



# California Common Core Curricula for Child Welfare Workers

## Trainer's Guide

# Family Engagement in Case Planning and Case Management

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Version 2.3 | February 2013



# Acknowledgments

California’s Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), STEC has a wide membership that includes Regional Training Academy (RTA) representatives, county representatives, university-based Title IV-E Project Coordinators, the Inter-University Consortium in Los Angeles (IUC), the Administrative Office of the Courts (AOC) and other key stakeholders.

A subcommittee of STEC, the Content Development Oversight Group (CDOG), provided oversight and approval for the curriculum development process. A panel of experts also provided valuable feedback specific to this particular topic of the Common Core. As with many large curriculum projects in public child welfare, significant portions of the Common Core were adapted from existing curricula.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California’s child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state’s children and families.

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:

[http://calswec.berkeley.edu/CalSWEC/Citation\\_Guidelines.doc](http://calswec.berkeley.edu/CalSWEC/Citation_Guidelines.doc)



**FOR MORE INFORMATION** on California’s Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>



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## CALIFORNIA COMMON CORE CURRICULA FOR CHILD WELFARE WORKERS



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### BACKGROUND AND CONTEXT

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#### Curriculum Development

The Common Core Curricula is the result of a multi-year statewide collaborative effort to develop standardized curricula for California's newly hired child welfare workers. Development and implementation of the Common Core Curricula was mandated by California's Program Improvement Plan (PIP) as part of the 2003 federal Child and Family Services Review (CFSR). Although in-service core training had historically been provided by the Regional Training Academies (RTAs), the IUC and county staff development departments, the PIP stipulated that the California Department of Social Services (CDSS) *"develop a common core curriculum for all new child welfare workers and supervisors that is delivered by all training entities statewide."*

**The Statewide Training and Education Committee (STEC)** developed the initial series of Common Core Curricula in FY2004/2005, marking the first implementation of new worker training that was *standardized* for the entire state. The purpose of statewide standardization is to achieve consistency and equity in the application of best and evidence-based practice in all 58 California counties. Each of the content areas of the Common Core has a set of measurable learning objectives for knowledge, skills and values essential to the provision of excellent service to families and children who participate in California's county child welfare programs.

#### Contributors and Source Materials

The California Common Core Curricula for Child Welfare Workers is the culmination of a highly collaborative development process among California's child welfare training institutions. The resulting curricula contains materials synthesized from curricula originated by the Northern California Training Academy at the University of California, Davis; the Bay Area Academy at San Francisco State University; the Public Child Welfare Training Academy at San Diego State University; the Central California Training Academy at California State University, Fresno; and the Inter-University Consortium Department of Child and Family Services for the County of Los Angeles. Additionally, portions of the curricula were

reproduced and adapted, with permission, from Rycus, J.S., Ginther, N.M., Maulsby, T., Houston, D., and Hughes, R.C. (1996) *Training for Child Welfare Caseworkers and Supervisors in Culture and Diversity. A Training Curriculum*. Institute for Human Services, Columbus, Ohio. Numerous curriculum developers also contributed content to the Common Core Curricula, under contract with CalSWEC.

## Values Underlying the Development of Common Core Training

STEC used the following underlying values in developing recommendations for common core training:

- Common core training is grounded in social work values and ethics.<sup>1</sup>
- Common core training builds upon, but is not limited to, new worker training currently underway in California, and utilizes existing training structures.
- Standards encourage flexibility in the way counties meet identified training needs.
- Standards encourage the application of best practices aimed at improving outcomes for children and families, by training strategies that progress from knowledge acquisition to building and demonstrating skills.
- Standards endorse training delivery methods for common core training that yield measurable learning objectives and that provide the basis for evaluation of knowledge, skills, and attitude acquisition in order to promote positive outcomes for children and families.
- Standards are consistent with those endorsed by California’s Title IV-E university programs for the bachelor’s and master’s degrees in social work.
- Common core training encourages inclusion of community partners, whenever possible, in order to share responsibility for child safety, permanency, and well-being.

## Levels of Standardization

STEC determined that content areas of the Common Core would vary in their level of standardization:

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<sup>1</sup> The National Association of Social Workers (NASW) Code of Ethics states, “Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics...” (NASW Code of Ethics, 1996, revised 1999, Section 3.08).

CalSWEC’s Standards and Values support the use of ongoing training as a form of best practices: “Standards of practice are by their nature subject to change. In view of shifting societal standards, as well as advancing knowledge about children, human behavior, and human ills, standards must be subject to continuous reflection and review.” (CalSWEC Website)

[http://calswec.berkeley.edu/CalSWEC/CalSWEC\\_Standards\\_Revised.html](http://calswec.berkeley.edu/CalSWEC/CalSWEC_Standards_Revised.html) and  
[http://calswec.berkeley.edu/CalSWEC/CalSWEC\\_Values\\_Revised.html](http://calswec.berkeley.edu/CalSWEC/CalSWEC_Values_Revised.html)

Two content areas have **standardized information and standard delivery**, statewide:

- *Child Maltreatment Identification, Part 1: Neglect, Physical Abuse, and Emotional Abuse*
- *Child Maltreatment Identification, Part 2: Sexual Abuse and Exploitation*

Five other content areas have **standardized information**, with detailed instructions on delivery:

- *Framework for Child Welfare Practice in California*
- *Child and Youth Development in a Child Welfare Context*
- *Critical Thinking in Child Welfare Assessment: Safety, Risk, and Protective Capacity*
- *Family Engagement in Case Planning and Case Management*
- *Placement and Permanency*

Fourteen topics have **standardized competencies and learning objectives**:

- *Basic Interviewing*
- *Caregiver Substance Abuse and Child Welfare Practice*
- *Child Welfare Practice in a Multicultural Environment*
- *Court Procedures*
- *CWS Documentation for Use in the Legal System*
- *Domestic Violence*
- *Health Care Needs of Children and Youth in the Child Welfare System*
- *Indian Child Welfare Act (ICWA)*
- *Mental Health and Mental Disorders*
- *Multiethnic Placement Act (MEPA) / Interethnic Adoptions Provisions (IAP)*
- *Self-care for New Child Welfare Workers*
- *Statewide Automated Case Management System*
- *Supporting Educational Rights and Achievement*
- *Values and Ethics*

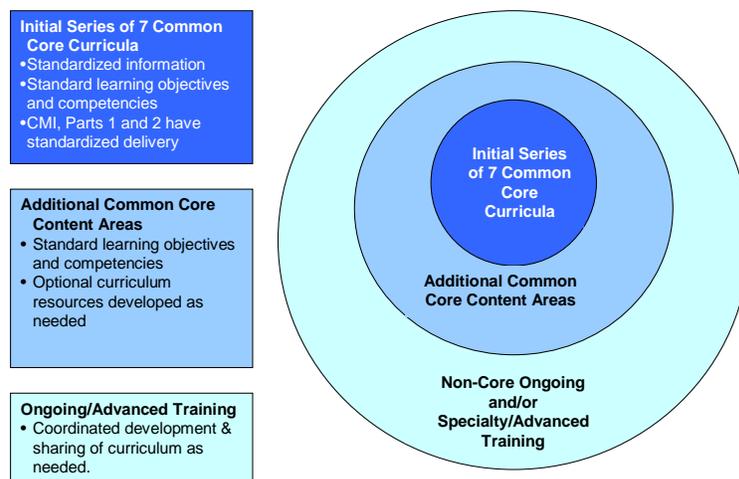
CalSWEC, the Regional Training Academies, counties, and the Inter-University Consortium serving Los Angeles County are currently developing, adapting, and sharing curriculum resources that address all of the learning objectives for these fourteen areas. CalSWEC is coordinating this effort by conducting statewide surveys of available curriculum resources that can be posted on the CalSWEC website beginning in 2008. Curriculum resources for many of these areas were developed previously by CalSWEC and its coordinating partners as

part of the Standardized Core Project (SCP) in 2001. Topic areas of the 2001 Standardized Core Project are available from CalSWEC upon request.

## Completion of the Common Core

All fully standardized content areas of the Common Core must be completed within twelve months from the date of hire, with the exception of *Child Maltreatment Identification, Part 2*, which must be completed within twenty-four months from the date of hire. Of the fourteen topics that are standardized at the level of competencies and learning objectives, the *Statewide Automated Case Management System* must be completed by the end of the first year of service, and all other topics must be completed by the end of the second year of service.

**Figure I: Conceptual Map of California's In-service Training Categories for New Child Welfare Workers**



## Foundational Themes to Guide Practice and Curricula

Five foundational themes were identified and interwoven in every content area of the Common Core Curriculum series. The curriculum *Framework for Child Welfare Practice in California* introduces new workers to these themes.

### Working Definitions of the Foundational Themes:

#### *Fairness and Equity*

A principle of best practice that promotes policies, procedures, practices, and service arrays that support all children and families in obtaining similar benefit from child welfare interventions and equal opportunity to attain positive outcomes. The concept ‘fairness

and equity' embodies the ideals of social justice and cultural competency, and the reduction of disproportionality and disparities in the child welfare system.

#### *Family & Youth Engagement*

Practices and strategies congruent with relevant sociocultural dynamics that effectively engage parents, youth and extended family members in a respectful and collaborative manner in the assessment, intervention and case planning processes.

#### *Strength-based Practice*

Practice that identifies strengths in an individual, family, or system, and the formulation of service arrays and interventions that acknowledge and build on those strengths. A strength-based approach honors and respects the dignity of family members and incorporates the family's collective knowledge about the resources and strengths in their family system. Strength-based practice involves joining with the family to reach goals for improvement in family functioning.

#### *Outcomes-Informed Practice*

Practice that supports and is informed by federal and state outcomes. All training in California supports the federal outcomes of Safety, Permanency and Well-Being. California also has developed state-specific performance measures. These performance measures are referenced in the curricula where they apply. For more information on the performance measures in California, please refer to the website for the California Child Welfare Performance Indicators Project at the Center for Social Sciences Research (CSSR) at UC, Berkeley: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/).

#### *Evidence-based Practice (“EBP”)*

The application to service delivery of research evidence related to child welfare, integrated with clinical expertise and client values. The existing body of research reflects varying levels of methodological rigor and efficacy, and differences in applicability to child welfare practice. Where available, research on child welfare practice is integrated into the common core.

## **Training Evaluation**

The evaluation components of the Common Core Curricula were developed concurrently with the creation of the curricula content. They are based on the [Training Evaluation Framework Report](#) developed by CalSWEC in FY 04/05 in response to the Program Improvement Plan (PIP). In addition to evaluating trainee satisfaction with the entire Common Core, four of the seven curricula in the initial series of the Common Core are evaluated by knowledge testing.<sup>2</sup> In this level of evaluation, trainees are tested on the knowledge that they acquired during the training in order to assure that the material is being presented effectively.

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<sup>2</sup> *Framework for Child Welfare Practice in California and Child Maltreatment Identification, Parts 1 and 2* do not offer knowledge testing.

For *Child Maltreatment Identification, Parts 1 and 2*, embedded skill evaluations are employed. By this method of evaluation, trainees are evaluated on the skill of identifying child maltreatment when presented with case scenarios. Trainees practice the skill and are evaluated during the course of the training.

Analysis of the satisfaction, knowledge and skill evaluation data is used to assist training evaluation experts to improve the training. More information on the *Training Evaluation Framework*, as well as on training evaluation generally, can be found at: <http://calswec.berkeley.edu/CalSWEC/CWTraining.html> .

## Revision Process

Major revisions to the Common Core Curricula are conducted every three years or sooner, based on developments critical to effective social work practice. Minor revisions occur systematically as needed, to reflect current practice and changes in policy and legislation. Each common core curriculum is numbered by version number (Version 1.0, 1.1, 1.2, etc.). The latest version of each curriculum is posted on the CalSWEC website.

### Principles and Values of the Revision Process

The following principles and values are applied to the design of the revision process:

- Content will reflect “state of the art” knowledge and applications
- Content will apply transfer of learning principles and strategies
- Content will support and expand upon the competencies established in the Title IV-E bachelor’s- and master’s-level social work programs
- The revision process will draw upon the combined expertise of practitioners and university partners

Additionally, periodic revisions of the Common Core Curricula aim to advance fairness and equity principles throughout the child welfare system and expand support for improved outcomes for children and families.

# Family Engagement in Case Planning and Case Management

## Trainer's Guide

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## CALIFORNIA COMMON CORE CURRICULA FOR CHILD WELFARE WORKERS



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### HOW TO USE THE TRAINER'S AND TRAINEE'S GUIDES

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*Please read carefully as a first step in preparing to train this curriculum.*

**IMPORTANT NOTE:** Each curriculum within the Common Core series is mandated and standardized for all new child welfare workers in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new worker training statewide.

### GENERAL INFORMATION

The Common Core Curricula model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

The Trainer's Guide includes guidance to assist the trainer in presenting the standardized information. *Child Maltreatment Identification, Parts 1 and 2* each require a standardized delivery to support the embedded skill evaluations contained in these curricula, while the other five curricula in the Common Core series preserve some flexibility in the delivery of the content.

For an overview of the training, it is recommended that trainers first review the Background and Context, Agenda and Suggested Lesson Plan. After this overview, trainers can proceed to review the Trainer's Tips and Activities section in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the suggested training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

The curricula are developed with public funds and intended for public use. For information on use and citation of the curricula, please refer to the Guidelines for Citation: [http://calswec.berkeley.edu/CalSWEC/CCCCA\\_Citation\\_Guidelines.doc](http://calswec.berkeley.edu/CalSWEC/CCCCA_Citation_Guidelines.doc)

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For questions regarding the curricula, contact Melissa Connelly [mconnelly@berkeley.edu](mailto:mconnelly@berkeley.edu) or Phyllis Jeroslow [pjero@berkeley.edu](mailto:pjero@berkeley.edu), or call CalSWEC at 510-642-9272.

## COMPONENTS OF THE TRAINER’S AND TRAINEE’S GUIDES

### Background and Context

The Background and Context describes how and why the Common Core was developed, as well as the values, levels of standardization, completion requirements, and revision process associated with the Common Core series. As an additional resource for trainers, the Background and Context also provides working definitions of the foundational themes that are interwoven throughout the Common Core, and basic information about the use of knowledge and embedded skill testing for evaluating the effectiveness of the training.

### Table of Contents

The Trainer’s and Trainee’s Guides are divided into tabs according to the main headings of the Table of Contents. The pages within each tab are numbered, with each tab beginning with page 1. (For easy reference, there is also a separate Table of Contents for the Training Tips and Activities tab in the Trainer’s Guide.)

### Competencies and Learning Objectives

The Competencies and Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Competencies and Learning Objectives for the curriculum are listed in a separate tab in both the Trainer’s and Trainee’s Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the suggested Lesson Plan for each segment of the curriculum.

*Competencies* are defined as broad indicators of essential and best practices. Typically, several *Learning Objectives* support the development of each *Competency*. The *Learning Objectives* are more specific than the *Competencies* and usually provide measurable indicators of learning.

*Knowledge Learning Objectives* entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for

practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

### **Agenda**

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, pre-tests and/or post-tests, training activities, lunch, and break times. The Agenda for trainers differs slightly from the Agenda provided to trainees in that the trainer's agenda indicates duration; duration is not indicated on the agenda for trainees.

### **Suggested Lesson Plan (Trainer's Guide only)**

The suggested Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic in the order recommended and indicates the duration of training time for each topic. The suggested Lesson Plan is offered as an aid for organizing the training.

The suggested Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains three column headings: Topic/Time, Learning Objectives, and Methodology. The Topic/Time column is divided into training Segments. The Learning Objectives column reflects the specific objectives that are covered in each Segment. The Methodology column indicates suggested training activities that may accompany each Segment. As applicable, each activity is numbered sequentially within a Segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc. The numbering schema of Day, Segment, Activity mirrors the labeling of materials in the Training Tips and Activities tab.

### **Evaluation Protocols**

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a particular curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

### **Training Tips, Activities, & Transfer of Learning (TOL) Exercises (Trainer's Guide only)**

The Training Tips section is the main component of the Trainer's Guide. It contains guidance and tips for the trainer to present the content and to conduct each *Training Activity*. *Training Activities* are labeled and numbered to match the titles, numbering, and lettering in the suggested Lesson Plan. *Training Activities* contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Trainers may prefer to insert corresponding pages of the Training Content at the end of each segment, as directed by placeholder pages that are provided. The style of the page numbering of the Training Tips and Activities tab is purposely altered to distinguish these pages easily from the insert pages of the Training Content. The Training Tips and Activities also reference accompanying PowerPoint slides and provide thumbnails of the slides, generally at the end of each *Training Activity*.

Occasionally, a *Trainer's Supplement* is provided that includes additional information or materials that the trainer needs. The *Trainer's Supplement* follows the *Training Activity* to which it applies.

### **Training Content (Trainee's Guide only; can be inserted into the Trainer's Guide)**

The *Training Content* in the Trainee's Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the suggested Lesson Plan.

### **Supplemental Handouts**

Supplemental Handouts are clearly titled and appear in both the Trainer's and Trainee's Guides. Supplemental Handouts refer to additional handouts not included in the Training Content tab of the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

### **Background Information (Trainer's Guide only)**

In certain curricula within the Common Core series, the Trainer's Guide contains an additional tab of general background information about the curriculum's content area for the trainer to read as preparation for **conducting the training. This information is not included in the Trainee's Guide.**

### **Master Glossary**

A glossary shared by the Common Core series is provided in both the Trainer's Guide and the Trainee's Guide. The glossary defines words and acronyms commonly used in child welfare practice. Many of these terms appear in the content or supplemental information of one or more curricula in the series. The glossary is provided to help trainees learn language and terms specific to the field.

### **References and Bibliography**

The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography tab indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental and background content information, training tips, training activities and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography tab is divided into three sections:

- All-County Letters (ACLs) and All-County Information Notices (ACINs) issued by the California Department of Social Services (CDSS);
- Legal References (as applicable); and
- General References and Bibliography

In certain curricula within the Common Core series, the References and Bibliography may be further divided by topic area.

### **Materials Checklist (Trainer's Guide only)**

In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Tips and Activities section of the Trainer's Guide.

### **Posters (Trainer's Guide only)**

Some curricula feature materials in the Trainer's Guide that can be used as posters or wall art. Additionally, several of the handouts from the curriculum *Framework for Child Welfare Practice in California* can also be adapted for use as posters.

# Family Engagement in Case Planning and Case Management

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## COMPETENCIES and LEARNING OBJECTIVES

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### CORE COMPETENCIES

The trainee will understand the dynamics of engaging families in comprehensive participatory case planning which includes addressing the underlying contributing issues to maltreatment and extensive exploration of family strengths and resources in order to specifically address risk in identified areas.

The trainee will develop with the family appropriate, time limited case specific goals and objectives; formulate observable, behavioral measures of these goals and objectives; and outline all parties' agreed upon roles, responsibilities and activities within required time frames to address high priority needs and problem areas identified in the family assessment.

The trainee will value the importance of engaging and collaborating with the family and their resources in strength-based, culturally competent ways towards developing a comprehensive, family-specific case plan.

### LEARNING OBJECTIVES

#### Knowledge:

- K1.** The trainee will recognize how to integrate effective strength-based questioning and interviewing strategies to communicate the agency's expectations to ensure children's safety, permanency and well-being while simultaneously engaging immediate and extended family members to collaborate in case planning and concurrent planning.
- K2.** The trainee will be able to recognize and consider relevant laws and policies needed during the case plan process.
- K3.** The trainee will be able to identify the relevant Division 31 regulations and the proper sequence of steps for the case planning process.
- K4.** The trainee will know the definition of a concurrent plan.
- K5.** The trainee will know the difference among case goals, objectives and services.

- K6.** The trainee will be able to identify the case plan as the contract between the agency and family to guide, monitor, and evaluate the family's progress toward case plan goals.
- K7.** The trainee will be able to recognize the need to work collaboratively to formulate case plan objectives that:
  - a) reflect desired behavioral changes;
  - b) acknowledge the conditions directly contributing to maltreatment in the family;
  - c) are culturally relevant for the family;
  - d) address the specific strengths and needs of children, youth, and young adults including medical and mental health services;
  - e) meet the needs of young adults in extended foster care; and
  - f) address safety, permanency and well-being.
- K8.** The trainee will be able to recognize that purposeful and frequent parent-child visitation is highly correlated with successful reunification.
- K9.** The trainee will know factors to determine when a case should be closed and strategies to use at case closure to reduce recidivism or reopening the case.
- K10.** The trainee will be able to recognize that CWS/CMS is a templated tool that requires customizing for each family based on the strengths and needs of that family.

**Skills:**

- S1.** Given a case scenario, the trainee will be able to articulate the specific strength-based questioning and interviewing strategies and engagement skills the trainee would use to identify and address the strengths, needs and cultural considerations of youth and families; and describe why these skills would be effective in developing the specific case plan.
- S2.** Given a case scenario, the trainee will be able to write an individualized case plan (or complete a child welfare services case plan and case plan family assessment document in CWS/CMS) that:
  - a) contains language that can be easily understood by families
  - b) accurately reflects families' strengths and needs
  - c) includes case plan objectives that are S.M.A.R.T.
  - d) directly addresses factors contributing to the maltreatment
  - e) considers relevant laws and policies.
- S3.** Given a case scenario, the trainee will be able to articulate and present the reassessment process, which includes assessing outcomes of services and making needed adjustments in case plan goals, objectives, concurrent planning and services with the youth and family.

- S4.** Given a case scenario, the trainee will be able to identify:
- a) when case plan objectives have been successfully achieved
  - b) when MSLC is achieved and maintained
  - c) when the case can be closed
  - d) the components of an aftercare plan.

**Values:**

- V1.** The trainee will value the importance of engaging and empowering family members in case plan development to maximize their investment and motivation to work toward change.
- V2.** The trainee will understand the importance of an empathetic and non-judgmental approach when working with families.
- V3.** The trainee will value prioritizing family needs and case plan objectives.
- V4.** The trainee will value the importance of engaging families to formulate culturally relevant case plans and to identify culturally relevant service providers.
- V5.** The trainee will value engaging in ongoing concurrent planning throughout the life of the case.
- V6.** The trainee will value the significance of making reasonable efforts to support families in meeting case plan goals.

# Family Engagement in Case Planning and Case Management

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## AGENDA

### Day 1

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9:00 – 9:05 am	<b>Segment 1: Welcome and Review of Agenda (5 min.)</b>
9:05 – 9:50 am	<b>Segment 2: Knowledge Pre-test (45 min.)</b>
9:50 – 10:10 am	<b>Segment 3: Icebreaker &amp; Review of Learning Objectives (20 min.)</b>
10:10 – 10:25 am	BREAK
10:25 – noon	<b>Segment 4: Case Plan Foundations (part 1, 95 min.)</b> <ul style="list-style-type: none"><li>a. Case Plan Definitions and Rationale (40 min.)</li><li>b. Minimum Sufficient Level of Care and Reasonable Efforts (20 min.)</li><li>c. Recognizing &amp; Addressing Bias in Case Planning (35 min.)</li></ul>
noon – 1:00 pm	LUNCH
1:00 – 1:25 pm	<b>Segment 4: Case Plan Foundations (part 2, 25 min.)</b> <ul style="list-style-type: none"><li>d. Engagement (25 min.)</li></ul>
1:25 – 2:15 pm	<b>Segment 5: Preparing for Case Planning (50 min.)</b> <ul style="list-style-type: none"><li>a. Preparation (15 min.)</li><li>b. Reviewing the Assessment (35 min.)</li></ul>
2:15 – 3:05 pm	<b>Segment 6: Building a Case Plan (50 min.)</b> <ul style="list-style-type: none"><li>a. Case Plan Components (20 min.)</li><li>b. Making Objectives S.M.A.R.T. (30 min.)</li></ul>
3:05 – 3:20 pm	BREAK
3:20 – 4:00 pm	<b>Segment 7: Review of the Day (40 min.)</b> <ul style="list-style-type: none"><li>a. Jeopardy Game (30 min.)</li><li>b. Taking It Home (10 min.)</li></ul>

# Family Engagement in Case Planning and Case Management

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## AGENDA

### Day 2

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9:00 – 9:05 am	<b>Segment 8: Welcome Back (5 min.)</b>
9:05 – 10:35 am	<b>Segment 9: Initial Case Plan (90 min.)</b> <ul style="list-style-type: none"><li>a. Developing the Plan (50 min.)</li><li>b. Case Planning with the Wilson Family (40 min.)</li></ul>
10:35 – 10:50 am	BREAK
10:50 – 11:10 am	<b>Segment 10: Working the Plan (20 min.)</b>
11:10 am – 12:10 pm	<b>Segment 11: Case Plan Update (part 1, 60 min.)</b> <ul style="list-style-type: none"><li>a. Assessment of New Information (30 min.)</li><li>b. Concurrent Planning (30 min.)</li><li>c. Visitation (25 min.)</li></ul>
12:10 – 1:10 pm	LUNCH
1:10 – 2:10 pm	<b>Segment 11: Case Plan Update (part 2, 60 min.)</b> <ul style="list-style-type: none"><li>d. Visitation (20 min.)</li><li>e. Components of the Case Plan Update (15 min.)</li><li>f. Developing the Case Plan Update (25 min.)</li></ul>
2:10 – 2:35 pm	<b>Segment 12: Reunification (25 min.)</b> <ul style="list-style-type: none"><li>a. Reunification Readiness (10 min.)</li><li>b. Assessment of Reunification Readiness (15 min.)</li></ul>
2:35 – 2:50 pm	BREAK
2:50 – 3:10 pm	<b>Segment 13: Case Closure (20 min.)</b>
3:10 – 3:40 pm	<b>Segment 14: Knowledge Post-test (30 min.)</b>
3:40 – 4:00 pm	<b>Segment 15: Transfer of Learning (20 min.)</b>

# Family Engagement in Case Planning and Case Management

## SUGGESTED LESSON PLAN

### Day 1

Segment	Learning Objective	Methodology
<b>Day 1, Segment 1</b> 5 min 9:00 – 9:05 am  Welcome and Review of Agenda		<b>Activity 1A:</b> Facilitate introductions, including review of agenda.  <i>PowerPoint slides: 1-2</i>
<b>Day 1, Segment 2</b> 45 min 9:05 – 9:50 am  Knowledge Pre-test		<b>Activity 2A</b> Explain and administer Pre-test.  <i>PowerPoint slide: 3</i>
<b>Day 1, Segment 3</b> 20 min 9:50 – 10:10 am  Icebreaker and Review of Learning Objectives		<b>Activity 3A:</b> Conduct an introductory exercise to raise awareness of various approaches to planning and the importance of a structured planning process in Child Welfare.  <i>PowerPoint slides: 4-5</i>
<b>10:10 – 10:25 am</b> <b>15 min</b> <b>BREAK</b>		
<b>Day 1, Segment 4</b> 120 min 10:25 am – 1:25 pm  Case Plan Foundations	<b>K2.</b> The trainee will be able to recognize and consider relevant laws and policies needed during the case plan process.	<b>Activity 4A:</b> Provide a brief lecture on the rationale for case planning, key case planning definitions and related laws and policies.  <i>PowerPoint slides: 6-16</i>

Segment	Learning Objective	Methodology
	<p><b>K3.</b> The trainee will be able to identify the relevant Division 31 regulations and the proper sequence of steps for the case planning process.</p> <p><b>K4.</b> The trainee will know the definition of a concurrent plan.</p> <p><b>K5.</b> The trainee will know the difference among case goals, objectives and services.</p> <p><b>K6.</b> The trainee will be able to identify the case plan as the contract between the agency and family to guide, monitor, and evaluate the family’s progress toward case plan goals.</p>	<p><b>Activity 4B:</b> Provide a brief lecture and large group activity on Minimum Sufficient Level of Care and Reasonable Efforts. <i>PowerPoint slides: 17-18</i></p> <p><b>Activity 4C:</b> Provide a brief lecture and conduct an activity on Fairness and Equity issues.  <i>PowerPoint slides: 19-20</i></p>
<p><b>12:00 – 1:00 pm</b> <b>60 min</b> <b>LUNCH</b></p>		
<p><b>Day 1, Segment 4 (continued)</b> <b>120 min</b> <b>10:25 am – 1:25 pm</b></p> <p><b>Case Plan Foundations</b></p>	<p><b>K7.</b> The trainee will be able to recognize the need to work collaboratively to formulate case plan objectives that:</p> <ol style="list-style-type: none"> <li>a. reflect desired behavioral changes</li> <li>b. acknowledge the conditions directly contributing to maltreatment in the family</li> <li>c. are culturally relevant for the family</li> <li>d. address the specific strengths and needs of</li> </ol>	<p><b>Activity 4D:</b> Provide a brief lecture and small group activity on engagement.  <i>PowerPoint slides: 21-24</i></p>

Segment	Learning Objective	Methodology
	<p>children and youth including medical and mental health services</p> <ul style="list-style-type: none"> <li>e. meet the needs of young adults in extended foster care</li> <li>f. address safety, permanency and well-being.</li> </ul> <p><b>K10.</b> The trainee will be able to recognize that CWS/CMS is a templated tool that requires customizing for each family.</p> <p><b>V5.</b> The trainee will value engaging in ongoing concurrent planning throughout the life of the case.</p> <p><b>V6.</b> The trainee will value the significance of making reasonable efforts to support families in meeting case plan goals.</p>	
<p><b>Day 1, Segment 5</b>  <b>50 min</b>  <b>1:25 – 2:15 pm</b></p> <p><b>Preparing for Case Planning</b></p>	<p><b>K1.</b> The trainee will recognize how to use effective strength-based questioning and interviewing strategies to simultaneously:</p> <ul style="list-style-type: none"> <li>a. communicate the agency’s expectations to ensure children’s safety, permanency and well-being;</li> <li>b. engage immediate and extended family members in collaborative case planning and</li> </ul>	<p><b>Activity 5A:</b>  Provide a brief lecture on preparing for the case planning process.</p> <p><i>PowerPoint slide: 25</i></p>

Segment	Learning Objective	Methodology
	concurrent planning.	
	<p><b>K3.</b> The trainee will be able to identify the relevant Division 31 regulations and the proper sequence of steps for the case planning process.</p> <p><b>K7.</b> The trainee will be able to recognize the need to work collaboratively to formulate case plan objectives that:</p> <ol style="list-style-type: none"> <li>a. reflect desired behavioral changes</li> <li>b. acknowledge the conditions directly contributing to maltreatment in the family</li> <li>c. are culturally relevant for the family</li> <li>d. address the specific strengths and needs of children and youth including medical and mental health services</li> <li>e. meet the needs of young adults in extended foster care</li> <li>f. address safety, permanency and well-being.</li> </ol> <p><b>S1.</b> Given a case scenario, the trainee will be able to articulate the specific strength-based questioning and interviewing strategies and engagement skills the trainee would use to identify and address the strengths, needs and cultural</p>	<p><b>Activity 5B:</b> Conduct individual and large group activities to apply case plan preparation skills.</p> <p><i>PowerPoint slide: 26</i></p>

Segment	Learning Objective	Methodology
	<p>considerations of youth and families; and describe why these skills would be effective in developing the specific case plan.</p>	
	<p><b>V1.</b> The trainee will value the importance of engaging and empowering family members in case plan development to maximize their investment and motivation to work toward change.</p> <p><b>V2.</b> The trainee will understand the importance of an empathetic and non-judgmental approach when working with families.</p> <p><b>V4.</b> The trainee will value the importance of engaging families to formulate culturally relevant case plans and to identify culturally relevant service providers.</p> <p><b>V5.</b> The trainee will value engaging in ongoing concurrent planning throughout the life of the case.</p>	
<p><b>Day 1, Segment 6</b>  <b>50 min</b>  <b>2:15 – 3:05 pm</b></p> <p><b>Building a Case Plan</b></p>	<p><b>K3.</b> The trainee will be able to identify the relevant Division 31 regulations and the proper sequence of steps for the case planning process.</p>	<p><b>Activity 6A:</b>  Provide a brief lecture and large group activity on case plan components and CWS/CMS case plan notebooks.</p> <p><i>PowerPoint slides: 27-33</i></p> <p><b>Activity 6B:</b></p>

Segment	Learning Objective	Methodology
		Conduct a brief lecture, individual activity and large group activity on S.M.A.R.T. objectives.  <i>PowerPoint slides: 34-41</i>
<b>3:05 – 3:20 pm</b> <b>15 min</b> <b>BREAK</b>		
<b>Day 2, Segment 7</b> <b>40 min</b> <b>3:20 – 4:00pm</b>  <b>Review of the Day</b>		<b>Activity 7A:</b> Conduct a large group activity to review key information learned during the day via a Jeopardy game.  <i>PowerPoint slide: 42</i>  <b>Activity 7B:</b> Conduct a brief activity to promote transfer of learning.  <i>PowerPoint slide: 43</i>

## Family Engagement in Case Planning and Case Management

### SUGGESTED LESSON PLAN

#### Day 2

Segment	Learning Objective	Methodology
<p><b>Day 2, Segment 8</b>  <b>5 min</b>  <b>9:00 – 9:05 am</b></p> <p><b>Welcome Back</b></p>		<p><b>Activity 8A:</b>                      Conduct a large group activity to review learning objectives and the agenda for day 2.</p> <p><i>PowerPoint slides: 44</i></p>
<p><b>Day 2, Segment 9</b>  <b>90 min</b>  <b>9:05 – 10:35 am</b></p> <p><b>Initial Case Plan</b></p>	<p><b>K2.</b> The trainee will be able to recognize and consider relevant laws and policies needed during the case plan process.</p> <p><b>K6.</b> The trainee will be able to identify the case plan as the contract between the agency and family to guide, monitor, and evaluate the family’s progress toward case plan goals.</p>	<p><b>Activity 9A:</b>                      Provide a brief lecture and conduct a large group discussion on the initial case plan.</p> <p><i>PowerPoint slides: 45-46</i></p> <p><b>Activity 9B:</b>                      Conduct a large group activity and individual exercise to apply case planning skills.</p> <p><i>PowerPoint slide: 47</i></p>
<p><b>10:35 – 10:50 am</b>  <b>15 min</b>  <b>BREAK</b></p>		

Segment	Learning Objective	Methodology
<p><b>Day 2, Segment 10</b>  <b>20 min</b>  <b>10:50 – 11:10 am</b></p> <p><b>Working the Plan</b></p>	<p><b>K3.</b> The trainee will be able to identify the relevant Division 31 regulations and the proper sequence of steps for the case planning process.</p> <p><b>K10.</b> The trainee will be able to recognize that CWS/CMS is a templated tool that requires customizing for each family.</p> <p><b>S2.</b> Given a case scenario, the trainee will be able to write an individualized case plan (or complete a child welfare services case plan and case plan family assessment document in CWS/CMS) that:</p> <ol style="list-style-type: none"> <li>a. contains language that can be easily understood by families,</li> <li>b. accurately reflects families’ strengths and needs,</li> <li>c. includes case plan objectives that are S.M.A.R.T.,</li> <li>d. directly addresses factors contributing to the maltreatment,</li> <li>e. considers relevant laws and policies.</li> </ol> <p><b>V3.</b> The trainee will value prioritizing family needs and case plan objectives.</p>	<p><b>Activity 10A:</b>  Provide a brief lecture on the process for working on the plan with the family.</p> <p><i>PowerPoint slides: 48-49</i></p>

Segment	Learning Objective	Methodology
<p><b>Day 2, Segment 11</b>  <b>120 min</b>  <b>11:10 am – 2:10 pm</b></p> <p><b>Case Plan Update</b></p>	<p><b>K1.</b> The trainee will recognize how to use effective strength-based questioning and interviewing strategies to simultaneously:</p> <ol style="list-style-type: none"> <li>communicate the agency’s expectations to ensure children’s safety, permanency and well-being;</li> <li>engage immediate and extended family members in collaborative case planning and concurrent planning.</li> </ol>	<p><b>Activity 11A:</b>  Conduct a large group activity to review the new developments in the Wilson family vignette</p> <p><i>PowerPoint slide: 50</i></p> <p><b>Activity 11B:</b>  Provide a brief lecture and conduct a large group discussion on concurrent planning.</p> <p><i>PowerPoint slides: 51-53</i></p>
<p><b>12:10 – 1:10 pm</b>  <b>60 min</b>  <b>LUNCH</b></p>		
<p><b>Day 2, Segment 11 (continued)</b>  <b>120 min</b>  <b>11:10 am – 2:10 pm</b></p> <p><b>Case Plan Update</b></p>	<p><b>K3.</b> The trainee will be able to identify the relevant Division 31 regulations and the proper sequence of steps for the case planning process.</p> <p><b>K4.</b> The trainee will know the definition of a concurrent plan.</p> <p><b>K5.</b> The trainee will know the difference among case goals, objectives and services.</p> <p><b>K8.</b> The trainee will be able to recognize that purposeful and frequent parent-child visitation is highly correlated with successful reunification.</p> <p><b>K10.</b> The trainee will be able to recognize that CWS/CMS is a templated tool that</p>	<p><b>Activity 11C:</b>  Provide a brief lecture and conduct a large group discussion on visitation</p> <p><i>PowerPoint slides: 54-56</i></p> <p><b>Activity 11D:</b>  Provide a brief lecture on the components of the case plan update.</p> <p><i>PowerPoint slides: 57-59</i></p> <p><b>Activity 11E:</b>  Conduct a large group discussion and small group activity to complete the Wilson family case plan update.</p> <p><i>PowerPoint slide: 60</i></p>

Segment	Learning Objective	Methodology
	<p>requires customizing for each family.</p> <p><b>S1.</b> Given a case scenario, the trainee will be able to articulate the specific strength-based questioning and interviewing strategies and engagement skills the trainee would use to identify and address the strengths, needs and cultural considerations of youth and families; and describe why these skills would be effective in developing the specific case plan.</p> <p><b>S3.</b> Given a case scenario, the trainee will be able to articulate and present the reassessment process, which includes assessing outcomes of services and making needed adjustments in case plan goals, objectives, concurrent planning and services with the youth and family.</p> <p><b>V1.</b> The trainee will value the importance of engaging and empowering family members in case plan development to maximize their investment and motivation to work toward change.</p> <p><b>V4.</b> The trainee will value the importance of engaging families to formulate</p>	

Segment	Learning Objective	Methodology
	<p>culturally relevant case plans and to identify culturally relevant service providers.</p> <p><b>V5.</b> The trainee will value engaging in ongoing concurrent planning throughout the life of the case.</p>	
<p><b>Day 2, Segment 12</b>  <b>25 min</b>  <b>2:10 – 2:35 pm</b></p> <p><b>Reunification</b></p>	<p><b>K3.</b> The trainee will be able to identify the relevant Division 31 regulations and the proper sequence of steps for the case planning process.</p> <p><b>V3.</b> The trainee will value prioritizing family needs and case plan objectives.</p>	<p><b>Activity 12A:</b>  Provide a brief lecture on reunification readiness and safe reunification.</p> <p><i>PowerPoint slide: 61</i></p> <p><b>Activity 12B:</b>  Provide a brief lecture and a large group discussion on the new developments in the Wilson family vignette and case planning for reunification.</p> <p><i>PowerPoint slide: 62</i></p>
<p><b>2:35 – 2:50 pm</b>  <b>15 min</b>  <b>BREAK</b></p>		
<p><b>Day 2, Segment 13</b>  <b>20 min</b>  <b>2:50 – 3:10 pm</b></p> <p><b>Case Closure</b></p>	<p><b>K3.</b> The trainee will be able to identify the relevant Division 31 regulations and the proper sequence of steps for the case planning process.</p> <p><b>K9.</b> The trainee will know factors to determine when a case should be closed and strategies to use at case closure to reduce recidivism or reopening the case.</p>	<p><b>Activity 13A:</b>  Provide a brief lecture and large group activity on case planning for case closure.</p> <p><i>PowerPoint slides: 63-64</i></p>

Segment	Learning Objective	Methodology
	<p><b>S4.</b> Given a case scenario, the trainee will be able to identify:</p> <ul style="list-style-type: none"> <li>a. when case plan objectives have been successfully achieved,</li> <li>b. when MSLC is achieved and maintained,</li> <li>c. when the case can be closed,</li> <li>d. the components of an aftercare plan.</li> </ul>	
<p><b>Day 2, Segment 14</b>  <b>30 min</b>  <b>3:10 – 3:40 pm</b></p> <p><b>Knowledge Post-test</b></p>		<p><b>Activity 14A:</b>            Explain and administer the post-test</p> <p><i>PowerPoint slide: 65</i></p>
<p><b>Day 2, Segment 15</b>  <b>20 min</b>  <b>3:40 – 4:00 pm</b></p> <p>Transfer of Learning</p>		<p><b>Activity 15A:</b>            Conduct evaluation and action plans.</p> <p><i>PowerPoint slide: 66</i></p>

# Family Engagement in Case Planning and Case Management

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## TRAINER'S GUIDE

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### Training Tips, Activities, & Transfer of Learning (TOL) Exercises

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## General Training Tips

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- In addition to the tips provided in this tab, the *Trainee Content* contains much of the information to be used by the trainer to present the topics. Please read the *Trainee Content* carefully.
- Trainers must be thoroughly familiar with the Evaluation Protocols in the Evaluation tab in order to conduct the pre- and post-tests properly.
- The following icons indicate content related to California's themes of practice:



Fairness & Equity



Family & Youth Engagement



Strength-based Practice



Outcomes-informed Practice



Evidence-based Practice

- Information related to a California theme of practice should be highlighted during the training.
- Bold italic text indicates expected trainee responses. Encourage trainees to provide the expected content.
- The curriculum contains content related to the two types of formal assessment in use in California: Structured Decision Making (SDM) and Comprehensive Assessment (CAT). Content specific to a particular assessment system is designated using the icons below.

**SDM**

Indicates content to be covered only in those counties using the Structured Decision Making assessment tools.

**CAT**

Indicates content to be covered only in those counties using the Comprehensive Assessment Tools.

If you are training a group of SDM users, refer only to the SDM list. If you are training a group of CAT users, refer only to the CAT list. If your group includes both SDM and CAT users, highlight several items from each list.

- Content related to specific legal and policy requirements for case planning is designated with the icon below. Emphasize this content.



Rules and Regulations

## DAY 1, SEGMENT 1

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### Welcome and Review of Agenda

Total Segment Time: 5 min

#### TRAINING ACTIVITY 1A

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### ACTIVITY: Welcome and Review of Agenda

Activity Time: 5 min

#### Materials:

- Trainee Content: Introduction (page 3 of the Trainee's Guide)
- Agenda for Day 1
- PowerPoint Slides: 1-2

#### Training Tips and Discussion Points:

- **Step #1.** Welcome trainees and introduce yourself. Explain logistics (cell phones off, breaks, parking, bathrooms, ground rules for participation in training).
- **Step #2.** Display slide 2 and explain the goals of the training by making the following points:
  - This training covers case planning and management of the case plan.
  - We'll cover a six-step model for working with the family to make realistic plans, support participation, monitor and assess progress, revise the plans as needed, achieve permanency, and establish aftercare plans.
  - We'll explore how developing and managing the case plan allows the social worker to help families identify and implement achievable and practical ways to make lasting changes in their lives and create safe, stable, and nurturing homes for their children.
  - We'll focus on engaging with the family to help them decide what their goals are, what they need to achieve those goals, how to get and use help, and how to determine if the help is making a difference in resolving the identified problems.
- **Step #3.** Refer to the agenda and inform the trainees that over the 2 days of the training we will follow the case planning process through the life of a case. We will start with the foundations including why we engage in case planning and legal and policy requirements of case planning. We will then move through a case, completing

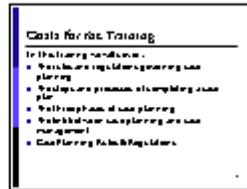
an initial case plan and case plan updates based on case information and assessment materials.

■ **Step #4.** Provide a brief orientation to the trainee binder. Refer trainees to the *Trainee Content: Introduction* and point out the icons used in the trainee content to highlight California themes of practice.

■ **Step #5.** Explain that before we go any further, we will have a pre-test to determine what the trainees know about family engagement in case planning and case management before completing the training.

## End of Activity

### PowerPoint Slide, Activity 1A: Slides 1-2



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**Trainee Content**

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## Day 1, SEGMENT 2

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### Evaluation

Total Segment Time: 45 min

### TRAINING ACTIVITY 2A

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#### ACTIVITY: Knowledge Pre-Test

Activity Time: 45 min

#### Materials:

- See below for materials
- PowerPoint Slide: 3

#### Training Activity:

■ **General Tips:** RTA/IUC or county training evaluation administrators will typically be administering the pre- and post- knowledge tests to trainees for Common Core Curricula. Administration instructions are provided in the *Evaluation Protocols* Tab of the Trainer’s Guide for RTA/IUC and county test administrators.

Test administrators and trainers should read the content contained within the *Evaluation Protocols* Tab of the Trainer’s Guide prior to proceeding with any type of evaluation. More specifically, test administrators and trainers should be familiar with the sections of content labeled “Coding & Confidentiality” and “Maintaining Security of the Knowledge and Skill Evaluations.”

In addition, when test administrators are not available, trainers should review this activity in its entirety prior to walking through it on the training day, as this evaluation process consists of many steps that may be unfamiliar to many trainers.

■ **Note to Trainers:** As new versions of curricula are edited and released, CalSWEC will remove the following evaluation-related documents from within the curriculum sections of a given Trainer’s Guide with respect to knowledge tests and embedded evaluations (and from given Trainee’s Guides for curricula with embedded evaluations):

*Trainer Content/Tips:* remove instructions for facilitating the process and instructions for facilitating the process (for the sample scenario and for the test scenarios) and instructions for facilitating the knowledge test process for applicable curricula and place such instructions solely in the *Evaluation Protocols* Tab (and/or on the secure section of the CalSWEC website).

The rationale for removing evaluation-related content from the respective sections of the Trainer’s Guides is that when changes are made to the instructions for the evaluations, or to the sample/test answer sheets, we can avoid re-numbering the entire curriculum and just re-number the evaluation documents.

Please refer to the *Evaluation Protocols* Tab in your Trainer’s Guide for a full copy of the instructions for facilitating the knowledge test process.

## End of Activity

### PowerPoint Slide, Activity 2A: Slide 3



**For security purposes, the pre-tests, post-tests, and answer sheets are not posted in the same area as the curriculum on the CalSWEC website.**

**Pre-tests, post-tests, and answer sheets can be found in the Evaluation Protocols Tab of the Trainer's Binder. If you don't have these documents in your binder, please contact:**

- 1. California-based trainers: Please contact your RTA/IUC training evaluation personnel for copies of the tests and answer keys.**
- 2. Outside of California: Please contact Leslie Zeitler [lzeitler@berkeley.edu](mailto:lzeitler@berkeley.edu) at CalSWEC for copies of the tests and answer keys.**

**Please do not allow trainees to leave the training room with any test materials.**

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## Day 1, SEGMENT 3

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### Icebreaker and Review of Learning Objectives

Total Segment Time: 20 min

#### TRAINING ACTIVITY 3A

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#### ACTIVITY: How Do I Plan?

Activity Time: 20 min

#### Materials:

- Trainee Content: *How Do I Plan?* (page 5 of the Trainee's Guide)
- Learning Objectives
- Flip chart paper
- Signs with the different planner types (available in the Trainer's Supplemental Materials tab)
- Markers
- Tape
- PowerPoint Slides: 4-5

#### Pre-training Preparation:

Post signs up around the room with the type of planner indicated on each.

This activity should set the stage for focusing on the purposes, process, goals, steps, and interpersonal issues associated with child welfare planning.

#### Training Activity:

- **Step #1.** Ask trainees to introduce themselves and share a strength they have which could help them in case planning with families.
- **Step #2.** Introduce the How Do I Plan? Activity. Explain that this exercise, a spoof on personality inventories, has serious intent—to serve as an icebreaker and to help trainees identify:
  - the importance of planning;
  - the fact that various people have different approaches to how planning is used or not used in making major life changes;
  - the fact that barriers to planning can interfere with making a plan or carrying out a plan.

■ **Step #3.** Display slide 4. Ask trainees to consider the range of personalities related to planning and think about where they fit on a scale from serious planning down to the last detail to spur of the moment bungee jumping. Make the point that just as they fall somewhere on that scale, the families they work with will also vary widely in their planning styles. Refer trainees to the *Trainee Content: How Do I Plan?* And ask them to answer the questions individually.

■ **Step #4.** Ask trainees to tally up their responses to get a total for each letter. Their ‘planning style’ is whatever letter had the most responses.

■ **Step #5.** Ask people to move to their planner ‘type’ around the room. Note the number of each type of planner in the room either on flip chart paper or on the signs posted around the room.

- Mostly A answers = Super Planners \_\_\_\_
- Mostly B answers = Network Planners \_\_\_\_
- Mostly C answers = Intuitive Planners \_\_\_\_
- Mostly D answers = “The Basics” Planners \_\_\_\_
- Mostly E answers = Reactors \_\_\_\_
- Others \_\_\_\_

Ask for a few examples from people whose style is “other.”

■ **Step #6.** Ask trainees to return to their seats. Process the training activity by noting to trainees that they have just completed a highly unscientific, non-validated survey about planning types. Provide the meanings to the answers.

- Super Planners—you plan in great detail to minimize confusion
- Networker Planners—you involve people in your planning
- Intuitive Planners—you include emotions in your planning
- “The Basics” Planners—you do bare bones planning to leave room for individualization
- Reactors—you have the agility to change your plan quickly in response to new information
- Others—fit your own answer into any of the above categories or make up your own categories

■ **Step #7.** Ask trainees to share what they think about planning. Ask them if planning in child welfare is different from planning in their personal lives. Ask them if some aspects of planning are easier for them than other aspects of planning and if they have identified any barriers to planning. Recommend that they ask these

questions of families when they begin the case planning process. Emphasize that the social worker's role in helping the family to plan for changes in their lives is critical to outcomes and that it is helpful to be in touch with your own planning inclinations and styles as well as those of the family. It is also helpful to think in advance about potential barriers to planning and help families identify them. For example, in the scenario on the personality quiz, some people can become overwhelmed by an ambitious plan that hits a barrier. This can result in giving up on the plan altogether. The social worker must help families come up with plans that they can manage and help families overcome the barriers that arise along the way.

Display slide 5 and compare case planning to ballroom dancing to emphasize the limited flexibility in case planning. Like ballroom dancing, case planning requires strict adherence to key rules, a specific format, and compulsory content; BUT, within that highly defined structure, each plan must be engaging, individually tailored, and original. While the case plan has to fit into a very specific format within CWS/CMS, it also has to be tailored to meet individual needs and must be completed within the context of purposely and effectively engaging families. It is a level of planning that most of us (social workers and families) have rarely done in our lives.

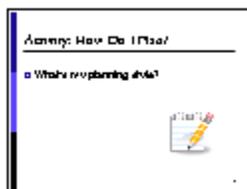
■ **Step #8.** Segue to a brief review of the learning objectives by telling trainees that we all have different planning styles. As we will discuss over the next 2 days, our job in case planning is to understand the family's situation, understand their style for planning, blend that with our own style, engage the family in the process, and then devise a case plan that will result in families receiving the services they need so that they can provide the minimum sufficient level of care to their children. The learning objectives reflect these training priorities.

■ **Step #9.** Refer trainees to the learning objectives for the training. Give trainees a couple of minutes to review the learning objectives. Solicit any questions about the learning objectives.

■ **Step #10.** Ask trainees to identify their priority learning objective for the day. List the priority objectives on the chart paper and post on the wall so that you or the trainees may refer back to the list when a particular objective is discussed.

## End of Activity

### PowerPoint Slide, Activity 3A: Slides 4-5



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## DAY 1, SEGMENT 4

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### Case Plan Foundations

Total Segment Time: 120 min

#### TRAINING ACTIVITY 4A

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#### ACTIVITY: Case Plan Definitions and Rationale

Activity Time: 40 min

##### Materials:

- Trainee Content: Case Plan Definitions (page 7 of the Trainee's Guide)
- Trainee Content: Case Planning Rules and Regulations (page 9 of the Trainee's Guide)
- Trainee Content: ICWA & You (page 17 of the Trainee's Guide)
- Trainee Content: Outcomes for Transition Age Youth (page 19 of the Trainee's Guide)
- Trainee Content: Practical Ideas for Youths' Case Plans (page 21 of the Trainee's Guide)
- Trainee Content: Case Planning Timeline (page 23 of the Trainee's Guide)
- Supplemental Handout: Juvenile Dependency Process Flowchart
- Flip chart paper
- Markers
- PowerPoint Slides: 6-16

##### Training Activity:

■ **Step #1.** Display slide 6 and note that in this segment we will review the definition and key components of the case plan. Explain that all the case planning activities we will discuss are built on a foundation of engagement, so we will start with a definition of engagement. Refer trainees to the *Trainee Content: Case Plan Definitions*.

##### Engagement:

An engaged family member is one who is active in the child welfare intervention in a positive way, including being receptive to receiving help, acknowledging the existing safety and risk concerns, believing in the likelihood of a positive outcome, taking initiative in making positive changes, and having a positive relationship with the social worker (Yatchmenoff, 2001).

Emphasize that it is the social worker's responsibility to engage with the family and this requires specific outreach from the social worker. Note that we'll talk about several engagement strategies throughout this training. Next, review the definition of permanence.

**Permanence:**

A primary outcome goal for child welfare services whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security that endures over time.

Segue to the definition of the case plan by adding that one key aspect of engagement is being able to clearly explain the case planning process.

- **Step #2.** Review the remaining definitions associated with case planning.

**Case Plan:**

The written document which is developed based upon an assessment of the circumstances which required child welfare services intervention; and in which the social worker identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed. Case planning involves county staff and the child and/or his/her



family working together to mutually identify a specific goal, specific services to address identified problems, and service delivery methods (CDSS, 2003b).

Ask trainees to explain why we develop case plans with families.

Encourage the following responses:

- ***Achieving timely permanency for children***
- ***Engaging with family members to develop shared goals***
- ***Establishing a contract between the family and the agency regarding the expectations and activities of all the parties***
- ***Providing step-by-step instructions for the family on the services recommended to resolve priority concerns***
- ***Establishing clear definitions of what success will look like for the family when the case plan is reviewed***

**Case Plan Update:**

The written document which contains any changes regarding the information in the case plan and includes specific information about the current condition of the child and family (CDSS, 2003b). Note that the case plan update must be completed at least every 6 months, but will be completed more often if a change in circumstances requires a change to the case plan.

Ask trainees to name some circumstances that may require an early case plan update.  
(Responses include:

- *A substantial change in circumstances resulting in the need to intervene with placement in order to maintain the safety of the child, e.g., the parent relapses and needs a more potent service to help regain sobriety.*
- *A substantial change in circumstances resulting in the need to add an objective and associated services in order to maintain the child safely in the home, e.g., the parent has a previously unknown problem with gambling that is interfering with her ability to visit her daughter who is in placement. An intervention may be needed to address her gambling addiction.*
- *Successful completion of case plan activities and achievement of objectives resulting in the possibility of seeking early reunification for the child or early case closure, e.g., a capable and willing relative is located to care for the child, or a parent shows progress and placement is no longer required.)*

Emphasize that court cases require the approval of the court to change the case plan.

#### **Concurrent Services:**

The portion of the case plan for a child receiving family reunification services which identifies the child's permanency alternative and the services necessary to achieve permanency should family reunification fail (CDSS, 2003b).

Stress that concurrent planning starts at the very beginning of the case and continues until permanency is reached.

The California Welfare and Institutions Code defines concurrent planning as follows:

WIC 16501.1(f)(9) - When the goal is reunification, the case plan must address both how services will restore family capacity AND how legal permanency will be achieved, should reunification fail.

WIC 358.1 (b), 366.21(e), 366.22(a) - Efforts to achieve legal permanency must be addressed at the disposition hearing and in subsequent court reports.

WIC 361.3 - All relative caregivers must be assessed on their ability to provide permanency for a child.

Note that the case plan helps with concurrent planning by providing clearly stated expectations about the permanency goal and the alternate goal (concurrent planning goal).

#### **Participatory case planning:**

Participatory case planning is a strategy encompassing several formal models and informal philosophies aimed at working together with the family and others (such as relatives, service providers and community members) to develop strength-based case plans that are tailored to meet the specific needs of the family.

Briefly discuss the benefits of participatory case planning by asking the trainees how they think participatory case planning helps families. Responses include: **greater**



**support for the family, better relationships between family members and the social worker, better case plan buy-in from the family and better outcomes for children (Hatton et al., 2008).**

Furthermore, preliminary research has shown that participatory case planning leads to lower rates of subsequent child abuse reports (Altman, 2008). Link this back to the Network Planner type from the previous activity and note that participatory case planning may come naturally for the network planners in the room, but all social workers should work to include the family in the planning process.

■ **Step #3.** Move on to a brief explanation of the required content in a case plan. Display slide 7 and refer trainees to *Trainee Content: Case Planning Rules and Regulations* for a clear and definitive list of the required elements of a case plan. Note that these requirements are based on law and state policy. Individual counties may add requirements to the case plan to meet county policy. Although we will not go over these rules line by line today, we will discuss the rules and regulations in later segments as we work on developing case plans. In addition, trainees will have the trainee content to refer to during the case application section of the training and when back at their desks.

The case plan establishes a common goal for all involved and provides family members with concrete behavioral changes to make in order to achieve the case plan goal.

The case plan must include:

- An effort to engage the family in the development of a permanency goal and service objectives
- An assessment of the family strengths and needs
- The permanency goal and alternate permanency goal
- The objectives to be achieved
- The services to be provided
- The case management activities to be performed
- The projected date for completion of service objectives

- The date child welfare services are to be terminated
- The schedule of planned social worker contacts with the child and the family
- The visitation plan
- Placement information
- Child well-being information (school progress, medical and dental care, mental health services)

There are additional requirements for the case plan update:

- Information about the family's progress
- Updates on the current situation
- The social worker's assessment regarding the need to continue the plan

■ **Step #4.** Display slide 8 and note that in addition to providing a road map for the family, the case plan also serves a legal function and must reflect key pieces of legal information such as ICWA eligibility, ILP plans, efforts to ensure compliance with AB490 (Educational Rights for Foster Youth), and efforts to enhance child well-being (through medical, dental, mental health and education services).

For a child of possible Native American descent, the child's possible tribe(s) of enrollment will be contacted to determine their participation in the case plan. Note that we will talk about ICWA in more detail in a later segment. For now, just ensure trainees are aware of the ICWA information in the *Trainee Content: ICWA & You*.

Children who are in out of home care when they turn 16 are entitled to additional services to assist with the transition to adulthood. Those services must be documented in the case plan and in the Transitional Independent Living Plan (TILP). The TILP is a required part of the case plan for all youth over age 15 ½ in out of home care in California.

The Fostering Connections to Success Act allows foster youth to transition to adulthood in extended foster care. Youth ages 19-21 may choose to remain in extended foster care if they meet eligibility requirements. They'll spend this time focusing on a transitional independent living case plan (TILCP) focused on increasing independent living skills and permanent connections.

■ **Step #5.** Point out the information regarding educational stability in the Trainee Content (page 13). Note that the case plan must include assurances regarding educational stability documenting the decision-making process undertaken to determine the best educational placement for the child and the efforts made to keep the child in the school of origin. Note that foster children and foster youth may

remain at their school of origin for the duration of the court's jurisdiction (or until the end of the academic year in cases where jurisdiction is terminated) and may move with their classmates to middle school and high school following the established feeder patterns of school districts for as long as the court has jurisdiction. Since the school of origin is the default choice for educational stability, any decision to change the child's school must be based on all the factors that contribute to the child's best interest despite any placement changes. The educational placement decision-making process and any other efforts to ensure educational stability must be documented in all case plans and case plan updates.

The social worker is required to develop and implement an educational stability plan as part of any case plan and to include assurances in that plan that address the following:

1. each placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity of the foster home placement to the school in which the child is enrolled at the time of placement;
2. the local social service agency has coordinated with appropriate local education agencies to ensure that the child remains in the school in which the child is enrolled at the time of each placement; or
3. if remaining in such school is not in the best interests of the child, assurances by the local social service agency and the local education agencies to provide immediate and appropriate enrollment in a new school, which includes submission of all educational records of the child to the new school.

Documenting the educational stability plan requires the social worker to:

1. consider educational stability issues, including proximity to the child's school of origin and school attendance area, the number of school transfers the child has previously experienced, and the child's school matriculation schedule, when selecting the most appropriate placement;
2. consider placements that ensure the foster child's educational stability, promote the least restrictive environment, and support the child's right to attend school with minimal disruption to school attendance and educational stability;
3. include specific information on educational stability in the Health and Education Passport;
4. describe efforts made with the school agency and the caregiver to meet the child's school placement needs such as making a request for the school of origin transportation rate for the caregiver and coordinating with the appropriate school agency to ensure education stability.

The social worker should include the following statements in the case plan:

1. An assurance that the social worker has assessed the appropriateness of the child's current school placement.

2. A description of the child's current school placement and progress including but not limited to
  - a. Name of the school
  - b. Grade placement
  - c. Special education services
  - d. Grade progress information
  - e. The child's comments about the school placement
  - f. The child's connection to the school placement (friends and relatives in attendance, connection to school community through sports and other extracurricular activities, etc.)
3. The name of the education rights holder, his or her relationship to the child and an assurance that the social worker has discussed the importance of having a strong education rights holder even if the child's placement or school changes.
4. An assurance that the education rights holder understands his or her role and is willing to receive additional training on how to advocate for the child's special education needs as needed.
5. A statement regarding the decision-making process for school placement including but not limited to the opinion of the education rights holder and the child regarding school placement.
6. If the child cannot remain in the school of origin, the social worker must provide information about the steps he or she took to try and maintain the school placement such as searching for relatives, non-related extended family members, or licensed foster homes in the area near the school who would be able to care for the child.

■ **Step #6.** Optional: At this point you may elect to show a digital story related to extended foster care. There are several available at <http://vimeo.com/calswec/videos/page:1/sort:date>

■ **Step #7.** The primary goal of the case plan is always permanency in one form or another. Permanency is the purpose. When developing a case plan, the social worker and family must choose a case plan goal from the case plan goals available in the CWS/CMS system. There are a total of 9 possible case plan goals to choose from.

Display slides 9 and 10 and explain the priority order of case plan goals. Law and policy determine the order of preference.

1. Remain safely in own home (family maintenance)
2. Return home (family reunification)
3. Adoption with siblings (adoption of two or more siblings by one adoptive family)
4. Adoption (adoption without siblings)

5. Maintain in Legal Guardianship (remain in already existing legal guardianship with services to address safety and risk concerns in the home)
6. Legal guardianship (establish a new legal guardianship)
7. Long-term foster care with relative
8. Long-term foster care with non-relative
9. Stable foster care with emancipation (older youth)

Please note that the last three of these case plan goals (long-term foster care with relative, long-term foster care with non-relative, stable foster care with emancipation) do not reflect actual permanency and should not be used as alternate permanency goals.

Emphasize that for Native American children and youth there is an additional permanency option: Tribal Customary Adoption (TCA). TCA is an adoption arranged following the customs, laws or traditions of an Indian child's tribe. TCA does not require termination of parental rights (TPR); rather, the tribe makes a determination about the roles of the biological parents and adoptive parents in the child's life. Tribal involvement is required. This permanency goal is determined by the tribe.

Also note that for non-minor dependent youth the case plan goal will likely be Planned Permanent Living Arrangement (PPLA) with the goal of successfully transitioning to independence with caring, committed adults who can serve as lifelong connections, but family reunification is also a possible goal. Other permanent plans include adult adoption and Tribal Customary Adoption.

■ **Step #8.** Use the statistics below regarding exit outcomes for youth to emphasize the importance of permanency and make the point that youth who remain in foster care until age 18 face significant challenges. Display slide 11 and refer trainees to *Trainee Content: Outcomes for Transition Age Youth*.

National statistics regarding youth aging out of foster care at age 18 show:



- a high school graduation rate of 33 to 50% (compared to the national average of 90 to 95%)
- a 50% unemployment rate at time of discharge from foster care (Scannapieco et al., 2007)
- a 50% rate of substance use/abuse
- over 13% having emotional problems
- over 60% having no job experience

- a pregnancy rate of 17% (Sherman, 2004)

Outcome measures from California (October – December 2009) show similar concerns:



- 47% completed high school or an equivalent
- 28% obtained employment
- 89% had housing
- 76% received ILP services
- 80% had an identified permanency connection

■ **Step #9.** Explain to trainees that the Placement & Permanency module later in their Core training will address in more detail how to involve youth in their own case plans. In this curriculum we will just reinforce that youth often feel left out of the case planning process (Scannapieco et al., 2007) and encourage trainees to refer back to the *Trainee Content: Practical Ideas for Youths' Case Plans* as a tool to assist them in co-developing TILPs with youth. (There is not sufficient time to review this document in this training.)

Be sure to mention that non-minor dependent youth in extended foster care have a case plan, too. It is called the transitional independent living case plan (TILCP) and is developed with the young adult.

■ **Step #10.** Display slide 12 and return to the discussion of case plans by noting two key case plan components.

#### **Service Objectives:**

The concrete behavioral changes included in the case plan are the service objectives. The best objectives describe the measurement criteria for the success of the case plan in positive terms (i.e., Stay sober and show the ability to live free from alcohol dependency). Note for trainees that we will discuss the development of objectives in more detail in a later segment.



#### **Planned Client Services or Client Responsibilities:**

The case plan also provides clear, step-by-step instructions for the activities or services to support the objectives. The best case plan activities are:

- tailored to meet individual needs
- tailored to address the intervention reasons
- culturally relevant
- built on strengths

- prioritized
- specific
- available

Illustrate the difference between the service objective and the planned client service by noting the service objective is like the destination and the planned client service is like the route for getting there.

■ **Step #11.** Explain that in addition to knowing what the case plan is, the trainees must also know when they must complete the case plan. Display slide 13 and refer trainees to the Supplemental Handout: Juvenile Dependency Process Flowchart and walk them through the initial phases of intake including

- The ER investigation
- The decision to place a child in protective custody
- Referral disposition and the decision to open or close a case
- The decision to file a petition or work with a family on a voluntary basis
- The court process including detention, jurisdiction, disposition

Ask trainees where the case plan fits in to this process. Emphasize that the case plan is initiated only after the decision is made to open a case.

■ **Step #12.** Display slide 14 and refer to the *Trainee Content: Case Planning Timeline* and discuss the required timing of case planning.

Note that some counties require the initial case plan to be completed within 30 days, but the state regulations give the social worker 60 days to complete the initial case plan with the family. The time clock on the 60 days starts on the date of first face to face contact with any agency social worker and includes weekends and holidays. For many counties, the social worker who has the first face to face contact with the family is not the social worker who develops the initial case plan. The time for the



initial case plan was increased to allow the social worker more time to engage the family in the case plan process. As part of that process and ensure the safety of the children, the social worker is required to have face-to-face contact with the children 3 times within the first 30 days.

Emphasize that the case plan must be available for consideration at the dispositional hearing. If the date of the dispositional hearing is prior to the 60 day timeline, the social worker and family must develop the case plan in time to distribute it 48 hours before the hearing.

Within the 60 days (or prior to the dispositional hearing) the case plan must be signed by the parents, the social worker and the social work supervisor. The social worker must also provide a copy of the case plan to the parents.

The social worker and family must meet monthly while working on the case plan. For children in out-of-home care, the social worker must also have monthly contact with the substitute care provider.

■ **Step #13.** Discuss the process of assessment and how it informs case planning. The safety and risk assessment information helps the social worker and family understand the reasons child welfare intervention is needed. The safety and risk assessment information also assists the social worker and family to determine the service objectives.

Display slide 15 and briefly highlight the assessments used during initial case planning and at case plan updates.

**SDM** For counties using the Structured Decision Making (SDM) assessment system, the Family Strengths and Needs Assessment is completed approximately every 3 to 6 months (prior to each case plan update) and is used to identify up to three priority caregiver needs (as well as strengths) and any child needs to be addressed in the case plan.

**CAT** For counties using the Comprehensive Assessment Tool (CAT) assessment system, the Continuing Services Assessment is completed as part of case plan development and identifies strengths, barriers to service involvement and areas of concern to be addressed by the case plan.

According to state and federal regulations, the assessment must include:



- Relevant social, cultural, and physical factors
- Apparent problems requiring intervention, and possible causes of those those problems



- Family strengths
- Whether the child may safely remain at home if pre-placement preventive services are provided
- Any known social services previously offered and/or delivered to the child or family and the result of those services
- If family reunification services are recommended, relatives or others who could provide or assist with legal permanency—adoption, guardianship, or preparation for independence—should family reunification fail.

- The need, if known, for any health/medical care.

■ **Step #14.** Display slide 16 and recap this segment by dividing the case plan requirements into three areas: assessment, engagement, and intervention.

**Engagement:**

The social worker is required to attempt to engage the family in the case planning process. Not only will engaging the family meet California law and policy, it is a best practice for improving the likelihood of success (CDSS, 2007).

**Assessment:**

Assessment is a required part of case planning. The initial assessment must identify the strengths and needs of the family. Ongoing assessments recognize progress, refine strengths and needs, and focus the case plan on safety, permanency, and well-being.



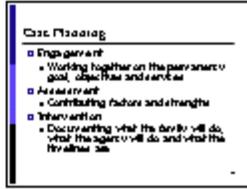
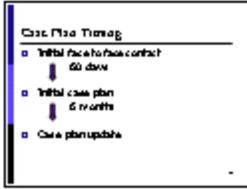
**Intervention:**

The case plan must outline service goals and recommended services to meet the permanency and well-being needs of the children. These goals and services must address the mental health needs of the children and must be related to the initial problems that brought the family to the attention of the child welfare agency (SSA §475).

**End of Activity**

PowerPoint Slide, Activity 4A: *Slides 6-16*

<p><b>Case Plan Definitions</b></p> <ul style="list-style-type: none"> <li>Engagement</li> <li>Permanence</li> <li>Case Plan</li> <li>Case Plan Update</li> <li>Continued Services</li> <li>Relinquish Case Planning</li> </ul>	<p><b>Case Plan Requirements</b></p> <ul style="list-style-type: none"> <li>Engagement</li> <li>Assessment</li> <li>Goal for Permanency</li> <li>Service Objective</li> <li>Intervention</li> <li>Timeline</li> </ul>	<p><b>Legal Requirements</b></p> <ul style="list-style-type: none"> <li>ICWA</li> <li>TEP</li> <li>Child Well-being Efforts</li> </ul>	<p><b>Case Plan Goals</b></p> <ul style="list-style-type: none"> <li>The primary goal of the case plan is permanency</li> <li>There are 3 possible goals             <ul style="list-style-type: none"> <li>Reunite Home</li> <li>Reunite with siblings</li> <li>Reunite with parent or legal guardian</li> <li>Legal guardianship</li> </ul> </li> </ul>
<p><b>Case Plan Goals (continued)</b></p> <ul style="list-style-type: none"> <li>Large families usually include siblings</li> <li>Large families can</li> <li>Stabilize a child's environment</li> </ul> <p><b>NOTE:</b> These families are not able to represent permanency</p>	<p><b>Bar Charts for Youth</b></p> <ul style="list-style-type: none"> <li>53% have no high school diploma or GED</li> <li>72% are unemployed</li> <li>11% are homeless</li> <li>20% have no identified permanent connection</li> </ul>	<p><b>Two Key Case Plan Components</b></p> <ul style="list-style-type: none"> <li>Service Objective</li> <li>Planned Client Services (aka Client Responsibility Plan)</li> </ul>	<p><b>Jurisdictional Dependency Process</b></p> <ul style="list-style-type: none"> <li>EP: Investigation</li> <li>Decision to Place Child in Foster Care</li> <li>Decision to Open a Case</li> <li>Decision to File a Petition</li> <li>Court Process             <ul style="list-style-type: none"> <li>Declaratory</li> <li>Guardianship</li> <li>Dependency</li> </ul> </li> </ul>



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**Pages 7–24**

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### ACTIVITY: Minimum Sufficient Level of Care and Reasonable Efforts

Activity Time: 20 min

#### Materials:

- *Trainee Content: Minimum Sufficient Level of Care (page 25 of the Trainee's Guide)*
- *Trainee Content: Reasonable Efforts (page 29 of the Trainee's Guide)*
- PowerPoint Slides: 17-18

#### Training Activity:

■ **Step #1.** Display slide 17 and move on to some definitions of key concepts related to the case plan. Refer trainees to the *Trainee Content: Minimum Sufficient Level of Care*. Note that this content is also covered in the Critical Thinking in Child Welfare Assessment curriculum and will be a review for those who have already had that training. This key information is reinforced here because it is important for assessment and case planning.

Discuss the definition of MSLC, highlighting the following points:

- The MSLC is the social standard for the minimum of parent behavior below which a home is inadequate for the care of a child.
- The MSLC is case specific with no fixed criteria.
- The MSLC incorporates family strengths and needs, community standards and cultural values.
- The MSLC expectation should remain constant throughout the life of the case so that all parties know what to expect.

Ask trainees how the photo of the poorly parked car on the slide relates to the concept of minimum sufficient level of care. Note that while the car is not perfectly placed within the lines, it is parked with lights off, doors closed, etc. Ask if this parked car meets the MSLC for parking. Expect some disagreement amongst trainees. Use this disagreement to stress the variability of MSLC.



Discuss the cultural implications involved in establishing an MSLC expectation. Social workers must combine information from the family, information about the family's culture, and information about local community standards in establishing the minimum sufficient level of care.

Ask trainees to provide examples highlighting the difference between the MSLC and another standard. Suggest that they consider diet or level of direct adult supervision as examples. You may stimulate the discussion by noting the following examples: Some families consider an all organic, whole food diet to be non-negotiable for children, but the minimum sufficient level of care diet would not meet that standard. In some cultures babies are held at all times until they reach a certain age. Members of that culture might view the American concept of putting a baby to bed alone in a crib as an insufficient level of care.

Discuss the key factors to consider in establishing the MSLC. Write the following on the chart pad for emphasis:

- The child's need for safety and well-being
- Contemporary social standards
- Community standards

Ask trainees for examples of how the MSLC concept can be challenging to employ. Examples include:

- ***Differences between the social worker's opinion of the community standard, the family's opinion of the community standard, and the court's opinion of the community standard.***
- ***The MSLC has a tendency to change over the life of a case so that the standard becomes higher and loses its connection to the original reason for child welfare involvement.***

Ask for some ideas to use to resolve these problems. Examples include:

- ***Using participatory case planning***
- ***Systematically reviewing the MSLC expectation and the removal reason regularly to assure the connection remains***
- ***Documenting the MSLC in the case plan***

■ **Step #2.** Display slide 18 and refer to *Trainee Content: Reasonable Efforts* and discuss reasonable efforts. Explain that the Adoption Assistance and Child Welfare Act of 1980 established the requirement that social workers make reasonable efforts to prevent children from being removed from home and that social workers make reasonable efforts to return those children who have to be removed (Berrick, 2009).

According to the U.S. Dept. of Health and Human Services Administration for Children and Families:

The concept of reasonable efforts does not have a standard definition because reasonable efforts are to be determined on a case by case basis by the court. Section 471 (e)(15) of the Social Security Act notes that the child’s health and safety are the paramount concerns in a determination of reasonable efforts.

Note that the level of effort required is “reasonable.” While “reasonable” is not completely defined, it means that the social worker and child welfare agency must make concerted efforts to engage the family and to help them access relevant services that will help them make a safe home for their children in order to prevent placement or, if placement occurs, to reunify. Also, “reasonable” may be different for different families (e.g., parents with developmental disabilities, minor parents).

The social worker must document that reasonable efforts have been made to prevent placement whenever placement is recommended. These efforts are documented in the case plan so it is important to understand the rationale behind the reasonable efforts legislation.

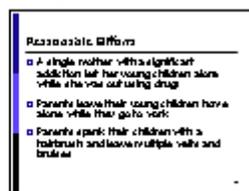
Note that the Indian Child Welfare Act (ICWA) requires that Native American families receive a higher degree of effort: active efforts. Use the distinction to clarify the concept of reasonable efforts.

Provide the following examples and ask trainees to identify some possible reasonable efforts:

- A single mother left her children alone while using illegal drugs and has a significant addiction. (**Responses should include finding the children’s father or other relatives who could safely care for the children while the mother seeks drug treatment services.**)
- Parents leave children alone while at work. (**Responses should include working with the family to find alternate care for the children.**)
- Parents spank children with hairbrushes and leave multiple welts and bruises. (**Responses should include helping the family find respite care, referring to parenting classes and support, seeking help from relatives, family preservation services, and referring to parent-child counseling.**)

## End of Activity

PowerPoint Slide, Activity 4B: **Slides 17-18**



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**ACTIVITY: Recognizing and Addressing Bias in Case Planning**

**Activity Time: 35 min**

**Materials:**

- Trainee Content: Dortehea Gibson Vignette (page 31 of the Trainee’s Guide)
- Optional Supplemental Handout: Dortehea Gibson Vignette Additional Information (available in the Trainer’s Supplemental Materials tab)
- PowerPoint Slides: 19-20

**Training Activity:**



■ **Step #1.** Display slide 19 and introduce the concept of disproportionality, reminding trainees that the concept was initially discussed in the Framework training. Solicit definitions from the group for disproportionality.

Responses include the following:



- **Disproportionality refers to the overrepresentation of children of color in the child welfare system.**
- **In 2007, African American children in California were almost three times more likely than children in other groups to have substantiated reports of maltreatment. The rate for African American children was 25 per 1000 while the rate for white children was 9 per 1000 (Needell et al., 2009).**
- **African American children are less likely to reunify with their parents than white children. Of those children who entered foster care in 2000, by 2007, 50% of African American children reunified and 60% of white children reunified (Needell et al., 2009).**
- **Native American children are also overrepresented in the child welfare system in California. In 2008, Native American children made up:**
  - **.5% of the child population in the state**
  - **.8% of the children reported to child welfare agencies**
  - **1% of the children with substantiated referrals**
  - **1.4% of the children who entered foster care (Needell et al., 2009)**

■ **Step #2.** Ask trainees for their opinions about the problem of disproportionality and what accounts for it. **(Responses include the following contributing factors:**



- **Bias in the larger culture resulting in a higher rate of poverty for people of color in the United States.**
- **Bias in the larger culture resulting in a higher rate of referral of African American and Native American families.**
- **Bias in the child welfare system resulting in increased substantiations and removals and a decreased rate of reunification for African American and Native American families [Bass, 2004]. Research has found that nationwide, children of color received fewer services than white children, including fewer family visits, fewer social worker visits, fewer written case plans and fewer assessments for psychological or developmental services [Chipungu & Bent-Goodley, 2004; Denby et al., 1998].)**

■ **Step #3.** Ask trainees how case planning can affect disproportionality. (Responses include:

- **Successful case planning resulting in reunification for more African American and Native American children will reduce disproportionality;**
- **Development of culturally competent case plans is key to providing better services to African American families [Wulczyn, 2004];**
- **Case plans that focus on strengths and build services on strengths already in place result in improved engagement with families (Bass, 2004) and better outcomes for children.)**



■ **Step #4.** Display slide 20 and inform trainees that they will be going through an exercise. Note that throughout the Common Core, a variety of vignettes are used to provide the opportunity to practice skills in the classroom. Because social workers are called upon to work with youth and families from all ethnic or cultural backgrounds, the vignettes are developed to enhance cross cultural engagement and highlight the importance of considering culture when helping youth and families.

Refer trainees to the Dorthea Gibson Vignette in the Trainee Content.\* Ask them to read the vignette and then work together in their table groups to answer the questions at the end of the vignette. Ask the groups to designate one member as a note taker who will document the group's answers. Because trainees may avoid openly expressing assumptions that seem biased, acknowledge that if a trainee takes the risk to name a possible biased assumption the group will not think that trainee is guilty of prejudice or stereotyping, the exercise is about identifying possible points of bias. Encourage trainees to consider all the possible assumptions social workers could make about the scenario in the vignette, even those that might reflect bias.

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\* Vignette and additional exercise instructions provided by Frankie Freitas of the Central Training Academy.

Give the groups about 10 minutes to read the vignette and discuss the options. Begin a large group discussion by asking the trainees to share some of the assumptions they think social workers could make about the family. **(Responses include:**

- ***Dorthea is neglecting her children by leaving them alone while she engages in illegal activity;***
- ***Dorthea has nice clothes and nails because she is involved in illegal activity such as drug dealing or prostitution and this activity is putting her children at risk of neglect, physical injury and sexual abuse;***
- ***Dorthea's one bedroom apartment is insufficient space for her 5 children;***
- ***Dorthea's substandard housing presents a danger to her children;***
- ***Dorthea or the children's father is involved in gang activity placing the children at risk of harm;***
- ***The fathers of Dorthea's children are not supportive or involved;***
- ***Dorthea is not smart enough to get her GED;***
- ***Dorthea is minimizing her drug use;***
- ***Dorthea's drug use is harmful to her children.)***

Explain to the trainees that you have some additional information about the Gibson family. Provide the following additional information (also available as an optional handout):

- Dorthea enrolled in a GED course with the help of her TANF worker 6 months ago. In the past when she tried to complete her GED, she was trying to do it without the support of the welfare department. She now receives assistance for childcare while she is attending class. Her sister frequently spends the night to provide the childcare for the children because Dorthea takes the bus to class and has to leave by 5:45 am.
- Dorthea braids hair for extra income or in exchange for her hair and nails being done. She does the braiding in her home and her customers often come in at the end of the day and stay until 1-2 am. Dorthea asks her customers to come late so she can spend time with her children before putting them to bed.
- Dorthea's children were not drug exposed.
- Dorthea does not have a criminal history.
- The sexual abuse referral was made by a vindictive ex-boyfriend. The previous referral about Dorthea leaving her children alone was inconclusive because the social worker could not locate Dorthea as she had moved.

Ask the trainees if this information makes a difference in the actions they thought the social worker would make.

Ask if there are any remaining assumptions that haven't been resolved by the information above. **(Responses include the shooting of the children's father in front**

**of Dorthea’s apartment and Dorthea’s use of marijuana.)** If trainees mention the shooting in front of the children’s apartment, engage in a brief conversation about the importance of assessing events that affect children in terms their connection to abuse or neglect by the parent. The shooting was a traumatic event for the children, and could have placed them in danger, but there is no evidence that the event was related to abuse or neglect by the parents. If the group mentions the mother’s drug use, acknowledge that county policy and practice varies widely in this area. Go on to encourage trainees to recognize that drug or alcohol use by a parent is not enough in and of itself to say there is abuse or neglect. There must be a connection to actual abuse or neglect of the children.

Emphasize the connection between engagement and avoiding bias by pointing out to the trainees that the social worker meeting with Dorthea Gibson would only know the full details of Ms. Gibson’s current situation if that social worker were able to successfully engage with Ms. Gibson.

■ **Step #5.** Note that bias may also interfere with reunification. Social workers who rely on prognosis indicators such as substance abuse history, history of mental health problems or history of parental rights termination for another child may be relying on factors that are not actually associated with likelihood of reunification (D’Andrade et al, 2001). Ask the trainees to consider the possibility that basing an assessment of reunification likelihood for one child on the parent’s past inability to reunify with a sibling could perpetuate disparate treatment in a system that has historically reunified fewer African American and Native American children.

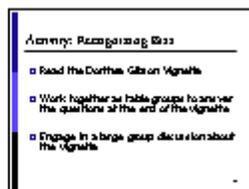
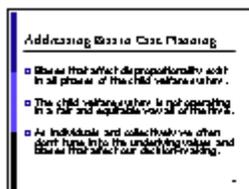
Ask the trainees to list some of the previously mentioned possible biases regarding the Dorthea Gibson family that could negatively affect the social worker’s assessment of the family’s prognosis. (Answers include:

- **Dorthea’s use reliance on illegal activity to support herself**
- **Dorthea’s association with gang activity (via the children’s fathers) placing the children at risk of harm;**
- **Dorthea’s drug use.)**

■ **Step #6.** Transition to the next activity which will focus on building engagement at the beginning of the case planning relationship with the family.

**End of Activity**

**PowerPoint Slide, Activity 4C: Slides 19-20**



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**Trainee Content**

**Page 31**

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### ACTIVITY: Engagement

Activity Time: 25 min

#### Materials:

- Trainee Content: *Engagement Tips* (page 33 of the Trainee's Guide)
- Optional Supplemental Handout: *Keys to Engagement* (available in the Trainer's Supplemental Materials tab either as a handout or a set of cards that can be laminated and placed on a key ring)
- Flip chart paper
- Markers
- PowerPoint Slides: 21-24

#### Training Activity:



■ **Step #1.** Display slide 21 and introduce the concept of engagement. Define engagement as positive involvement in a helping process, and reinforce this definition as more than simple compliance (Yatchmenoff, 2005). Emphasize that families who are engaged in services have improved outcomes (Altman, 2005). Engagement is the first task in case planning and sets the stage for all future success in working with the family.



According to Dawson and Berry (2002), social worker attitudes impact engagement somewhat, but the behavior of the social worker is much more impactful in engaging families. As you list the specific behaviors below, write key words (such as working together, relevant services, focus on skills, and time investment) on chart paper for emphasis and post them on the wall in the training room.

*Social worker behaviors associated with engagement include: setting of mutually satisfactory goals, providing services that clients find relevant and helpful, focusing on client skills rather than insights, and spending sufficient time with clients to demonstrate skills and provide necessary resources. These practices, when applied in a supportive and non-punitive manner, help to engage clients in treatment (Dawson & Berry, 2002).*



■ **Step #2.** Discuss the concept of the case plan as a tool for engaging the family. Engagement in the case planning process serves multiple purposes:



- Family involvement in the case planning process can build rapport between the social worker and family
- It “leads to good decision making and positive outcomes in child protection” (Tilbury, 2006)
- It improves the fit of the case plan for the family, making the plan more achievable for them
- It empowers the family to participate in services and to see themselves as potentially succeeding (Chipungu & Bent-Goodley, 2004)

The parent’s signature on the case plan will meet the regulatory requirement to show the parents’ participation in the development of the case plan, but the signature alone does not meet the social worker’s obligation to involve the family in the planning.

■ **Step #3.** Encourage trainees to consider the relative value of spending more time with families early in the case to facilitate engagement. Ask the group to suggest the benefits of early engagement for their own time management. ***(Responses include the early investment of time will save much more time later as engaged families will work proactively with the social worker whereas the social worker would spend much more time trying to work with a resistant family throughout the life of the case, and engaged families have better outcomes which could mean decreased need for intensive intervention later in the case.)***

Point out to the trainees that improved engagement leading to improved outcomes will also improve California’s performance on the federal Child and Family Services Reviews.



■ **Step #4.** Display slide 22 and refer trainees to *Trainee Content: Engagement Tips*. Review the common barriers to engagement listed below:

- Systemic oppression related to ethnic minority status, reduced income, and/or lower educational attainment
- Mismatch of needs and services
- Disagreement about goals of treatment
- Negative expectations
- Substance abuse problems
- Domestic violence
- Mental health problems (Littell et al., 2001)

Note that social workers can address these barriers with families by addressing the barriers. For example, services don't meet needs if the family is struggling to find food and shelter but the case plan calls for participation in individual therapy. Helping the family address the need for food and shelter will allow them to move on to considering other objectives and services. It is also important to address socio-cultural factors and biases and address the power differential inherent in child welfare work.

■ **Step #5.** Display slide 23 and discuss the following basic strategies of engagement.

The social worker must overcome the mistrust inherent in the relationship with families receiving child welfare services. Steps to overcoming mistrust include:

- Recognizing and validating the families' feelings
- Giving family members choices (Altman, 2005)
- Contracting with family members to regain certain freedoms (Altman, 2005)
- Always keeping agreements (Altman, 2008)
- Sharing all available assessment information with families
- Acknowledging all possible outcomes
- Spending time with families (Dawson & Berry, 2002)

The social worker must defuse the anger felt by the family. Steps to defusing anger include:

- Acknowledging the power differential while expressing the value of collaborating with the family
- Remaining neutral and avoiding passing judgment
- Empathizing with family members' situations and feelings
- Making sure family members know they are valued as partners in the case planning process (Hardy & Darlington, 2008; Ronnau, 2001; Sandau-Beckler, 2001)
- Explicitly acknowledging strengths within the family and building on strengths in the development of the case plan (Ronnau, 2001; Sandau-Beckler, 2001).

Additional activities associated with engagement include:

- Explicitly seeking a commitment from the family members to work on the case plan (Dawson & Berry, 2002)

- Focusing expectations on changing family members' skills rather than changing their attitudes (Dawson & Berry, 2002)
- Valuing and actively seeking engagement; social work styles that are confrontational and aggressive impede engagement (Forrester et al., 2008) as do social work styles that are neutral to engagement (Thomson & Thorpe, 2004).
- Actively seeking feedback: valuing the family's perspective on all aspects of the child welfare intervention increases their feelings of engagement.

The following values have been associated with engagement in case planning:

- Valuing the role of the family in child development
- Recognizing that families exist within a larger system
- Viewing family members as partners
- Building on strengths
- Valuing the home as an intervention environment
- Matching needs to services (Ronnau, 2001)

■ **Step #6.** Check to see how many trainees have taken Core module Basic Interviewing in which the engagement and strength-based strategies have been introduced. Use the trainee responses to gauge the depth of information you provide in this segment. Display slide 24 and briefly review the Keys to Engagement.

List the following types of questions on a chart pad and ask the trainees to provide examples for each:

- Scaling questions (**Responses include better understanding the family's perception by asking family members to rate, on a scale of 1 to 10, their perception of some aspect of the family situation such as the effects of domestic violence on their children.**)



- Exception finding questions (**Responses include finding strengths by asking family members to describe a time when a situation similar to the event that lead to child welfare intervention was handled differently, as in a situation when a non-violent form of discipline was used effectively.**)
- Past success questions (**Responses include defining strengths by asking family members to describe a time when they considered their family successful in terms of parenting.**)

- Open ended questions (**Responses include gathering more detailed information by asking questions that require more than a yes or no answer.**)
- When (rather than if) questions (**Responses include asking family members when they do a specific thing, such as spanking, rather than if they do it so the social worker learns more about the way the family functions.**)
- How questions (**Responses include finding strengths and gathering detailed information by asking family members about how they handle certain aspects of parenting in a way that respects their ability to make decisions and solve parenting problems.**)
- Coping questions (**Responses include defining strengths by asking parents how they have successfully coped with specific stressful events in the past.**)
- Miracle questions (**Responses include helping family members brainstorm strategies to address family needs by thinking about what they would want if they could have a miraculous intervention or envisioning what life would be like if a problem was solved.**)

Also review the related skills below by asking trainees for examples:

- Empathizing (**Responses include showing respect for the family's emotions related to the current situation by asking questions about their feelings, validating their feelings and expressing understanding.**)
- Recognizing strengths (**Responses include specifically identifying strengths within the family and using strengths as a foundation for the case plan.**)
- Reframing (**Responses include helping family members see that even though they have made mistakes, the social worker can understand their point of view or see why they may have made the decisions they made out of an effort to solve a problem such as in the case of overzealous physical punishment.**)
- Partializing (**Responses include breaking big problems into smaller problems that are more easily addressed so that success seems possible for the family members.**)



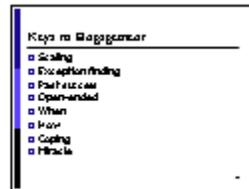
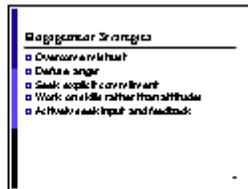
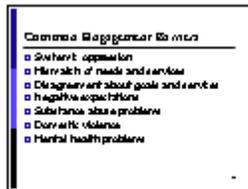
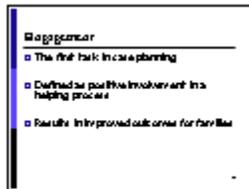
■ **Step #7.** Discuss the concept of engaging fathers. Note that traditionally child welfare agencies have not effectively engaged fathers and as a result have missed many potential resources for children. Recent efforts to understand the barriers to engaging fathers have identified that the initial contact with the child welfare agency is key to engaging fathers. Fathers who perceive a general atmosphere of blame or bias against fathers from the agency or the social worker during the initial contact will be more difficult to engage.



Because of historical bias, fathers perceive that the child welfare system is biased against them. Social workers must make concerted efforts to overcome this perceived bias by focusing on strengths, defining the father as a resource for the child, and calling on the father to participate in all the decisions related to the case (Velazquez & Vincent, 2009).

**End of Activity**

**PowerPoint Slide, Activity 4D: Slides 21-24**



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**Trainee Content**

**Pages 33–36**

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## Preparing for Case Planning

Total Segment Time: 50 min

### TRAINING ACTIVITY 5A

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ACTIVITY: Preparation

Activity Time: 15 min

#### Materials:

- Trainee Content: *Steps of Case Planning* (page 37 of the Trainee's Guide)
- PowerPoint Slide: 25

#### Training Activity:

■ **Step #1.** Display slide 25 and refer trainees to *Trainee Content: Steps of Case Planning, Preparation*. Explain that this case planning guide provides instructions for completing case plans throughout the life of a case. It is divided into 6 parts. Refer trainees to part 1 and discuss the importance of preparing for case planning *before* meeting with the family to develop the plan.

Cover the following key points:

- Thinking about key issues *ahead of time* allows the social worker to be ready to work with the family in an informed and helpful way.
- Social workers must be careful to keep an open mind and not get locked into their own point of view.
- Advance conversations with a supervisor or others such as colleagues with special knowledge about a particular family need (e.g., problems such as substance abuse or about resources such as culturally relevant parenting classes) can help the social worker to have a deeper understanding of the situation and be better prepared to offer relevant resources.
- Following the county Linkages protocol to consult with the CalWorks or other income maintenance social worker involved with the family (if applicable) can help to link child welfare services with any services the family is already receiving.
- Gathering advance information from service providers, relatives or someone in the community who knows the family well can help the social worker identify strengths or give reality based feedback to the family.

■ **Step #2.** Review the preparation steps below.

- Find out who the family is, with a specific focus on their strengths and the factors that brought them into the child welfare system. The best way to start this process is to review what is known. As mentioned previously, the first task is assessment. Assessment of key factors is a foundation for planning. The assessment is a work product that describes specific, prioritized problems and needs that warrant intervention and the strengths and resources of the family and their support system that can be marshaled to reduce these risks.



Ask trainees why this task is crucial. Encourage the following responses:

- ***The assessment helps the family understand and talk about the factors that have hindered and helped the family's ability to provide the minimum sufficient level of care for their children.***
- ***The assessment helps the social worker identify priority needs and strengths as the basis for the case plan***

Review the following questions the trainees can have in mind as they read the assessment materials prior to case planning.

## **SDM**

- What is known from the safety and risk assessments about the reasons for the family's involvement with CWS?
- What are the concerns about safety and risk and what are the implications for child safety, permanence, and well-being?
- What is known from the Family Strengths and Needs Assessment about the underlying conditions that contribute to safety and risk (adult factors, child factors)?
- What are the family's strengths/protective capacities that do, or could, offset concerns?
- What are the priority needs? (These will be the focus of the case plan.)
- Do you have the information you need—have you talked to the right people and reviewed the necessary records?
- What, if any, court orders are in place that must be followed regarding the case plan?

## **CAT**

- What is known from the Emergency Response Assessment about the reason for the family's involvement with CWS?
- What are the concerns about safety and risk and what are the implications for child safety, permanence, and well-being?

- What is known from the Continuing Services Assessment about the underlying conditions that contribute to safety and risk?
- What are the family's strengths/protective capacities that do, or could, offset concerns?

For groups with both SDM and CAT users, review these questions:

- What is the reason for the family's involvement with CWS?
- What are the safety and risk concerns?
- What is known about the underlying conditions that contribute to safety and risk?
- What are the family's strengths/protective capacities that do, or could, offset concerns?
- Do you have all the information you need?

Encourage trainees to also consider whether or not they have the information they need, making sure they have talked to the right people and reviewed the necessary records.

- Tune into yourself and the family.

Review the following questions trainees can ask themselves as they prepare to meet with the family and begin planning.

- What are you feeling and how might this help or hinder the planning process?
- What can you do to reduce possible negative effects? If you feel strongly about an issue or a possible intervention, to what extent is this based on the family's situation (including the actual, specific safety concerns and risk factors) vs. your beliefs/biases? Have you checked this out with someone else, such as your supervisor or a colleague? Are there cultural issues that may influence your work with the family? How might you actively address these?
- Have you identified potential bias points in the case?
- From your last contacts, what do you think the family members are feeling?
- What effects might these feelings have on the planning process and the plan itself? Are there cultural issues that might influence their feelings about involvement with CWS as an agency and/or about working with you as a representative of the agency? How can you use engagement strategies to help family members participate in planning in a meaningful way?

- Plan for engagement. Spend some time in advance of the first meeting with the family thinking about a specific strategy for engaging the family. Consider the family's culture, previous involvement with services or child welfare and possible barriers to engagement in formulating this plan.

## End of Activity

### PowerPoint Slide, Activity 5A: Slide 25



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**Pages 37–58**

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**ACTIVITY: Reviewing the Assessment**

**Activity Time: 35 min**

**Materials:**

- Trainee Content: Case Plan Preparation Worksheet (page 59 of the Trainee's Guide)
- Supplemental Handout: Wilson Family Case File
- PowerPoint Slide: 26

**Training Activity:**

■ **Step #1.** Display slide 26 and refer trainees to the Supplemental Handout: Wilson Family Case File. Note that this case file includes all the case information we will be using to formulate case plans throughout the training. Ask trainees to be respectful of the materials and avoid marking on them because they will be collected at the end of the training so that future trainees can refer to them as well.

Orient the trainees to the materials by reviewing the genogram and explaining the purpose of the screener narrative and the investigation narrative (i.e., the hotline account of the initial report and the emergency response social worker's report regarding the initial allegations of abuse or neglect).

Trainees from counties using the SDM standardized assessment system will also have available the following SDM tools for this segment. It is not necessary to review each document as a large group, simply point the documents out and advise the trainees to review them.

- SDM** Wilson Family SDM Assessment Materials Part 1:
- 3/30/09 California Safety Assessment,
  - 3/31/09 California Family Risk Assessment,
  - 3/30/09 California Family Strengths and Needs Assessment.

Trainees from counties using the CAT standardized assessment system will also have available the following CAT tools for this segment.

- CAT** Wilson Family CAT Assessment Materials Part 1:
- 3/30/09 Emergency Response Assessment,
  - 3/30/09 Continuing Services Assessment for Omar Wilson,
  - 3/30/09 Continuing Services Assessment for Alejandro Wilson.

- Delivered Service Log – the case notes from the emergency response social worker and the ongoing social worker documenting contacts with the family and others

## SDM

- California Safety Assessment – the assessment of immediate danger to the child and the protective capacities within the family, including safety interventions and safety decision.
- California Family Risk Assessment – the assessment of risk or the likelihood that abuse and/or neglect will reoccur, and guides the decision to open a case
- California Family Strengths and Needs Assessment – the assessment of the family’s strengths and needs based on the social worker’s perspective, the family’s perspective, the child’s perspective, collateral contacts and other records, including a scoring and prioritization system for highlighting the most important strengths and needs: Prioritization of needs also helps to ensure that the case plans are focused and achievable (i.e., not addressing too many needs at one time).

## CAT

- Emergency Response Assessment – the assessment of initial safety and the assessment of factors leading to the referral disposition (whether to to open a case or not), including review of strengths and protective capacity for family members
- Continuing Services Assessment – the assessment of factors pertinent to the case planning process including permanency, well-being, strengths, vulnerabilities, ability to access services and parental protective capacity, including a separate assessment for each child

Ask trainees to review the Investigation Narrative 3/30/09, the Wilson Family Delivered Service Log 3/30/09-4/30/09 and the associated assessment materials.

Explain that this first exercise with the Wilson family will focus on engagement, the foundation for all future work with the family. Ask the trainees to consider their strategy for engaging with the family as they read the case information. Note that the *Trainee Content: Case Planning Preparation Worksheet* also asks that they identify important information that will be used in case plan development: strengths, contributing factors and three priority needs.

■ **Step #2.** Give the trainees 15 minutes to review the materials and complete the *Trainee Content: Case Planning Preparation Worksheet*.

■ **Step #3.** Pull the group back together and first discuss engagement.

Ask the trainees report out on the engagement barriers they identified, their strategies to overcome those barriers, and their ideas about how to engage Mr. Wilson. (**Responses include:**

- **Barriers – the family experience includes systemic oppression based on ethnicity, the family may have a distrust of government intervention, the**

*presence of domestic violence in the home, the father's anger issues, the family's feeling of being judged;*

- *Engagement strategies – recognizing the significance of the family's culture and empowering them to seek culturally relevant solutions, framing the previous family involvement with child welfare as a strength, honoring the family accomplishments in sobriety;*
- *Engaging Mr. Wilson – specifically asking for his opinion and input, expressing the importance of father's in their children's lives, recognizing the father's dedication to his family.)*

■ **Step #4.** Review the priority needs.

**SDM** Locate the priority needs identified in the Family Strengths and Needs Assessment.

**CAT** Use the assessment information to identify priority needs to include in the case plan. Highlight the child vulnerabilities for Omar and Alejandro, the use of discipline methods that place Omar at risk, and the need for improved coping skills for Mr. Wilson.

■ **Step #5.** Next, discuss the services that may be needed by the family. Remind trainees that this is a process of getting ready only – it does NOT supplant the actual work with the family. Emphasize that good case plans are developed in partnership with the family.

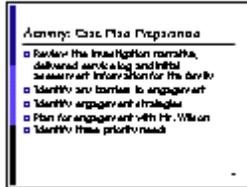
Facilitate a brief brainstorming session on possible services. Cover the following points:

- Help with how to parent Omar and feedback on implementation of techniques;
- Meeting with the physician who prescribed ADHD medication to discuss medications and behavior;
- Meeting with school personnel to understand better what the school is doing to help Omar and how they could work together;
- Participating in an ADHD support group;
- Attending anger management counseling, maybe through AA (for Mr. Wilson). Pursuing Mr. Jeffers' offer to accompany Mr. Wilson;
- Inquiring about spiritual healing services through a Native American service center, Indian Health Services, a club, or a church;
- Attending couples counseling;
- Attending counseling through a DV program;

- Inquiring about marital enrichment programs, e.g., through Rev. Orrante’s church.

## End of Activity

### PowerPoint Slide, Activity 5B: Slide 26



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## DAY 1, SEGMENT 6

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### Building a Case Plan

Total Segment Time: 50 min

### TRAINING ACTIVITY 6A

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#### ACTIVITY: Case Plan Components

Activity Time: 20 min

#### Materials:

- Trainee Content: Case Plan Components (page 61 of the Trainee's Guide)
- Trainee Content: Case Plan Notebooks (page 63 of the Trainee's Guide)
- PowerPoint Slides: 27-33

#### Training Activity:

■ **Step #1.** Display slides 27 and 28 as you discuss the content below. Refer trainees to *Trainee Content: Case Plan Components*. Note for trainees that the CWS/CMS system, which is the automated computer system on which they will record case plans, uses templates and requires the use of drop-down menus to complete each of these components in the case plan. The *Trainee Content: Case Plan Components* provides a sample option from CWS/CMS for each component. Emphasize that in addition to the CWS/CMS drop-down content, they will add descriptions to the case plan to tailor the plan to meet the needs of the family.

Define the key components of case planning:

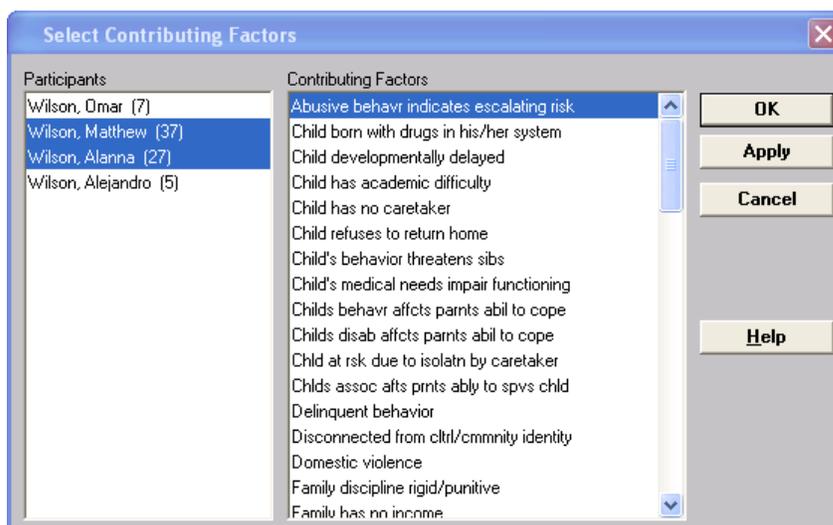
- **Participants** – the family members participating in the case plan (county policy may vary about who is included in the case plan)
- **Permanency Goal** – the ultimate goal of the case plan, achieving the least restrictive, safest home for the child
- **Assessment Summary** – included as part of the case plan in some counties, but not all
- **Contributing Factors** – the priority needs of the family, the issues that interfere with the family's ability to safely care for the child
- **Strengths** – the family's areas of success
- **Service Objectives** – the expression of what success will look like for the family, a specific behavioral goal to achieve



- **Client Responsibilities/Planned Client Services** – the activities intended to provide new skills or knowledge needed to achieve the objectives
- **Visitation** – the description of visits for each child with siblings, parents and other significant people including method, time, frequency and a narrative description (*Note that the federal Child and Family Service Reviews found that frequent visitation is associated with reunification. Visitation and other contact (e.g., by phone and email) help reduce the trauma of placement for both children and adults and support continued bonding.*)
- **Case Management Services** – the activities the social worker or child welfare agency will complete to support the family’s efforts
- **Concurrent Planning** – the expression of the Permanency Alternative / Permanency Planning Goal and the associated services for children in out-of-home care details must be provided in the court report
- **Independent Living Plan Services** – specific services for youth aged 15 ½ and older to assist with the transition to adulthood
- **Contact Schedule** – the required contacts between the social worker and the child, parents, and substitute caregiver

■ **Step #2.** Refer trainees to *Trainee Content: Case Plan Notebooks* and briefly review the case plan notebook screen shots below as you display the corresponding slides.

The contributing factors screen (slide 29) shows the drop-down menu for entering contributing factors about each family member. Emphasize that contributing factors should be limited to the concerns that require child welfare intervention. Note that similar screens are used for the drop-down menus for strengths and service objectives.



The service objectives screen (slide 30) shows the service objective page including a description box allowing the social worker to enter detailed information about the objective to make the objective specific, measurable, achievable, relevant and time limited. Emphasize that every objective should have a description.

The planned client services notebook screen (slide 31) shows the planned client services notebook (below). This notebook allows the social worker to enter detailed information about the services the family will use to assist them in achieving the objectives. The notebook includes space to enter times, frequency, duration, and a description of the services. This description should include details about the service as well as a back up plan in case the agreed upon service is not available.

The case plan update screen (slide 32) shows the notebook for entering the case plan update information. Note that we will discuss case plan updates in more detail later.

For now we will just point out that each service objective gets a progress note in the case plan update.

The screenshot shows a software interface with a table at the top and a form below. The table has columns for ID, Participant, Service Objective Type, and Projected Completion Date. It lists two objectives for 'Wilson, Matthew(47)'. The form below has sections for 'Met (for Case Plan Update)' with radio buttons for Yes, Not Determinable, No, and In Progress; 'Projected Completion Date' with a date picker set to 07/23/2003; 'Service Objective' with a dropdown menu; 'Service Objective Detail' with a text area; 'Additional Description for Participant' with a text area; and 'Progress (for Case Plan Update)' with a text area. There is also a button labeled 'OK - Go to Update' and a message box that says 'All Service Objectives Met/Progress recorded. Continue with Update'.

ID	Participant	Service Objective Type	Projected Completion Date
1	Wilson, Matthew(47)	Do not abuse alcohol	09/22/2011
2	Wilson, Matthew(47)	Do not physically abuse your child	09/22/2011

■ **Step #3.** Note that the service objective and client responsibility segments of the case plan are of particular importance as they provide the basis for measuring the success of the case plan and the suggested steps family members can take to achieve that success.

Display slide 33 and differentiate between the two by noting that an objective describes in measurable terms the end state of exactly what change is desired. The outcome described by an objective represents the elimination of the identified need or problem.

Service objectives and planned client services can create confusion for workers when distinguishing between descriptions of parental behaviors that represent “end states” (objectives) and descriptions of parental behaviors that represent activities (planned services). Use the analogy of a destination (objective) and planned route (planned client services) or a cake (objective) and a recipe (planned client services) to illustrate the difference.

Like objectives, services are also always written in behavioral terms, because by definition, they are statements of a person's actions. The differentiating factor is whether the change in the parent's behavior is the desired end in itself (an objective) or a step towards and a means of achieving the objective (a planned service).

For example:

*Service Objective:* Mr. Lazarus uses discipline methods that keep his sons free from injury 100% of the time.

*Planned Service:* Mr. Lazarus will participate in all seven sessions of the “Parents Anonymous” program.

Note that the verb in the objective tells us what new behavior Mr. Lazarus will do with his sons, while the verb in the planned service tell us what he will do to move towards the new behavior, but doesn’t describe an end state. Emphasize that the measureable activity is the use of non-injurious forms of discipline, not participation in the program. The father may still achieve the objective without participating in the described program, or, he may participate in the program, but fail to achieve the objective.

■ **Step #4.** In order to reinforce the difference between service objectives and client responsibilities, engage trainees in a game. The game involves the trainer calling out the statements listed below and the trainees identifying them as service objectives or planned client services. You may chose to make this a formalized game with scoring and prizes or you may just call out service objectives and planned client services and have volunteers identify them. Note that these are predetermined service objectives and planned client services from CWS/CMS. We will talk later about how to add detail to make these objectives and services more specific.

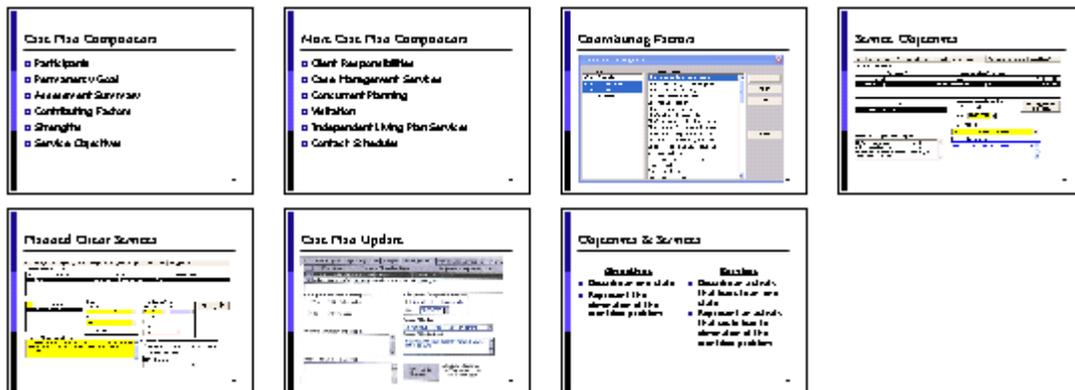
- Do not involve your child in attempts to control or intimidate your partner (**service objective**)
- Domestic Violence Program (**planned client service**)
- Listen and respond appropriately when child is ready to confront you about your behavior (**service objective**)
- General Counseling (**planned client service**)
- Meet your child’s physical, emotional, medical, and educational needs (**service objective**)
- Psychiatric/Psychological Assessment (**planned client service**)
- Interact with your child without physical abuse or harm (**service objective**)
- Parent Education Program (**planned client service**)
- Show that you know age appropriate behavior for your child (**service objective**)
- Family Preservation Services (**planned client service**)
- Stay sober and show your ability to live free from alcohol dependency (**service objective**)

- Treat others with respect (*service objective*)
- Domestic Violence Program (*planned client service*)
- Express anger appropriately and do not act negatively on your impulses (*service objective*)

■ **Step #5.** Ask trainees how they describe case plans when talking to families about the process. Some social workers find it helpful to use the analogy of a to-do list when describing case plans. This highlights the activities in the case plan. Social workers should be encouraged to include in their conversations with families that completing the activities alone doesn't fulfill the case plan. The family members must **use** the activities to make the behavioral changes defined in the service objectives.

## End of Activity

### PowerPoint Slide, Activity 6A: Slides 27-33



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**Trainee Content**

**Pages 61–66**

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### ACTIVITY: Making Objectives S.M.A.R.T.

Activity Time: 30 min

#### Materials:

- Trainee Content: S.M.A.R.T. Objectives and Service Descriptions (page 67 of the Trainee's Guide)
- Trainee Content: CWS/CMS Drop-down Options (page 71 of the Trainee's Guide)
- Trainee Content: CWS/CMS Objectives and S.M.A.R.T. Descriptions Worksheet (page 77 of the Trainee's Guide)
- S.M.A.R.T. Objective Scenarios (available in the Trainer's Supplemental Materials tab)
- Flip chart paper
- Markers
- Tape
- PowerPoint Slides: 34-41

#### Pre-Training Preparation:

Review the S.M.A.R.T. objective scenarios for congruence with practice in the local area. Do not use scenarios that may contradict local practice. Paste the S.M.A.R.T. Objective Scenarios on 3x5 cards. Prepare enough cards so that each table group can have 2 scenarios.

#### Training Activity:

■ **Step #1.** Refer trainees to the *Trainee Content: S.M.A.R.T. Objectives and Service Descriptions*.

Remind trainees of the previous discussion of the description boxes on the CWS/CMS case plan notebook pages for service objectives and planned client services. Note that while they will be using the CWS/CMS objectives and services, they will add a specific written description tailoring the objective or service to the specific family member and associated intervention reasons.

Display slide 34 and review the definition of an objective:

- Describes a specific desired behavioral outcome
- Is an end state
- Is specific, measurable, achievable, result-focused, and time-limited

■ **Step #2.** Display slide 35 and explain the S.M.A.R.T. objective concept. S.M.A.R.T. objectives are specific, measurable, achievable, relevant (or result focused), and time-limited.

Display slides 37-41 as you discuss the S.M.A.R.T. concept

### **Objectives Are Specific** (slide 36)

An objective clearly describes a behavior that must occur, or that must stop occurring, before the case is successfully closed. It is best to frame objectives in positive behavioral terms whenever possible, stating specifically what the family member **will** do rather than what the family member **will not** do.

Provide an example of an objective that is not specific, such as the CWS/CMS objective “Acquire adequate resources.” Ask trainees how they would make this objective specific. **(Responses include defining the specific resources the parent is to acquire such as “Upon randomly checking Ms. Smith’s medical supplies, the social worker will find that Ms. Smith has insulin and supplies for testing her blood sugar daily as ordered by her physician.”)**

### **Objectives Are Measurable** (slide 37)

The parties to the plan must be able to reach consensus regarding whether the stated objectives have been accomplished. Therefore, the objective must include some easily discernible criteria by which achievement can be measured.

Writing measurable objectives is one of the most difficult parts of the case planning process. Many of the expected outcomes in child welfare do not lend themselves to easy, precise quantification.

Some criteria are easy to observe but more difficult to measure. For example, CWS/CMS contains the objective “Maintain suitable residence for child” for use in situations related to home cleanliness. This objective is not measurable and it presents a challenge because it is difficult to write a measurable objective related to home cleanliness by quantifying the amount of dirt that is allowable in a home. Ask trainees for examples of how to write a measurable objective related to home cleanliness. **(Responses include listing observable behaviors that are associated with cleanliness, such as, “Within the next 60 days, Ms. Smith will clear her floor of dirt, debris, food, and garbage and anything else that represents a health hazard to her small children and she will maintain the floor in that condition as witnessed by the social worker on home visits and by other service providers.”)**

Emphasize that phrases such as “improved child care” or “improved housing conditions” are neither observable nor measurable. The word improve implies the existence of a describable baseline and a describable increase from the baseline. It also sometimes implies underlying values that define

some behaviors as more desirable than others. If observers have different values, they may not agree on what can be considered an improvement. In neither case is there an adequate description of an end state that can be measured.

### **Objectives Are Achievable** (slide 38)

Objectives must be realistic so that family members are able to accomplish them.

Provide an example of an unrealistic objective. “Eliminate danger to physical health” is an unrealistic service objective available in CWS/CMS. Ask trainees how they would reword this objective in the description box to make it achievable. ***(Responses should include defining the health risk the parent is to eliminate in a way that is within the parent’s control, such as “Ms. Smith’s home will have running water and properly functioning plumbing including at least one toilet, one shower and one sink at all times.”)***

### **Objectives Are Relevant and Result Focused** (slide 39)

This characteristic of objectives appears deceptively self-evident. It is not uncommon, however, for social workers to derive their objectives from a “laundry list” of potential conditions that might improve parenting or care of the child. For example: “Ms. Smith will use non-violent methods of disciplining the child, including time-out and restriction of privileges” could be an appropriately written objective but not for all situations in which there has been child maltreatment.

An objective must be selected in the context of the factors that put the child at risk. For example, if the intervention reason is failure to protect from sexual abuse, the above objective would not be relevant. Ask trainees to provide an example of an objective relevant to a parent who did not protect his or her child from sexual abuse. ***(Responses include objectives that describe measurable and specific protective behavior, such as, “Ms. Smith will act protectively to prevent Jeremy from all contact with Adam Smith except during scheduled therapeutic visits until otherwise recommended by Jeremy’s therapist, the social worker and the court.”)***

### **Objectives Are Time-Limited** (slide 40)

A timeframe within which the objective can reasonably be expected to be completed should be included in the objective statement. The assignment of a timeframe provides an additional criterion by which achievement of the objective can be measured. Objectives must be achievable within the set time

limit. “Stabilize mental health” is an objective available in CWS/CMS which may not be achievable within the time constraints of the six-month case plan. Ask trainees for examples of a time-limited objective related to mental health. **(Responses include specific behaviors which the parent could potentially master within the given time frame, such as, “By the next court date, Ms. Smith will manage the following activities of daily living on her own: taking public transportation at least once per week, grocery shopping at least two times per month, and paying all monthly bills on time.”)**

Although objectives will be broad and likely require six months to achieve, the associated client services can be broken into steps to be achieved over shorter time periods. We’ll talk more about this later.

■ **Step #3.** Refer trainees to the *Trainee Content: CWS/CMS Drop-down Options*. Orient them to the content by going through each of the categories of drop-down items listed (service objectives, planned client services, case management services, and concurrent planning). Explain that each service objective includes a short version which fits in the drop-down menu and a longer version that appears on the written case plan. Note that this is not a complete list, but will serve as reference as they complete practice case plans in this training.

■ **Step #4.** Display slide 41 and conduct a small group activity to practice writing S.M.A.R.T. objectives. Distribute chart paper and markers to each group. Refer trainees to the *Trainee Content: CWS/CMS Objectives and S.M.A.R.T. Descriptions Worksheet* to guide the activity. Ask for one person in each group to be the recorder.

Distribute 2 scenario cards to each table group. If you are running behind schedule, you may choose to give all the tables the same two scenarios to decrease the time required for the report out.

Ask each table group to use the *Trainee Content: CWS/CMS Drop-down Options* to identify 2 service objectives for each scenario. Trainees will then write a S.M.A.R.T. description for each CWS/CMS service objective. Encourage trainees to create any background information that is necessary to develop the S.M.A.R.T. descriptions. The point of this exercise is to craft a S.M.A.R.T. description, not develop a case plan—which as we know is derived from the assessment and created jointly with the family. This is just practice for developing one aspect of the case plan. Remember that the objective and the S.M.A.R.T. description should be focused on the MSLC. Also remind trainees to use language that will be easily understood.

Allow about 10 minutes for discussion.

Bring the group back together and ask groups to report out. As a group, screen each objective against the S.M.A.R.T. framework. If there is a mixed reaction, ask the

group to propose ways of making the objective more specific, measurable, achievable, relevant, or timely. Look for the following possible objectives (or something similar) for each scenario. You may provide alternate S.M.A.R.T. examples if needed to better match local practice.

**A family that recently emigrated from Korea has a substantiated physical abuse allegation due to multiple bruises inflicted by the father on the 8-year-old son.**

CWS/CMS Service Objective	S.M.A.R.T. Description
Do not physically abuse your child	Mr. Cho will use discipline that is part of his culture but keeps his child safe from injury 100% of the time.
Protect child from physical abuse	By the next court date, Mr. and Mrs. Cho will define several methods of discipline that reflect the family culture without causing injury to the child and will write these on a list to share with the social worker.

**Bella and Romy Smith (Caucasian children ages 1 and 3) are unsafe in a dirty house with multiple safety hazards.**

CWS/CMS Service Objective	S.M.A.R.T. Description
Maintain suitable residence for child	Within the next 60 days, the floors of Ms. Smith's apartment will be free from trash and small items that would fit in the baby's mouth as witnessed by the social worker and other service providers visiting the home.
Know age appropriate expectations	Within the next 60 days, the social worker will witness that Ms. Smith has added cabinet latches, drawer latches and door knob covers to make her apartment safer.

**A Caucasian mother living in poverty who has no alternative care resources left her 7- and 5-year-old children alone while she socialized in an apartment across the parking lot.**

CWS/CMS Service Objective	S.M.A.R.T. Description
Monitor child's health, safety and well-being	Ms. Jones will supervise her children or make sure a safe adult is supervising her children at all times as evidenced by random social worker visits and interviews with family members.
Do not neglect your child's needs	By the next court date, Ms. Jones will be able to describe in a conversation with the social worker

	the food, exercise and emotional support needs of her children based on their age.
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**A Caucasian father was arrested for methamphetamine use and is now in jail. The mother, who works two jobs to support the family, has no evening childcare and left children ages 4 and 6 alone to go to a nighttime job.**

CWS/CMS Service Objective	S.M.A.R.T. Description
Do not abuse drugs	Mr. Conners will be clean and sober as evidenced by negative random urinalysis results and appearing clean and sober at visits and appointments with the social worker.
Arrange child care/support during your absence	Ms. Conners will provide safe childcare for her children while she is at work as evidenced by giving the social worker the name and contact phone number for the caregiver and including either the caregiver's childcare license information or references.

**An African American 4-year-old is struggling with toilet training and cannot seem to get to the bathroom on time. His frustrated father became angry and physically punished the child leaving multiple bruises and contusions on his legs and backside.**

CWS/CMS Service Objective	S.M.A.R.T. Description
Do not physically abuse your child	Mr. Stephens disciplines his child in a way that reflects his cultural values and his child's developmental needs without causing injury to his child 100% of the time.
Know age appropriate expectations	By the next court date, Mr. Stephens will be able to list child development milestones and explain how they relate to his child.

**A Caucasian 7-year-old daughter was sexually abused by her stepfather. Now the stepfather is out of the house but the mother and daughter are having a hard time coping both financially (because of the loss of the father's income to the household) and emotionally (because of the trauma of the sexual abuse and the loss of relationships).**

CWS/CMS Service Objective	S.M.A.R.T. Description
Protect child from contact with abuser	Ms. Locke ensures that Kate has no contact of any kind with Mr. Locke.
Stabilize mental health	By the next court date, Ms. Locke will be able to describe several strategies she uses to cope with

	and address the loss of her relationship with Mr. Locke, including a list of people who represent her support system.
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**A Latina youth who has run away several times is now at home. The case was originally opened for physical abuse after her father beat her for ‘unladylike’ behavior.**

CWS/CMS Service Objective	S.M.A.R.T. Description
Do not physically abuse your child	Within 30 days, Mr. Ventura will verbalize discipline methods for his child that reflect his cultural values and his child’s developmental needs but don’t cause injury to his child.
Control anger/negative behavior	By the next court date, Mr. Ventura will demonstrate parenting skills that defuse conflict with Marisol during social worker visits to the home.

**A Caucasian infant with a skull fracture caused by the mother’s boyfriend is now being cared for by her grandmother. The mother is highly motivated to get her son back since her boyfriend was arrested and no longer lives at the house.**

CWS/CMS Service Objective	S.M.A.R.T. Description
Provide appropriate/adequate parenting	By the next court date, Ms. Miller will identify 5 red flags associated with unsafe caregivers and share them with the social worker.
Protect child from contact with abuser	By the next court date, Ms. Miller will act to provide a protective environment by applying for and receiving a restraining order regarding Mr. Cook and changing the locks on her home.

**A Latina mother is using a curandero to help heal her child with chronic ear infections. The child was seen at the emergency clinic with a burst eardrum.**

CWS/CMS Service Objective	S.M.A.R.T. Description
Monitor child’s health, safety and well-being	Ms. Ruiz provides Carlos with treatment for illnesses that relieves his symptoms of fever, pain, swelling and discharge and protects his ongoing health.
Do not neglect your child’s needs	Ms. Ruiz meets Carlos’ need for well-child medical care and treatment for illnesses as evidenced by making and keeping appointments as recommended by the doctor, following

	recommendations made by medical staff at appointments and using medications as prescribed.
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**End of Activity**

**PowerPoint Slide, Activity 6B: Slides 34-41**

<p><b>Service Objectives</b></p> <ul style="list-style-type: none"> <li>□ An objective that describes a specific desired behavioral outcome in positive terms</li> <li>□ Are "and/or"ed</li> </ul>	<p><b>S.M.A.R.T. Objectives</b></p> <p><b>S = Specific</b></p> <p><b>M = Measurable</b></p> <p><b>A = Achievable</b></p> <p><b>R = Relevant (or result-focused)</b></p> <p><b>T = Timely/real</b></p>	<p><b>S.M.A.R.T. Objectives</b></p> <p><b>Objectives Are Specific</b></p> <ul style="list-style-type: none"> <li>□ Objective describes the specific behavioral outcome that will result in achievement of the primary goal.</li> </ul>	<p><b>S.M.A.R.T. Objectives</b></p> <p><b>Objectives Are Estimable</b></p> <ul style="list-style-type: none"> <li>□ The parties must be able to reach consensus regarding whether the objective has been accomplished.</li> <li>□ The objective must include some easily discernible criteria by which achievement can be measured.</li> </ul>
<p><b>S.M.A.R.T. Objectives</b></p> <p><b>Objectives Are Substantial</b></p> <ul style="list-style-type: none"> <li>□ Objectives must be realistic so that families are able to accomplish them.</li> </ul>	<p><b>S.M.A.R.T. Objectives</b></p> <p><b>Objectives Are Balanced and Benefit Focused</b></p> <ul style="list-style-type: none"> <li>□ Avoid deriving objectives that is "beyond" or "beyond" of parental conditions that might improve parenting or care of the child.</li> <li>□ An objective must be reached in the context of the factors that put the child at risk.</li> </ul>	<p><b>S.M.A.R.T. Objectives</b></p> <p><b>Objectives Are Time Limited</b></p> <ul style="list-style-type: none"> <li>□ Use a timeframe within which the objective can reasonably be expected to be completed.</li> </ul>	<p><b>Inventory: S.M.A.R.T. Objectives</b></p> <ul style="list-style-type: none"> <li>□ Find 2 CWS/CFS service objectives applicable to each scenario</li> <li>□ Write S.M.A.R.T. description for each objective</li> </ul>

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**Trainee Content**

**Pages 67–78**

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## DAY 1, SEGMENT 7

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### Review of the Day

Total Segment Time: 40 min

## TRAINING ACTIVITY 7A

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### ACTIVITY: Jeopardy Game<sup>1</sup>

Activity Time: 30 min

#### Materials:

- Candy and/or prizes
- Flip chart paper
- Markers
- PowerPoint Slides for Jeopardy Game
- PowerPoint Slide: 42

#### Pre-training Preparation:

Assemble all the props and prizes prior to the game (prizes, candy, etc.) Also, arrange for speakers to attach to your computer so trainees can get the full impact of the sound effects. Ask for a volunteer to write the scores on the chart paper during the game.

- Load the Jeopardy Game on your computer as a separate PowerPoint presentation.
- Practice running the game in advance to familiarize yourself with the hyperlinks.
- Start the presentation by clicking on the hyperlink in the Jeopardy! picture on the Casework Jeopardy! slide of the current PowerPoint presentation. There is a sound file attached to this slide, which will play automatically for approximately 15 seconds. Introduce the game while this is playing.
- Do not advance to the next slide—it will change automatically. This is the game board, which shows the categories for the game and the point values for correct questions.

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<sup>1</sup> Developed by Ann Morales of the American Humane Association for the Outcomes Measures Project for the City of Philadelphia

- To display the answer to a selected category and point value, click on the point value. This is a hyperlink to another slide, which will show the answer for that category and point value.
- To return to the main game board, click on the return button in the lower, right corner of the slide. The hyperlink for that category and point value has changed color (to match the background), so it appears as no longer available.
- Continue selecting answers in this manner until all have been revealed or time runs out.
- To go to Final Jeopardy, click on the big button at the bottom of the main game board. This will display the category for Final Jeopardy.
- To reveal the answer for Final Jeopardy, click on the “Final Jeopardy” text, which is a hyperlink to the last slide. This will display the answer for Final Jeopardy.
- After a 10-second delay, the Final Jeopardy theme will play for approximately 30 seconds, giving everyone time to write their questions. The 10-second delay allows time for reading the answer out loud.
- At the conclusion of Final Jeopardy, end the slide show and close the file. The hyperlinks will reset when the file is re-opened.

### **Training Activity:**

■ **Step #1.** Display slide 42 and let trainees know that we will conduct a brief Jeopardy game to review the major legal requirements and case practice points for case planning.

Divide the trainees into table teams. To add some fun, ask the teams to name themselves.

Explain that in this Jeopardy! game they will work in teams in their table groups and the reward is candy (or whatever treat you have available). Explain that each team will in turn select a category and get points for a correct answer. If the answer is incorrect, the next team will have a turn to answer. If they are correct, they get the points that they “stole” from the previous team and still get their own turn to select another category and answer a new question. The teams will advance in order until all squares are “blank.” Explain that they will have the chance at the end to wager any, all, or none of their points for a final tiebreaker/playoff question. Keep score by labeling columns on chart paper with each team’s number/name (e.g., Team1/Valley Kids.)

■ **Step #2.** Begin the game by calling on Team 1 to select an item from a column (e.g., “Tick Tock” for 10 points). Click on this square and read the item. For example,

Answer: “60 days” Give the first group about 20 seconds to come up with their answer (about as long as it takes to hum the first familiar bars of the Jeopardy! theme song). Give the time signal and call on Team 1, and if the answer is correct, note their points. If incorrect, ask the next group if they know the answer. Give them the points if correct and advance to the next group in turn. Continue until all the squares have been revealed.

The gameboard *Answers/Questions* for each category are presented below.

**Category: Tick Tock**

***Answers/Questions***

- 10: **Answer:** 3 X in 30 Days.  
**Question:** What is the frequency of face to face contact required during the first month?
- 20: **Answer:** 48 Hours.  
**Question:** How far in advance of the dispositional hearing must initial case plans be completed?
- 30: **Answer:** 60 Days.  
**Question:** What is the maximum time allowed to complete the initial case plan?
- 40: **Answer:** 6 months.  
**Question:** What is the maximum time allowed between case plan updates?

**Category: The Main Course**

***Answers/Questions***

- 10: **Answer:** The written document which is developed by the social worker and family based on an assessment of circumstances which required child welfare services.  
**Question:** What is a Case Plan?
- 20: **Answer:** The case planning practice that includes the social worker, the family and others working as a team.  
**Question:** What is participatory case planning?
- 30: **Answer:** A statement that describes a specific desired behavioral outcome that will achieve the desired permanency goal.  
**Question:** What is an objective?
- 40: **Answer:** Systemic oppression, negative expectations, and mismatch of needs and services.  
**Question:** What are some barriers to engagement?



### Category: It's the Law

#### Questions/Answers

- 10: **Answer:** The 'mark' that provides legal documentation that the parents have seen the case plan.  
**Question:** What is a signature?
- 20 **Answer:** The federal legislation that guides practice with Native American children.  
**Question:** What is ICWA?
30. **Answer:** The process of immediate, simultaneous and continuous assessment and case planning for two possible case outcomes.  
**Question:** What is concurrent planning?
40. **Answer:** The work child welfare agencies do to prevent placement and keep families together or return children home as soon as possible.  
**Question:** What are reasonable efforts?

### Category: Practice Paradise

#### Questions/Answers

- 10: **Answer:** Remain safely in home, Return home, Adoption with Siblings, Adoption, Maintain in Legal Guardianship, Legal Guardianship, LTFC with Relative, LTFC with non-relative, Stable foster care with emancipation.  
**Question:** What is the preferred order of case plan goals?
- 
- 20: **Answer:** Setting mutually satisfying goals, providing relevant services, focusing on skill development  
**Question:** What are some social work behaviors that impact family engagement?
- 30: **Answer:** Building connections, finding housing, education services, improving skills in activities of daily living  
**Question:** What are ideas for case plans for older youth?
- 40: **Answer:** The social standard for the minimum of parent behavior below which a home is inadequate for the care of a child.  
**Question:** What is the minimum sufficient level of care (MSLC)?

■ **Step #3.** Tally up the scores and present the Final Jeopardy question. Ask the tables to wager their score based upon their confidence of answering the Final Jeopardy question. They can wager all of their points, or just a portion. The category title is "What It's All About." Tell them to write down their group number on a piece

of paper and wager on the top half of a piece of paper, then draw a line and put in the “question” to the Final Jeopardy “answer.” Say aloud, the following answer:

Final Jeopardy Question: Category: *What It’s All About*



**Answer:** By using these, the casework process is likely to be more positive and ultimately successful so that parents will be able to provide the minimum sufficient level of care.

**Question:** What are engagement skills?

Once each team has written down their wager and answer, ask them to pass their paper with the wager and answer to the volunteer, who will draw a line and write the wager under each team’s column. One at a time, announce each team’s wager and “question.” Play this up to create drama and fun. Add or subtract the wager amount to the final score.

■ **Step #4.** Determine the winning team and award small prizes to that team and candy to everyone else.

Summarize the activity, telling participants:

As you can see, there are many practice and policy issues that you must attend to, and this game only just begins to touch on them. We hope you found it a fun way to review these potentially monotonous, but nonetheless very important, topics.

## End of Activity

PowerPoint Slide, Activity 7A: **Slide 42**



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### ACTIVITY: Taking It Home

Activity Time: 10 min

#### Materials:

- Trainee Content: *Taking It Home* (page 79 of the Trainee's Guide)
- PowerPoint Slide: 43

#### Training Activity:

■ **Step #1.** Display slide 43 and ask trainees to call out the topics discussed today. Examples are:

- *the legal basis and the requirements for case planning*
- *the importance of assessment as a basis for plans*
- *the importance of involving families*
- *engagement strategies to use*
- *steps of case planning*
- *the format for recording the plan*
- *S.M.A.R.T. objectives*

■ **Step #2.** Refer back to the priority learning objectives the group listed on chart paper and posted on the wall at the beginning of the day. Check off the objectives covered and highlight the objectives that will be covered the following day.

■ **Step #3.** Refer trainees to the *Trainee Content: Taking it Home* and ask them to write down one thing we addressed that they plan to apply in their work.

Allow trainees a minute to write and then ask for examples of how they might use their indicated learning points on the job.

■ **Step #4.** Adjourn for the day.

Activity adapted from the Bay Area Academy *Placement* curriculum.

## End of Activity

### PowerPoint Slide, Activity 7B: *Slide 43*



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## DAY 2, SEGMENT 8

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### Welcome Back

Total Segment Time: 5 min

### TRAINING ACTIVITY 8A

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#### ACTIVITY: Review of Day 1 and Agenda for Today

Activity Time: 5 min

#### Materials:

- Trainee Content: *Taking It Home* (page 77 of the Trainee's Guide)
- Agenda for Day 2
- PowerPoint Slide: 44

#### Training Activity:

■ **Step #1.** Display slide 44 and refer trainees to the priority learning objectives the group listed on chart pages at the beginning of day 1. Ask trainees to review their “Taking It Home” worksheets from the previous day. Ask trainees to link the key piece of information they identified to the associated learning objective. Ask for examples of what they remember about the content.

■ **Step #2.** Review the day 2 agenda and highlight where the remaining priority learning objectives will come up throughout the day. Note that we will now delve into formulating the case plan for the Wilson family.

### End of Activity

#### PowerPoint Slide, Activity 8A: Slide 44



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## DAY 2, SEGMENT 9

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### Initial Case Plan

Total Segment Time: 90 min

### TRAINING ACTIVITY 9A

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#### ACTIVITY: Developing the Plan

Activity Time: 50 min

#### Materials:

- Trainee Content: *Steps of Case Planning* (page 37 of the Trainee's Guide)
- Trainee Content: *Sample Initial Case Plan* (page 81 of the Trainee's Guide)
- Flip chart paper
- Markers
- PowerPoint Slides: 45-46

#### Training Activity:

■ **Step #1.** This segment focuses on developing the case plan with the family. As we noted earlier, engagement of the family in the development of a plan is the foundation for developing a plan that will work. It is also important that the plan is based on the assessment and is limited to what is needed to help the family achieve the minimum sufficient level of care.



Ask trainees why this is crucial. Encourage the following responses:

- ***If the family is not included in the case plan development, they are less likely to engage in the services and less likely to succeed.***
- ***If the case plan is not based on the assessment, the case plan can become a “kitchen sink” case plan that includes many objectives and tasks unrelated to the intervention reason.***

The case plan should also focus on service objectives and client responsibilities that are relevant, specific, concrete and doable (e.g., identify measurable behavioral changes and identify specific services and what each party will do by when).

Ask trainees why this is crucial. Encourage the following responses:

- ***When the case plan clearly explains what is expected, all parties (parents, youth, social workers, attorneys, court) know what to look for to determine whether or not the parent has achieved the objective.***

- **Including specific tasks to let everyone know what they are supposed to do and when can help break an overwhelming concept into an achievable to-do list.**

■ **Step #2.** Display slide 45 and discuss the social worker’s role in customizing the case plan to meet the family’s needs. Tailoring interventions to meet the needs of the family makes the case plan more specific, relevant and achievable. Note that there are two aspects of tailoring.

The first is to limit the intervention to the areas of need. In the case plan template on CWS/CMS, the social worker enters the reason for the intervention (i.e., why the child or youth is in the child welfare system). This information is gathered directly from the risk and safety assessment. Ensure that the priority risk and safety concerns identified in the assessment are included in the case plan. Any interventions planned for the family must tie directly back to these intervention reasons.

It is important to remember to focus only on those objectives that relate to the risk of recurrence of maltreatment. Many families have multiple areas in which change could occur that would improve parenting. If these areas are not related to safety or risk they should not be the focus of objectives.



The second type of tailoring involves ensuring the interventions will work for the family. The social worker and family must work together to tailor interventions to fit the intervention reasons **and** to fit to strengths and needs of the family.

Interventions that tie directly to the reason for child welfare involvement and build on strengths already present in the family will lead to better outcomes for the family.

■ **Step #3.** Discuss the following factors that can interfere with developing service objectives and client responsibilities that are specific, concrete and doable.



**The interventions are incompatible with the family’s culture.** The objectives and services must be attuned to the family’s beliefs and traditions about issues such as:

- approaches to child discipline
- at what age children should be given responsibilities in the family such as care of younger children or earning income
- who in the family makes what decisions
- who (if anyone) takes the lead in conversing with strangers
- using help from outside the family

Ask trainees what they can do to ensure the interventions are culturally relevant for the family. Responses include:

- ***The family does not view the interventions as helpful. Families are more likely to participate actively and use help effectively when they believe the help is important.***

Note that some families may not accept that they have problems related to child safety or that interventions are needed. In these situations, team decision-making processes involving extended family and friends can help the family see the need for intervention. Additionally, the mandate of the court can help assure that families participate.

- ***The interventions are not within the capacity of the family. Sometimes family members cannot be successful in the services that are selected. For example, some developmentally delayed or mentally ill adults cannot function well in groups where others do not have similar conditions. Family members with limited capacity for spoken English likely will not be able to take advantage of English-speaking services without accommodations.***
- ***The services are unavailable or inaccessible. If plans are written that identify services and providers which are not available due to waiting lists or not accessible due to time conflicts with the family members' work schedules or the distance from their homes the family will not be able to make use of the services to affect the desired change.***
- ***The interventions are not properly prioritized and sequenced. If too many expectations are put on the family all at once, they may become overwhelmed and give up. Prioritizing and sequencing interventions are critical to the success of a plan. The priorities should reflect a mix of what is most:***
  - ***amenable to the family***
  - ***likely to have the desired impact on the MSLC***
  - ***clearly available and accessible***
  - ***compliant with court orders***
- ***The case plan does not make use of relevant resources. The resources should be directly related to the intervention reason in addition to being acceptable to the family. Sometimes this means informal services rather than, or in addition to, formal services, but the services must also be potent enough to have an impact. For example, a person who is currently abusing alcohol may not benefit now from Alcoholics Anonymous and instead may need an in-patient treatment program.***

- ***The case plan does not include “if-then” contingencies. Including a “Plan B” to rely on if something in the case plan isn’t working can make case plans more responsive to changing circumstances or service availability. For example, what if the car breaks down and the family member cannot get to a service or to visitation? What if the family member feels uncomfortable using the service and wants to stop going? What if the family member relapses, e.g., uses drugs again? What if the medication for depression doesn’t seem to be helping? Discussing the possible barriers to successful completion of the case plan can be a way to spot emerging barriers before they derail the plan altogether.***

■ **Step #4.** Discuss the *Trainee Content: Steps of Case Planning*. Refer the trainees specifically to part 2, *Planning with the Family*. Explain that the examples in this document are not necessarily pertinent to the Wilson family, but they can be applied to the Wilson family and can be used on the job.

Cover the following key points that guide the process:

- Engage the family to ensure their involvement to the greatest extent possible in the planning process; using engagement strategies to achieve this. Working with the family to identify their strengths through strengths mining can increase engagement while identifying strengths to help ensure the success of the plan.
- Develop objectives with the family. Ask them what they think needs to change and be clear about the agency assessment.
- Identify and prioritize services with the family. Establish the link between the goal, objectives and services and describe the services as the process for achieving the goals and objectives. Work with the family to identify culturally relevant services and prioritize a realistic timeline of service participation.
- Help the family to understand the case planning process in terms of the concept of a “contract for change.” Advise the family that the written case plan is a contract that signifies their agreement and yours, as well. This is a commitment for all involved that the family and CWS will follow through on actions identified in the plan.
- Help the family to understand that the court plays a major role in their case plan by explaining the process and role of the court. Many families do not sufficiently grasp the importance of the court process.

■ **Step #5.** Discuss the steps of the planning process.

Display slide 46 and cover the following key points:

- Ensure that family members understand the purposes and process of case planning, as well as the components of the written plan.

Discuss the following with the family:

- The main purpose of the plan is to be clear about what needs to be done to create a safe home for the child(ren).
- The worker and family members will work together by following all of the steps of service planning. The worker will take notes and use them to write the plan. Once the plan is entered into CWS/CMS it will be printed and the family and worker will sign it.
- The plan addresses each child separately.
- The plan is based on an assessment of the following:
  - The issues that are relevant to MSLC.
  - The contributing factors or the behaviors that put the child at risk.
  - The strengths of the family and the family's support system including the abilities, protective capacities, and resources that they have and can access to resolve the factors that contribute to the risks. It is important to link strengths to MSLC.



- Provide the following as an example of how to explain purposes of case planning to a family:

*Our purpose is to create a plan to agree on the steps we will take to make sure that we all agree your home is safe for your children. Together we'll think about what needs to be done by everybody involved, what services will be available, and the time frames for all of this. Then, I'll write up the plan and bring it back to you. All of us will sign it. This will be a contract between you and CWS. It describes what everyone needs to do.*
- Provide the following as an example of how to explain the underlying reasons for case planning to a family:

*Let's talk about the reasons for the case plan. Focusing on the original problem that brought your family into the child welfare system will help us create a plan that focuses on the most important things, such as what's needed to make (or keep) your home safe, what your strengths are, and what your needs are.*
- Ensure family members understand the permanency goal or goals, objectives, responsibilities and case management services. Ask them to describe the service objectives and planned client services in their own words.

- Together identify the primary and secondary permanency goals, objectives, responsibilities and case management services to achieve safety, permanency, and well-being in a timely manner. Whenever possible, link responsibilities to strengths and protective capacities already present in the family. Make sure that service responsibilities in the case plan are feasible. Whenever possible, stagger implementation and start dates to allow family members time to adjust to new activities.
- Explain to the family that the case plan must be documented in the computer system. Once the case plan is recorded on CWS/CMS, share it with the family and ask the family to sign it.

■ **Step #6.** Emphasize that following the steps outlined above to work with the family on the development of the plan is a critical step in arriving at a plan that has the following characteristics (write these on a chart paper):

- Relevant to concerns
- Prioritized
- Doable
- Motivating

■ **Step #7.** Refer trainees to *Trainee Content: Sample Initial Case Plan*. Review the following key pieces of the case plan document. Solicit questions about each piece, but avoid lengthy discussions or debates about the specific content of this case plan.

Point out the case plan goal, projected completion date and projected date for termination of services. Explain that the projected completion date refers to the date the social worker expects the family to meet the objectives. The projected date for termination of services refers to the date at which time the family will have exhausted all the time available to receive reunification services.

Point out the service objectives, projected completion date and description. Ask for a volunteer to read the first one aloud.

Point out the client responsibilities. Review the activity, times, frequency, completion date and description. Ask for a volunteer to read the first one aloud.

Point out the visitation schedule. Ask for a volunteer to read one of the visitation descriptions aloud.

Point out the agency responsibilities and note these items have a start date rather than a completion date.

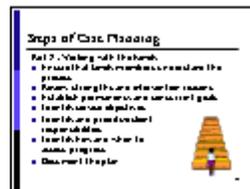
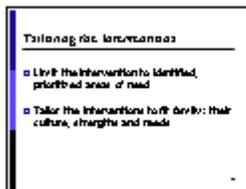
Point out the concurrent services planning and the related case management service.

Review the signature page, making sure the trainees know that the parents, the social worker and the social work supervisor must sign the case plan.

Note that in the next segment trainees will be completing a plan based on the Wilson case and they will be able to use this sample as a guide.

## End of Activity

### PowerPoint Slide, Activity 9A: Slides 45-46



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**ACTIVITY: Case Planning with the Wilson Family**

**Activity Time: 40 min**

**Materials:**

- *Trainee Content: Wilson Family Initial Case Plan Worksheet (page 89 of the Trainee's Guide)*
- PowerPoint Slide: 47

**Training Activity:**

■ **Step #1.** Facilitate a brief discussion about the development of the initial case plan for the Wilson family. Refer trainees to the worksheet they completed in the previous activity when planning their interaction with the family. Discuss the likely CWS/CMS objectives, such as

- Do not physically abuse your child. Interact with your child without physical abuse or harm.
- Monitor child's health, safety, and well-being. Pay attention to and monitor your child's health, safety, and well-being.
- Refrain from domestic violence

Discuss the likely CWS/CMS Services, such as

- Parenting education
- General counseling

■ **Step #2.** Point out the assessment information below. It is not necessary to review the assessments line by line.

**SDM**

Review the Safety Assessment, the Risk Assessment and the Family Strengths and Needs Assessment. Highlight the following points:

- There is a safety threat due to the use of excessive discipline.
- There is failure to protect Omar from harm.



Review the protective capacities present in the family (capacity to participate in safety interventions, willingness to recognize problems).

Review the safety plan (Aunt Teresa will be in the home every evening to assist the parents and provide respite. Omar will spend the weekend at Aunt Teresa's house. The parents will attend a parent training class).

Briefly review the priority strengths and needs

- Strengths:
  - social support,
  - resource management;
- Needs:
  - parenting skills (parenting in a way that keeps both children safe and meets Omar’s special needs),
  - household relationships (managing interpersonal conflict between Mr. and Mrs. Wilson, developing stronger relationships with other family members),
  - cultural identity (due to the cultural differences between the parents, Mr. and Ms. Wilson need to work on feeling comfortable and accepted among each others’ support systems such as Ms. Wilson’s church).

**CAT** Review the Emergency Response Assessment and the Continuing Services Assessment. Highlight the following points:

- Omar has been physically abused and Alejandro is at risk
- Review the child strengths and vulnerabilities (strengths: communication skills, physical health for both, Alejandro’s social development and school performance; vulnerabilities: Omar’s behavior problems and social emotional development, Alejandro’s age).
- Review the adult strengths (relationships with extended family members, a support network, participation in a faith, cultural or interest community, stable housing, stable income).
- Review the safety plan (Aunt Teresa will be in the home every evening to assist the parents and provide respite. Omar will spend the weekend at Aunt Teresa’s house. The parents will attend a parent training class).
- Note that Mr. Wilson’s use of excessive discipline places Omar at risk and that there is a cultural component to his beliefs about discipline.
- Note the need to address Mr. Wilson’s coping skills and expectations of Omar.

■ **Step #3.** Review the Division 31 regulations associated with the required case plan content:



- Objectives to be achieved. Service objectives must be measurable, time-limited objectives based on the problems and family strengths identified in the assessment.
- Specific services to be provided, including specific descriptions of the responsibilities of the parent(s)/guardian(s) in meeting the service objectives.

- Case management activities to be performed, including specific descriptions of the responsibilities of the social worker, other county staff, other individuals, and community agencies in the provision of services and the performance of case management activities.
- The projected date for completion of service objectives and the date child welfare services are to be terminated.
- The schedule of planned social worker contacts and visits with the child and the family.



Because Omar is Native American, the case plan process must include efforts to contact the tribe. The tribe then has a right to participate in the child’s case plan and may even step in to take responsibility for the case. Efforts to contact tribes to establish membership are documented in the case plan. The ICWA regulations also require a higher level of effort (active rather than reasonable) and give preference to placement in Native American/Indian foster or adoptive homes.

Because Omar is school age, his case plan must include information about the school he attends and his progress in school.

■ **Step #4.** Display slide 47 and conduct an exercise to document the Wilson case plan. Refer trainees to *Trainee Content: Wilson Family Initial Case Plan Worksheet*. Ask trainees to follow along and fill in the shaded areas of the case plan worksheet as the group works together to begin completing the written plan. Remind trainees to focus on the MSLC, use S.M.A.R.T. descriptions, make the services culturally relevant, and build on strengths.

Note that when the trainees complete case plans on CWS/CMS, they will enter contributing factors and strengths. Ask them to list the contributing factors and strengths from the previous activity at the top of the *Trainee Content: Wilson Family Initial Case Plan Worksheet*.

Work through the following fields with the trainees, asking them to call out the information needed for the case plan.

- Case plan goal (refer trainees to page 48 in the Trainee Content for the list of goals – remain home, return home, adoption, legal guardianship, etc):  
**remain home**



Take a moment here to review the Division 31 regulations regarding permanency goals. The case plan must have an ultimate goal of permanency for the child. The social worker and family pick the least intrusive case plan goal possible.

- Projected completion date: **six months from case plan date**
- Projected date for termination of services: **twelve months from case plan date**
- CWS/CMS service objective for Alana Wilson (link this to the priority need previously identified regarding parenting skills): **Monitor child's health, safety, and well-being. Pay attention to and monitor your child's health, safety, and well-being.**
  - Projected completion date: **six months from case plan date**
  - S.M.A.R.T. description: **Over the next six months Alana Wilson will protect her children from all non-accidental physical injury as evidenced by no new substantiated referrals for abuse or neglect involving her children.**
- CWS/CMS client responsibility for Alana Wilson: **General counseling**
  - Times, frequency, completion date: **1 time per week, to be completed six months from the case plan date**
  - S.M.A.R.T. description: **During the next six months Ms. Wilson will meet weekly with Rev. Orrante and will discuss her fears and other feelings about protecting her children from non-accidental injury. She will strategize about what she can do to protect them in dangerous situations. Ms. Wilson will make a list of what she can do to protect her children from dangerous situations and will discuss these with Mr. Wilson, Ms. Alvarez, and the child welfare worker within one month of signing this plan.**
- Case management services
  - Service type: **Perform Case Planning Activities**
  - For whom: **Ms. Wilson, Mr. Wilson, Omar Wilson, Alejandro Wilson**
  - Beginning date: **One week from case plan date** (There may be some regional differences in practice regarding start times for case management services. If the local region uses the date of the dispositional hearing or some other date, you may reflect that here.)

■ **Step #5.** Move on to the second part of the activity, a small group exercise.

In table groups, trainees will work on case plan documentation by completing the Wilson Family Initial Case Plan Worksheet. They will use material from the Wilson Family Case Planning Preparation Worksheet to craft the following:

- A service objective and S.M.A.R.T. description for Matthew Wilson

- A planned client service and S.M.A.R.T. description for Matthew Wilson
- A related case management service

Remind them to pick one objective that is highly related to MSLC and the identified priority needs. Remind them that there may be other objectives for this person but they are working now on only one. Allow the groups 10 minutes to work. The purpose of this short time frame is to make sure they are on track with making their objectives S.M.A.R.T.

Ask them to write the CWS/CMS objective and S.M.A.R.T. description in large letters on chart paper.

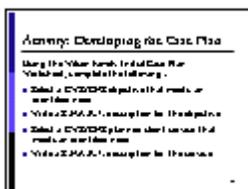
Ask one group at a time to hang their objective on the chart paper at the front. Request one group member to read it. Facilitate a discussion to make improvements as needed using the S.M.A.R.T. criteria. Help them to identify language that is fuzzy (e.g., “appropriate”) or is unnecessary jargon or too complex (e.g., “least restrictive setting” instead of “home-like”). As you do so, ask participants for suggestions and make changes on the chart paper. After each example, return the chart paper to the group.

Ask the groups to return to their table work to complete the planned client services and case management services for their objective. This will likely take another ten minutes.

Call the group back together. Ask for a few examples of these and facilitate a discussion. Concentrate on whether the service really helps to meet the objective, whether it is doable and whether it builds on strengths.

## End of Activity

### PowerPoint Slide, Activity 9B: Slide 47



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### Working the Plan

Total Segment Time: 20 min

#### TRAINING ACTIVITY 10A

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#### ACTIVITY: Implementing and Monitoring the Plan

Activity Time: 20 min

##### Materials:

- Trainee Content: *Steps of Case Planning* (page 37 of the Trainee's Guide)
- PowerPoint Slides: 48-49

##### Training Activity:

■ **Step #1.** Display slide 48 and discuss the role of case management in the case planning process. Case management includes ongoing interaction with the family about the case plan, including:

- Supporting families as they go through the difficult change process
- Monitoring and assessing progress along the way
- Formally reassessing and revising the case plan as needed
- Celebrating success along the way

The case plan will include the schedule of ongoing contact with the parents and children. Each contact is an opportunity to review the progress on the case plan, troubleshoot barriers as they arise and honor successes.

- Work together with the family to identify how and when progress will be assessed. Be clear about legally mandated timelines. If the phrase “as needed” is used in the case plan, define it in the case plan so all parties are aware of the meaning. Be clear that progress assessment will look both at completion of tasks and activities as well as behaviors that indicate progress towards achieving objectives.

Reinforce this concept by providing the service examples below and asking the trainees to define specifically how they would assess progress.

##### **Example 1**

CWS/CMS Objective: Comply with visitation. Maintain relationship with your child by following the conditions of the visitation plan.

S.M.A.R.T. Description: Over the next three months Mr. Smith will keep his son safe from injury and emotional trauma during visitation by watching his son closely, being calm with his son and using non-violent discipline to manage his son's behavior as witnessed by the social worker and by self-report.

**Assessment Plan: (Responses include that Mr. Smith and the social worker will meet by phone three days after each supervised visit at the Family Visitation Center for the next three months to discuss John's needs during the visit and how Mr. Smith met them.)**

**Example 2**

CWS/CMS Objective: Do not abuse drugs. Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required tests.

S.M.A.R.T. Description: Over the next three months, Mr. Smith will be free from drugs as evidenced by negative random urinalysis results and never appearing under the influence during visits or meetings.

**Assessment Plan: (Responses include that Mr. Smith and the family group conference team will meet on a specified date to assess progress in achieving the objective to maintain sobriety, including accomplishments regarding tasks, activities and services.)**

- Discuss the logistics for implementing the case plan. This very important piece is sometimes missed in the case plan process. It can be very overwhelming for a family to implement multiple large scale changes all at once. Make sure the case plan includes staggered time frames and when discussing implementation with the family, stagger items further as needed to meet the abilities of the family. Include the following in logistics planning:
  - Helping families break responsibilities into discreet steps or tasks to be completed on a weekly or monthly basis.
  - Helping family members with information as necessary (about services such as phone numbers, addresses, directions, admission procedures).
  - Helping family members with tangible logistical supports (bus tokens, vouchers, etc.).
  - Supporting family members in problem solving and motivation in order to follow through on the service plan.

Reinforce this concept by providing the trainees with the CWS/CMS objective example below and asking them to break the service into implementation steps.

**Example 1**

CWS/CMS Client Responsibility / Planned Client Service: Substance Abuse (outpatient).

Specific Description: Mr. Smith will attend and fully participate in all 60 sessions of the outpatient substance abuse program at Health Won Clinic as prescribed in the contract. He will comply with all requirements of the contract. If Mr. Smith believes he cannot attend one of the sessions, he will call the CWS worker and the counselor to discuss this ahead of time.

Implementation Steps: **(Responses include the plan that tomorrow, Mr. Smith will call the Health Won Clinic and find out when they do intake appointments. He will schedule an intake appointment. Before the intake appointment, Mr. Smith will research the bus lines and find out how to take the bus to the clinic. Before the intake appointment, Mr. Smith will arrange with his boss to have time off to complete the appointment.)**

■ **Step #2.** Display slide 49 and discuss how to support families as they work on their case plans. Refer trainees to part 3 of the *Trainee Content: Steps of Case Planning, Working the Plan*, and review main points highlighted below, but also go beyond the *Trainee Content* and ask participants how they can implement these strategies with the Wilsons. For each item, also ask participants for suggestions as to how they can make implementation culturally relevant.

- Stay in touch. Contact with the family, placement provider, other service providers, and key family relatives or friends keep you in the loop.
- Assess what the motivators and barriers are for the family members so that you can develop personalized strategies for helping them, e.g., through constructive feedback.
- Use engagement strategies to better understand what key people are thinking about progress.
- Obtain periodic written and oral feedback from everyone involved.
- Be mindful and alert to indications of risk and the need to revise plans throughout the family's involvement with CWS, not just before the formal court reviews.



- Develop implementation plans with short term steps and goals for family members such as giving them phone numbers to call and tasks to complete by the next home visit.
- Celebrate success along the way.
- Continue concurrent planning.

## End of Activity

### PowerPoint Slide, Activity 10A: Slides 48-49

**Case Management Tools**

- Supporting Families – providing empathy and emotional support
- Monitoring Progress – working with families to assess progress
- Reassessing and Revolving the Plan – making sure the plan is relevant
- Celebrating Success – highlighting achievements along the way

**Steps of Case Planning**

Part 2: Working the plan

- Work with the family to establish an implementation plan
- Define interim steps to achieve goals – weekly, monthly, etc.
- Adjust as needed
- Celebrate success along the way
- Continue concurrent planning



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**Pages 37-58**

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### Case Plan Update

Total Segment Time: 120 min

#### TRAINING ACTIVITY 11A

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#### ACTIVITY: Assessment of New Information

Activity Time: 30 min

#### Materials:

- Supplemental Handout: Wilson Family Case File
- PowerPoint Slide: 50

#### Training Activity:

■ **Step #1.** Display slide 50 and refer trainees to the Wilson Family Case File, specifically the Wilson Family Investigation Narrative 5/22/09; Wilson Family Delivered Service Log 5/22/09-5/30/09;

#### SDM

Wilson Family SDM Assessment Materials Part 2:

- 5/22/09 California Safety Assessment
- 5/25/09 California Family Risk Assessment

#### CAT

Wilson Family CAT Assessment Materials Part 2:

- 5/23/09 Emergency Response Assessment
- 5/25/09 Continuing Services Assessment for Omar
- 5/25/09 Continuing Services Assessment for Alejandro

Give the trainees 10-15 minutes to read the new information.

■ **Step #2.** Facilitate a large group discussion about the changing needs of the family using the information presented below.

Ask trainees to describe the new development in terms of child safety. (**Responses include that there are now safety concerns:**

- ***Serious physical abuse in which both parents participated and neither protected the child;***
- ***Parents believe that the child is not cooperating and is purposefully provoking them—and this contributes to losing control with him;***
- ***Mr. Wilson sees Omar as not caring about the family and this provokes the father;***

- **Neither parent knows how to change things in the immediate future.)**

Note that the safety concerns cannot be addressed without temporary placement. Ask trainees what will make Ms. Alvarez’s home a good placement for Omar.

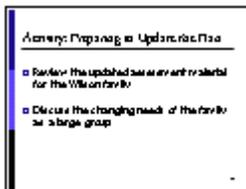
**(Responses include that the home has the following attributes:**

- **Least restrictive [most home-like]**
- **Close to home [proximity to home]**
- **Relative placement**
- **Adequate caregiver**
- **Child knows caregiver well and is comfortable at her home**
- **Caregiver will work with parents towards reunification**
- **Parents and Alejandro can visit Omar at caregiver’s home**
- **Omar to and from school and he will not have to change schools)**

Ask what the social worker is doing to be more active in pursuing support for the family. **(Responses include: talking to the Healing Circle program; arranging a consult for the parents on ADHD more quickly than the school seems to be doing; checking on parenting program options, including an in-home program in addition to classes.)**

## End of Activity

**PowerPoint Slide, Activity 11A: Slide 50**



**ACTIVITY: Concurrent Planning**

**Activity Time: 30 min**

**Materials:**

- *Trainee Content: Concurrent Planning Two Minute Pitch (page 93 of the Trainee's Guide)*
- *Optional Supplemental Handout: Sample Two-Minute Pitch (available in the Trainer's Supplemental Materials tab)*
- *Video Segment: Pathways to Permanence*
- *PowerPoint Slides: 51-53*

**Pre-Training Preparation:**

Instructions for Cueing the DVD -

Play the concurrent planning section of the Pathways to Permanence DVD. The section starts 12 minutes and 50 seconds into the video and runs for 7 minutes and 10 seconds.

**Training Activity:**

■ **Step #1.** Display slide 51 and introduce the brief video segment about concurrent planning. The video provides information about concurrent planning from a judge and a foster parent.

Trainer Note: If you are running behind schedule and must cut content from the training day, cut the video.

■ **Step #2.** Display slide 52 and review the concept of concurrent planning. Note that it is a very important part of case planning that is frequently overlooked.

Ask trainees to consider how culture can impact concurrent planning. Structure the conversation to include the impact of the family's culture and the social worker's culture and the intersection of the two. Encourage trainees to have an open dialogue with families about permanency and what it means to them from a cultural perspective.

Note that the concurrent plan is part of the case plan and is documented in detail in the court report (D'Andrade, 2006). It is not optional, but required by policy and law.

Discuss the barriers to concurrent planning. Invite participants to describe the barriers they have experienced or can envision. Acknowledge that it can be difficult to engage with families about concurrent planning. Refer to the legal definition of

concurrent planning on the slide. Note that this is not the best language to use when discussing concurrent planning with the family. Explain that we will now do an exercise that will help them develop a family friendly way to talk about concurrent planning.

■ **Step #3.** Display slide 53 and ask trainees if they are familiar with the concept of the two-minute pitch. It refers to the idea that you should have a prepared statement about 2 minutes in length to use to engage listeners when you have to talk to them about something they might not want to discuss. It is simple and straightforward, using direct language and getting straight to the point.

There are certain key points to make in the two-minute pitch:

- **Express the importance of the subject.** Use words and body language to convey the value of the subject. This can be as simple as sitting forward in your chair, making eye contact and saying, “Now this is a really important thing we need to plan together for the future of your family.” (Note that leaning forward and making eye contact are culturally bound indicators of importance that may be misinterpreted depending on the culture of the listener.)
- **Define concurrent planning in a way that is meaningful to the family.** It is important to define concurrent planning without making it seem like a threat or punishment. It may help to let families know the laws about permanency and the timelines for reunification. Some social workers connect the concept to cultural practices for providing a plan for care of children in the event of a parent’s death, (i.e., godparents). It can help to explain that the social worker doesn’t want to have to make these plans alone should the need arise, but wants the family to decide what would benefit the children in case they cannot return home. Be clear with the family about the role of the court in the concurrent plan, making sure that they know the court will have a say in the plans for the child.
- **Explain the benefit of concurrent planning in a child and family centered way.** Some families may find meaning in a personal story about a child who emancipated from the system and the difficulties that child faced. Others may respond more to general statistics about outcomes for youth who emancipate from foster care compared to youth who find permanency. According to Wald and Martinez (2003):



*Teenagers who remain in care until adulthood experience major problems after they leave the child welfare system. Several studies over the last 15 years find that from 2 to 4 years after leaving foster care only half of all the youth were regularly employed, over half the young women had given birth to a child and were dependent on welfare support, nearly half the population had experienced arrest, and a quarter had been homeless.*

- **Give examples of concurrent plans.** Make sure the family knows that concurrent planning is not the same as arranging for a stranger to adopt your child. Provide a range of possible plans. Include the efforts to build permanent connections for young adults in extended foster care, such as reunification and adoption.
- **Pull the family in to the conversation.** Ask the family for their wishes in determining the concurrent plan for their child.

■ **Step #4.** Provide the following sample two minute pitch.

Part 1 – Express the importance of the subject:

Now I need to talk to you about something that is very important for you to consider. Your opinion on this issue is very important to me and I want to be sure to discuss this with you. I want you to know we don't have to make decisions about this today, this is just the initial conversation.

Part 2 – Define the subject matter:

The discussion we need to have is about making a plan for your child in case the court does not allow your child to come home. This is like the planning all parents do to decide who would become a permanent caregiver for their child through adoption or legal guardianship if they were unable to be there. I want to make sure you know that I am going to work with you to provide all the support I can to help you succeed in the case plan and get your child back, and I have faith in you that you can succeed. I also have to work on this back-up plan with you now because sometimes we have to think about a lot of different ideas to come up with the back-up plan.

Part 3 – Explain the benefit of the subject matter:

I know it's not easy to think about having someone else raise your child, but having a plan in place can help your child experience less pain and sadness if you don't reunify. Children who are left in foster care when their parents can't reunify can be forced to move many times from one foster home to another. Children who grow up in foster care without a permanent family experience many problems as young adults such as homelessness, unemployment, and incarceration.

Part 4 – Give examples:

I'm not sure if you are aware of all the possible types of permanent placement we could consider for your child. Permanency includes relative adoption,

foster parent adoption, open adoption and legal guardianship. You may have a relative who would be your choice to take care of your child. In that case, we could talk about the pros and cons of adoption and guardianship. If you don't have a relative who could become a permanent caregiver, we can explore available foster parents who have been approved for adoption. Some of those families are very open to maintaining relationships with parents, grandparents and other family members.

Part 5 – Pull the family in to the conversation:

Tell me what you think about this back-up plan. Do you have ideas about someone in your family who could be a permanent caregiver?

■ **Step #5.** Refer trainees to the *Trainee Content: Concurrent Planning Two Minute Pitch*. Ask them to spend 5 minutes completing their pitch.

After the 5 minutes are over, ask trainees if they have any questions or need any additional information for their pitch.

Ask trainees to find a partner and take turns practicing the pitch.

Solicit feedback and advise trainees to continue refining and practicing their pitch.

■ **Step #6.** Ask the trainees to consider the concurrent planning needs of Omar Wilson. Note that since Ms. Alvarez will be the substitute care provider, the social worker will include her in the conversation about concurrent planning and will need to speak with Ms. Alvarez about what support she needs to help her care for Omar. Ask trainees what they would say to the family regarding the concurrent plan for Omar. (**Responses include:**

- ***reinforcing how important it will be to Omar in the future to have a permanent home whether that is back with his parents or with his aunt,***
- ***exploring with the family the cultural implications of adoption from both parents' cultural point of view,***
- ***providing several different versions of what permanency can mean,***
- ***exploring other possible options for permanency including other relatives or other placement options,***
- ***seeking to reach an agreement that the issue of permanency will be an ongoing discussion for family members.)***

## End of Activity

### PowerPoint Slide, Activity 11B: Slide 51-53

**Video**

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- Concurrent planning with the family -

Pathways to Permanence

-

**Concurrent Planning**

- The portion of the child's case plan for a child awaiting family reunification services which identifies the child's permanency alternative and the services necessary to achieve permanency should family reunification fail.

-

**Activity: Concurrent Planning**

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**Develops 2 Minute Pitch**

- Introduce the concept of concurrent planning to family members
- Explain the importance
- Engage the family in concurrent planning



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**Trainee Content**

**Pages 93–94**

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**ACTIVITY: Visitation**

**Activity Time: 20 min**

**Materials:**

- Trainee Content: Visitation (page 95 of the Trainee's Guide)
- Trainee Content: Visitation Plan Considerations (page 97 of the Trainee's Guide)
- Flip chart paper
- Markers
- Tape
- PowerPoint Slides: 54-56

**Training Activity:**

■ **Step #1.** Display slide 54 and discuss visitation as it relates to children in foster care visiting with their families. Emphasize the role of parent child visitation in reunification and be sure trainees understand that the plan for visitation is part of the case plan.

Ask trainees the following questions to initiate a dialogue about visitation.

- Why is visitation important? (**Responses include that: visitation is one of the key predictors of successful reunification, that frequent meaningful visitation reduces the trauma of placement for children, and that visitation allows children to maintain connections with family members such as siblings and grandparents.**)
- Who has the right to visitation? (**Responses include that visitation is a child's right, not a parent's privilege.**)
- What should happen during visits? (**Responses include bonding, rebuilding relationships, practicing new skills, learning to interact in new ways.**)
- What is the social worker's responsibility during visits? (**Responses include that during supervision of family visits the social worker comes to know the family system, assists as children and families practice new things, gathers information critical to case decisions, intervenes as needed to ensure safety, teaches and models positive interaction.**)
- What should the case plan say about visitation? (**Responses include the frequency and length of visits; the location and level of supervision of visits; therapeutic or other activities during the visits; the plan for non face to face visits such as phone calls, letters or emails; the criteria for decreasing or increasing the level of supervision; and the plan to use visits to transition from placement to reunification.**)

■ **Step #2.** Display slide 55 and refer trainees to the *Trainee Content: Visitation*. Tell trainees that in case planning with children who are in placement, a plan needs to be made for visitation.

Cover the following key points:



- The primary purpose of visiting, in most cases, is to allow children to maintain relationships with their parents, siblings, and others who were close to them prior to placement. The younger the child, the more frequent the contact must be in order to maintain relationships. Especially for young children, frequency is much more important than length. Frequent visitation is linked with reunification (Leathers, 2002).
- Visitation is usually important for maintaining family connections even when reunification is not the permanency goal. Birth family connections allow children the opportunity to develop permanent positive attachments, preserve these ties, and learn to maintain long-term relationships. Many youth return to their families of origin when they age out of the system. Many children are adopted by relatives and see their birth parents anyway. Some children whose relationships with birth parents are severed seek them out in adulthood.
- Visiting should never be used as a reward or punishment. Changes in visiting arrangements should reflect assessment of risk to the child and progress toward achieving the permanency goal, not attempts to reward or punish either the child or the parents' behavior. It is best to start with the social worker initially supervising a visit to assess the visitation needs. The social worker can then work with the family to establish a plan for moving toward unsupervised visits. The plan should be explicit with behavioral markers for parents to achieve as they move toward unsupervised visits.

Note that some counties distinguish between supervised visitation and monitored visitation. Check with your county contact prior to the training to be sure you express the difference in a way that follows county practice.

- Supervised visitation is an opportunity for the social worker to assess a parent's progress with respect to caring for his/her child and also to assist/teach the parent and to observe how the parent responds. This is critical because the best measure of how well a parent is doing in being able to provide a safe and nurturing home is the quality of the parent's actual interaction with the child.
- Visiting should occur in settings that encourage the most natural interaction between family members, while minimizing any risk to the child that may exist. It can, and should, include parental and family

participation in normally occurring events in the child’s life (e.g., school conferences, medical appointments, church programs, and athletic activities).

- When parental rights are terminated, and there will not be continuing face-to-face contact between the parents and the child, consideration should be given to a goodbye visit between the parents and the child, and a determination must be made concerning continuing visits between the child and siblings placed elsewhere.

■ **Step #3.** Remind trainees that the case plan requires that a “schedule of planned contacts and visits between the child and the parents, guardians, and grandparents must be made” for children in out of home care. Remind participants that it is not just a legal requirement—visitation is a child’s right, good practice, and will help a family to reunify.

■ **Step #4.** Review the *Trainee Content: Visitation Plan Considerations* noting the items that must be addressed in a visitation plan. Ask the following questions to gather ideas about how a visitation plan might be implemented for the Wilsons. Remind them to stay focused on the needs of the children for contact and to consider establishing a plan that allows for visits to increase over time in frequency and duration while decreasing in supervision.

- How long will this visitation plan last (number of weeks or months)? ***(Responses include establishing a plan that includes criteria for change to a less restrictive plan so that the plan can last up to six months.)***
- Who will be included in the visits (parents, siblings, others)? ***(Responses include Mr. and Ms. Wilson, Omar, Alejandro, and other family members such as grandparents.)***
- How often will face to face visits happen? What is the plan to increase frequency of visits? ***(Responses include a high rate of frequency as Omar is placed close to his parents and Ms. Alvarez is willing to supervise visits in her home. The plan should include initial visits supervised by the social worker to allow the social worker to observe the interactions and assess safety before moving to visits in the foster home.)***
- Where will the visits take place? What is the plan to move to less restrictive locations for the visits? ***(Responses include that the visits may initially happen in the office and then move to community locations and the foster home.)***
- What time will the visits start and end? What is the plan to extend the length of visits? ***(Responses include that visits should not interfere with school hours and should fit easily into Omar’s schedule. The plan should***

**start with shorter visits, and increase as the parents learn new skills for parenting Omar.)**

- What activities are planned for the visits? How do the activities fit into the case plan? **(Responses include that visit activities should allow for natural interactions and give the parents a chance to practice the skills they are learning. If the family has a history of positive interactions around a certain activity that activity can be included. Including culture and recognizing cultural events can also enhance visits.)**
- Are there special conditions for the visits regarding things like topics of conversation, gifts, phone calls to other people during the visits, photos, or other specific requirements? **(Responses include that parents must not use physical punishment during visits, parents must not engage in domestic violence during visits.)**
- Who supervises visits? How will the level of supervision change over the course of the plan? How will all involved know what to expect about decreasing the level of visit supervision? **(Responses include that initially the social worker will supervise, then Ms. Alvarez will supervise and eventually—based on the parents’ progress on their plan and the social worker’s assessment of safety—the visits will be unsupervised.)**
- What are the transportation arrangements? **(Responses include that the parents may receive transportation assistance if needed to come to the office for visits.)**
- What is the plan for other contact such as phone calls, letters, email, text messaging, etc.? **(Responses include that the parent’s may call Omar each evening at a time agreed upon with Ms. Alvarez to touch base with him and maintain ongoing, daily contact.)**

**Step #5.** Display slide 56 and conduct a brief table activity.

Ask trainees to brainstorm a list of activities that children and families can do during visits (about 5 minutes). For example, doing a puzzle, getting a haircut, going to a park. Activities should be developmentally appropriate for children and culturally diverse. Give each table group a piece of chart paper and ask them to write their ideas on this paper. Tell them that at least one idea should be completely original and out-of-the-box such as making a piñata for a child’s upcoming birthday.



Bring the class back together and ask each group to present their ideas for visitation activities. In particular, note any ideas that are culturally relevant. Post the chart paper around the room.

■ **Step #6.** Conduct a large group discussion to consider the impact of these visitation activities.

Select 3-4 activities and ask trainees to respond to the following questions for each of the activities:

- How does the activity help parents and children learn to be together again?
- How does the activity promote reunification?
- Does the activity help the family achieve the service objectives?

## End of Activity

### PowerPoint Slide, Activity 11C: Slides 54-56

Visitation

- Visitation allows children to maintain relationships with their parents, siblings and others who were close to them prior to placement.
- Even when reunification isn't the permanent goal, still arrange for visitation.
- Visitation should never be used as a reward or punishment.
- It's a child's right, not a parent's privilege.

Visitation

- Visitation should occur in settings that encourage mutual interaction while minimizing risk.
- Supervised visitation is an opportunity for the social worker to assess progress and to teach the parent.
- Consider a good-bye visit when parental rights are terminated.

Agency Visitation Guidelines

Key visitation ideas that are:

- Tailored to the child's age and development
- Culturally relevant
- Structured to encourage positive interaction
- Related to case plan objectives

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**ACTIVITY: Components of the Case Plan Update**

**Activity Time: 15 min**

**Materials:**

- Trainee Content: Case Planning Rules and Regulations (page 9 of the Trainee's Guide)
- Trainee Content: Steps of Case Planning (page 37 of the Trainee's Guide)
- Trainee Content: Sample Case Plan Update (page 101 of the Trainee's Guide)
- Trainee Content: AB 408 - Prudent Parent and Check for Other Important People (page 113 of the Trainee's Guide)
- PowerPoint Slides: 57-59

**Training Activity:**

■ **Step #1.** Display slide 57 and review the case plan requirements for children in out of home care. Refer trainees to *Trainee Content: Case Planning Rules and Regulations*. Emphasize the concurrent planning requirement and ask trainees what they think the social worker should do to further the concurrent planning efforts for Omar. **(Responses include, regularly revisiting the topic with the family members, assessing other family members' willingness to provide permanency, discussing the value of adoption and the different kinds of adoption with Ms. Alvarez.)**



■ **Step #2.** Display slide 58 and note that in completing the case plan update, the social worker must comment on the progress made on the previous objectives, work with the family to decide which objectives they will keep and which they would like to revise, work with the family to establish new client responsibilities, and establish new case management services. Refer trainees to part 4 of the *Trainee Content: Steps of Case Planning, Case Plan Updates*.

Emphasize to trainees that in updating the progress on the previous objectives, their focus will be on the objectives and the specific behavioral changes included in the objective, but they will also want to include details about the family members' participation in services and whether or not the service participation has been useful in meeting the objective.

■ **Step #3.** Display slide 59 and advise trainees that the following information must be included in the case plan update:



- Case plan adequacy and continued appropriateness.
- The case plan goal and alternate permanency goal need to be revised to reflect the concurrent plans of reunification and guardianship.

- A description of efforts underway to achieve the permanency alternative.
- Specific information about the current condition of the child and family
- A description of the degree of compliance by the parents with the case plan including progress on the objectives, cooperation in keeping appointments, visitation patterns and interactions during visits.
- The family contacts with the child in placement will be indicated in the visitation plan and that the social worker contacts with the substitute care provider must be decided and documented.
- The health and education plans must also be determined, including efforts to maintain children in their school of origin.

■ **Step #4.** Refer to the *Trainee Content: Sample Case Plan Update*. Review the progress notes for each objective. Note that the progress note documents behavioral changes related to the objective **AND** service participation.



■ **Step #5.** Briefly review the Division 31 requirements for case plans with children in out of home care. Note that parents must be offered a chance to participate in adoption planning and relinquishment. In addition, the case plan must include the following information:

- An assessment of the child's placement needs and a determination and description of the type of home or institution which will best meet those needs
- The schedule of planned visits for the child with parent(s)/guardian(s), siblings, and grandparents
- The schedule of planned social worker contact with the substitute care provider
- A plan for collaborative mental health assessment and treatment
- Child well-being information related to health, mental health and education including:
  - a. names and addresses of the child's health and educational providers
  - b. child's grade level performance
  - c. child's school record
  - d. assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement
  - e. child's immunization record

- f. child's known medical problems
- g. child's medications (including psychiatric medications)
- h. a plan for providing regular preventive health care including a visit to the doctor and dentist within 30 days of placement

Because Omar is in placement and is not placed with his sibling, his case plan must now document efforts to place siblings together and reasons why they were not placed together.



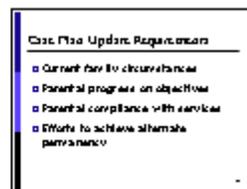
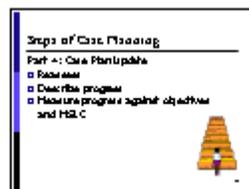
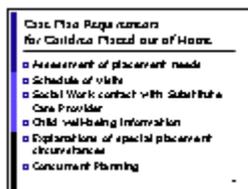
There are additional regulations related to case plan content for children in placement. These are listed in the *Trainee Content: Rules and Regulations*. Advise trainees to mark them for future review, but do not go over them point by point.

■ **Step #6.** Refer trainees to the *Trainee Content: AB 408 - Prudent Parent and Check for Other Important People*. Review the relevance of AB 408 to case planning. AB 408 ensures that child welfare agency policies and practice do not limit the ability of children and youth in foster care to have normal peer relationships and involvement in extracurricular activities. The law requires that all children in foster care have access to age and developmentally appropriate extra curricular, enrichment, and social activities. The case plan is the place to document the child’s activities.

Be aware of the practice in the county you are training as you discuss how to best include the child’s activities in the case plan. Some counties limit the case plan objectives for children to the available drop-down option, receive age appropriate services. Encourage trainees to add a detailed description to this drop-down option if they are limited to this objective for children and youth. If the county does not have this limitation, consider drop-down options such as develop supportive interpersonal relationships, prepare for independent living, or other.

## End of Activity

### PowerPoint Slide, Activity 11D: Slides 57-59



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**Pages 101-114**

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**ACTIVITY: Developing the Case Plan Update**

**Activity Time: 25 min**

**Materials:**

- *Trainee Content: Wilson Family Case Plan Update Worksheet (page 115 of the Trainee's Guide)*
- PowerPoint Slide: 60

**Training Activity:**

■ **Step #1.** Display slide 60 and refer trainees to the *Trainee Content: Wilson Case Plan Update Worksheet*. Ask the trainees to work together in table groups to note the strengths, contributing factors and priority needs for the family, review the previous service objective and Planned Client Activity for Ms. Wilson (noted on the *Trainee Content: Wilson Family Case Plan Update Worksheet*), record a progress update for that objective, revise the objective or related services if needed and document concurrent plans and visitation plans for the parents.

Allow about 15 minutes for discussion and then bring the group back together to report out. During the report out, focus trainees on

- measuring and recording progress for the service objective and the participation in the associated services,
- assessing whether or not the original objective was S.M.A.R.T. and how that affects the progress recording,
- limiting the plan to addressing the contributing factors and priority needs,
- developing objectives and services to meet the MSLC.

■ **Step #2.** Ask trainees to consider how the case plan update would change if Omar were 16 years old. What service objectives and planned client services would he need? How would his concurrent plan change? Use this conversation to emphasize:

- Including ILP and extracurricular case plan content for youth;
- Engaging with youth to empower them in the planning process;
- Collaborating with mental health related service providers on the transition plan for Omar;
- Engaging in concurrent planning with children and youth of all ages.

■ **Step #3.** Ask trainees to consider how the case plan update would change if Omar were 18 years old. What service objectives and planned client services would he need? How would his concurrent plan change? Use this conversation to emphasize:

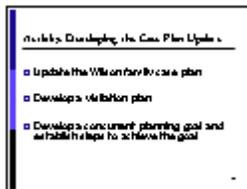
- Including meeting the participation requirements for extended foster care (working, being in high school or getting a GED, being in college or vocational school, working to remove barriers to participating in education

or employment, experiencing an illness or disability that prevents participation in one of the other 4 conditions);

- Engaging with the young adult to take on more responsibility in the planning process;
- Engaging in concurrent planning with children, youth, and young adults of all ages.

## End of Activity

### PowerPoint Slide, Activity 11E: Slide 60



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**Pages 115–118**

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### Reunification

Total Segment Time: 25 min

#### TRAINING ACTIVITY 12A

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#### ACTIVITY: Reunification Readiness

Activity Time: 10 min

#### Materials:

- Trainee Content: *Steps of Case Planning* (page 37 of the Trainee's Guide)
- PowerPoint Slide: 61

#### Training Activity:

■ **Step #1.** Display slide 61 and discuss reunification planning. Refer trainees to *Trainee Content: Steps of Case Planning* part 5, *Reunification* and highlight the following key points:

- Reunification safety – The achievement of case plan goals resulting in improved safety in the home is the basis for reunification. The social worker's reassessment of the safety in the home will include review of the parent's progress on the service objectives, the parent-child interactions, any subsequent referrals involving the parents, the caregiver's protective capacity and the child's vulnerabilities.
- MSLC – In reviewing the current family situation to assess for reunification, the social worker must assess based on the original vision of the MSLC. It can be tempting to compare the family home to the foster home and develop expectations that the parents should meet the same class or culture standards as the foster home. This is not the correct standard for reunification assessment.
- Reunification readiness – In addition to reviewing the safety and the MSLC, the social worker must work with the family to ensure they are logistically ready and have the resources they will need to reunify.
- Transition planning – The social worker will work with the child, foster parents and birth parents to allow for a smooth transition that will meet the emotional needs of the child. Each child will respond differently to the reunification and while the social worker and parents may see it as a wholly positive change, this type of significant move can be difficult for children. Increasing the length of visits prior to the actual move can be

very useful to smooth transition. The social worker should also explain to the child (in a way that meets the child’s developmental level) the plan for reunification and let the child know what to expect.

Reunification is a particularly challenging stage of child welfare case work for social workers because it can lead to repeated maltreatment and social workers are concerned about exposing children to that risk. California reunifies 62.5% of children within 12 months of placement. This rate of reunification is below the national goal of 75.7% (Needell et al., 2009)



Emphasize that social workers can improve safe reunification through the use of standardized assessment tools prior to reunification (Hess, Folaron, & Jefferson, 1992).

■ **Step #2.** Discuss the specific assessment criteria for making the decision to recommend reunification.

**SDM** The SDM system includes a Reunification Reassessment which looks at progress on the case plan, quality and quantity of visitation, ongoing risk, safety concerns, protective capacities and an updated safety assessment and plan. A new SDM Family Strengths and Needs Assessment is also completed at this point in the case.

**CAT** The CAT system incorporates an assessment of reunification readiness in the Continuing Services Assessment. The reunification readiness assessment is completed for all children in out of home care. It includes an assessment of risk and safety factors, strengths and protective capacities. For Alejandro, the Case Closure Assessment was completed. This assessment focuses on safety concerns at the time of case closure.

## End of Activity

PowerPoint Slide, Activity 12A: Slide 61



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**Trainee Content**

**Pages 37-58**

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**ACTIVITY: Assessment of Reunification Readiness**

**Activity Time: 15 min**

**Materials:**

- Supplemental Handout: Wilson Family Case File
- PowerPoint Slide: 62

**Training Activity:**

■ **Step #1.** Display slide 62 and refer trainees to the Wilson Family Case File, specifically the Wilson Family Delivered Service Log 10/1/09-10/30/09:

- SDM** Wilson Family SDM Assessment Materials Part 3:
- 10/31/09 California Reunification Assessment
  - 10/31/09 California Family Strengths and Needs Assessment

- CAT** Wilson Family CAT Assessment Materials Part 3:
- 10/31/09 Continuing Services Assessment for Omar
  - 10/31/09 Case Closure Assessment for Alejandro

Allow 10 minutes for the trainees to review the latest information.

■ **Step #2.** Discuss the assessment information as a large group.

**SDM** Highlight the following assessment information from the Wilson family assessment:

- Risk has been reduced
- Visitation has been strong and frequent
- There are no current safety threats
- Review the caregiver protective capacities (capacity to participate in safety interventions, history of effective problem solving, healthy relationship with the child)
- Review the priority strengths and needs (strengths: household relationships, social supports, parenting skills; no identified needs)

**CAT** Highlight the following assessment information from the Wilson family assessment:

- There are no new concerns about child maltreatment.
- The parents are protecting the child from harm.

- Review the child strengths and vulnerabilities (vulnerabilities: Omar’s behavior and development; strengths: Omar’s health).
- Review the adult strengths (relationships with extended family, support networks, conflict resolution skills, problem solving skills).
- The parents interact safely with the children.
- The parents complied and made substantive progress on the service objectives.

For groups with SDM and CAT users, highlight the following points:

- Risk has been reduced.
- There are no new concerns about child maltreatment.
- The parents are protecting the child from harm.
- Visitation has been strong and frequent.
- There are no current safety threats.
- The parents interact safely with the children.

■ **Step #3.** Discuss potential bias points for reunification in the Wilson case. Some examples might be the fear that the family will not be able to handle Omar full time and the stress may lead to substance abuse or domestic violence relapse.

Facilitate a dialogue by asking the following questions:

- What needs to change to make it safe for this family to reunify? **(Responses include: that Omar must be safe in his home, Mr. and Ms. Wilson must be able to manage his behavioral issues resulting from ADHD without physical violence, the family must have developed coping skills that do not include physical violence.)**
- How will they know when the changes have been made? **(Responses include talking to the family members about their interactions during visits, talking to the parents about their parenting skills, observing interactions, and talking to service providers.)**
- Have the contributing factors been adequately addressed to return Omar home? Can the family meet the MSLC and safely care for Omar? **(Responses include acknowledging that the family has addressed the contributing factors and made sufficient changes to meet the MSLC and care safely for Omar.)**
- What additional activities will the social worker need to do to make sure the family is ready to reunify and to make the transition smooth for Omar? **(Responses include talking to Omar, Ms. Alvarez, and Mr. and Ms. Wilson)**

*about the transition, taking school schedules and extracurricular activities into consideration, and informing the school and service providers about the change.)*

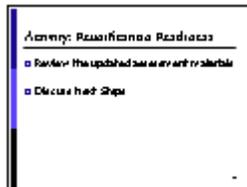
■ **Step #4.** Discuss the next steps for the family. Explain that a decision is made to return Omar home based on a full assessment (more than we have discussed here, e.g., including another family team meeting).

Building on the work completed on the *Trainee Content: Wilson Family Case Plan Update Worksheet*, ask the group what needs to be said in the progress notes on the service objectives at this point in the case. (**Responses include that Mr. Wilson has gained skills in controlling his anger and can express those skills to the social worker, that Ms. Wilson has learned parenting and discipline skills that better meet Omar’s needs and can safely parent Omar.**)

Discuss the need for additional services to help make the reunification successful. (**Responses include Family Preservation services or conjoint therapy with Omar and Mr. and Ms. Wilson.**)

## End of Activity

PowerPoint Slide, Activity 12B: Slide 62



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### Case Closure

Total Segment Time: 20 min

#### TRAINING ACTIVITY 13A

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#### ACTIVITY: Planning at Case Closure

Activity Time: 20 min

#### Materials:

- Trainee Content: Steps of Case Planning (page 37 of the Trainee's Guide)
- Trainee Content: Aftercare Plans (page 119 of the Trainee's Guide)
- Flip chart paper
- Markers
- PowerPoint Slides: 63-64

#### Pre-training Preparation:

This content may need to be adapted to reflect the particular case closure practice in different counties.

#### Training Activity:

■ **Step #1.** Display slide 63 and review the factors to consider prior to case closure. Refer the *Trainee Content: Steps of Case Planning* part 6, *Case Closure*, and cover the following points:

- The primary focus for all reassessment and revision of plans, as well as the decision to keep a case open or to close it is parent's ability to meet the MSLC.
- The objectives are also a priority consideration. They were developed as indicators of the behavior changes needed to achieve permanent reunification. A case plan update is completed at case closure with progress notes for all the objectives. It is important to document the situation at case closing so that parents can have positive feedback and so that the information is available if the family has a subsequent referral.
- The family strengths and protective capacities will prevent repeat involvement with the child welfare system. It is important to review the strengths and protective capacities prior to case closure and identify areas that may need additional community support.
- There is a standard assessment protocol for closing a case.

**SDM** The SDM Risk Reassessment is used to determine whether a case should be closed.

**CAT** The CAT system includes a Case Closure Assessment Tool. It includes an assessment of risk and safety factors, strengths and protective capacities. It also includes a place to document an aftercare plan.

■ **Step #2.** Engage in a large group discussion about case closure by asking the following questions.

- How they will apply the MSLC concept to the Wilson family at case closure? What will they look for? (**Responses include better bonding and attachment, less blame of Omar regarding his ADHD, better control of Omar's ADHD, better grasp of non-violent parenting techniques.**)
- What if the family cannot meet the MSLC within 12 months? (**Responses include implementing another permanent plan for the child, including termination of parental rights and adoption by another family.**)
- What are some special considerations for the children being at home? (**Responses include planning for the challenges of transition, implementing a safety plan, increasing social worker follow-up and services support during the transition.**)

■ **Step #3.** Discuss county differences regarding closing of cases. Note that some counties provide Family Maintenance services following return of the children in Family Reunification. Other counties provide “extended” home visits with parents during family reunification and then close the case. Ask participants about what they know about how cases are closed in their counties.

■ **Step #4.** Display slide 64 and discuss aftercare plans. Explain that the key to the aftercare plan is an understanding of the risks for relapse. Discuss the possible precipitants to relapse as the basis for working with a family on an aftercare plan. Once CWS closes their case, the family may well need other kinds of support, from both formal and informal networks.

Reinforce the importance of using the assessment tools and developing aftercare plans at case closure by providing the following information about California’s foster care re-entry rate:



The majority of children who do reunify experience no further placement in the child welfare system, but the 11.6 % re-entry rate in California remains higher than the national goal of 9.9% (Needell et al., 2009).

Refer to *Trainee Content: Aftercare Plans* and cover the following points:

- The goal of an aftercare plan is to prevent recurrence of abuse or neglect.
- The aftercare plan needs to focus on the factors that make the family most vulnerable to recurrence of abuse or neglect.

*Examples:* parents' stress, arguments, child's behaviors, and triggers for relapsing with drugs or alcohol, or mental illness.



- Identify the specific strengths of the family that can help them prevent or cope with vulnerable situations.

*Examples:* coping strategies such as using good communication skills, finding some “me time and we time” each day, using child management strategies learned in parenting classes, having and calling upon help from others, having a support system for respite care.

- Community and family resources are crucial to the long-term success of families who have been in the child welfare system.

Review the following list of common services and supports that help families keep their homes safe for their children:

- Respite care
- Counseling
- Parenting classes or support groups
- Aftercare plans following treatment for substance abuse, mental health concerns, and domestic violence
- Friendship
- Economic security/ steady employment
- After school and vacation programs for children

Ask for examples and other ideas.

Emphasize that aftercare plans are specific to the family's needs. When working with a family on an aftercare plan, be sure to help them focus on what strengths they have that can help them through rough times, what could make them vulnerable, and what resources would help them.

■ **Step #5.** Brainstorm an aftercare plan for the Wilson family. Ask trainees what kinds of supports and services would help the Wilson family when Omar is reunified and the family's case is closed. (**Responses include:**

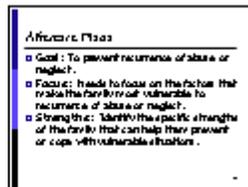
- **Respite care;**
- **Continued help for family to manage ADHD behavior;**
- **Continued support for Matthew from his family and from Healing Circle;**
- **Matthew's continued participation in AA;**
- **Continued support to family from Teresa for child care and help with parenting;**
- **Alana's continued participation in pastoral counseling.)**

■ **Step #6.** Conclude the Wilson family case. Ask participants to help you craft a reasonable ending to their story two years later. (*Responses include: Mr. and Ms. Wilson are still together. Alana is attending church regularly, and Matthew has become one of the facilitators of the Healing Circle. Omar has finally found an outlet for his energy—he's the champion jump roper at the school and going on to the district championship.*)

Have fun with this activity, but be sure that trainees approach it positively, not cynically.

## End of Activity

### PowerPoint Slide, Activity 13A: Slides 63-64



**Remove this page and insert**

**Trainee Content**

**Pages 37–58 and**

**Page 119**

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## DAY 2, SEGMENT 14

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### Evaluation

Total Segment Time: 30 min

### TRAINING ACTIVITY 14A

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#### ACTIVITY: Knowledge Post-Test

Activity Time: 30 min

#### Materials:

- See below for materials
- PowerPoint Slide: 65

#### Training Activity:

■ **General Tips:** RTA/IUC or county training evaluation administrators will typically be administering the pre- and post- knowledge tests to trainees for Common Core Curricula. Administration instructions are provided in the *Evaluation Protocols* Tab of the Trainer’s Guide and county test administrators.

Test administrators and trainers should read the content contained within the *Evaluation Protocols* Tab of the Trainer’s Guide prior to proceeding with any type of evaluation. More specifically, test administrators and trainers should be familiar with the sections of content labeled “Coding & Confidentiality” and “Maintaining Security of the Knowledge and Skill Evaluations.”

In addition, when test administrators are not available, trainers should review this activity in its entirety prior to walking through it on the training day, as this evaluation process consists of many steps that may be unfamiliar to many trainers.

■ **Note to Trainers:** As new versions of curricula are edited and released, CalSWEC will remove the following evaluation-related documents from within the curriculum sections of a given Trainer’s Guide with respect to knowledge tests and embedded evaluations (and from given Trainee’s Guides for curricula with embedded evaluations):

*Trainer Content/Tips:* remove instructions for facilitating the process and instructions for facilitating the process (for the sample scenario and for the test scenarios) and instructions for facilitating the knowledge test process for applicable curricula and place such instructions solely in the *Evaluation Protocols* Tab (and/or on the secure section of the CalSWEC website).

The rationale for removing evaluation-related content from the respective sections of the Trainer’s Guides is that when changes are made to the instructions for the evaluations, or to the sample/test answer sheets, we can avoid re-numbering the entire curriculum and just re-number the evaluation documents.

Please refer to *the Evaluation Protocols* Tab in your Trainer’s Guide for a full copy of the instructions for facilitating the embedded evaluation test process.

**End of Activity**

**PowerPoint Slide, Activity 14A: Slide 65**



**For security purposes, the pre-tests, post-tests, and answer sheets are not posted in the same area as the curriculum on the CalSWEC website.**

**Pre-tests, post-tests, and answer sheets can be found in the Evaluation Protocols Tab of the Trainer's Binder. If you don't have these documents in your binder, please contact:**

- 1. California-based trainers: Please contact your RTA/IUC training evaluation personnel for copies of the tests and answer keys.**
- 2. Outside of California: Please contact Leslie Zeitler [lzeitler@berkeley.edu](mailto:lzeitler@berkeley.edu) at CalSWEC for copies of the tests and answer keys.**

**Please do not allow trainees to leave the training room with any test materials.**

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### Transfer of Learning

Total Segment Time: 20 min

#### TRAINING ACTIVITY 15A

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#### ACTIVITY: Action Plan and Evaluation of Training

Activity Time: 20 min

##### Materials:

- Trainee Content: *Taking It Home* (page 121 of the Trainee's Guide)
- Supplemental Handout: My Action Plan
- Envelopes
- PowerPoint Slide: 66

##### Training Activity:

■ **Step #1.** Display slide 66 and explain that in closing, each person will take a few minutes and make note of the things they found most valuable in the training. Ask trainees to turn to the *Trainee Content: Taking it Home* and write down what they intend to take back to the job with them.

■ **Step #2.** Distribute the Supplemental Handout: My Action Plan. Ask trainees to choose one of the things they intend to take back to the office and write it on the Action Plan. Ask them to then put it in the envelope and write their work address on the envelope. You can connect this to the aftercare plan concept and explain that the Action Plan helps the trainee carry things they learned in this class back to their day to day practice. Explain that the training academy will mail or email the action plans back to the trainees in 45 days to encourage them to continue using the concept or skill they selected (adapted from the Bay Area Academy).

■ **Step #3.** Remind trainees to complete the evaluation form.

## End of Activity

PowerPoint Slide, Activity 15A: *Slide 66*



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**Trainee Content**

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Central California Training Academy Presents:

# Family Engagement in Case Planning & Case Management

Version 2.3, 2013



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## Goals for the Training

In this training we will cover:

- ❑ The rules and regulations governing case planning
- ❑ The steps and processes of completing a case plan
- ❑ The three phases of case planning
- ❑ The link between case planning and case management
- ❑ Case Planning Rules & Regulations

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## Activity: How Do I Plan?

- ❑ What's my planning style?



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## The Art of Case Planning

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- ❑ Highly structured
- ❑ Meets specific requirements
- ❑ Individually tailored
- ❑ Engages participants



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## Case Plan Definitions

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- ❑ Engagement
- ❑ Permanence
- ❑ Case Plan
- ❑ Case Plan Update
- ❑ Concurrent Services
- ❑ Participatory Case Planning

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## Case Plan Requirements

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- ❑ Engagement
- ❑ Assessment
- ❑ Goal for Permanency
- ❑ Service Objectives
- ❑ Intervention
- ❑ Timelines

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## Legal Requirements

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- ❑ ICWA
- ❑ ILP
- ❑ Child Well-being Efforts
- ❑ Educational Stability Efforts

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## Case Plan Goals

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- ❑ The primary goal of the case plan is permanency
- ❑ There are 9 possible goals
  - Remain home
  - Return home
  - Adoption with siblings
  - Adoption
  - Maintain in legal guardianship
  - Legal guardianship

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## Case Plan Goals (continued)

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- Long term foster care with relative caregiver
- Long term foster care
- Stable foster care with emancipation

**NOTE: These final three do not actually represent permanency**

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### Exit Outcomes for Youth

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- ❑ 53% have no high school diploma or GED
- ❑ 72% are unemployed
- ❑ 11% are homeless
- ❑ 20% have no identified permanent connection

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### Two Key Case Plan Components

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- ❑ Service Objectives
  
- ❑ Planned Client Services (aka Client Responsibilities)

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### Juvenile Dependency Process

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- ❑ ER Investigation
- ❑ Decision to Place Child in Foster Care
- ❑ Decision to Open a Case
- ❑ Decision to File a Petition
- ❑ Court Process
  - Detention
  - Jurisdiction
  - Disposition

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## Case Plan Timing

- Initial face to face contact
  - ↓ 60 days
- Initial case plan
  - ↓ 6 months
- Case plan update

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## Case Planning & Assessment

- **SDM** - the Family Strengths and Needs Assessment is completed approximately every 3 to 6 months (prior to each case plan) and is used to identify priority needs and strengths.
- **CAT** - the Continuing Services Assessment is completed as part of case plan development and identifies strengths, barriers to service involvement and areas of concern.

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## Case Planning

- Engagement
  - Working together on the permanency goal, objectives and services
- Assessment
  - Contributing factors and strengths
- Intervention
  - Documenting what the family will do, what the agency will do and what the timelines are

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## Minimum Sufficient Level of Care

- ❑ The social standard for the minimum of parent behavior below which a home is inadequate for the care of a child



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## Reasonable Efforts

- ❑ A single mother with a significant addiction left her young children alone while she was out using drugs
- ❑ Parents leave their young children home alone while they go to work
- ❑ Parents spank their children with a hairbrush and leave multiple welts and bruises

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## Addressing Bias in Case Planning

- ❑ Biases that affect disproportionality exist in all phases of the child welfare system.
- ❑ The child welfare system is not operating in a fair and equitable way all of the time.
- ❑ As individuals and collectively we often don't tune in to the underlying values and biases that affect our decision-making.

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### Activity: Recognizing Bias

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- ❑ Read the Dorthea Gibson Vignette
- ❑ Work together as table groups to answer the questions at the end of the vignette
- ❑ Engage in a large group discussion about the vignette

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### Engagement

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- ❑ The first task in case planning
- ❑ Defined as positive involvement in a helping process
- ❑ Results in improved outcomes for families

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### Common Engagement Barriers

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- ❑ Systemic oppression
- ❑ Mismatch of needs and services
- ❑ Disagreement about goals and services
- ❑ Negative expectations
- ❑ Substance abuse problems
- ❑ Domestic violence
- ❑ Mental health problems

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## Engagement Strategies

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- ❑ Overcome mistrust
- ❑ Defuse anger
- ❑ Seek explicit commitment
- ❑ Work on skills rather than attitudes
- ❑ Actively seek input and feedback

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## Keys to Engagement

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- ❑ Scaling
- ❑ Exception finding
- ❑ Past success
- ❑ Open-ended
- ❑ When
- ❑ How
- ❑ Coping
- ❑ Miracle

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## Steps of Case Planning

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### Part 1 - Your Own Preparation

- ❑ Review assessment material
- ❑ Reflect on your perceptions of the family (identify bias triggers)
- ❑ Assess family engagement
- ❑ Identify likely permanency goal
- ❑ Identify concurrent plan
- ❑ Identify priority objectives and possible associated services



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### Activity: Case Plan Preparation

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- ❑ Review the investigation narrative, delivered service log and initial assessment information for the family
- ❑ Identify any barriers to engagement
- ❑ Identify engagement strategies
- ❑ Plan for engagement with Mr. Wilson
- ❑ Identify three priority needs

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### Case Plan Components

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- ❑ Participants
- ❑ Permanency Goal
- ❑ Assessment Summary
- ❑ Contributing Factors
- ❑ Strengths
- ❑ Service Objectives

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### More Case Plan Components

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- ❑ Client Responsibilities
- ❑ Case Management Services
- ❑ Concurrent Planning
- ❑ Visitation
- ❑ Independent Living Plan Services
- ❑ Contact Schedules

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## Case Plan Update

ID	CP Participants	Contributing Factors	Strengths	Service Objectives	Planned Client Services	Case Mgmt S
	Participant	Service Objective Type	Projected Completion Date			
1	Wilson, Matthew(47)	Do not abuse alcohol	09/22/2011			
2	Wilson, Matthew(47)	Do not physically abuse your child	09/22/2011			

**Met (for Case Plan Update)**  
 Yes  Not Determinable  
 No  In Progress

**Projected Completion Date**  
 Check to select all participants  
Date: 07/23/2003

**Service Objective**  
Do not physically abuse your child(ren)

**Service Objective Detail**  
Interact with your children without physical abuse or harm

**Additional Description for Participant**

**Progress (for Case Plan Update)**

OK - Go to Update | All Service Objectives Met/Progress recorded. Continue with Update

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## Objectives & Services

- | <b>Objectives</b>   | <b>Services</b>  |
|---|--|
| <ul style="list-style-type: none"><li>Describe an end state</li><li>Represent the elimination of the identified problem</li></ul> | <ul style="list-style-type: none"><li>Describe an activity that leads to an end state</li><li>Represent an activity that could lead to elimination of the identified problem</li></ul> |

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## Service Objectives

- Are statements that describe a specific desired behavioral outcome in positive terms
- Are "end states"

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S.M.A.R.T. Objectives

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- S = Specific
- M = Measurable
- A = Achievable
- R = Relevant (or result-focused)
- T = Time-limited

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S.M.A.R.T. Objectives

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**Objectives Are Specific**

- ❑ Objectives describe the specific behavioral outcomes that will result in achievement of the permanency goal.

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S.M.A.R.T. Objectives

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**Objectives Are Measurable**

- ❑ The parties must be able to reach consensus regarding whether the objectives have been accomplished.
- ❑ The objective must include some easily discernible criteria by which achievement can be measured.

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S.M.A.R.T. Objectives

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**Objectives Are Achievable**

- ❑ Objectives **must be realistic** so that families are able to accomplish them.

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S.M.A.R.T. Objectives

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**Objectives Are Relevant and Result Focused**

- ❑ Avoid deriving objectives from a “laundry list” of potential conditions that might improve parenting or care of the child.
- ❑ An objective must be selected in the context of the factors that put the child at risk.

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S.M.A.R.T. Objectives

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**Objectives Are Time Limited**

- ❑ Use a timeframe within which the objective can reasonably be expected to be completed.

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### Activity: S.M.A.R.T. Objectives

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- ❑ Find 2 CWS/CMS service objectives applicable to each scenario
- ❑ Write S.M.A.R.T. description for each objective

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### Case Planning JEOPARDY!

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Let's Play!



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### Taking it home.....

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## Good Morning

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- ❑ Welcome Back!
- ❑ What do you remember?



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## Tailoring the Interventions

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- ❑ Limit the intervention to identified, prioritized areas of need
- ❑ Tailor the interventions to fit family: their culture, strengths and needs

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## Steps of Case Planning

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- Part 2: Working with the Family
- ❑ Ensure that family members understand the process
  - ❑ Review strengths and intervention reasons
  - ❑ Establish permanency and concurrent goals
  - ❑ Identify service objectives
  - ❑ Identify and prioritize client responsibilities
  - ❑ Identify how and when to assess progress
  - ❑ Document the plan



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## Activity: Developing the Case Plan

Using the Wilson Family Initial Case Plan Worksheet, complete the following:

- ❑ Select a CWS/CMS objective that meets an identified need
- ❑ Write a S.M.A.R.T. description for the objective
- ❑ Select a CWS/CMS planned client service that meets an identified need
- ❑ Write a S.M.A.R.T. description for the service

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## Case Management Tasks

- ❑ **Supporting Families** – providing empathy and emotional support
- ❑ **Monitoring Progress** – working with families to assess progress
- ❑ **Reassessing and Revising the Plan** – making sure the plan stays relevant
- ❑ **Celebrating Success** – highlighting achievements along the way

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## Steps of Case Planning

Part 3: Working the plan

- ❑ Work with the family to establish an implementation plan
- ❑ Define interim steps to achieve goals – weekly, monthly, etc.
- ❑ Adjust as needed
- ❑ Celebrate success along the way
- ❑ Continue concurrent planning



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Activity: Preparing to Update the Plan

- ▣ Review the updated assessment material for the Wilson family
- ▣ Discuss the changing needs of the family as a large group

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Video

- ▣ Concurrent planning with the family –

Pathways to Permanence

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Concurrent Planning

- ▣ The portion of the child's case plan for a child receiving family reunification services which identifies the child's permanency alternative and the services necessary to achieve permanency should family reunification fail.

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## Activity: Concurrent Planning

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Develop a 2 Minute Pitch

- ❑ Introduce the concept of concurrent planning to family members
- ❑ Explain the importance
- ❑ Engage the family in concurrent planning



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## Visitation

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- ❑ Visitation allows children to maintain relationships with their parents, siblings, and others who were close to them prior to placement.
- ❑ Even when reunification isn't the permanency goal, still arrange for visitation.
- ❑ Visiting should never be used as a reward or punishment.
- ❑ Is a child's right, not a parent's privilege

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## Visitation

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- ❑ Visiting should occur in settings that encourage natural interaction while minimizing risk.
- ❑ Supervised visitation is an opportunity for the social worker to assess progress and to teach the parent.
- ❑ Consider a good-bye visit when parental rights are terminated.

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### Activity: Visitation Brainstorm

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List visitation ideas that are:

- ❑ Tailored to the child's age and development
- ❑ Culturally relevant
- ❑ Structured to encourage positive interaction
- ❑ Related to case plan objectives

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### Case Plan Requirements for Children Placed out of Home

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- ❑ Assessment of placement needs
- ❑ Schedule of visits
- ❑ Social Work contact with Substitute Care Provider
- ❑ Child well-being information
- ❑ Explanations of special placement circumstances
- ❑ Concurrent Planning

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### Steps of Case Planning

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Part 4: Case Plan Update

- ❑ Reassess
- ❑ Describe progress
- ❑ Measure progress against objectives and MSLC



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## Case Plan Update Requirements

- ❑ Current family circumstances
- ❑ Parental progress on objectives
- ❑ Parental compliance with services
- ❑ Efforts to achieve alternate permanency

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## Activity: Developing the Case Plan Update

- ❑ Update the Wilson family case plan
- ❑ Develop a visitation plan
- ❑ Develop a concurrent planning goal and establish steps to achieve the goal

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## Steps of Case Planning

Part 5: Reunification

- ❑ Safety
- ❑ MSLC
- ❑ Readiness
- ❑ Transition



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## Activity: Reunification Readiness

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- ▣ Review the updated assessment materials
- ▣ Discuss Next Steps

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## Steps of Case Planning

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### Part 6: Closing a Case

- ▣ Assessment
- ▣ MSLC
- ▣ Objectives
- ▣ Strengths and Protective Capacity



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## Aftercare Plans

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- ▣ **Goal:** To prevent recurrence of abuse or neglect.
- ▣ **Focus:** Needs to focus on the factors that make the family most vulnerable to recurrence of abuse or neglect.
- ▣ **Strengths:** Identify the specific strengths of the family that can help them prevent or cope with vulnerable situations.

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# My Action Plan



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## ***Dorthea Gibson Vignette: Additional Information***

Consider this additional information about Dorthea Gibson and her family. Does this information change some of the assumptions social workers might make about this family?

- Dorthea enrolled in a GED course with the help of her TANF worker 6 months ago. In the past when she tried to complete her GED, she was trying to do it without the support of the welfare department. She now receives assistance for childcare while she is attending class. Her sister frequently spends the night to provide the childcare for the children because Dorthea takes the bus to class and has to leave by 5:45 am.
- Dorthea braids hair for extra income or in exchange for her hair and nails being done. She does the braiding in her home and her customers often come in at the end of the day and stay until 1-2 am. Dorthea asks her customers to come late so she can spend time with her children before putting them to bed.
- Dorthea's children were not drug exposed.
- Dorthea does not have a criminal history.
- The sexual abuse referral was made by a vindictive ex-boyfriend. The previous referral about Dorthea leaving her children alone was inconclusive because the social worker could not locate Dorthea as she had moved.

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## **Sample Concurrent Planning Two Minute Pitch**

**Segment 11, Activity 11B**

Part 1 – Express the importance of the subject:

Now I need to talk to you about something that is very important for you to consider. Your opinion on this issue is very important to me and I want to be sure to discuss this with you. I want you to know we don't have to make decisions about this today; this is just the initial conversation.

Part 2 – Define the subject matter:

The discussion we need to have is about making a plan for your child in case the court does not allow your child to come home. This is like the planning all parents do to decide who would become a permanent caregiver for their child through adoption or legal guardianship if they were unable to be there. I want to make sure you know that I am going to work with you to provide all the support I can to help you succeed in the case plan and get your child back, and I have faith in you that you can succeed. I also have to work on this back-up plan with you now because sometimes we have to think about a lot of different ideas to come up with the back-up plan.

Part 3 – Explain the benefit of the subject matter:

I know it's not easy to think about having someone else raise your child, but having a plan in place can help your child experience less pain and sadness if you don't reunify. Children who are left in foster care when their parents can't reunify can be forced to move many times from one foster home to another. Children who grow up in foster care without a permanent family experience many problems as young adults such as homelessness, unemployment, and incarceration.

Part 4 – Give examples:

I'm not sure if you are aware of all the possible types of permanent placement we could consider for your child. Permanency includes relative adoption, foster parent adoption, open adoption and legal guardianship. You may have a relative who would be your choice to take care of your child. In that case, we could talk about the pros and cons of adoption and guardianship. If you don't have a relative who could become a permanent caregiver, we can explore available foster parents who have been approved for adoption. Some of those families are very open to maintaining relationships with parents, grandparents and other family members.

Part 5 – Pull the family in to the conversation:

Tell me what you think about this back-up plan. Do you have ideas about someone in your family who could be a permanent caregiver?

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**My Action Plan**  
**Segment 15, Activity 15A**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**My Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Keys to Engagement**  
**Segment 4, Activity 4D**

<p><b>Keys to Engaging Families</b></p>  <p><b>Engagement Skills:</b></p>	<p><b>KEYS TO ENGAGING FAMILIES:</b></p> <ul style="list-style-type: none"> <li>⇨ Listen for needs, interests, and concerns</li> <li>⇨ Assist family members in identifying connections and strengths</li> <li>⇨ Demonstrate warmth, empathy, and genuineness as a foundation for engaging family members around concern for child safety and building parental capacity</li> <li>⇨ Use active listening skills</li> <li>⇨ Tune into self and others (empathy)</li> </ul>	<p><b>KEYS TO ENGAGING FAMILIES:</b></p> <ul style="list-style-type: none"> <li>⇨ Define terms of working together with the family using full disclosure</li> <li>⇨ Manage the use of power and authority</li> <li>⇨ Provide concrete and clear information to support the change process</li> <li>⇨ Motivate and support participation</li> <li>⇨ Assist families in making their own case for change</li> </ul>
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<p style="text-align: center;"><b>EMPATHY</b></p> <p>Empathy is tuning in to the way the other person sees and feels about her experience and communicating to her both your attempt to understand and your compassion.</p> <p><b>Example(s):</b>  <i>Worker:</i> Megi has been in foster care nearly six months and she needs to be someplace where she can grow up.  <i>Mother:</i> I <b>know</b> she needs a home for good. I am trying! You try kicking this habit. It is, like, so hard!  <i>Worker:</i> I know it's been tough for you.  <i>Mother</i> : Do you? Do you?  <i>Worker:</i> (pause) You have always told me that, even during the worst of times, you keep Megi in your heart and she is your reason to keep trying to kick your habit.</p>	<p style="text-align: center;"><b>PARTIALIZING</b></p> <p>Partializing is helping clients deal with one problem at a time or breaking down complex problems.</p> <p><b>Example(s):</b>  <i>Mother:</i> I can't believe you guys want me to do all this stuff right away!  <i>Worker:</i> Well, let's go over it to see the different parts—it's probably not as much as you might be thinking. First, we need to be sure that Leroy is never left alone. So, let's go over the plan for that again. What are your plans?  <i>Mother:</i> I'll take him over to this new day care on my way to work everyday.  <i>Worker:</i> OK. And how about if your car breaks down like last week?</p>	<p style="text-align: center;"><b>PAST SUCCESS QUESTIONS</b></p> <p>Past success questions are intended to help the client to describe specific times when s/he has had success in a situation that could be applicable to a current concern.</p> <p><b>Example(s):</b>  It's not easy to raise three children on your own. How did you do it?  After having been through what you've been through, how did you find enough strength to keep pushing on?  What do you need to do so that you'll feel good about yourself and in control again?  What would it take for you to bring back the confidence you had when you were in high school?</p>
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<b>REFRAMING</b>	<b>RECOGNIZING STRENGTHS</b>	<b>SCALING QUESTIONS</b>
<p>Reframing helps clients change their way of looking at problems so that the positive aspects can be more clearly seen.</p> <p><b>Example(s):</b>  <i>Parent:</i> So, there you have it. I guess what I am telling you is <b>yes</b>, I hit Andy with that strap and <b>yes</b>, that is how he got the bruises on his back. So, I guess you think I am worse than the wicked witch of Oz.</p> <p><i>Worker:</i> No. I think from what you told me that you are trying to find a way to keep Andy from touching his sister in a sexual way. I think you are concerned about both of your kids. I want to help you find a way to help them—and punishing Andy in this way will likely not stop him from doing it again. He needs a different kind of help.</p>	<p>Recognizing strengths involves identifying and emphasizing what the client can do to control safety concerns and reduce risks.</p> <p><b>Example(s):</b>  <i>Father:</i> Well, yes, I do have some other ways that I discipline Rory. I send him to his room and I use that chair over there—I face it to the wall.</p> <p><i>Worker</i> : Tell me about a time you used one of these ways.</p> <p><i>Father:</i> I tried sending him to his room just before I had to spank him—but he tore up some books and that’s when I had to spank him.</p> <p><i>Worker:</i> I can see that you have tried a different method and that is a real strength.</p>	<p>Scaling questions are a clever way to make complex features of a client’s life more concrete and accessible. Scaling questions can be used to assess self-esteem, self-confidence, investment in change, perception of hopefulness, etc. They usually take the form of asking the client to give a number from 0-10 that best represents where the client is at some specified point. Ten (10) is the positive end of the scale, one is lower.</p> <p><b>Example(s):</b>  Let me ask you, on a scale of 1 to 10, with 10 standing for ‘as determined as anybody can be in your circumstances to get your daughter back,’ how close would you say you are to 10?</p> <p>Okay, now this time 10 stands for ‘as confident as anyone can be that you will get your child to come back to live with you.’ Where would you put yourself on the same 1 to 10 scale?</p>

<p style="text-align: center;"><b>OPEN-ENDED QUESTIONS</b></p> <p>When you ask questions that are an open invitation to say whatever is on the person’s mind, it is sometimes amazing what people will share. Solutions often begin to emerge from this type of processing out loud. This applies to any question for which “yes” or “no” or “I don’t know” are not likely responses.</p> <p><b>Example(s):</b>          What else can you tell me about that?          Tell me about your family when you were young.</p>	<p style="text-align: center;"><b>“WHEN...” RATHER THAN “IF...” QUESTIONS</b></p> <p>“When” implies trust that the person is going to do something. “If” implies that they may or may not. “When” presumes a desire for, and the possibility of, a positive outcome. (Revisit your strength-based language list.)</p> <p><b>Example(s):</b>          When... (you’re not drinking), how do you feel in the mornings when it’s time to get the children off to school?          When you are in control of your temper...          When you go to your drug treatment program...</p>	<p style="text-align: center;"><b>QUESTIONS THAT BEGIN WITH “HOW”</b></p> <p>These questions tend to be more solution-oriented, and less likely to call for blame or defensive responses than “why” questions.</p> <p><b>Example(s):</b>          How can you tell? How do you know this?          How did you do it before?          How would that be helpful to you/ your family?          How long have you felt this way?</p>
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**QUESTIONS THAT BEGIN WITH  
“WH...”**

These questions are solution-oriented and imply the person’s ability to solve problems.

**Example(s):**

- Where is the best place for this to happen?
- What would your children/mother/friend say to you about this?
- Who helped you when...?
- What difference would this make to you?
- What would it take...?
- What are your thoughts about this?
- What part of this do you agree with, and disagree with?
- Who can you call when you are feeling that way?
- Where can you go when you decide you want to get help for that?

**STRENGTHS CHAT**

This is a normal, informal conversation seeking information about the family’s “Positive Family Processes.” Responses to these questions can reveal strengths the family can rely on when times get tough or when there is a crisis.

**Example(s):**

- What do you do for fun?
- What does your family do together?
- What is one of your comforting family traditions?
- What are some things you like best about your children?
- How do you blow off steam?
- How did you meet your spouse/significant other?
- What is one thing each week that you really look forward to doing?
- How do you picture yourself and your family five years from now?
- What is something that makes you smile when you think about your family?

**EXCEPTION-FINDING QUESTIONS**

Elicit information that addresses how a problematic situation might have been different. These questions allow the receiver to talk about their successes (strengths). Exceptions are the building blocks of success. They shrink the problem. Exceptions focus on the possibilities.

**Example(s):**

- Tell me about the times, in recent days, when you could have hit Tommy (screamed at him, called him names, etc.), but somehow managed to handle it differently?
- When you are... (not drinking...), what is different at home?
- Let’s talk about the days when you do feel safe and hopeful. What is it you are doing differently on those days?
- Tell me about the most recent time when you could have gotten stoned, but you didn’t. How did you manage not to?

<p style="text-align: center;"><b>COPING QUESTIONS</b></p> <p>When dealing with difficult behaviors or situations, ask questions in a way that demonstrates empathy and compassion. This acknowledges your understanding of the pain, fear or frustration they may be experiencing.</p> <p><b>Example(s):</b>  I imagine these children are a real handful. I'm sure they keep you on your toes all day. What seems to help? That's very clever!  How do you do it? Who do you turn to when you feel you need help?  How did you manage to stay sober for a whole week? Considering how tough this week has been for you, it must have been hard to do.</p>	<p style="text-align: center;"><b>MIRACLE QUESTIONS</b></p> <p>These questions ask for families to disregard their current troubles and for a moment imagine what their lives would be like in a successful future. It creates a vivid image or vision of what life will be like when the problem is solved and hope that life can be different. These questions are inspirational because they help to remove hopelessness.</p> <p><b>Example(s):</b>  Suppose one night there is a miracle while you were sleeping and your problem is solved. You don't know the miracle has happened. What will you notice that is different the next morning that will tell you that the problem is solved?</p>	<p style="text-align: center;"><b>ETHNOGRAPHIC INTERVIEWING</b></p> <p>Interviewing people about their cultures helps us to understand a significant part of what influences their goals, values, problem-solving approaches, and child-rearing behaviors. This means focusing on their view of their culture first and only secondly on their view about how they are similar or different than their culture.</p> <p><b>Example(s):</b>  Tell me about how your _____ view physical punishment of children?  Most groups of people have ideas about what children ought to be doing at various ages. Tell me what people in your group think about how children ought to act by age 10?</p>
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## **S.M.A.R.T. Objective Scenario Cards**

### **Segment 6, Activity 6B**

**An African American 4-year-old is struggling with toilet training and cannot seem to get to the bathroom on time. His frustrated father became angry and physically punished the child leaving multiple bruises and contusions on his legs and backside.**

**A Caucasian 7-year-old girl was sexually abused by her stepfather. Now the stepfather is out of the house but the mother and daughter are having a hard time coping both financially (because of the loss of the father's income to the household) and emotionally (because of the trauma of the sexual abuse and the loss of relationships).**

**A Latina youth who has run away several times is now at home. The case was originally opened for physical abuse after her father beat her for 'unladylike' behavior.**

**A Caucasian infant with a skull fracture caused by the mother's boyfriend is now being cared for by her grandmother. The mother is highly motivated to get her son back since her boyfriend was arrested and no longer lives at the house.**

**A Caucasian father was arrested for methamphetamine use and is now in jail. The mother, who works two jobs to support the family, has no evening childcare and left children ages 4 and 6 alone to go to a nighttime job.**

**A Caucasian mother living in poverty who has no alternative care resources left her 7- and 5-year-old children alone while she socialized in an apartment across the parking lot.**

**Bella and Romy Smith (Caucasian children ages 1 and 3) are unsafe in a dirty house with multiple safety hazards.**

**A family that recently emigrated from Korea has a substantiated physical abuse allegation due to multiple bruises inflicted by the father on the 8-year-old son.**

**A Latina mother is using a curandero to help heal her child with chronic ear infections. The child was seen at the emergency clinic with a burst eardrum.**

A

SUPER Planners

B

NETWORK Planners

C

# INTUITIVE Planners

D

THE BASICS Planners

E

REACTORS

**OTHERS**



# CALIFORNIA COMMON CORE CURRICULA FOR CHILD WELFARE WORKERS



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## MASTER GLOSSARY

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### **366.26**

The legal process by which the court determines the most appropriate permanent living arrangement for the child, either through adoption, legal guardianship, or a planned permanent living arrangement.

### **387 petition**

A petition filed under Welfare & Institutions Code Sec. 387, requesting a child's removal to a more restrictive placement. 387 petitions must be filed to request removal from a parent on a Family Maintenance plan, removal from a relative to foster care, and removal to a higher level of foster care.

### **388 petition**

A petition filed under Welfare & Institutions Code Sec. 388, requesting a change of a court order. Any interested party can file a 388 petition.

### **AB 458**

The California Foster Care Non-Discrimination Act (AB 458) went into effect in 2004 and prohibits discrimination in the California foster system on the basis of "actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status." [California Welfare & Institutions Code Sec. 16013(a) and 16001.9(a)(23)]. AB 458 also mandates initial and ongoing anti-discriminatory training for group home administrators, child welfare workers, foster parents, relative caregivers and foster family agency staff.

### **AB 490**

The Ensuring Educational Rights and Stability for Foster Youth (AB 490, Steinberg, 2003) legislation expands and stipulates authority for school records of foster, homeless, and incarcerated youth. It also establishes legislative intent that foster youth are ensured access to the same opportunities to meet academic achievement standards to which all students are held; maintain stable school placements; be placed in the least restrictive educational placement; and have access to the same

academic resources, services, and extracurricular and enrichment activities as all other children. The law makes clear that education and school placement decisions are to be dictated by the best interest of the child.

### **AB 636**

The Child Welfare System Improvement and Accountability Act of 2001 (AB 636, Steinberg) establishes a system whereby counties identify and replicate best practices to improve child welfare service outcomes through county-level review processes. It is also referred to as the California–Child and Family Service Review (C-CFSR).

### **AB 3632**

The Special Education Pupils Program (AB 3632) was passed in 1984 and assigns responsibility to state agencies and counties for meeting the goals of an Individualized Educational Plan (IEP). This legislation assigns schools the responsibility to educate, the state Department of Mental Health (DMH) the responsibility to provide mental health services, and the state Department of Social Services the responsibility to provide out-of-home care.

### **Ability to Locate**

This term from the California Standardized Safety Assessment Matrix refers to the ability of the social worker to determine where the children and/or family are located. [This includes information gathered as part of the hotline information gathering process and that is essential to facilitate the ability of the responding ER social worker to locate the child. Specifics regarding hard-to-find locations should be gathered as part of this assessment.] (*#12 in the Standard Areas for Review*)

### **Ability to Meet Child’s Needs**

This term from the California Standardized Safety Assessment matrix refers to the ability of the caregiver to provide a safe, stable home and meet the basic needs of children in their care. [This includes the ability to respond to a child’s age and condition by providing care in a way that supports the child’s health, mental health, education, development, and physical and emotional well-being.] (*#10 in the Standard Areas for Review*)

### **Addiction**

Dependence on a chemical substance to the extent that a physiological and/or psychological need is established. This may be manifested by any combination of the following symptoms: tolerance; preoccupation with obtaining and using a substance; use of the substance despite anticipation of probable adverse consequences; repeated efforts to cut down or control substance use; and withdrawal symptoms when the substance is unavailable or not used.

## **Adoption**

Occurs when the court terminates the rights of the legal parent, usually the biological parent, and orders that another person is now the legal parent of the child.

## **Adoption & Safe Families Act (ASFA)**

The National Child Welfare Act of 1997 which set performance goals, outcomes, and indicators for social work system practice.

## **Alternative Dispute Resolution**

Various processes by which legal disputes are settled without going to trial.

## **Alternative Permanency**

Arrangements whereby youth for whom family restoration is not possible or appropriate establish enduring emotional ties with unrelated adult caregivers who are willing and able to offer a stable and supportive continuing relationship whether within or outside of the legal channels of adoption or guardianship.

## **APGAR Test**

A test administered at one minute and five minutes (and may be repeated at a 10-minute interval) after birth to help health care providers assess critical aspects of a baby's health at birth.

## **AOD (Alcohol and Other Drugs) Abuse**

A pattern of substance use that threatens one's health or impairs one's social or economic functioning.

## **Attention Deficit Hyperactivity Disorder (ADHD)**

ADHD is characterized and diagnosed by three types of behavior: (1) inattentiveness; (2) hyperactivity or impulsivity; or (3) combined (inattentiveness and hyperactivity). ADHD typically manifests initially in childhood.

## **Autistic Spectrum Disorder (ASD)**

A group of developmental disabilities that are related to brain function including autistic disorder, pervasive developmental disorder—not otherwise specified (PDD-NOS, including atypical autism), and Asperger's disorder. People with ASD tend to have difficulties with common culturally agreed upon social and communication skills and are likely to repeat certain behaviors and resist change in their daily activities. Many people with ASD also have unusual ways of learning, paying attention, or reacting to different sensations. ASD begins during childhood and lasts throughout a person's life however, early intervention can be critical in improving prognosis.

## **Basic Needs**

This term from the California Standardized Safety Assessment Matrix refers to the fundamental needs of a child and family for food, shelter, clothing, medical care, and

the child's need for supervision. (#26 in the Standard Areas for Review)

### **Batterer Intervention**

Intervention focused on helping the batterer learn to be non-violent.

### **Bias-Free Written Language**

Communication that makes a conscious effort to avoid perpetuating biases in language that emerge as a result of assumptions or attitudes on the basis of race, gender, religion, or nationality. This includes rephrasing for gender neutrality, use of inclusive terminology, appropriate forms of address and titles, and avoiding stereotypes. (<http://www2.state.ga.us/Courts/supreme/biasfree.htm>)

### **Bench Officer**

Judges, Referees, or Commissioners who hear the evidence presented and make decisions about the families who come before the court.

### **Best Interest of the Child**

One of the fundamental tenets of the dependency system for achieving the best outcomes for each individual child.

### **Burden of Proof**

A party's responsibility to prove something in dispute.

### **Bottle Rot**

Severe dental decay which appears as blackened baby teeth, caused by improper feeding, including allowing milk or other liquid to pool in the baby's mouth during sleep. Bottle rot can cause damage to permanent teeth and gums if not treated properly by a dentist.

### **Bruise**

Bleeding under the skin which results in discoloration. A bruise may take on the pattern of the object which caused the injury.

### **California Child and Family Services Review (C-CFSR)**

Authorized by the Child Welfare System Improvement and Accountability Act of 2001 (AB 636, Steinberg), this county-level review process encompasses a system of continuous quality improvement which seeks to identify and replicate best practices to improve child welfare service outcomes.

### **California Child Welfare Outcomes and Accountability System**

California's accountability mechanism that tracks and monitors child welfare outcomes, measures performance on a county and statewide basis, and enforces continuous quality improvement by requiring counties to set and meet improvement goals.

## Caregiver

Parent(s), guardian(s), or other adult(s) fulfilling the parental role and entrusted with the responsibility to care for the child(ren).

## Caregiver-Child Interaction

This term from the California Standardized Safety Assessment Matrix refers to the verbal and non-verbal communication and behavior between a caregiver and child, which reflects the quality of the relationship and the degree to which it is reciprocal. [This includes behaviors that demonstrate a caregiver’s awareness of the child’s emotional state, the caregiver’s capacity for empathy and bonding, and the caregiver’s ability to respond appropriately to the child, including responses associated with child discipline.] (#11 in the Standard Areas for Review)

## Caregiver’s Compliance/Progress toward Case Plan Objectives

This term from the California Standardized Safety Assessment Matrix refers to the progress of the parent(s) in achieving the objectives of the change-oriented interventions specified in the case plan. [This includes the frequency and extent of the parent’s participation in case plan activities, and the degree to which the parent demonstrates that these activities have resulted in change consistent with case plan objectives. Compliance is not the sole basis for considering preservation/restoration, but is one element in assessing the parent’s success in achieving the objectives of the case plan and preparation to act as a responsible parent.] (#37 in the Standard Areas for Review)

## Caregiver’s Personal History of Abuse

The information gathered and utilized by the social worker in the assessment process to determine whether the caregiver has ever been a victim of child abuse or neglect him/herself, and whether that history affects the caregiver’s protective capacity.

## Caregiver Protective Capacity

This term from the California Standardized Safety Assessment Matrix refers to the ability and willingness to utilize internal and external resources to mitigate or ameliorate the identified safety and risk concerns, and to support the ongoing safety of the child. [Such capacities include, but are not limited to, attachment to the child, parental caregiving skills, awareness of and ability to interpret the child’s needs, positive motivation to nurture or meet the child’s needs, willingness to seek and use help, and willingness/ability to act protectively when the child is threatened with harm. Protective capacity elements are the focus of both safety plans and case plans for change-oriented intervention. They point to the inherent capacities of the family or the resources that could be mobilized to contribute to the ongoing protection of the child as well as to the ability or motivation of the parents to change.] (#8 in the Standard Areas for Review)

### **Caregiver Willingness to Change**

This term from the California Standardized Safety Assessment Matrix refers to the caregiver's motivation to change those conditions that threaten child safety and/or those ineffective/inappropriate behaviors that were identified in the initial assessment. (*#22 in the Standard Areas for Review*)

### **Case Plan**

The written document which is developed based on an assessment of the circumstances which required child welfare services intervention, and in which the social worker identifies a case plan goal, objectives to be achieved, specific services to be provided, and case management activities to be performed. [Div 31-002(c)(2)]

### **Change-Oriented Services**

Child Welfare Services interventions that increase protective capacities of the caregivers by modifying conditions or ineffective/inappropriate behaviors that threaten child safety, reconciling the competing demands of urgency and the gradual nature of meaningful change processes.

### **Child and Family Services Review (CFSR)**

Authorized by the 2000 Federal Rule pursuant to ASFA, this formal review of state child welfare programs is conducted every three years by the federal government using specific benchmarks designed to assess achievement of child safety, permanency, and well-being outcomes and to identify the state's strengths, needs, and requirements for technical assistance.

### **Child and Family Support Assessment (CAFSA)**

The Child and Family Support Assessment is comprised of an initial face-to-face assessment of child safety, risk for maltreatment, and parental protective capacity followed by a more comprehensive child and family assessment.

### **Child Development**

This term from the California Standardized Safety Assessment Matrix refers to the child's language, cognitive, social/emotional, sensory, and motor development. [The social worker will note any diagnosed developmental problems or apparent need for developmental testing.] (*#29 in the Standard Areas for Review*)

### **Child Neglect**

Acts of omission or commission which result in minimal standards of care not being met.

### **Child Strengths and Vulnerability**

This term from the California Standardized Safety Assessment Matrix refers to behavioral and attitudinal strengths of the child that support the child's safety, permanency, and well-being, including health, education, and social development.

The child's vulnerability refers to the child's susceptibility to suffer abuse or neglect based on age, health, size, mobility, social/emotional state, and the ability of the caregiver to provide protection. [Key characteristics indicating increased child vulnerability include developmental disability, mental illness (including withdrawn, fearful, or anxious behavior), and lack of self protection skills; children with substance-abusing parents; homeless children; and children experiencing chronic neglect.] (#3 in the Standard Areas for Review)

### **Child Welfare High Risk Response (see also Differential Response)**

Intervention in situations in which children are at moderate to high risk for continued child abuse/neglect, and actions have to be taken to protect the child with or without the family's agreement. May involve the filing of criminal charges against the adult(s) who caused harm.

### **Child Well-Being**

A primary outcome goal for child welfare services focused on how effectively the developmental, behavioral, cultural, and physical needs of children are met.

### **Child's Attorney**

An attorney that represents the child in court and informs the court of the child's wishes and the child's best interests.

### **Child's Immediate and Ongoing Needs**

This term from the California Standardized Safety Assessment Matrix refers to the identified developmental, behavioral, cultural, and physical needs of a child including immediate and ongoing needs for safety and security/permanency. [This includes ensuring that children and families receive sufficient support and services when and where they need them in order to maintain all aspects of their functioning that may be compromised by risk factors associated with abuse and neglect. Immediate and ongoing safety, permanency, and well-being needs include medical, dental, mental health, and developmental needs; housing, food, clothing, education, and emotional support (i.e., healthy family and peer relationships).] (#15 in the Standard Areas for Review)

### **Child's Permanency Needs**

This term from the California Standardized Safety Assessment Matrix refers to the maintenance and/or establishment of enduring family attachments. This includes a broad array of individualized permanency options, including Reunification, Adoption, Legal Guardianship, and alternative permanent living arrangements for all children and youth to promote their safety, permanence, and well-being. [Permanency is both a process and a result that includes involvement of the child/youth as a participant or leader (when possible) in finding a permanent connection with at least one committed adult, who provides:

- a safe, stable and secure parenting relationship,
- love,
- unconditional commitment,
- lifelong support in the context of reunification, a legal adoption, or guardianship, where possible, and in which the child/youth has the opportunity to maintain contacts with important persons, including brothers and sisters.

A broad array of individualized permanency options exist for all children and youth to promote their safety, permanence, and well-being. Reunification and adoption are two important ones among many that may be appropriate. California Permanency for Youth Task Force.] (#20 in the Standard Areas for Review)

### **Child’s Relationship with Peers and Adults**

This term from the California Standardized Safety Assessment Matrix refers to the quality of connectedness (defined as close and positive attachment) experienced by the child toward significant adults or peers in his or her life. [This quality is measured by the degree to which these relationships meet or enhance the child’s emotional, developmental, social, mental, and/or educational needs. These significant relationships may include immediate family, friends, professionals, or extended family, and also can include anyone who has an impact on the child’s life. Significant relationships are not solely measured by frequency of contact with the child.] (#32 in the Standard Areas for Review)

### **Collateral Contacts**

Persons from whom pertinent information is gathered to make a decision regarding the allegations of child maltreatment and the potential risk of abuse in the future. [The child welfare worker contacts persons who may have knowledge about the family for the express purpose of obtaining pertinent information regarding the risk and safety of the child. Applicable policies and regulations must be followed regarding the release of confidential information obtained from collateral contacts.]

### **Common Continuum of Alcohol and Drug Dependency & Response (see also Cycle of Addiction)**

Describes the pattern of use that can lead to dependency: non-use/selective abstinence; experimental use/initial use; response use, “at risk” use; situational/crises, or binge use/abuse; unhealthy use, chronic abuse; chemical dependency/addiction; recovery and relapse; and “in recovery.”

### **Community Response (see also Differential Response)**

A proactive response to, and assessment of, situations involving families under stress who come to the attention of the Child Welfare System but who do not

present an immediate risk for child maltreatment. Provides families with access to services to address identified issues without formal entry into the system.

### **Component**

In the CFSR review, a component comprises part of a composite.

### **Composite**

Reflects the general domain assessed by data. In the CFSR review, each composite comprises one or more weighted components. The individual measures in a composite are weighted using a technique known as principal components analysis.

### **Concurrent Planning**

The process of coupling aggressive efforts to restore the family with careful planning for the possibility of adoption or other permanency options should circumstances prevent the child from returning to her/his family of origin.

### **Confidentiality**

The protection of information from release to organizations or individuals not entitled by law to such information.

### **Contributing Factors Requiring Intervention**

This term from the California Standardized Safety Assessment Matrix refers to the circumstances that require child welfare services intervention (WIC 16501.1(f)(1). (#23 in the Standard Areas for Review)

### **County Counsel**

An attorney that represents the child welfare agency in court. (The child welfare agency, not the individual child welfare worker, is the client.)

### **Court Appointed Special Advocate (CASA)**

CASA is a program designated by the local presiding juvenile court judge to recruit, screen, select, train, supervise, and support lay volunteers to be appointed by the court to help define the best interest of the child. CASA volunteers visit the child regularly and write reports for the court.

### **Cultural and Language Considerations**

This term from the California Standardized Safety Assessment Matrix refers to the consideration and exploration of the family's cultural framework in the assessment and the development of safety plans and case plans. [This includes social work intervention, services, and assessments that are culturally competent and linguistically sensitive, including the provision of services in the language of the client population served.] (#4 in the Standard Areas for Review)

### **Current and Previous Social Services**

This term from the California Standardized Safety Assessment Matrix refers to any social services currently or previously provided by a public child welfare agency or any social services agency. [These services may include CalWORKS, mental health services, counseling services, family resource services, etc. This information is used by the social worker to determine the response type, conduct safety assessments, perform case management, and make decisions regarding service interventions, placement, permanency goals, and readiness for case closure.] (#24 in the Standard Areas for Review)

### **Current and Prior CWS History**

This term from the California Standardized Safety Assessment Matrix refers to the information gathered by the social worker from reviews of the CWS/CMS and other available documentation to determine whether or not the child and family have current or past involvement with the public child welfare agency. (#2 in the Standard Areas for Review)

### **Current and Prior Maltreatment**

This term from the California Standardized Safety Assessment Matrix refers to a current or prior act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which has resulted in, or has placed the child at risk of, developmental, physical, or psychological harm. [The child welfare worker will gather information provided by reporting parties and collateral contacts (when appropriate) about that person’s knowledge of current maltreatment of a child. The child welfare worker will also gather information about any previous incidents of child maltreatment involving the child or family.] (#1 in the Standard Areas for Review)

### **CWS Response (see also Differential Response)**

A proactive response to, and assessment of, situations involving families with low to moderate risk of child maltreatment. CWS response includes the engagement of families, voluntarily whenever possible, in the development and implementation of a service plan directed at the protection of the child.

### **CWS Stakeholders**

More than 60 invited representatives from many sectors of the child welfare community who met monthly over the course of three years to identify and recommend changes in California’s Child Welfare Services, leading to better outcomes for children and their families.

### **Cycle of Addiction (see also Common Continuum of Alcohol and Drug Dependency & Response)**

Describes the pattern of use that can lead to dependency: non-use/selective abstinence; experimental use/initial use; response use, “at risk” use;

situational/crises, or binge use/abuse; unhealthy use, chronic abuse; chemical dependency/addiction; recovery and relapse; and, “in recovery.”

### **Decision Making Model**

A general model adapted from Stein and Rzepnicki to assist new workers in the process of decision making (Miller, 2005). This general model includes the following steps:

- Step 1: Information Gathering
- Step 2: Application of Rules of Criteria
- Step 3: Discussion/Feedback
- Step 4: Decision/Professional Judgment
- Step 5: Reassessment

### **Defacto Parent**

A person who has been found by the court to have assumed the day-to-day role of parent for a substantial period of time, fulfilling the child’s physical and psychological needs for care and affection. (2009 California Rules of Court, Rule 5.502(10))

### **Definitions of Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect and/or Exploitation**

Penal Code 11165 et seq.

### **Delinquency Proceeding**

A juvenile court hearing in which the court is asked to declare a minor a ward of the court for behavior that would be considered criminal if the minor were an adult. (Welfare and Institutions Code Sec. 602.)

### **Delinquent Behavior**

This term from the California Standardized Safety Assessment Matrix refers to behavior by a person under the age of 18 that is persistently or habitually in conflict with the reasonable orders of his guardians and/or is in violation of any laws of this state or the United States. (Welfare & Institutions Code Sec. 601, 602) (#35 in the *Standard Areas for Review*)

### **Dental/Medical Care**

Dental and medical care (including routine examinations, diagnoses, treatment, or hospital care under general or special supervision) are to be rendered by licensed dental and medical professionals, respectively. [This term is from the California Standardized Safety Assessment Matrix (#27 in the *Standard Areas for Review*).]

### **Dependency Proceeding**

A juvenile court hearing in which the court makes a determination as to whether or not a minor will be declared a dependent of the court. The determination is based on establishing that child abuse or neglect has occurred, as defined by one or more of the grounds specified in Welfare and Institutions Code Sec. 300.

### **Detention Hearing**

The first judicial proceeding in a dependency case wherein the judge decides whether the child should remain in protective custody, away from his or her parents, while an investigation into the reasons for the removal is conducted. At this hearing, the court will appoint counsel, advise parents of their rights, explain the court process, order visitation when appropriate, inquire about possible relative caregivers, inquire into the child's paternity and determine whether the Indian Child Welfare Act might apply. This hearing must be held within three days of the physical removal of the child.

### **Differential Response (see also Child Welfare High Risk Response, Community Response, and CWS Response)**

A system for triaging referrals received by the Child Abuse Hotline/Intake that provides a broader range of responses by the Child Welfare System to assure child safety and family maintenance that includes partnerships with community based agencies and consults with families to identify community supports and strength-based solutions appropriate to their circumstances.

### **Differentiation**

The process by which neurons become specialized in response to neurochemical and micro environmental cues. These cues tell each neuron which combination of genes to activate in expressing a “unique neurochemistry, neuroarchitecture and functional capability...Each neuron undergoes a series of ‘decisions’ to determine its final location and specialization”. [Adapted from: Perry, B.P. (2002). Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind*, 3, p. 83.]

### **Dismissal**

The court dismisses the dependency petition indicating the termination of legal proceedings. This can happen because a child is returned home and supervision is no longer necessary, or because a child has reached the age of majority and the agency has met all the dismissal requirements in WIC Sec. 391.

### **Disparity**

Disparity refers to inequities based on a child's or family's minority racial or ethnic status in access to, or the quality of, treatment, services, or resources available through involvement in the child welfare system. “Research shows that children of color in foster care and their families are treated differently from—and often not as well as—white children and their families in the system” [Hill, R.B. (2006). *Synthesis*

of *Research on Disproportionality in Child Welfare: An Update*. Casey Family Programs, p. 3]. Decision points in case management (e.g., reporting, investigation, substantiation, foster care placement, adoption, and exit) are often used to analyze the presence of disparities.

### **Disposition**

At this hearing, the court considers what it should do to protect and help the child and his or her family. The court decides whether to dismiss the case, order informal services for the family without making the child a dependent, appoint a guardian with the consent of the parents, declare the child a dependent of the court and leave the child in the home of the parents with family maintenance services, remove the child from the home and order reunification services for the parents, or remove the child from the home and not order reunification services for one of the reasons in WIC Sec. 361.5(b). The court also approves the case plan submitted to the court which outlines the services to be provided to the child and family. This hearing can occur at the same time as the jurisdiction hearing and must occur within 10 court days of the jurisdiction hearing for detained children and within 30 court days for a non-detained child.

### **Disproportionality**

Disproportionality refers to the differences in the percentage of children of a certain racial or ethnic group in the population as compared to the percentage of the children of the same group in the Child Welfare System. “For example, in 2000 Black children made up 15.1% of the children in this country but 36.6% of the children in the Child Welfare System” [Hill, R.B. (2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*. Casey Family Programs, p. 3].

### **Division 31**

The State of California’s regulations that provide policy and procedures on the delivery of child welfare services. These regulations are reflected in programs that are funded by Title IV-E federal funds. Each county develops more specific policy and procedures from these state regulations.

### **Domestic Violence**

This term from the California Standardized Safety Assessment Matrix refers to a pattern of assaultive and coercive behaviors used against intimate partners (including physical, sexual, and psychological attacks, as well as economic coercion). [Refer to the legal definitions in Family Code Sec. 6211. Also recommend using the National Council of Juvenile and Family Court Judges’ *Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (Greenbook Project).] (#34 in the Standard Areas for Review)

### **Due Process**

The conduct of legal proceedings according to rules and principles to protect private

rights, including notice and the right to a fair hearing.

### **Early Reunification**

Efforts directed at enhancing parental protective capacity in order to permit the child to return to his or her family within 30 to 60 days of placement.

### **Educational Needs**

This term from the California Standardized Safety Assessment Matrix refers to the level of the child's academic performance which takes into account the child's age relative to assigned grade level, the child's performance as recorded, monitored, and measured by the child's educational institution, and any barriers that are identified that may interfere with the child's successful academic performance. (*#30 in the Standard Areas for Review*)

### **Educational Surrogate**

The responsible adult appointed to represent the rights of a child with exceptional educational needs in all educational matters related to the provision of a free appropriate public education if the educational rights of the child's parents have been limited. (Education Code Section 56050)

### **Ethnographic Interviewing**

A skillful and engaging method of interviewing designed to elicit comprehensive information about a person's life experience in terms of values, beliefs, customs, history, and family composition, etc., often relying on open-ended questions.

### **Evidence-based Practice**

The application to service delivery of research evidence related to child welfare, integrated with clinical expertise and client values. The existing body of research reflects varying levels of methodological rigor and efficacy, and differences in applicability to child welfare practice. Where available, research on child welfare practice is integrated into the common core.

### **External Resources**

The formal or informal resources outside the individual or the family, (i.e., community connections, support of friends, church, or community organizations, etc.) that strengthen their capacity to mitigate risk and to support the ongoing safety of a child. (See also Protective Capacity.)

### **Factitious Disorder by Proxy**

Commonly referred to as Munchausen Syndrome by Proxy, this DSM IV-TR recognized disorder is manifested when a caregiver deliberately induces illness in another person (usually a child).

### **Failure to Thrive (FTT)**

Condition that exists when a child under age 2 is below the fifth percentile on normal growth charts for height, weight, and head circumference. Organic causes should be ruled out. Non-organic failure to thrive is a result of caloric deprivation and there is often a corresponding lack of bonding between the primary caregiver and the baby.

### **Fairness and Equity**

A principle of best practice that promotes policies, procedures, practices, and service arrays that support all children and families in obtaining similar benefit from child welfare interventions and equal opportunity to attain positive outcomes. The concept 'fairness and equity' embodies the ideals of social justice and cultural competency, and the reduction of disproportionality and disparities in the child welfare system.

### **Family and Household Relationships**

Refers to the interactions between persons who are related by blood, marriage, or adoption, and/or who reside together in the same dwelling.

### **Family and Youth Engagement**

Practices and strategies congruent with relevant sociocultural dynamics that effectively engage parents, youth, and extended family members in a respectful and collaborative manner in the assessment, intervention and case planning processes.

### **Family to Family**

An initiative designed in 1992 and field tested in communities across the country that effectively incorporates a number of strategies consistent with the values and objectives of the California Child Welfare Redesign, including comprehensive assessment, family team decision-making, neighborhood placement in families, and concurrent planning to assure children permanent families in a timely manner.

### **Family Well-Being**

A primary outcome goal for California's child welfare services whereby families demonstrate self-sufficiency and the ability to adequately meet basic family needs (e.g., safety, food, clothing, housing, health care, financial, emotional, and social support) and provide age-appropriate supervision and nurturing of their children.

### **Fetal Alcohol Spectrum Disorders**

An umbrella term referring to all disorders occurring due to an alcohol exposed fetus including Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), Alcohol-Related Neurodevelopmental Disorders (ARND), Partial FAS and Static Encephalopathy, Alcohol Exposed.

### **Folk Treatments**

Cultural practices and natural healing methods which are used to treat illnesses and

injuries.

### **Fontanel**

Any of the soft membranous gaps between the incompletely formed cranial bones of a fetus or an infant.

### **Fracture**

Broken bone. Knowing the type of fracture may help to determine if it was caused accidentally or non-accidentally.

### **Guardian Ad Litem**

A person appointed by the court after a hearing to make decisions about case strategy for an incompetent parent.

### **History of Child Abuse and Neglect**

Refers to caregiver's identification as a perpetrator of substantiated child abuse or neglect as defined by a child protection agency.

### **History of Criminal Behavior**

This term from the California Standardized Safety Assessment Matrix refers to a caregiver's previous or current illegal activity as defined by federal and state law that may affect the caregiver's protective capacity. [Typical sources include self-report, drug test results, and law enforcement records.] (#25 in the Standard Areas for Review)

### **Home Environment**

This term from the California Standardized Safety Assessment Matrix refers to the physical condition of the home including safety hazards and health concerns. (#9 in the Standard Areas for Review)

### **Inclusive Governance**

A characteristic of effective community partnerships that ensures that the diverse perspectives of the people affected by a decision, especially groups currently and historically under-represented, are taken into account in making and shaping decisions.

### **Independent Living Skills Program (ILSP)**

A program for children age 16 through 21 that provides services to help youth become self-sufficient by the time they leave the foster care system. Dependent children who are or have been in placement after the age of 16 must be offered enrollment in this program.

### **Indian Child Welfare Act (ICWA)**

Congress passed these laws in 1978 to protect the best interests of Indian children

and to promote the stability and security of Indian tribes and families by establishing specific standards that must be met before an Indian child can be removed from his or her family and placed in an adoptive or foster care placement. Congress was concerned about the high rate of Indian children being removed from their homes and placed with non-Indian families and the negative consequences this has had on Indian children, families, and tribes. This federal law is codified in California statute and rule of court.

### **Individualized Educational Program (IEP)**

A written document developed for each public school child who is eligible for special education services. The IEP is created by a team that includes educators, caregivers, and other child specialists (including a child welfare representative, if applicable) and is reviewed at least once a year.

### **Initial Safety Determination**

The [California child welfare improvement] intake function, utilized to ensure the immediate safety of the child and the identification of risk factors.

### **Internal Resources**

Resources that exist within each individual in the family and in the family as a whole (i.e., emotional and psychological strengths, etc.) that strengthen the capacity to mitigate risk and to support the ongoing safety of a child. (See also Protective Capacity.)

### **Intimate Partner Violence (IPV) (see Domestic Violence)**

### **Jurisdiction Hearing**

At this hearing, the court takes jurisdiction of the case if it determines that the allegations in the petition filed by the child welfare agency have merit, and that the child has been abused or neglected as defined in Welfare and Institutions Code Sec. 300. Jurisdiction grants the court authority to make orders regarding disposition. The jurisdiction hearing must be held within 15 days of the detention hearing.

### **Juvenile Dependency**

A legal system that designates children under age 18 as dependents of the court if a judicial determination of parental abuse or neglect is made. California's system simultaneously strives to preserve the family unit, while obtaining permanency for children.

### **Kin**

Includes relatives in a nuclear or extended family, members of a child's clan or tribe, stepparents, or any other adults who share a fictive kinship bond with a child (e.g., godparents).

### **Kinship Care**

Kinship care is the full time care, nurturing, and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child.

### **Legal Guardianship**

Occurs when the court suspends, but does not terminate, parental rights, and another adult is appointed to be responsible for the child.

### **Level of Care to Meet Child's Needs**

This term from the California Standardized Safety Assessment Matrix refers to the assessment and determination of the appropriate services and placement type that best meets the child's physical and emotional needs. [This includes considerations of placing the child in the least restrictive, most family-like setting; addressing the child's personal characteristics and cultural background; maintaining the child's connections to family and siblings whenever possible; allowing the child to remain in his/her current school if possible; allowing for reasonable visitation, reunification, and permanency planning; and providing for any special needs of the child. Based on Div 31-400 in general.] (#16 in the Standard Areas for Review)

### **Maltreatment (see Current and Prior Maltreatment)**

#### **Measure**

An actual indicator of performance.

#### **Mediation**

A discussion facilitated by a trained mediator concerning a court case that provides a problem-solving forum as an adjunct to formal court proceedings for all interested persons to develop a plan in the best interests of the child. Family preservation and family strengthening are emphasized.

#### **Mediator**

A trained professional who guides the discussion at mediation in a neutral manner with the aim of bringing the parties to consensus.

#### **Medical/Dental Care**

Medical and dental care (including routine examinations, diagnoses, treatment, or hospital care under general or special supervision) are to be rendered by licensed medical and dental professionals, respectively. [This term is from the California Standardized Safety Assessment Matrix (#27 in the Standard Areas for Review).]

#### **Mental Health/Coping Skills**

This term from the California Standardized Safety Assessment Matrix refers to emotional and psychological well-being, including the ability of an individual to use

his or her cognitive and emotional capabilities to handle day-to-day life stressors and function effectively in society. (#28 in the Standard Areas for Review)

### **Minimum Sufficient Level of Care (MSLC)**

The social standard for the minimum of caregiver behavior below which a home is inadequate for the care of a child. Factors to consider in establishing what the MSLC is for a particular child include those that relate to:

- the child’s needs,
- contemporary social standards, and
- community standards.

### **Mongolian Spots (see Slate Gray Patches)**

### **Multi-Disciplinary Teams**

A group of professionals and paraprofessionals representing an array of disciplines (e.g., resource families, service providers, law enforcement, juvenile courts, and other community organizations) who interact and coordinate efforts with parents and families, pooling their skills to offer comprehensive, coordinated services.

### **Munchausen Syndrome by Proxy (see Factitious Disorder by Proxy)**

### **Mutual Combatants**

Two persons, equally involved in the commission of a crime against the other person with neither person acting in self-defense.

### **Neurogenesis**

The process by which new nerve cells and the network of branched cells and fibers that supports the tissue of the central nervous system (“neuroglia”) are generated. This “birth” of neurons occurs primarily during the second and third trimesters of pregnancy. [Adapted from: Perry, B.P. (2002). Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind*, 3.]

### **Neuronal Migration**

The process by which neurons “cluster, sort, move and settle into their final ‘resting’ place.” Primarily guided by neuroglial cells, neurons migrate out from where they are produced in the center of the developing brain to where they will eventually settle (i.e. the brainstem, cortex, etc.). Although most neuronal migration takes place in utero and during in the perinatal period, it continues to occur throughout childhood. Environmental factors and “intrauterine and perinatal insults” can affect the migration of neurons, thus influencing the formation as well as the function of the developing neural network. [Adapted from: Perry, B.P. (2002). Childhood Experience

and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind*, 3, p. 83.]

### **Non-Adversarial Approaches**

Practices, including dependency mediation, family group conferencing, or decision-making and settlement conferences, designed to engage family members as respected participants in the search for viable solutions to issues that brought them into contact with the child welfare system.

### **Non- Minor Dependent Youth**

As defined by the Fostering Connections to Success and Increasing Adoptions Act of 2008, a non-minor dependent youth is a current or former dependent child or ward of the juvenile court who

- has attained 18 years of age but is less than 21 years of age;
- is in foster care under the responsibility of the county welfare department, county probation department, or Indian tribe; and
- is participating in a transitional independent living case plan.

### **Noticing**

Formal provision of the date, time, location, and purpose of the hearing.

### **Overrepresentation**

Overrepresentation refers to the current situation in which particular racial/ethnic groups of children are represented in foster care (or in the child welfare system as a whole) at a higher or lower percentage than their representation in the general population. [Adapted from McRoy, R. (2005). *Moving from Disproportionality to Fairness and Equity*. Lecture presentation, The Symposium on Fairness and Equity in Child Welfare Training and Education, 2005.]

### **Outcomes-Informed Practice**

Practice that supports and is informed by federal and state outcomes. All training in California supports the federal outcomes of Safety, Permanency and Well-Being. California also has developed state-specific performance measures. [For more information on the performance measures in California, refer to the website for the Child Welfare Dynamic Report System at the Center for Social Sciences Research (CSSR) at UC, Berkeley: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)]

### **Parenting Skills**

This term from the California Standardized Safety Assessment Matrix refers to the skills a parent demonstrates regarding the capacity to effectively care for, guide, and discipline the child(ren) in the parent's custody. (#31 in the Standard Areas for Review)

### **Participatory Case Planning**

A strategy encompassing several formal models and informal philosophies aimed at working together with the family and others (such as relatives, service providers and community members) to develop strength-based case plans that are tailored to meet the specific needs of the family.

### **Party**

A participant in the case who has the right to receive notice and to present evidence to the court.

### **Peer Quality Case Reviews**

A key component of the C-CFSR designed to enrich and deepen understanding of a county's actual practices in the field by bringing experienced peers from neighboring counties to assess and identify the subject county's strengths and areas needing improvement within the child welfare services delivery system and social work practice.

### **Performance Indicators**

Specific, measurable data points used in combination to gauge progress in relation to established outcomes.

### **Permanence**

A primary outcome goal for child welfare services whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security that endures over time.

### **Permanency Hearing**

The hearing where the court determines the most appropriate permanent plan for the child. This can occur at the disposition hearing if the court does not order reunification services under WIC Sec. 361.5(b) or at a hearing wherein the court terminates reunification services. The permanent plans in California in order of preference are: return home, adoption, legal guardianship, permanent placement with a relative, or permanent placement with an identified placement and a specific goal. If the court chooses adoption or legal guardianship, it must set a hearing under WIC 366.26 which is referred to as a .26 hearing or a selection and implementation hearing.

### **Perpetrator**

The person who has committed the abuse against the child.

### **Perpetrator Access**

This term from the California Standardized Safety Assessment Matrix refers to the perpetrator's relationship to the child; and the frequency and intimacy of the perpetrator's contact with the child. (*#5 in the Standard Areas for Review*)

### **Pediatric Radiologist**

A medical expert who interprets X-rays regarding fractures and internal injuries in children.

### **Petechiae**

Pinpoint hemorrhages often associated with suffocation.

### **Physical Abuse**

Non-accidental, inflicted injury/trauma to a child.

### **Positive Toxicology Screen (pos tox)**

A screening test (usually referring to a test of newborn urine) which demonstrates that a substance has been ingested by indicating positive results for a drug. Mothers who test positive for drugs upon delivery will have infants who also have ingested the same substance. Generally these results indicate usage by the mother within the past 72 hours.

### **Post Permanency Hearing**

Review hearings after the development of a permanent plan for the child during which the court reviews the case and case plan. Must be held no less than every six months.

### **Posttraumatic Stress Disorder (PTSD)**

As defined by the DSM IV-TR, PTSD refers to an emotional illness that develops as a result of an event involving actual or threatened death, serious injury, rape, or childhood sexual abuse and is out of the normal experience for that individual (or may be accumulative or repeated). The stressor must be extreme, not just severe, and cause intense subjective responses, such as fear, helplessness or horror. Key symptoms include:

- Re-experiencing the event
- Avoidance
- Emotional numbing
- Increased arousal

### **Pre-Placement Preventative Services**

This term from the California Standardized Safety Assessment Matrix refers to services designed to help children remain with their families by preventing or eliminating the need for removing the child from the home. [These services are emergency response services and family maintenance services. Div 31-002 (p) (8).] (#14 in the Standard Areas for Review)

### **Prevention**

Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.

### **Program Improvement Plan (PIP)**

A comprehensive response to findings of the CFSR establishing specific strategies and benchmarks for upgrading performance in all areas of nonconformity with established indicators.

### **Protective Capacity**

Refers to the ability and willingness to utilize *internal* and *external* resources to mitigate risk and to support the ongoing safety of a child.

### **Reasonable Efforts**

A legal determination as to whether or not the child welfare agency has provided the family with adequate services, which can include visitation, referrals, and other case management. Reasonable efforts must be made to reunify the family or to finalize a permanent plan for the child.

### **Recovery**

Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery—hope, healing, empowerment, and connection—and external conditions that facilitate recovery—implementation of the principle of human rights, a positive culture of healing, and recovery-oriented services.

<http://www.psychservices.psychiatryonline.org/cgi/content/full/52/4/482> .

### **Relapse**

The recurrence of symptoms (usually referring to substance abuse) after a period of successful recovery. Relapse is common in recovery from addiction and not considered a treatment failure. As with other chronic illnesses, significant improvement is considered successful treatment even if complete remission or absolute cure is not achieved.

### **Relapse Prevention**

Relapse prevention efforts in drug treatment require the development of a plan tailored to maintaining new behavior in an effort to avoid renewed substance abuse. The plan involves integrating behavior diversion activities, coping skills, and emotional support.

### **Resource Families**

Relative caregivers, licensed foster parents, and adoptive parents who meet the needs of children who cannot safely remain at home. Resource families participate as members of the multidisciplinary team.

### **Restraining Order [Protection Order]**

A restraining order is a [court order](#) intended to protect victims of domestic violence from being physically abused, threatened, stalked, or harassed by the person who previously perpetrated abuse.

### **Reunification**

Occurs when the court determines there is no longer a substantial danger to the child and returns the child to the physical custody of the parent or caregiver who participated in child welfare services.

### **Risk**

The likelihood that a child will be abused, neglected, or exploited.

### **Risk Assessment**

The process utilized by a child welfare worker to determine the likelihood that a child will be abused, neglected, or exploited. [This could include the use of a variety of tools and/or experience, training, and professional judgment, as well as other research-based tools (including evidence-based decision-making tools) to:

- facilitate the interviewing of children, families, and community members;
- gather and evaluate information from collateral contacts;
- gather and evaluate psycho-social information regarding the parent;
- review and evaluate past history (including use of CWS/CMS data).

Risk elements are the focus of the case plan for change-oriented interventions—they indicate what has to be addressed as the child protection system works with the family to change the conditions that put the child at risk, as well as potential future safety challenges. The assessment of risk also incorporates the elements of protective capacity.]

### **Safety**

A primary outcome for child welfare services whereby all children are, first and foremost, protected from abuse and neglect.

### **Safety Assessment**

The process utilized by a county child welfare worker to determine if a child is currently safe from physical abuse, sexual abuse, emotional abuse, neglect, and/or exploitation. [This could include the use of a variety of tools and/or experience, training, and professional judgment, as well as other research-based tools (including evidence-based decision-making tools) to make that determination. The safety assessment is conducted as part of the initial CPS intervention and continues throughout the life of the case. *A safety assessment is not the same thing as a risk assessment.*]

### **Safety Interventions**

This term from the California Standardized Safety Assessment Matrix refers to the actions, services, arrangements, and circumstances intended to mitigate the threat of, repeat abuse of, or maltreatment of the child. [This includes the development of a safety plan for providing services to promote the health and safety of the children in the family. The safety plan addresses what threats of severe harm exist; how they will be managed, including by whom, under what circumstances, with what specified time requirements, etc.] (#13 in the Standard Areas for Review)

### **Safety Threshold**

The point when family conditions, in the form of behaviors, emotions, intent, situations, etc., are manifested in such a way that they exceed risk factors and threaten the child's safety.

### **School Attendance Review Board (SARB)**

School Attendance Review Boards handle most attendance issues for school jurisdictions without the involvement of Child Protective Services.

### **Secondary Trauma**

Secondary, or vicarious trauma, refers to the effect of trauma on those people who care for, or are involved with, those who have been directly traumatized.

### **Shaken Infant Syndrome**

Severe trauma to a child under age 5, and generally under age 1, as a result of severe shaking that results in a whiplash-type of injury. Retinal hemorrhages are symptomatic. A significant amount of force is required.

### **Shared Family Care**

Temporary placement of children and parents in the homes of trained community members who, with the support of professional teams, mentor the families to develop the necessary skills, supports, and protective capacity to care for their children independently.

### **Shared Responsibility**

This concept encourages community residents to get involved in child protection. It offers opportunities for participation and stresses the importance of community responsibility for child safety and well being. This does not negate the ultimate accountability of the child welfare agency for child protection. Rather, it engenders a community mindset to develop capacity to protect children and to strengthen and preserve families.

### **Sibling Placement**

This term from the California Standardized Safety Assessment Matrix refers to the efforts made in all out-of-home placements, including those with relatives, to place siblings together in order to maintain the continuity of the family unit. [Sibling is defined as a person related to the child by blood, adoption, or affinity through a common legal or biological parent. Welfare & Institutions Code Sec. 16002(a)(b)] (#19 in the Standard Areas for Review)

### **SIDS**

Sudden Infant Death Syndrome is the unexplained, unexpected death of an otherwise healthy child up to age 1. There is an absence of an explanation of the cause of death via autopsy, and a death scene investigation should be conducted to rule out other causes of death.

### **Skeletal Survey**

A body X-ray to determine if there are fractures or internal injuries. Usually ordered for children age 2 or under when the physician suspects abuse.

### **Slate Gray Patches (formerly known as Mongolian Spots)**

A birth mark which resembles a bruise in appearance. May be colored brown or greenish-purple and is often located on the lower back/buttocks, although it can occur anywhere on the body. More common on children of color, this condition is often mistaken for child abuse.

### **Social Environment**

This term from the California Standardized Safety Assessment Matrix refers to the social interactions of those living in or having significant contact in the home that support or compromise the child's health and safety. [This includes the degree to which communications, interactions, and relational networks within the home or surrounding the child support or compromise the child's health and safety. Also included are the current and historical conditions within the home which are associated with the caregiver's capability to rely on an appropriate social network, ability to solve problems, and ability to communicate effectively. Positive aspects of the social environment may mitigate risk to the child.] (#7 in the Standard Areas for Review)

### **Stages of Change**

The five stages of change are: pre-contemplation, contemplation, preparation, action, and maintenance.

### **Standardized Safety Approach**

A uniform approach to the safety, risk, and protective capacity of the adult caregiver to assure basic statewide levels of protective responses and to assure that fairness and equity are embedded in criteria used for case decisions.

### **Status Offender Proceeding**

Occurs when the court is asked to declare a minor a ward of the court based on the minor's refusal to obey reasonable orders of the minor's parents. (Welfare and Institutions Code Sec. 601.)

### **Status Review Hearing**

At this juvenile court hearing, held every six months after disposition, the judge reviews the case and the case plan. In family maintenance cases, the judge must decide if the conditions that brought the family within the court's jurisdiction still exist or if such conditions are likely to exist if supervision is withdrawn. In family reunification cases, during the period in which reunification services are being provided, the court must return the child home unless the agency can show that return of the child to the home would create a substantial risk of detriment to the child's safety, protection, or physical or emotional well-being.

### **Strength-based Practice**

Practice that identifies strengths in an individual, family, or system, and the formulation of service arrays and interventions that acknowledge and build on those strengths. A strength-based approach honors and respects the dignity of family members and incorporates the family's collective knowledge about the resources and strengths in their family system. Strength-based practice involves joining with the family to reach goals for improvement in family functioning. It includes:

- Using language that focuses on strengths
- Specific interviewing skills
- Specific assessment criteria
- Specific model practices
- Specific casework practices
- Engagement of the neighborhood and the community
- Agency practices with staff and the community

### **Subsequent Referrals**

This term from the California Standardized Safety Assessment Matrix refers to reports received by the child welfare agency regarding new allegations made after the initial report of child maltreatment. (*#36 in the Standard Areas for Review*)

### **Substance Abuse**

This term from the California Standardized Safety Assessment Matrix refers to the abuse of alcohol and other drugs (AOD) by the parent, caregiver, or the child. [Considering substance abuse in making safety assessments will include the severity and impact of the AOD use on each member of the family. Some cases will require

differentiating between substance use, abuse, or dependence for the adult or adolescent family members.] (#33 in the Standard Areas for Review)

### **Substance Abuse Assessment**

Screening and/or assessment to determine the presence of an AOD abuse disorder. This assessment process should: employ cultural sensitivity; use a standardized tool such as the Addiction Severity Index (ASI); use Standardized Placement Criteria such as the American Society of Addiction Medicine (ASAM) Placement Criteria; and ensure that re-assessments occur with concomitant case plan adjustment.

### **Substitute Care Provider**

A foster parent or relative/non-relative extended family member who is responsible for a child's care during his or her placement in out-of-home care. [The non-relative extended family member may be a person who has an established familial or mentoring relationship with the child.]

### **Substitute Care Provider's Strength and Willingness to Support the Child's Case Plan**

This term from the California Standardized Safety Assessment Matrix refers to the active participation of the caregiver in activities that promote and support the child's safety, permanency, and well-being, including health, education, and social development. (#18 in the Standard Areas for Review)

### **Substitute Care Provider's Willingness/Ability to Provide Care, Ensure Safety**

This term from the California Standardized Safety Assessment Matrix refers to the substitute care provider's ability and commitment to the care and safety of the child. [This includes the willingness to accept the child into the caregiver's home and provide for the child's daily care and maintenance.] (#17 in the Standard Areas for Review)

### **Successful Youth Transition**

The desired outcome for youth who experience extended stays in foster care, achieved by the effective provision of a variety of services (e.g., health and mental health, education, employment, housing, etc.), continuing through early adulthood, while simultaneously helping youth to maintain, establish or re-establish strong and enduring ties to one or more nurturing adults.

### **Support System**

Refers to an informal network of people, resources, and/or organizations whose assistance and encouragement strengthen an individual's or family's functioning.

### **System Improvement Plan (SIP)**

A key component of the C-CFSR, this operational agreement between the county and the state outlines a county's strategy and actions to improve outcomes for children and families.

### **Uniform Practice Framework**

A fully articulated approach to all aspects of child welfare practice that:

- Uses evidence-based guidelines for the start-up phase and ongoing incorporation of known “best” or “promising” practices
- Aligns with sound child and family policy
- Is responsive to unique needs of diverse California counties
- Can be integrated with a Differential Response system
- Addresses shared responsibility with the community
- Emphasizes non-adversarial engagement with caregivers
- Integrates practice work products from the Full Stakeholders Group and the Statewide Regional Workgroups.

### **Violence Propensity/Capability**

This term from the California Standardized Safety Assessment Matrix refers to a pattern of aggressive, coercive, threatening, or potentially harmful behavior or history on the part of a parent or household member. [The presence of family violence in the home, social isolation, and prior criminal convictions may indicate safety and/or risk concerns for the child. These include concerns about the child witnessing domestic violence.] (#6 in the Standard Areas for Review)

### **Visitation**

This term from the California Standardized Safety Assessment Matrix refers to the formalized face-to-face contact between a child and a parent(s)/guardian, siblings, grandparents, or others deemed appropriate by the county or juvenile court to promote the continuity of parent-child relationships and permanency. (Div 31-002 (v)(1)(B)) [The duration, frequency, location, and supervision of the contacts will be based on the safety goals of the case plan, the child's developmental needs, and the parents' strengths and needs. Regular and frequent contacts between parent and child and/or between the child and his or her siblings help to maintain family relationships, empower parents, minimize children's separation trauma, and provide an opportunity for family members to learn and practice new skills and interactive behaviors.] (#21 in the Standard Areas for Review)

### **Voluntary Relinquishment**

Process by which parents voluntarily surrender their parental rights and allow their child to be adopted.

**Vulnerable Families**

Families who face challenges in providing safe, nurturing environments for their children, including families demonstrating patterns of chronic neglect; families with young children (ages 0-5); families affected by alcohol and drug abuse; families experiencing poverty or homelessness; family victims of domestic violence; and family members whose mental health is compromised.

**Welfare and Institutions Code**

A series of laws that govern California's dependency system.

# Family Engagement in Case Planning and Case Management

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## REFERENCES and BIBLIOGRAPHY

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### ALL-COUNTY LETTERS (ACLs)

06-07: Change in Time Period for Completion of a Case Plan

<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/aclo6/pdf/06-07.pdf>

04-42: Independent Living Program (ILP) Annual Statistical Report [SOC 405A (10/04)]

<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/aclo4/pdf/04-42.pdf>

00-21: Foster Care Monthly Visits

<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/aclo0/pdf/00-21.PDF>

00-56: Kinship/Foster Care Emergency Fund

<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/aclo0/pdf/00-56.PDF>

11-16: Extended Foster Care

<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/ac1/2011/11-61.pdf>

### ALL-COUNTY INFORMATION NOTICES (ACINs)

I-05-05: Family Connections

[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino5/pdf/I-05\\_05.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino5/pdf/I-05_05.pdf)

I-23-04: Implementation of Concurrent Planning - Promising Practices

[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino4/pdf/I-23\\_04.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino4/pdf/I-23_04.pdf)

I-43-04: The Indian Child Welfare Act/Frequently Asked Questions

[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino4/pdf/I-43\\_04.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino4/pdf/I-43_04.pdf)

I-54-04: Notice of Involuntary Child Custody Proceedings for an Indian Child (SOC 820)

[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino4/pdf/I-54\\_04.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino4/pdf/I-54_04.pdf)

I-87-04: Notice of Involuntary Child Custody Proceedings for an Indian Child (JV-135)

[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino4/pdf/I-87\\_04.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino4/pdf/I-87_04.pdf)

I-17-03: Relative Approval Monitoring Process

[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino3/pdf/I-17\\_03.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acino3/pdf/I-17_03.pdf)

I-21-03: The Office of The California State Foster Care Ombudsperson  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-21\\_03.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-21_03.pdf)

I-34-03: The Structured Applicant Family Evaluation Assessment Tool  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-34\\_03.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-34_03.pdf)

I-57-03: Safely Surrendered Baby Law - Hospital Births  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-57\\_03.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-57_03.pdf)

I-62-03: Permanency Planning and The Adoption Assistance Program  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-62\\_03.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-62_03.pdf)

I-64-03: Family Engagement in Case Planning  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-64\\_03.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-64_03.pdf)

I-41-02: 2001 Chaptered Legislation Affecting the Emergency Response, Family Maintenance, Family Reunification and Permanency Planning Components of Child Welfare Services and the Adoptions Program  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin02/pdf/I-41\\_02.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin02/pdf/I-41_02.pdf)

I-48-02: Indian Child Welfare Act Update  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin02/pdf/I-48\\_02.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin02/pdf/I-48_02.pdf)

I-50-02: Family To Family California Website is Online  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin02/pdf/I-50\\_02.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin02/pdf/I-50_02.pdf)

I-22-01: 2000 Chaptered Legislation Affecting the Emergency Response, Family Maintenance, Family Reunification and Permanency Planning Components of Child Welfare Services and the Adoptions Program  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin01/pdf/I-22\\_01.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin01/pdf/I-22_01.pdf)

I-96-01: Adoptive Applicant, Child Assessment and Case Planning Checklists For Cross-Jurisdictional Adoptive Placements  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin01/pdf/I-96\\_01.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin01/pdf/I-96_01.pdf)

I-47-00: 1999 Chaptered Legislation Affecting the Adoptions Program, The Office Of Child Abuse Prevention, The Child Welfare Services Program, The Foster Care Program and The Foster Care Audits Program  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin00/pdf/I-47\\_00.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin00/pdf/I-47_00.pdf)

I-63-00: Provisions of Case Plan Information to Out-Of-Home Care Providers  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin00/pdf/I-63\\_00.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin00/pdf/I-63_00.pdf)

I-69-00: Out-Of-State Group Home Placement/Certification  
[http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acinoo/pdf/I-69\\_00.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acinoo/pdf/I-69_00.pdf)

## GENERAL REFERENCES AND BIBLIOGRAPHY

- Altman, J. C. (2005). Engagement in children, youth, and family services: Current research and promising approaches. In G. P. Mallon & P. M. Hess (Eds.), *Child Welfare for the 21<sup>st</sup> century: A handbook of practices, policies, and programs* (pp. 72-86). New York: Columbia University Press.
- Altman, J. (2008). Engaging families in child welfare services: Worker vs. client perspectives. *Child Welfare*, 87(3), 41-61.
- Barth, R., Jonson-Reid, M. (2000). Outcomes after child welfare services: Implications for the design of performance measures. *Children and Youth Services Review*, (22)9/10, 763-787.
- Bass, S., Shields, M., & Behrman, R. (2004). Children, families and foster care: Analysis and recommendations. *Future of Children* 14(1), 5-30.
- Bay Area Academy. Placement and Permanency Training Curriculum. Oakland, CA.
- Benard, B. (2006). Using strength based practice to tap the resilience of families. In D. Seleebeey (Ed.), *Strengths perspective in social work practice*. Boston, MA: Allyn & Bacon.
- Berrick, J.D. (2009) *Take me home: Protecting America's vulnerable children and families*. New York: Oxford University Press.
- California Department of Social Services. (2005). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-05-01, Division 31-206. Sacramento, CA: CDSS.
- California Department of Social Services. (2003a). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-03-02, Division 31-206. Sacramento, CA: CDSS.
- California Department of Social Services. (2003b). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-03-01, Division 31-002 (c)(3). Sacramento, CA: CDSS.

California Department of Social Services. (2000). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-00-02, Division 31-201. Sacramento, CA: CDSS.

California Department of Social Services. (1999a). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-99-04, Division 31-205. Sacramento, CA: CDSS.

California Department of Social Services. (1999b). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-99-04, Division 31-206. Sacramento, CA: CDSS.

California Department of Social Services. (1999c). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-99-01, Division 31-206. Sacramento, CA: CDSS.

California Department of Social Services. (1998a). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-98-01, Division 31-225. Sacramento, CA: CDSS.

California Department of Social Services. (1998b). Manual of Policies and Procedures: Child Welfare Services, Manual Letter No. CWS-98-01, Division 31-201. Sacramento, CA: CDSS.

California Department of Social Services. (1997). *The Governor's Initiative: Progress Report II*. Sacramento, CA: CDSS.

California Welfare and Institutions Code Section 16501.1(f)(9). Retrieved September 21, 2009, from <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=16001-17000&file=16500-16521.5>

California Welfare and Institutions Code Sections 361.3, 366.21(e), 366.22(a). Retrieved September 21, 2009, from <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=00001-01000&file=360-370>

California Welfare and Institutions Code Section 358.1(b). Retrieved September 21, 2009, from <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=00001-01000&file=345-359>

Campbell, L. (1997). Family involvement in decision making in child protection and care: Four types of case conferences. *Child and Family Social Work*, 2, 1-11.

Center for Social Services Research: Reunification Rates. Retrieved September 21, 2009, from

[http://cssr.berkeley.edu/cwscmsreports/cdss/CountySummariesQ408/00-California\\_JUL2009\\_08Q4.xls](http://cssr.berkeley.edu/cwscmsreports/cdss/CountySummariesQ408/00-California_JUL2009_08Q4.xls)

- Chipungu, S., Bent-Goodley, T. (2004). Meeting the challenges of contemporary foster care. *Future of Children* 14(1), 75-94.
- Cramblit, Andre. Digest for IndigenousNewsNetwork@topica.com, Issue 494.
- D'Andrade, A., Berrick, J.D. (2006). When policy meets practice: The untested effects of permanency reforms in child welfare. *Journal of Sociology and Social Welfare*, 33(1), 31-52.
- Dawson, K., Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare*, 81(2), 293-317.
- Denby, R., Curtic, C., & Alford, K. (1998). Family preservation services and special populations: The invisible target. *Families in Society: The Journal of Contemporary Human Services*, 78(1).
- Forrester, D., McCambridge, J., Waissbein, C., & Rollnick, S. (2008). How do child and family social workers talk to parents about child welfare concerns? *Child Abuse Review*, 17, 23-35.
- Hardy, F., Darlington, Y. (2008). What parents value from formal support services in the context of identified child abuse. *Child and Family Social Work*, 13, 252-261.
- Hatton, H., Brooks, S., & Hafer, N. (2008). Participatory case planning in Child Welfare Services. Northern Training Academy, University of California, Davis.
- Healy, K. (1998). Participation and child protection: The importance of context. *British Journal of Social Work*, 28, 897-914.
- Hess, P., Folaron, G., Jefferson, A. (1992). Effectiveness of family reunification services: An innovative evaluative model. *Social Work* 37(4), 304-312.
- Leathers, S. J. (2002). Parental visiting and family reunification: could inclusive practice make a difference? *Child Welfare*, 81(4), 595-616.
- Littell, J., Alexander, L., Reynolds, W. (2001). Client participation: Central and underinvestigated elements of intervention. *The Social Service Review*, 75(1), 1-28.
- National CASA. (2002). Chapter 1: Unit 3 Principles & Concepts That Guide CASA/GAL Volunteer Work (pp. 1-26).

- Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved May 6, 2009, from University of California at Berkeley Center for Social Services Research website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>
- Ronnau, J. (2001). Values and ethics for family centered practice. In E. Walton, P. Sandau-Beckler, and M. Mannes (Eds.), *Balancing family centered services and child well-being* (pp. 34-68). NY: Columbia University Press.
- Rzepnicki, T. L. (1987). Recidivism of foster children returned to their own homes: A review and new directions for research. *The Social Service Review*, 61(1), 56-70.
- Sandau-Beckler, P. (2001). Family centered assessment and goal setting. In E. Walton, P. Sandau-Beckler, and M. Mannes (Eds.), *Balancing family centered services and child well-being* (pp. 93-127). NY: Columbia University Press.
- Scannapieco, M., Connell-Carrick, K., Painter, K. (2007). In their own words: Challenges facing youth aging out of foster care. *Child and Adolescent Social Work Journal*, 24:423-435
- Sherman, R. (2004). Serving youth aging out of foster care. *Welfare Information Network*, 8(5).
- Social Security Act § 471, 42 U.S.C. § 671. Retrieved September 21, 2009, from [http://www.ssa.gov/OP\\_Home/ssact/title04/0471.htm](http://www.ssa.gov/OP_Home/ssact/title04/0471.htm)
- Social Security Act § 475, 42 U.S.C. § 675. Retrieved September 21, 2009, from [http://www.ssa.gov/OP\\_Home/ssact/title04/0475.htm](http://www.ssa.gov/OP_Home/ssact/title04/0475.htm)
- Thomson, J., Thorpe, R. (2004). Powerful partnerships in social work: Group work with parents of children in care. *Australian Social Work*, 57(1), 46-56.
- Tilbury, C., & Osmond, J. (2006). Permanency planning in foster care: A research review and guidelines for practitioners. *Australian Social Work*, 59(3), 265-280
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2000). *Rethinking Child Welfare Practice under the Adoption and Safe Families Act of 1997: A Resource Guide*. Washington, D.C.: Author.

Velazquez, S., Vincent, S. (2009). Promising interventions for strengthening relationships between non-resident fathers and their children. *The Source*, 19(1), 8-10.

Wald, M., Martinez, T. (2003). *Connected by 25: Improving the Life Chances of the Country's Most Vulnerable 14-24 Year Olds*. Stanford University: William and Flora Hewlett Foundation Working Paper.

Wulczyn, F. (2004). Family reunification. *Future of Children* 14(1), 95-114.

Yatchmenoff, D. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice*, 15(2), 84-96.

# Family Engagement in Case Planning and Case Management

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## MATERIALS CHECKLIST

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### HANDOUTS

- Trainees' Guides

### ITEMS FOR THE TRAINER

- Evaluation Packets #1 & #2 (*make sure there are enough copies for each trainee*)
- Three 9x12 Envelopes (for trainer to collect completed Pre- and Post-tests and blank/unused tests)
- Supplemental Handout with the second half of the Fairness and Equity Vignette
- Supplemental Handout Case Folders for the trainees with the Wilson Family Case File Contents document, the Wilson Genogram, the Wilson Family Vignette and the Wilson Family Assessment Tools
- A handout version of the PowerPoint presentation
- Dortehea Gibson Vignette Part 2 – Day 1, Segment 4, Activity 4C
- Keys to Engagement cards and handouts – Day 1, Segment 4, Activity 4D
- 3x5 Written Scenario Cards – Day 1, Segment 6, Activity 6B
- Sample Two Minute Pitch – Day 2, Segment 11, Activity 11B
- My Action Plan – Day 2, Segment 15, Activity 15A
- Optional – small prizes for game winners

### TABLE TOPS

#### Required for this curriculum:

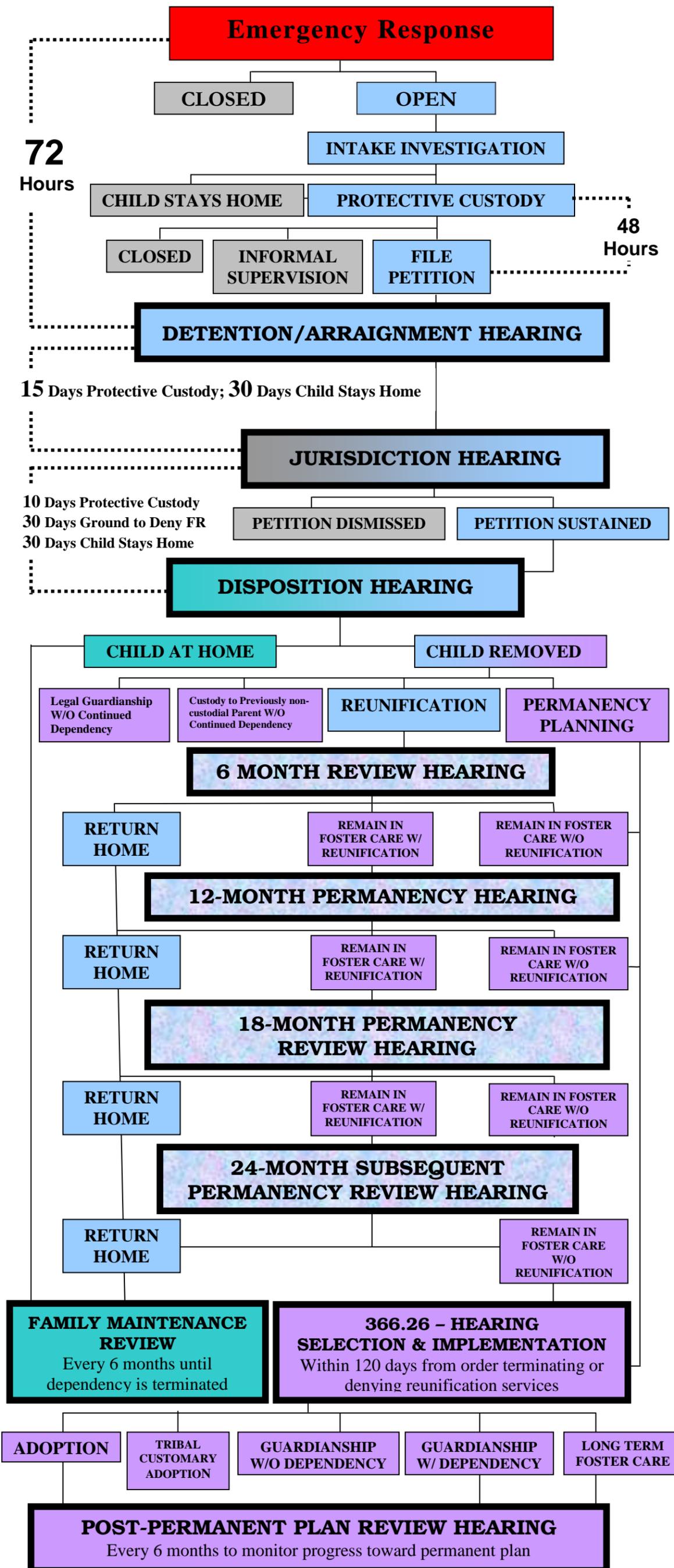
- Pens/Pencils for trainees
- Markers (for trainer and trainees)
- Mailing Envelopes for each participant (letter size)
- Masking tape (to affix flip chart paper)
- Flipchart paper for small groups of participants
- Highlighters
- Scratch paper, post-it notes for trainees

### AUDIOVISUALS

- Pathways to Permanence DVD (available from the Dave Thomas Foundation for Adoption [<http://www.davethomasfoundation.org/>] at no charge)
- Flip charts (for trainers and trainees to fill out)

- ☑ Flip chart markers (for trainer and trainees to use)
- ☑ Screen
- ☑ LCD projector and cables
- ☑ Speakers
- ☑ Laptop computer and cables (for PowerPoint presentation)
- ☑ Television and DVD player
- ☑ PowerPoint presentation for curriculum
- ☑ PowerPoint presentation for Jeopardy game

# JUVENILE DEPENDENCY PROCESS



## JUVENILE COURT DEPENDENCY HEARINGS

**DETENTION HEARING:** *W&I C §319, CRC 5.667-5.680*

**Presumption:** The child shall be released to the parents unless continuance in the home of the parent would be contrary to the child's welfare.

**Burden of Proof:** Prima facie evidence (evidence which suffices until contradicted).

**Burden of Production:** The government.

**Time Lines:** Detention hearing must be held the next court day after the petition is filed.

**JURISDICTION HEARING:** *W&I C §§300, 350, 355.1 CRC 5.682-5.688*

**Presumption:** Unexplained serious non-accidental injuries while in the care/custody of parent is prima facie evidence of abuse or neglect.

**Burden of Proof:** Preponderance of evidence that petition is true.

**Burden of Production:** The government.

**Time Lines:** 15 court days after the Detention hearing if child is out of home, 30 calendar days if child remains home.

**DISPOSITION HEARING:** *W&I C §§360-362.7 CRC 5.690-5.705*

**Presumption:** Finding under *W&I C §300(e)* is prima facie evidence that child cannot be left safely in custody of parent.

**Placement:** The child shall be placed in the custody of the parents unless clear and convincing evidence of detriment. If the Court removes a child from a custodial parent:

- The child will be placed with a previously non-custodial parent unless such placement would be detrimental.
- Preferential consideration for placement will be given to a request by certain relatives.

**Reunification:** Parents will usually receive reunification services.

**Burden of Proof:** Clear and convincing evidence of substantial risk of harm to child in order to remove from parent's custody.

**Burden of Production:** The government.

**Time Lines:** 10 court days after the Jurisdiction hearing if child is out of home, 30 calendar days if child remains home or if government seeks to deny reunification services.

**Family Maintenance Review Hearing:** (*§364; CRC 5.706*)

**Presumption:** Terminate dependency unless continued dependency is necessary.

**Burden of Proof:** Preponderance of evidence.

**Burden of Production:** The government.

**Timelines:** Every six months until case is dismissed

**SIX-MONTH REVIEW HEARING:** *W&I C §§ 366.21(e), CRC 5.708 & 5.710*

**Presumptions:** The child shall be returned to the parents unless there is a substantial risk of detriment to the child's safety, protection or physical or emotional well-being.

**Burden of Proof:** Preponderance of evidence except clear and convincing to terminate reunification services for child under age 3.

**Burden of Production:** The government.

**Time Lines:** Six months from Disposition hearing.

**TWELVE-MONTH PERMANENCY HEARING:** *W&I C §§ 366.21(f) & (g), CRC 5.708 & 5.715*

**Presumptions:**

- The child shall be returned to the parents unless there is a substantial risk of detriment to the child's safety, protection or physical or emotional well-being.
- When the child is not returned to the parents, services will be terminated unless there is a substantial probability that the child will be returned to the custody of the parents within six months or reasonable services have not been provided.

**Burden of Proof:** Preponderance of evidence, to determine if detrimental for child to return home. Clear and convincing evidence to determine if reasonable services were provided.

**Burden of Production:** The government.

**Time Lines:** Twelve months from "entry into foster care." "Entry into foster care" is the date of the Jurisdiction Hearing or 60 days after initial removal, whichever comes first.

**EIGHTEEN-MONTH PERMANENCY REVIEW HEARING:** *W&I C §366.22, CRC 5.708 & 5.720*

**Presumptions:**

- The child shall be returned to the parents unless there is a substantial risk of detriment to the child's safety, protection or physical or emotional well-being.
- When the child is not returned to the parents, terminate services, except for parents making progress in substance abuse treatment or recently released from incarceration who meet other requirements.

**Burden of Proof:** Preponderance of evidence.

**Burden of Production:** The government.

**Time Lines:** No later than 18 months after initial removal.

**24-Month Subsequent Permanency Review Hearing:** (*W&I C §366.25; CRC 5.708 & 5.722*)

**Presumptions:**

- The child shall be returned to parents unless there is a substantial risk of detriment to the child's safety.
- When the child is not returned to the parents, terminate services.

**Burden of Proof:** Preponderance of evidence.

**Burden of Production:** The government.

**Time Lines:** No later than 24 months after initial removal.

**SELECTION AND IMPLEMENTATION HEARING:** *W&I C §366.26, CRC 5.725-5.735*

**Presumption:** If the child is likely to be adopted, parental rights will be terminated unless adoption would be detrimental to the child.

**Burden of Proof:** Clear and convincing evidence that the child is likely to be adopted.

**Burden of Production:** The government.

**Time Lines:** Within 120 days from order terminating or denying reunification services.

**POST-PERMANENT PLAN REVIEW HEARING:** *W&I C §366.3, CRC 5.740*

This hearing determines if progress is being made to find a permanent home for the child and if the case can be dismissed.

**Presumption:** Continued out-of-home care is in the best interest of the child.

**Burden of Proof:** Preponderance of evidence.

**Burden of Production:** Any party proposing a change.

**Time Lines:** Every six months until case is dismissed.