crux of the problem. I trained myself by reading all the information that you guys have provided out there or they have provided out there and so I trained myself by reading and then I trained the staff by what I had read and then we had a volunteer come down and she read through all of the information as well and then she made some adjustments for us. Well she first went out with our staff and evaluated how they were doing and she had lots of observations and then she came back and then we made an adjustment to the tool which was adding the pictorial along with the questions and then she trained the staff again and then she went out and they did follow up post visits and they were doing better.

TRAIN.

- trained self
- developed training
- external assistant

Q: So do they ever get refresher training or do they come to you for guidance on how to make care decisions based on scores?

A: Yeah. That was the second training that the staff had had and that was just last year so they've not had any refresher training since then. No. Yeah they can ask questions if they need to.

- training need

Q: And what would you say is the primary focus of the training?

A: On how to score the kids.