



California Common Core Curricula for Child Welfare Workers

Trainer's Guide

Framework for Child Welfare Practice in California

Version 2.0 | March 2014

**CENTRAL
CALIFORNIA
PUBLIC SOCIAL
SERVICES
TRAINING
ACADEMY**

**CALIFORNIA
COMMON CORE
CURRICULA**

**FRAMEWORK
FOR CHILD
WELFARE
PRACTICE**

TRAINER'S GUIDE

**VERSION 2.0
MARCH 2014**

Background and Context

Table of Contents

How to Use This Guide

Competencies and
Learning Objectives

Daily Agenda

Lesson Plan

Training Content, Tips,
Activities, & TOL

PowerPoint

Supplemental Handouts

Master Glossary

References and
Bibliography

Materials Checklist



California Common Core Curricula for Child Welfare Workers

Trainer's Guide

Framework for Child Welfare Practice in California

Version 2.0 | March 2014

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



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>



CALIFORNIA COMMON CORE CURRICULA FOR CHILD WELFARE WORKERS



BACKGROUND AND CONTEXT

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., Maultsby, 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.¹
- 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:

¹ 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 and
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*

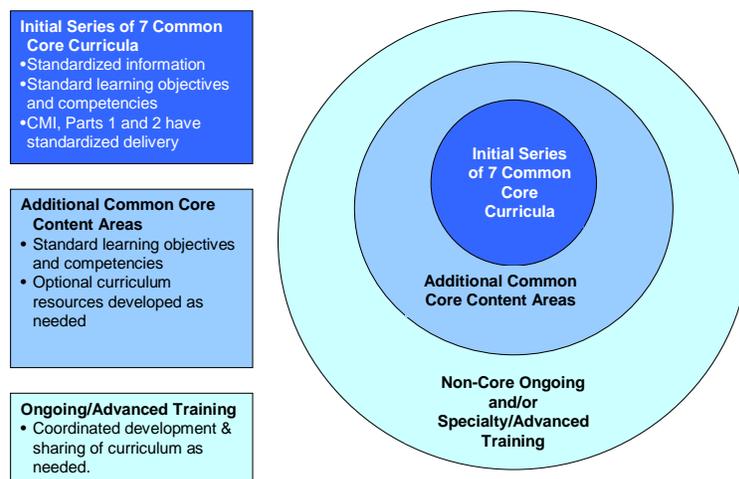
CalSWEC, the Regional Training Academies, counties, and the Inter-University Consortium serving Los Angeles County are currently developing, adapting, and sharing curriculum resources that address all of the learning objectives for these fourteen areas. CalSWEC is coordinating this effort by conducting 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/.

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.² 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.

² *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.

Framework for Child Welfare Practice

Trainer's Guide

TABLE OF CONTENTS

SECTION:	TAB:
Trainer Preface (Background and Context)	1
Table of Contents	2
How to Use This Guide	3
Competencies and Learning Objectives	4
Daily Agenda	5
Lesson Plan	6
Training Content, Tips, Activities, & Transfer of Learning (TOL) Exercises	7
PowerPoint	8
Supplemental Materials	9
Master Glossary	10
References and Bibliography	11
Materials Checklist	12



CALIFORNIA COMMON CORE CURRICULA FOR CHILD WELFARE WORKERS



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

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

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 or Phyllis Jeroslow 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.

FRAMEWORK FOR CHILD WELFARE PRACTICE

COMPETENCIES and LEARNING OBJECTIVES

LEARNING OBJECTIVES

Knowledge:

- K1.** The trainee will be able to identify the three primary goals of child welfare practice in California and the Adoptions and Safe Families Act (ASFA) of 1997:
 - Safety
 - Permanency
 - Well-being
- K2.** The trainee will be able to recognize the California themes of practice.
- K3.** The trainee will be able to recognize the federal and state outcome measures and performance indicators that are part of California’s public child welfare outcomes and accountability system.
- K4.** The trainee will be able to recognize the definition of evidence-based practice.
- K5.** The trainee will be able to identify:
 - concepts of fairness and equity in child welfare,
 - decision points in child welfare referrals and cases with historically disproportionate outcomes, and
 - strategies to address disproportionality.
- K6.** The trainee will be able to identify the principles associated with strength based practice including:
 - identifying strengths within families, and
 - using strength-based language.
- K7.** The trainee will be able to identify the benefits of engagement and teaming.
- K8.** The trainee will recognize that families include mothers, fathers, children, youth and extended family members and specialized and unique efforts to engage must be extended to all family members.
- K9.** The trainee will recognize the link between the data they enter and outcome indicators.

Skills:

- S1.** Given a case scenario, the trainee will be able to identify the strengths of the child(ren), youth, parents and extended family members.

Values:

- V1.** The trainee will value fair and equitable treatment of all people involved in child welfare including efforts to address the issue of disproportionality in child welfare.
- V2.** The trainee will value engaging families, youth and communities in a participatory decision-making process that especially includes families, youth and communities as experts in identifying strengths, needs and resources.
- V3.** The trainee will value a strength-based approach to child welfare.
- V4.** The trainee will value making specific efforts to engage with fathers.

Framework for Child Welfare Practice in California

AGENDA

- 9:00 – 9:40 am** **Segment 1:** Welcome and Review of Agenda
- a) Welcome and Orientation
 - b) Learning Objectives
 - c) Icebreaker
- 9:40 – 10:35 am** **Segment 2:** Building the Framework
- a) Adoption and Safe Families Act
 - b) California Themes of Practice
 - c) Accountability
 - d) Using Data to measure Outcomes
 - e) Evidence-based Practice
- 10:35 – 10:50 am** BREAK
- 10:50 am – 12:20 pm** **Segment 3:** Filling in the Framework: Fairness and Equity
- a) Equitable Resource Distribution
 - b) Knowing Who You Are
 - c) Fairness and Equity Concepts
- 12:20 pm – 1:20 pm** LUNCH
- 1:20 – 1:55 pm** **Segment 3:** Filling in the Framework: Fairness and Equity (Continued)
- d) Culture and Stereotypes
- 1:55 – 2:45 pm** **Segment 4:** Filling in the Framework: Strength-based Practice
- a) Strength-based Practice Defined
 - b) Strength-based Practice Example
- 2:45 – 3:00 pm** BREAK
- 3:0 – 3:50 pm** **Segment 5:** Filling in the Framework: Teaming and Engagement
- a) Engagement
 - b) Teaming
- 3:50 – 4:00 pm** **Segment 6:** Transfer of Learning
- a) My Learning Plan

Framework for Child Welfare Practice in California

SUGGESTED LESSON PLAN

Segment	Learning Objective	Methodology
<p>Day 1, Segment 1 40 min 9:00 – 9:40 am</p> <p>Welcome and Review of Agenda</p>		<p>Activity 1A: Introduce goals of the training and explain logistics. Orientation to the Child Welfare Training System in California.</p> <p><i>PowerPoint slides: 1-7</i></p> <p>Activity 1B: Review of the learning objectives for the course.</p> <p><i>PowerPoint slides: 8-9</i></p> <p>Activity 1C: Facilitate strength-based introduction pairs activity.</p> <p><i>PowerPoint slide: 10</i></p>
<p>Day 1, Segment 2 55 min 9:40 – 10:35 am</p> <p>Building the Framework</p>	<p>K1. The trainee will be able to identify the three primary goals of child welfare practice in California and the Adoptions and Safe Families Act (ASFA) of 1997:</p> <ul style="list-style-type: none"> ▪ Safety ▪ Permanency ▪ Well-being <p>K2. The trainee will be able to recognize the California themes of practice.</p>	<p>Activity 2A Lecture and small group activity introducing and reinforcing the Adoption and Safe Families Act</p> <p><i>PowerPoint slides: 11-14</i></p> <p>Activity 2B: Brief lecture and individual activity introducing and reinforcing the California themes of practice.</p> <p><i>PowerPoint slides: 15-18</i></p>

Segment	Learning Objective	Methodology
	<p>K3. The trainee will be able to recognize the federal and state outcome measures and performance indicators that are part of California’s public child welfare outcomes and accountability system.</p> <p>K4. The trainee will be able to recognize the definition of evidence-based practice.</p> <p>K9. The trainee will recognize the link between the data they enter and outcome indicators.</p>	<p>Activity 2C Brief lecture introducing the Child and Family Services review process and Division 31 regulations. <i>PowerPoint slides: 19-21</i></p> <p>Activity 2D Lecture, large group activity introducing the available child welfare data and federal and state outcome measures. <i>PowerPoint slides: 22-26</i></p> <p>Activity 2E Brief lecture introducing evidence-based practice concepts, terminology and resources. <i>PowerPoint slides: 27-31</i></p>
<p>10:35 – 10:50 am 15 min BREAK</p>		
<p>Day 1, Segment 3 125 min 10:50 am – 1:55 pm (includes 1 hour for lunch)</p> <p>Filling in the Framework: Fairness and Equity</p>	<p>K5. The trainee will be able to identify:</p> <ul style="list-style-type: none"> ▪ concepts of fairness and equity in child welfare, ▪ decision points in child welfare referrals and cases with historically disproportionate outcomes, and ▪ strategies to address disproportionality. 	<p>Activity 3A (Optional): Individual and small group activity to explore the concepts of fairness and equity. <i>PowerPoint slides: 32-34</i></p> <p>Activity 3B (Optional): Video exploring racial and ethnic identity with a focus on foster youth. <i>PowerPoint slide: 35</i></p>

Segment	Learning Objective	Methodology
	<p>V1. The trainee will value fair and equitable treatment of all people involved in child welfare including efforts to address the issue of disproportionality in child welfare.</p>	<p>Activity 3C: Lecture and large and small group activities introducing fairness and equity concepts.</p> <p><i>PowerPoint slides: 36-50</i></p>
<p>12:20 pm – 1:20 pm 60 min LUNCH</p>		
<p>Day 1, Segment 3 (Continued) 125 min 10:50 am – 1:55 pm (includes 1 hour for lunch)</p> <p>Filling in the Framework: Fairness and Equity</p>	<p>V1. The trainee will value fair and equitable treatment of all people involved in child welfare including efforts to address the issue of disproportionality in child welfare.</p>	<p>Activity 3D: Lecture defining culture and introducing the components of modern racism and stereotyping.</p> <p><i>PowerPoint slides: 51-56</i></p>
<p>Day 1, Segment 4 50 min 1:55 – 2:45 pm</p> <p>Filling in the Framework: Strength-based Practice</p>	<p>K6. The trainee will be able to identify the principles associated with strength based practice including:</p> <ul style="list-style-type: none"> ▪ identifying strengths within families, and ▪ using strength-based language. <p>S1. Given a case scenario, the trainee will be able to identify the strengths of the child(ren), youth, parents and extended family members.</p> <p>V3. The trainee will value a strength-based approach to child welfare.</p>	<p>Activity 4A: Lecture defining strength-based practice.</p> <p><i>PowerPoint slides: 57-61</i></p> <p>Activity 4B: Lecture and small group activity further defining concepts related to strength-based practice and applying concepts to a vignette.</p> <p><i>PowerPoint slides: 62-64</i></p>

Segment	Learning Objective	Methodology
2:45 – 3:00 pm 15 min BREAK		
<p>Day 1, Segment 5 50 min 3:00 – 3:50 pm</p> <p>Filling in the Framework: Teaming and Engagement</p>	<p>K7. The trainee will be able to identify the benefits of engagement and participatory practice.</p> <p>K8. The trainee will recognize that families include mothers, fathers, children, youth and extended family members and specialized and unique efforts to engage must be extended to all family members.</p> <p>V2. The trainee will value engaging families, youth and communities in a participatory decision-making process that especially includes families, youth and communities as experts in identifying strengths, needs and resources.</p> <p>V4. The trainee will value making specific efforts to engage with fathers.</p>	<p>Activity 5A: Brief lecture and role play on engagement skills to use in child welfare practice.</p> <p><i>PowerPoint slides: 65-70</i></p> <p>Activity 5B: Lecture describing benefits of participatory practice and providing tips for team building in child welfare.</p> <p><i>PowerPoint slides: 71-74</i></p>
<p>Day 1, Segment 6 10 min 3:50 – 4:00 pm</p> <p>Transfer of Learning</p>		<p>Activity 6A: Individual activity to develop a learning plan for the upcoming core classes.</p> <p><i>PowerPoint slides: 75-76</i></p>

Framework for Child Welfare Practice in California

TRAINER'S GUIDE

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

Table of Contents

Segment	Page
General Training Tips	3
Welcome and Review of Agenda	5
Building the Framework	19
Filling in the Framework: Fairness and Equity	49
Filling in the Framework: Strength-based Practice	75
Filling in the Framework: Teaming and Engagement	87
Transfer of Learning	97

This page intentionally left blank.

General Training Tips

- The *Trainee Content* contains 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 core values and practice principles:



Safety, Permanence, and Well-being



Engagement



Teaming



Fairness and Equity



Strength-based Practice



Evidence-based Practice



Outcomes-informed Practice

- Information related to these themes should be emphasized.
- 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

SEGMENT 1

Welcome and Review of Agenda

Total Segment Time: 40 min

TRAINING ACTIVITY 1A

ACTIVITY: Welcome and Orientation

Activity Time: 15 min

Materials:

- Agenda
- *Trainee Content: Child Welfare Training in California* (page 5 in the *Trainee's Guide*)
- PowerPoint Slides: 1-7

Trainer Note:

You may skip steps 5-8 (slides 4-7) if the content regarding Child Welfare training in California has been provided through an initial training orientation.

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.** 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 the following core values and practice principles.
- **Step #3.** Display slide 2 and explain the goals of the training by making the following points:
 - We'll begin building a shared understanding of the Framework of core values and practice principles that guide Child Welfare social work in California.
 - We'll provide information about the laws and policies that govern our work and help us monitor our effectiveness.
 - We'll set the stage for the rest of your Common Core Training experience, introducing concepts you'll explore in more detail in other Core training sessions.

■ **Step #4.** Refer to the agenda and inform the trainees throughout the day we will introduce the themes of practice that are the foundation of our work with children and families in California.

Explain that the training day is limited and the topics are important and meaningful, so much so that there can be a tendency to get behind schedule. Establish a shared expectation that you will keep to the schedule as much as possible and develop a shared verbal cue that you will provide when you feel the need to move the group forward. Indicate that there will be additional opportunities to discuss the California themes of practice throughout the core training experience.

Display slide 3 and explain the ‘Parking Lot’ concept as a way to capture ideas for future discussion. Explain that the ‘Parking Lot’ is posted to provide an official place to capture ideas, concerns and questions that you would prefer to ask anonymously, or that are not specific to today’s topics per the learning objectives, or that are not something we can address at this time. Note that you will pass your ‘Parking Lot’ issues along to the person responsible for the training.

■ **Step #5.** Display slide 4 and make sure the trainees understand the purpose of the training and the scope of core. Refer the trainees to the *Trainee Content: Child Welfare Training in California* and provide a brief overview of the training system for child welfare in California using the following points and slides.

- California has developed standardized Common Core Curricula that all new child welfare social workers throughout the state complete within their two years of hire.
- The goal of the Common Core is to ensure that new child welfare social workers throughout the state receive the same essential information in training.
- This is the Framework course; it sets the stage for the rest of core.

■ **Step #6.** Display slide 5 and explain that child welfare training is delivered by Regional Training Academies, the Inter-University Consortium (in LA) and counties. CalSWEC provides statewide coordination.

Big picture direction is provided by the Statewide Training and Education Committee (STEC). With representatives from across the state, STEC identifies and prioritizes statewide training needs including the development and revision of the Common Core.

■ **Step #7.** Display slide 6 and explain that different parts of the Common Core have different levels of standardization. Seven topics have standardized content:

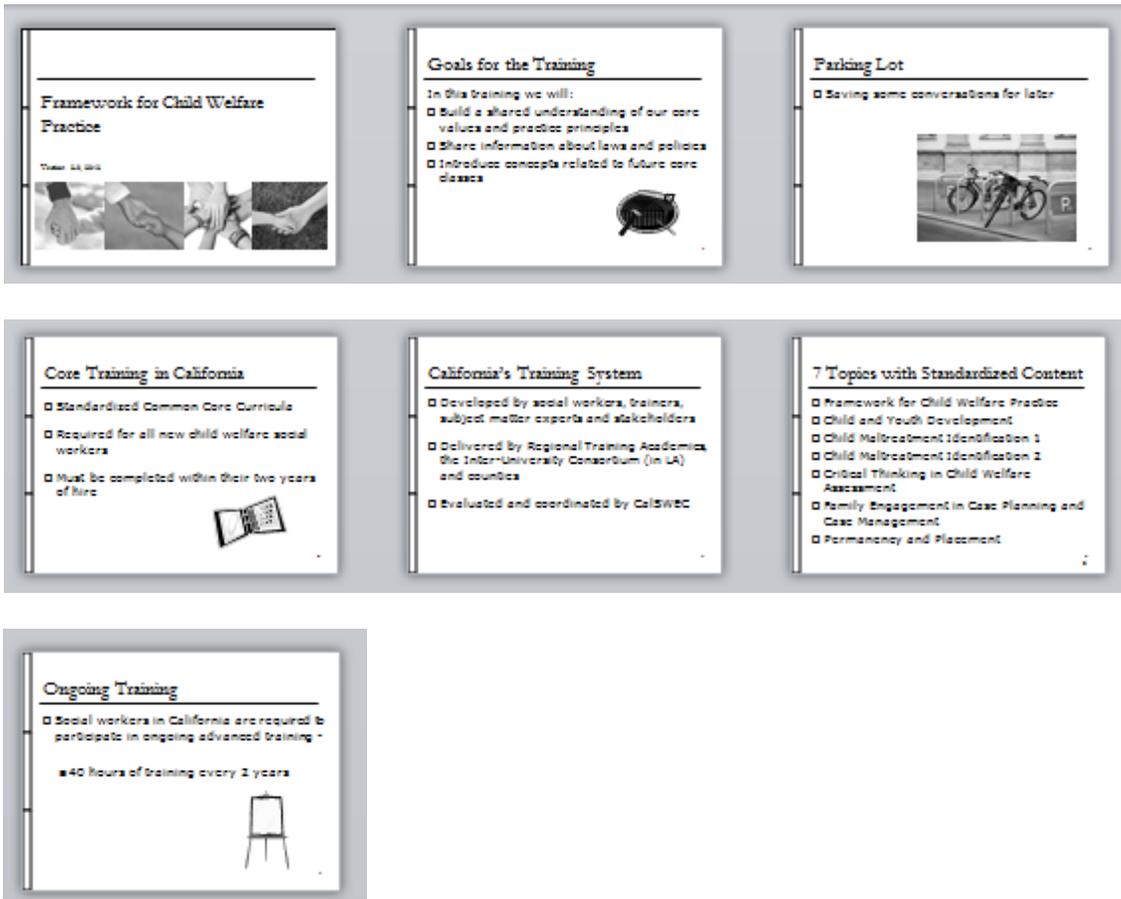
- *Framework for Child Welfare Practice in California;*
- *Child and Youth Development in a Child Welfare Context;*
- *Child Maltreatment Identification 1;*

- *Child Maltreatment Identification 2;*
 - *Critical Thinking in Child Welfare Assessment: Safety, Risk, and Protective Capacity;*
 - *Family Engagement in Case Planning and Case Management*
 - *Permanency and Placement.*
- Several classes include pre and/or post-tests or embedded evaluations to assess the effectiveness of the training.
 - Fourteen additional topics have standardized learning objectives, but the content is developed regionally by the Training Academy, Inter-University Consortium, County or individual trainer.

■ **Step #8.** Display slide 7 and end this segment by pointing out that this core training is only the beginning. After completing core, social workers in California are required to participate in 40 hours of training every 2 years. This ongoing training allows social workers to continue building advanced skills throughout their careers.

End of Activity

PowerPoint Slide, Activity 1A: Slides 1-7



This page intentionally left blank.

Remove this page and insert pages 5-6 from the Trainee's Guide.

This page intentionally left blank.

TRAINING ACTIVITY 1B

ACTIVITY: Learning Objectives

Activity Time: 10 min

Materials:

- Framework Learning Objectives
- Chart pad pages
- Markers
- PowerPoint Slides: 8-9

Training Tips and Discussion Points:

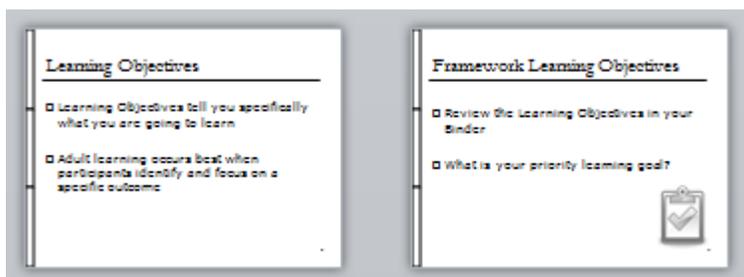
- **Step #1.** Display slide 8 and briefly explain the concept of learning objectives.
 - Learning Objectives tell you specifically what you are going to learn.
 - Adult learning occurs best when participants identify and focus on a specific outcome. This is particularly important in the early stages of induction training when all of the information can seem overwhelming.
- **Step #2.** Display slide 9 and refer trainees to the Framework Learning Objectives and review the learning objectives for today. Briefly review the learning objectives with the group. Ask the trainees to identify the learning objective that they are most interested in meeting.

Ask for volunteers to share the learning objective they are most interested in.

You may choose to list the selected learning objectives on chart pad pages (or ask participants to write them on chart pad pages) and post them around the room so you can refer to them later when you cover them.

End of Activity

PowerPoint Slide, Activity 1B: Slides 8-9



This page intentionally left blank.

ACTIVITY: Icebreaker

Activity Time: 15 min

Materials:

- Trainee Content: *What are my Strengths?* (page 7 in the Trainee's Guide)
- PowerPoint Slide: 10

Pre-training Preparation:

This training activity uses chart pad pages cut into strips (approximately 4 inches by 27 inches). The trainees will use the strips to write one or two strengths elicited in the activity. If possible, use different colors of paper to add visual interest. Prepare enough strips in advance to provide two strips per person.

Trainer Note:

You may move this activity to the very beginning of the day if you prefer.

Training Activity:

■ **Step #1.** Display slide 10 and introduce the icebreaker activity, a strengths self-survey activity. (Note: this activity may be modified at the trainer's discretion to accommodate for group size. See below for alternate instructions.)

Explain that the trainees will practice identifying strengths and considering how to make use of these strengths in their work activities. They will also identify resources to use in building strengths. This activity sets the tone for the training by identifying the strengths that each trainee brings to the field. It also models behavior social workers will use in initial encounters with families to better engage with families by recognizing their strengths and identifying how the strengths can be used to improve the family situation.

Take a moment to be sure the trainees understand what it means to be strengths-based in their approach with families. Ask if the trainees have any ideas about how a strengths-based approach could be beneficial. Include the following key concepts (from Redko et al., 2007):

- When social workers use a strengths-based approach the people they were working with reported:
 - feeling the social worker was interested in their success
 - thinking the relationship they were developing with the social worker was important
 - feeling more optimistic
 - feeling more able to make positive changes in their lives

Acknowledge that sometimes it can be challenging to engage families in strength finding, but research shows that it does help family members see that they have the capacity to make changes. Completing a formal strengths assessment with family members sometimes requires the social worker to point out things like showing up on time to appointments or calling ahead to reschedule appointments as responsible behavior which is an important strength (Redko et al., 2007).

Move on to the activity.

■ **Step #2.** Ask the participants to complete the strengths survey in the trainee content by reading the list and then selecting the three strengths they recognize most in themselves. Explain that once they identify their top three strengths, they will identify how the strength will help them in their job as a social worker. Connect this to their work with families by explaining that when they work in the field, they will need to identify functional strengths upon which families can build interventions. This is more than identifying generic strengths and requires a little extra exploration.

Give the trainees 5 minutes to complete the first two steps and then ask the trainees to form pairs by finding someone who selected at least one different strength. Ask the trainees to conduct brief interviews focusing on how their strengths will support their work in the field and how they can support each other to develop new strengths. Explain that they will be introducing each other to the larger group.

Ask the trainees to use the strips of paper and markers to list one of their strengths that is most relevant to working with families and one area they will develop with the support of their colleague. After the trainees have had a few minutes to interview each other, ask them to introduce each other to the larger group, sharing their interviewee's name and one strength including how the strength will help them in their work with children and families. As each person is introduced, take the strips of paper and post them on the wall in the training room.

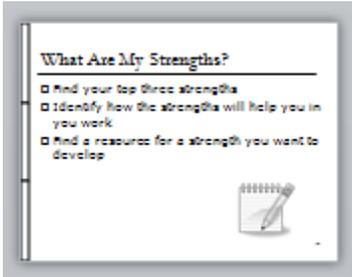
Throughout the report out emphasize the role of the social worker in finding and building strengths among the families they encounter.

Alternate activity for very large groups:

If you are working with a large group, you may have the trainees interview each other and then introduce each other in to their table groups. If you conduct the activity in this way, circulate among the tables acknowledging the strengths. Ask the table groups to post the strips on the wall. Conclude the activity by highlighting some of the strengths and their connections to child welfare work.

End of Activity

PowerPoint Slide, Activity 1C: Slide 10



This page intentionally left blank.

Remove this page and insert pages 7-8 from the Trainee's Guide.

This page intentionally left blank.

SEGMENT 2

Building the Framework

Total Segment Time: 55 min

TRAINING ACTIVITY 2A

ACTIVITY: Adoption and Safe Families Act

Activity Time: 15 min

Materials:

- Trainee Content: *Adoption and Safe Families Act Key Provisions and Worksheet* (page 9 of the Trainee Guide)
- PowerPoint Slides: 11-14

Training Activity:

■ **Step #1.** Display slide 11 and introduce concept of accountability in child welfare by reading the following excerpt from the book *Three Little Words* by Ashley Rhodes-Courter:

“It was July 28, 1998, my adoption day. I had spent almost ten of my twelve years in foster care; I was now living in my fourteenth placement. Some homes had lasted less than a week; few more than a year... Nobody is perfect, and children who have already been rejected by their parents – or at least feel that they have been – are hoping that someone will love them no matter how they behave.”

Ask the trainees to reflect on how a ten year series of fourteen different placements might affect a child. Be sure to discuss the constant feelings of not belonging, always feeling like the placement will end at any time and always feeling like you won't be loved if you show your true self.

Explain that the Adoption and Safe Families Act of 1997 was written to help children like Ashley by pushing social workers, social service agencies and courts to provide permanency for children.

■ **Step #2.** Display slide 12 and refer trainees to the *Trainee Content: Adoption and Safe Families Act Key Provisions and Worksheet*. Review the following key message with the trainees:

Key Message:

The Adoption and Safe Families Act of 1997 (ASFA) sought to improve the lives of children in foster care by establishing three primary goals for child welfare.

Safety – Children are, first and foremost, protected from abuse and neglect.
Children are safely maintained in their own homes whenever possible and appropriate.

Permanency – Children have permanency and stability in their living situations.
The continuity of family relationships and connections is preserved for children.

Well-Being – Families have enhanced capacity to provide for their children’s needs.
*Children receive appropriate services to meet their educational needs.
Children receive adequate services to meet their physical and mental health needs.*

■ **Step #3.** This group activity is optional. If you elect not to do the group activity, you may display slide 13 and review the 5 key provisions of ASFA (Permanency Hearings, Permanency Timeline, Reunification Guidelines, Safety Checks and Accountability) using the information in the trainee content answering the questions about each provision as a large group.

If you are doing the activity, display slide 13 and ask the trainees to work in their table groups to learn more about the 5 key provisions of ASFA. Assign each group 1 key ASFA provision (Permanency Hearings, Permanency Timeline, Reunification Guidelines, Safety Checks and Accountability). If you have more than 5 groups, some groups will have the same provision. Ask the groups to work together to answer the questions following their key provision. Explain that the groups will have 5 minutes to formulate answers and will then present their answers to the larger group.

Alternately, you may have trainees work in dyads, taking turns explaining the key provisions to each other. If you choose to complete the activity using dyads, you will not do the report out described below.

Give the groups 5 minutes of working time, circulating among them and answering any questions they have along the way. After 5 minutes, reconvene the groups and ask them to explain their key ASFA provision and describe how it impacts children and families. If more than one group focused on each provision, ask the subsequent groups to avoid repeating what has already been said and instead only add information that the first group did not mention.

As each group gives their answer, use a chart pad and markers to make notes, emphasizing the role of ASFA in focusing on safety, permanence and well-being as

well as the role of ASFA in making child welfare agencies more accountable for improving outcomes for children in the system.

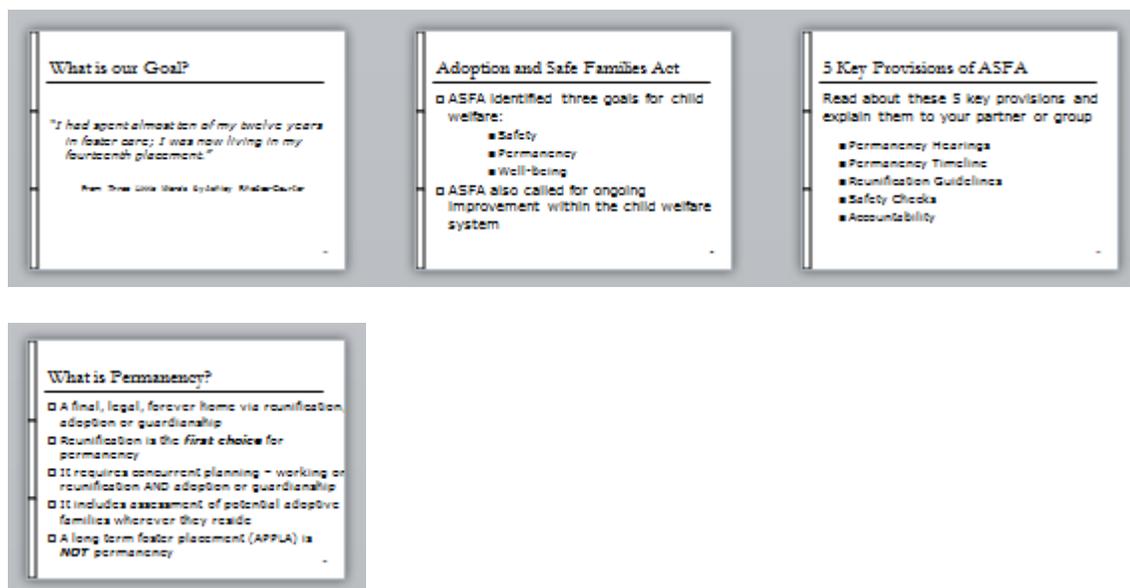
■ **Step #4.** Display slide 14 and briefly emphasize the importance of permanency. Explain the permanency goals of reunification, adoption and guardianship and introduce the concept of concurrent planning. Highlight the key point that ASFA, as amended by Public Law 105-200, specifically prohibits delaying or denying the adoptive placement of a child because the prospective adoptive parents live outside the adoption agency’s jurisdiction (ACIN I-41-05). Emphasize that efforts to find permanency for children should include assessment of potential adoptive families wherever the family might reside.

Clarify that long term foster care or APPLA is not considered permanency and be sure that the trainees understand that reunification is the first preferred form of permanency.

■ **Step #5.** Segue to the next activity which introduces the themes of practice in California – key values that guide our work with children and families.

End of Activity

PowerPoint Slide, Activity 2A: Slides 11-14



This page intentionally left blank.

Remove this page and insert pages 9-12 from the Trainee's Guide.

This page intentionally left blank.

ACTIVITY: California Themes of Practice

Activity Time: 15 min

Materials:

- Trainee Content: *California Themes of Practice* (page 13 in the Trainee's Guide)
- Trainee Content: *California Themes of Practice Self Assessment* (page 17 in the Trainee's Guide)
- Themes Posters
- PowerPoint Slides: 15-18

Pre-training Preparation:

Print the themes posters and place them around the room.

Training Activity:

■ **Step #1.** Refer trainees to the *Trainee Content: California Themes of Practice*. Note that these themes reflect strength-based, trauma-informed practice and have been adopted as part of core training.

■ **Step #2.** Display slides 15 and 16 as you briefly review the themes. Point out that the first theme (Safety, Permanence and Well-being) is the overarching goal of our work and the other themes support our efforts to improve Safety, Permanence and Well-being.



Safety, Permanence, and Well-being

Safety, Permanence, and Well-being represent the overarching reason for our work and the center of our interactions with families. The three concepts work together to protect children and youth from imminent harm, while also seeking out the optimal environment for growth and development.



Engagement

Engagement relies on building strong relationships with family members and caregivers in planning, decision-making, and intervention. We work together with families to develop and support safe family relationships and multiple paths to permanency.



Teaming

Teaming relies on building partnerships with families, community, and Tribes to ensure that decisions, services, and interventions reflect the diverse needs of the families and children we serve. We engage with the community to help the family develop a plan of care that addresses their needs and strengths through the development of a family-driven network of support. Family voice, choice, and preference are respected as we honor each person's unique lived experience, strengths and beliefs.

Note that the use of a Child and Family Team is the best way to identify plans to meet children's needs. Also clarify that there are different kinds of teams and the tasks they undertake (TDM teams, forensic investigation teams, FGDM teams), emphasizing the value of having teams with different focuses and composition depending on family needs and family situations.



Fairness and Equity

Fairness and Equity is reflected in all our interactions with families. We demonstrate this by expanding our awareness and understanding of institutional and personal bias; increasing our knowledge, respect and regard for all ethnicities, cultures, genders, sexual identities, socio-economic backgrounds and perspectives; and by asking the groups that are most affected by our policies, services, and interventions to guide their development.



Strength-based Practice

Strength-based practice means that we work with the family team to develop a balanced plan to meet the needs of the family. We rely on formal and informal services and supports to address needs while building on strengths. Our practice identifies services and interventions based on an assessment of family and individual strengths, needs, and level of functioning. Our interactions and interventions are sensitive and responsive to the trauma and loss children, youth, and families may have experienced.



Evidence-based Practice

Evidence-based practice is the use of research evidence related to child welfare to identify and provide quality interventions to families, youth and children. This includes implementing new practices systematically to allow for assessment of effectiveness and working with families to conduct ongoing evaluation of the effectiveness of plans and interventions; assessing circumstances and resources, and reworking the plans as needed.



Outcomes-informed Practice

Outcomes-informed practice supports and is informed by federal and state outcomes. We track and analyze data to improve all of our practices and policies. All training in California supports the federal outcomes of Safety, Permanency and Well-Being.

■ **Step #3.** Display slide 17 and emphasize that as we seek to follow these themes of practice, we use every interaction with families, youth and children throughout the life of each case to assess safety, promote child and family well-being, and promote permanency and permanent connections, including the use of standardized assessment tools and intensive concurrent planning.

■ **Step #4.** Display slide 18 and ask the trainees use the *Trainee Content: California Themes of Practice Self Assessment* to identify their own strengths and needs related to the themes. Allow about 5 minutes for the trainees to complete the self assessment. Ask the trainees to flag this page with a post-it note as we will be coming back to this self assessment in the transfer of learning activity at the end of the day. (You may even elect to have them re-do the assessment at the end of the day to see how they have already improved.)

Note that the training activities planned for the rest of the day and the remainder of core are designed to help trainees explore these themes.

■ **Step #5.** If the trainee group is small enough, you may point out the themes posters around the room and ask the trainees to stand by the poster they most identify with.

Ask a few different trainees to explain to the rest of the class why they chose what they did. Use a verbal phrase such as, “You know, you might be right,” to reinforce the trainees’ choices.

■ **Step #6.** Segue to the next activity by linking the self-assessment activity to the parallel process of self-assessment completed by the counties and the state in the CFSR.

End of Activity

PowerPoint Slide, Activity 2B: Slides 15-18

Themes of Practice

□ The seven themes of practice are included throughout the core curriculum:

- Safety, Permanence & Well-being
- Engagement
- Teaming

Themes of Practice (continued)

- Fairness and Equity
- Strength-based Practice
- Evidence-based Practice
- Outcome-informed Practice

Themes in Action

We use every interaction with families, youth and children throughout the life of each case to:

- ensure safety,
- promote child and family well-being, and
- promote permanency and permanent connections

Themes Self Assessment

- Identify your strengths and needs related to the California themes of practice
- Flag this page with a post-it note

Remove this page and insert pages 13-20 from the Trainee's Guide.

This page intentionally left blank.

ACTIVITY: Accountability

Activity Time: 5 min

Materials:

- Trainee Content: *Child Welfare Outcomes and Accountability Desk Guide* (page 21 of the Trainee Guide)
- PowerPoint Slides: 19-21

Pre-training Preparation:

Some jurisdictions may have specific information related to the CFSR or another quality assurance process. Consult with the Regional Training Academy or Inter-University Consortium to determine if any local practices should be included in this activity.

Training Activity:

■ **Step #1.** Display slide 19 and refer the trainees to the *Trainee Content: Child Welfare Outcomes and Accountability Desk Guide*. Explain that this guide describes the process states and counties use to assess their performance on federal and state outcomes. This process of holding ourselves accountable is referred to as the Child and Family Services Review (CFSR).

Briefly describe the following aspects of the CFSR process from the perspective that counties will systematically review their own performance and develop plans for how to improve their performance in key areas. (Trainer note: prior to training this segment, review the latest versions of the CFSR process at <http://www.childsworld.ca.gov/PG1356.htm>).

- The County Self Assessment (CSA) allows counties to review data on county demographics and outcome measures to better understand current performance and identify where to direct improvement efforts. The CSA may include a process of peer review. Peer review allows counties to consult each other and learn from each other about practices to improve outcomes. This process can involve gathering information via focus groups, interviews and case reviews.
- The System Improvement Plan (SIP) provides a process for counties to use to develop specific plans to improve outcomes, including implementation plans for new practices.

Note that this county system improvement process mirrors the process completed at the state level, except the state level improvement plan is called the Program

Improvement Plan (PIP). This assessment and improvement planning process occurs every five years.

■ **Step #2.** Display slide 20. As you describe the county and state CFSR processes, make sure the trainees understand that the Child Welfare System in California is a county run system which allows counties a high level of decision making authority about the policies and practices they want to implement.

Emphasize the interdependence of the child welfare system because the California Department of Social Services (CDSS) cannot improve outcomes on its own – all the counties have to improve in order to show improvement at the state level.

Briefly describe the process whereby legislation is enacted, All County Letters (ACL) are provided to counties, and counties develop and implement policy.

Describe the connection between funding and following state requirements.

Reinforce the concepts of federal laws (ASFA) leading to federal reviews (CFSR), the parallel process at the state level with C-CFSR and the PIP, and the parallel process at the county level with the Self-Assessment and SIP (System Improvement Plan).

■ **Step #3.** Display slide 21 and note that in addition to tracking our effectiveness through outcomes, there are state regulations that govern the work we do.

The *Trainee Content: Child Welfare Outcomes and Accountability Desk Guide* also includes a chart highlighting the Division 31 regulations that guide our work in California. Point out the face to face contact and case plan development timelines as examples:

<p>31-320.2 When to make face to face contacts with children and youth</p>	<p>The social worker shall visit the child at least three times in the first 30 calendar days, including the initial in-person response. If the case plan is completed in the first 21 calendar days after the initial removal of the child or in-person response, the social worker shall be permitted to have less frequent visits, up to a minimum of twice in the first 21 calendar days. <i>Emphasize that SB 342 passed in 2013 requires that mandated monthly visits by county social workers with children in foster care take place within the foster home, include a private discussion between the foster child and social worker, and that the foster child be given the opportunity to request a further meeting outside of the foster home.</i></p>
<p>31-210.1 and 31-215.1</p>	<p>Within 30 calendar days of the in-person investigation (i.e., first face-to-face contact) or initial removal, or by the date of the dispositional hearing, whichever comes first, the social worker</p>

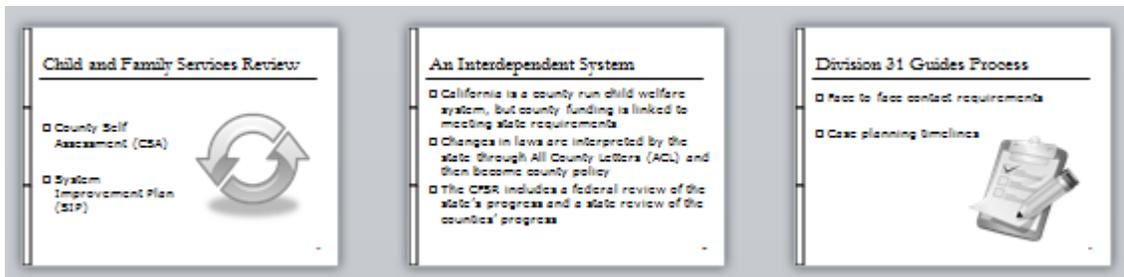
<p>When to complete a case plan</p>	<p>shall:</p> <ul style="list-style-type: none"> • Complete and sign the case plan as specified in Section 31-206. • Explain the purpose and the content of the case plan to the parent(s)/guardian(s) named in the case plan. • Request the parent(s)/guardian(s) to sign the case plan as an indication of case plan approval and willingness to participate in service activities. • If unable to obtain the signature of the parent(s)/guardian(s) as specified in Section 31-210.13, the county shall nevertheless provide involuntary services, but shall not provide voluntary services • Provide a copy of the completed case plan to the parent(s)/guardian(s).
--	---

Contrast the process-driven Division 31 reviews with the outcomes-driven system. Stress the continued importance of both process requirements and outcomes accountability in providing quality services to families in California.

■ **Step #4.** Segue to the next activity by noting that the data social workers enter in their cases on CWS/CMS provide key information about outcomes for families in California.

End of Activity

PowerPoint Slide, Activity 2C: Slides 19-21



This page intentionally left blank.

Remove this page and insert pages 21-28 from the Trainee's Guide.

This page intentionally left blank.

ACTIVITY: Using Child Welfare Data to Measure our ASFA Outcomes

Activity Time: 10 min

Materials:

- Trainee Content: *Federal and State Outcome Measures* (page 29 in the Trainee's Guide)
- Chart pad
- Post-it notes
- PowerPoint Slides: 22-26

Pre-training Preparation:

Prior to training this segment, practice using the animations on slide 22. They are set to reveal the first question followed by the first answer, then the next question and then the next answer, etc. If you wish to animate the slide differently or use chart pads pages and post-it notes to facilitate the activity, you may do so.

Training Activity:

■ **Step #1.** This activity introduces the trainees to the data collected about families receiving child welfare services and their role in the data collection process. This step uses a slide with three questions and slide animations that reveal the answers. Display slide 22 and ask the trainees to consider the following questions:

1. How many children were reported to Children and Family Services in 2011 in California? (**The correct answer is 475,930.**)
2. How many children had a substantiated allegation of abuse or neglect in 2011 in California? (**The correct answer is 87,263.**)
3. How many children were in foster care in California on July 1, 2011? (**The correct answer is 53,550.**)

You may also write the questions on chart pad pages and post them on the wall, then ask the trainees write their answers to the questions on post-it notes and put their Post-It® on the corresponding flip chart page. Recognize the wide range of responses and correlate them to the overwhelming size of the child welfare system in California.

You may also have them develop answers as table groups and then conduct the large group activity. If the trainees struggle to answer the questions, you can provide ranges for them.

As you process the activity and answer the questions, move the PowerPoint presentation forward to reveal the answers via the animations.

■ **Step #2.** Display slide 23 and ask the trainees where the information comes from that allows us to count things like the number of children with substantiated allegations. Emphasize that this information comes from the data that social workers record in the statewide database (CWS/CMS).

■ **Step #3.** Display slide 24 and refer the trainees to the *Trainee Content: Federal and State Outcome Measures*. Explain that this guide describes the outcomes reviewed at the county, state and federal level to determine the effect of child welfare services on children and families.

■ **Step #4.** Display slide 25 and highlight one of the outcome measures and the associated data. You may use the example below or choose a different outcome if there is one more relevant to regional practice concerns.

For example, review the information related to safe and timely reunification (Permanency 1). Explain that because individual measures don't tell the whole story, this outcome is measured by considering three types of information:

- The number of children who are reunified within 12 months
- The median length of time children spend in foster care before they are reunified
- The number of children who re-enter foster care within a year of reunification

These figures work together to give us a good picture of what happens to families receiving reunification services. Our goal is to reunify quickly, but we have to also be careful about reunifying children before the family is ready. This composite outcome attempts to capture that balance between timeliness and safety.

Emphasize again that this information comes from the data that social workers enter into the system. Accurate data collection is very important for system improvement.

- **Step #5.** Display slide 26 and provide the following California data:
- In California of the children who reunified in 2010, 64.7% reunified within 12 months
 - The national goal is to have 75.2% of the children reunify within 12 months.
 - In California the rate of re-entry is 12%
 - The national goal for re-entry is 9.9%.

As we work to improve outcomes for families, our goal is to reunify more children, more quickly, and have fewer children returning to foster care.

Explain that as we progress through the core training, the trainees will learn about practices they can use to help improve outcomes for the families in California, including assessment practices, case planning practices and reunification practices.

■ **Step #6.** Segue to the next activity by noting that the actions identified in the System Improvement Plans and Program Improvement Plans should be based on research that shows they are effective interventions.

End of Activity

PowerPoint Slide, Activity 2D: Slides 22-26

The image displays five PowerPoint slides from Activity 2D, Slides 22-26. The slides are arranged in two rows. The top row contains three slides: 'Child Welfare Data', 'Where does the data come from?', and 'Federal and State Outcome Measures'. The bottom row contains two slides: 'Timely Reunification' and 'How is California doing?'.

Slide 1: Child Welfare Data

- How many children were reported for abuse or neglect in 2011 in California?
475,930
- How many children had a substantiated allegation of abuse or neglect in 2011 in California?
87,263
- How many children were in foster care in California on July 1, 2011?
53,550

Slide 2: Where does the data come from?

YOU!

Slide 3: Federal and State Outcome Measures

- Measure Safety, Permanency and Well-being
 - Safety: Recurrence of maltreatment
 - Safety: Maltreatment in foster care
 - Permanency: Time to permanency
 - Permanency: Reunification rate
 - Permanency: Adoption rate
 - Well-being: Medical and dental care

Slide 4: Timely Reunification

- Combines measurement of:
 - The number of children who are reunified within 12 months
 - The median length of time children spend in foster care before they are reunified
 - The number of children who re-enter foster care within a year of reunification

Slide 5: How is California doing?

- 85% of those who reunified in 2011 did so within 12 months
 - The national goal is 75.2%
- 12% who reunify and up returning to foster care (re-entry)
 - The national goal is 9.9%

This page intentionally left blank.

Remove this page and insert pages 29-30 from the Trainee’s Guide.

This page intentionally left blank.

ACTIVITY: Evidence-based Practice

Activity Time: 10 min

Materials:

- Trainee Content: *Evidence-based Practice* (page 31 in the Trainee's Guide)
- PowerPoint Slides: 27-31

Training Activity:

■ **Step #1.** Display slide 27 and refer trainees to the *Trainee Content: Evidence-based Practice*. Ask the trainees to read the definition of evidence-based practice and have a brief table discussion to about the definition of evidence-based practice and what it will mean to their practice.

Ask a few volunteers to share their thoughts and highlight the idea that as we learn about practices that are intended to improve outcomes in California it is important to think critically about them and be sure that there is evidence to support their effectiveness.

■ **Step#2.** Display slide 28 and review the following definitions. Provide the examples if needed:

Fidelity

In intervention research, fidelity commonly refers to the extent to which an intervention is implemented as intended by the designers of the intervention. Thus, fidelity refers not only to whether or not all the intervention components and activities were actually implemented, but whether they were implemented in the proper manner.

For example – Trauma-Focused Cognitive-Behavioral Therapy is a treatment approach for children and adolescents with a trauma disorder who are experiencing symptoms of PTSD. The treatment is intended for a specific target population and includes 8 essential components. If the program is implemented without maintaining fidelity to the target population and the essential components, it will not be effective and will be a waste of time and resources. Read more about Trauma-Focused Cognitive-Behavioral Therapy at <http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed>.

Empirical Research

Research conducted 'in the field', where data are gathered first-hand and/or through observation. Case studies and surveys are examples of empirical research.

For example – In order to conduct empirical research, a researcher must follow 4 steps:

1. Identify a specific question to be answered by the research (Does the frequency of parent-child visitation affect reunification?)
2. Design a way to gather the right information to answer the question and develop research materials and tools to gather the information
3. Observe, measure, gather data in the field
4. Analyze findings to determine the answer to the research question

To read empirical research showing that visitation frequency is highly predictive of reunification, see Leathers, Sonya J. (2002). Parental visiting and family reunification: Could inclusive practice make a difference? *Child Welfare: Journal of Policy, Practice, and Program*, 81(4), 595-616.

Anecdotal

Information based on casual observations or indications rather than rigorous or scientific analysis.

For example – many of us have experienced feeling that our cold symptoms are exacerbated by being in cold weather. This anecdotal evidence (personal experience or another's shared experience) leads many to believe being in cold weather **causes** people to catch cold. Empirical evidence has shown many times that cold weather does not make us more likely to catch cold, but the personal anecdotes are still more convincing to many people. Overreliance on anecdotal information can be problematic because it pulls attention away from taking action that will actually reduce colds (i.e., hand-washing) and focuses attention on ineffective actions (staying indoors).

Note that front line social workers do not always have access to a variety of services for the families they serve, but whenever possible we should assess the value of the services we are providing following the guidelines of EBP.

■ **Step #3.** Display slide 29 and provide information about the California Evidence - Based Clearinghouse for Child Welfare. Briefly explain the rating system used by the clearinghouse using Motivational Interviewing as an example. Note that practices are measured on a scientific rating scale and a child welfare relevancy scale.

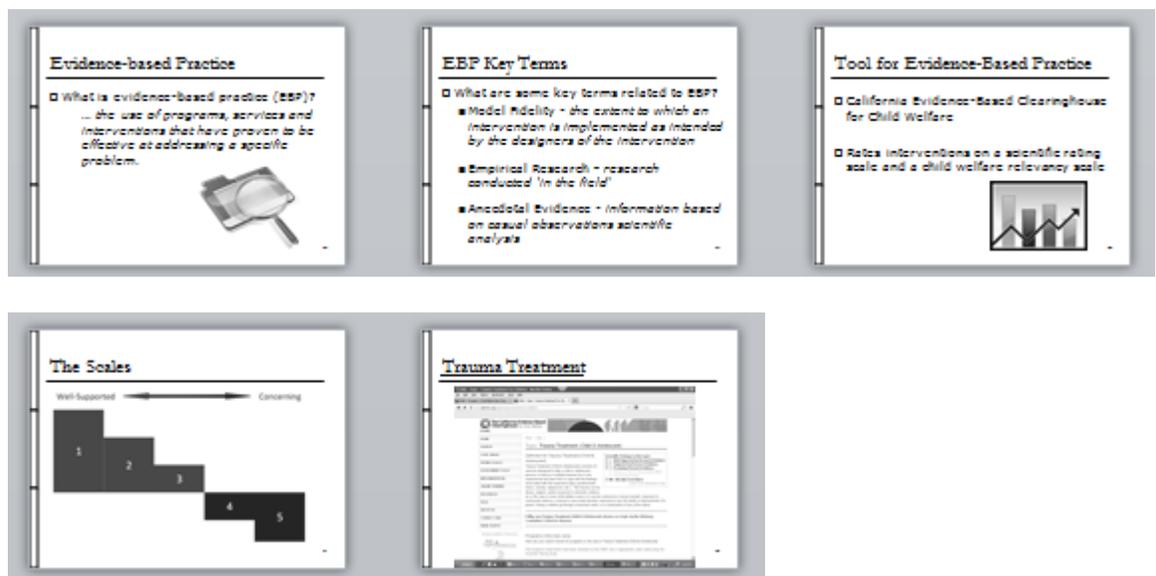
■ **Step #4.** Display slide 30 and explain the two scales. The Scientific Scale is a 1 to 5 rating of the strength of the **research evidence** supporting the practice. A scientific

rating of 1 represents a practice with the strongest **research evidence** and a 5 represents a **concerning practice** that appears to pose substantial risk to children and families. The Child Welfare Relevance Rating, examines the degree to which the program or model was designed for families served within the child welfare system.

■ **Step #5.** Display slide 31 and review the page that lists all the rated programs for child and adolescent trauma treatment. (The slide is an image from the webpage. If you have access to the internet you can click on the link to the page on the slide: <http://www.cebc4cw.org/topic/trauma-treatment-for-children/>). Briefly highlight the information available regarding highly effective trauma treatment for children and adolescents.

End of Activity

PowerPoint Slide, Activity 2E: Slides 27-31



This page intentionally left blank.

Remove this page and insert pages 31-34 from the Trainee's Guide.

This page intentionally left blank.

Day 1, SEGMENT 3

Filling in the Framework: Fairness and Equity

Total Segment Time: 125 min

Trainer Note:

This segment contains 2 activities marked optional: the Pizza Party Activity and the *Knowing Who You Are* video. It is recommended that you include only 1 of these activities. There is not enough time in the training day to include both of them.

The Cultural Backpack activity (included in Activity 3D) is also optional. If time is running short, this part of Activity 3D activity may be omitted at the trainer's discretion.

TRAINING ACTIVITY 3A

ACTIVITY: Equitable Resource Distribution (Optional)

Activity Time: 30 min

Materials:

- Trainee Content: *Pizza Party* (page 35 of the Trainee's Guide)
- Flip chart paper
- Markers
- Tape
- PowerPoint Slides: 32-34

Pre-training preparation:

You will need to have something to symbolize pizzas for this activity. If you want to go all out you can purchase plastic pizza slices via the internet or use something you have made (such as pizza shaped cutouts) in preparation for this activity. (Note: Trainees like to have a visual to guide them and it adds color to the room.)

Training Activity:

■ **Step #1.** Display slide 32 and emphasize the vision for fair and equitable child welfare services:

- All children and families will achieve similar benefits and achieve equally positive outcomes.

■ **Step #2.** Display slide 33 and explain that the trainees will complete a table group activity focused on equitable resource distribution to allow them to further consider this vision. Inform trainees they have been invited to a Pizza Party with many

attendees and only 6 slices of pizza. There are no knives and trainees may not split the 6 pieces into smaller servings. Only 6 people will get to eat at this party!

Explain that as part of the activity, trainees will be asked to work individually to decide how to fairly prioritize who gets a slice of pizza and who doesn't, and, then work as a group to identify the fairest way to distribute the slices. Note that you expect disagreements among the table groups about who will get to eat, because there is no simple answer to this puzzle. Encourage trainees to wrestle with the problem in their groups and try to convince one another of the fairest way to divide the food.

■ **Step #3.** Refer trainees to the *Trainee Content: Pizza Party* and review the directions. Explain that the trainees will have 10 minutes to complete this task.

After 10 minutes, explain that you are giving them another ten minutes to develop a rational decision making process or policy – a fairness principle to help explain how their decisions are made. Ask each group to come up with a fairness principle to guide their decision making process and then reprioritize their list based on the principle they chose. After 10 more minutes, call time.

■ **Step #4.** Display slide 34. Facilitate a group report-out of fairness principle and ask each group to share who gets the slices of pizza at their party. As the groups report out, use the chart pad and markers to highlight their use of the following concepts. These are the fairness principles:

- equality
- equity
- need
- seniority/culture
- reciprocity
- chance

These principles or norms may have come up in the Pizza Party fairness principles as follows:

- The hungriest persons should get pizza (need)
- The oldest persons ought to get the pizza (seniority)
- If we give this person pizza, then we have to give it to these other people too (equality)
- We can flip a coin to see who gets the pizza (chance)
- The people that never get pizza should get it today (reciprocity)
- The most “valuable” people (Mom with the baby??) gets pizza (equity)

■ **Step #5.** Conclude the activity noting that we will continue our exploration of this concept as it relates to child welfare with the next activities.

End of Activity

PowerPoint Slide, Activity 3A: Slides 32-34

The image displays three PowerPoint slides arranged horizontally. Each slide has a title, a list of bullet points, and a small photograph.

- Slide 32: Fairness and Equity**
 - The vision for fair and equitable child welfare services:
 - All children and families will achieve similar benefits and achieve equally positive outcomes.
- Slide 33: Pizza Party**
 - Work individually to decide who will get a slice of pizza
 - Work as a group to identify the fairest way to distribute the slices
 - There is no simple answer to this puzzle - wrestle with the problem and convince one another
- Slide 34: Fairness Principles**
 - Equality
 - Equity
 - Need
 - Seniority/culture
 - Reciprocity
 - Chance

This page intentionally left blank.

Remove this page and insert pages 35-36 from the Trainee's Guide.

This page intentionally left blank.

ACTIVITY: Video (Knowing Who You Are) (Optional)

Activity Time: 30 min

Materials:

- DVD (Knowing Who You Are: Helping Youth in Care Develop their Racial and Ethnic Identity) available from Casey Family Programs www.casey.org
- PowerPoint Slide: 35

Pre-training Preparation:

Preview the Knowing Who You Are: Helping youth in care develop their racial and ethnic identity DVD and facilitator's guide available from Casey Family Programs (www.casey.org). You will be showing the entire 24 minute video and then facilitating a brief group discussion.

Trainer Note:

Work with your training academy regarding the decision to show this video or not. Some regions use this video in other classes (Child Welfare Practice in a Multicultural Environment). If it is used in another class it should not be used here. If it is not included elsewhere in core, it is highly recommended that you include it.

Training Activity:

- **Step #1.** If you skipped activity 3A, start this activity with slide 32 and emphasize the vision for fair and equitable child welfare services:
 - All children and families will achieve similar benefits and achieve equally positive outcomes.
- **Step #2.** Display slide 35 and explain that you will be showing a video about racial and ethnic identity among youth in foster care. Show the video.
- **Step #3.** Facilitate a discussion with trainees about the importance of race, ethnicity and family history in the identity formation of young people, with particular emphasis on the implications for youth in foster care.

End of Activity

PowerPoint Slide, Activity 3B: Slide 35

Video

- ▣ Knowing Who You Are: Helping Youth in Care Develop Their Racial and Ethnic Identity



ACTIVITY: Fairness and Equity Concepts

Activity Time: 60 min

Materials:

- Trainee Content: *Disproportionality and Disparity in Child Welfare* (page 37 of the Trainee's Guide)
- Trainee Content: *Fairness and Equity Data* (page 45 of the Trainee's Guide)
- Flip chart paper
- Markers
- Tape
- PowerPoint Slides: 36-50

Pre-training Preparation:

Trainers may wish to familiarize themselves with the National Incidence Study 4 (NIS4) and the NIS4 Supplemental Analyses of Race Differences prior to training this segment. The study and supplemental analyses are available here:

- NIS4: <https://www.nis4.org/nishome.asp>
- NIS4 Supplemental Analyses of Race Differences: <http://www.publicpolicy.com/upload/pdfs/Juvenile%20Justice%20documents/Meeting%20documents/NIS4Supplement.pdf>

Training Activity:

■ **Step #1.** Display slide 36 and continue the discussion of fair and equitable practice by making sure the trainees have a good understanding of disproportionality.

Refer the trainees to the *Trainee Content: Disproportionality and Disparity in Child Welfare* and start by explaining that over the past decade, data collected regarding the child welfare system has revealed significant differences in child welfare interventions and outcomes for people of different racial and ethnic groups. One way to think about this is to consider disproportionality.

- **Disproportionality** occurs when different groups (ethnic, racial, cultural, class) are over- or under-represented in a subgroup when compared to the same group's proportion in the general population (Fluke, Harden, Jenkins, & Ruehrdanz, 2010; PPCWG, 2010). For example, 19% of the children who entered foster care in California in 2011 are African American but African American children represent only 6% of the total child population in the state (Needell et al, 2011). A similar pattern of over-representation holds true for Native American children (Needell et al, 2011).

It is important to remember that disproportionality is a mathematical phenomenon. It doesn't tell us **why** there is a difference, it only points out the difference. The difference could be related to many things including differences in the way people are treated by the child welfare system and differences in the need for services within different groups.

■ **Step #2.** Display slide 37 and refer trainees to the *Trainee Content: Fairness and Equity Data*. Explain that the trainees will now see statistics that illustrate disproportionality in child welfare in California. Acknowledge the gravity of this information and approach this data in a way that leads the trainees to be motivated to help better understand and solve the problem.

■ **Step #3.** Move through slides 38-41. Take your time to discuss the statistics. Give people a chance to process the numerical information and provide descriptions that don't rely on numbers to get the point across (e.g. more, most, fewer).

Trainer note: The first column in the data slides refers to all **children** in California, not total California population.

You may wish to include data specific to the region you are training. If so, visit <http://cssr.berkeley.edu/CWSCMSreports/> for additional information and slides.

■ **Step #4.** Display slide 42 and identify the role of bias within the child welfare system on the rate of disproportionality. Emphasize that the disproportionality rate is compounded at certain decision points (remind them of the data slides that showed how disproportionality increases from referral to substantiation to placement).

- **Referrals** – African American and Native American children are more likely to be referred to the child welfare system compared to white and Hispanic children (Magruder & Shaw, 2008; Mumpower, 2010; Needell et al, 2011) and more likely to have a substantiated allegation (Needell et al, 2011).
- **Entry into foster care** – After assessment and substantiation of allegations, African American and Native American children are more likely to be placed in foster care than white children (AFCARS, 2008 in Wells et al., 2009; Perez, 2010; Needell et al, 2011).
- **Length of time in foster care (Reunification and other forms of permanency)** – After being in the system for 18 months, African American and Native American children are less likely to be reunified with their birth parents than white children (USGAO, 2005; Perez, 2010; Needell et al 2011). African American and Native American children are more likely to remain in foster care after 24 months (Needell et al, 2011). Native American

children under ICWA are somewhat less likely to be adopted than other groups (Perez, 2010).

- Most social work decisions are presumed to be based on data documenting that maltreatment has occurred, but these decisions occur within a cultural context infused with race, gender and social class biases. Cultural misinterpretations are inevitable when there are significant cultural and social class differences between practitioners and the people they serve. Perceptions of neglect are highly susceptible to biased evaluations.

Emphasize that the growth in disproportionality over the child welfare decision points (referral, substantiation, removal and in care) lets us know that whatever the cause for the initial disproportionality, our practice is not effectively serving African American and Native American families to provide them with the positive outcomes that other groups experience.

■ **Step #5.** Note that we are not just talking about racial disproportionality. Address the specific disproportionality issues that are relevant for the county or region in which you area training.

For information regarding the unique circumstances in rural communities, refer to the Northern Academy's Website and familiarize yourself with *Reaching Out: Current issues for child welfare practice in rural communities*.

<http://humanservices.ucdavis.edu/Academy/>

Emphasize that in child welfare we want to achieve equity through positive outcomes in safety, permanency and well-being for all the children we serve. This means we see each family as individuals with strengths and needs and we provide services based on the needs of each family. We seek to learn from families about their culture and their beliefs about family and children. We don't make assumptions about cultural practices, we ask about cultural practices. We approach interactions with openness and humility.

Point out that other factors also contribute to disproportionality and explain that we will move on to discuss those now.

■ **Step #6.** Display slide 43 and define disparity. Note that disparity refers to differences identified by comparing one group to another group.

Connect disproportionality and disparity by noting that one of the things we think about when trying to understand why we see so much disproportionality in child welfare is disparity.

- **Disparity** refers to two things that are comparable, but not equal. In the context of child welfare, the word disparity can describe the differences in services and intervention experienced by people from different groups (ethnic, racial, cultural, class) when these differences cannot be attributed to a difference in family needs or agency resources (Hill, 2006 in Fluke et al., 2010; PPCWG, 2010).

■ **Step #7.** Display slide 44 and provide an example of disparity by looking at access to mental health services for different racial and ethnic groups. Alegria et al (2008) noted that the three minority groups were less likely than Whites to access mental health treatment. The study found that ethnicity / race accounted for this difference even when they controlled for poverty, insurance, and education. The difference in access to treatment for depression could be attributed several key factors:

- Depression symptoms present differently in different groups and medical providers are not trained to recognize differences in symptoms
- Minority populations are over-represented in low wage jobs that do not provide paid time off to seek treatment
- African-Americans, Latinos and Asians expressed higher levels of concern about being mistreated by providers, high levels of mistrust of providers, and concern that providers would not be competent to treat their ethnic or racial group

The study (Alegria et al, 2008) also addressed quality of care and found that African Americans were especially likely to receive inadequate care. They identified racial mismatches between provider and patient as contributing to a lack of trust and mutual understanding about causes and treatment for depression.

Similar studies have shown that children involved with the child welfare system have unequal access to services. Garland et al., (2003) looked at treatment records for children and youth in foster care in California and found that White children were much more likely than African American or Latino children to receive mental health treatment.

■ **Step #8.** Display slide 45 and explain that income disparity, unequal access to resources and bias in the child welfare system are considered three major factors leading to disproportionality (GAO, 2007 as cited in Putnam-Hornstein and Needel, 2011).

■ **Step #9.** Display slide 46 and note that the most important risk factor is poverty. Recent research in California revealed that children living in poverty (measured by use of Medi-Cal at birth) are much more likely to be referred for an investigation of child abuse and neglect than children who are not living in poverty. When researchers looked only at children living in poverty, they found that white children living in

poverty are MORE likely than African American children living in poverty to be referred, substantiated, and enter foster care (Putnam-Hornstein and Needel, 2011).

■ **Step #10.** Make the key point here that the disproportionate referral of white children living in poverty is masked by the disproportionate number of African American children who are poor. Display slide 47 and make the connection between poverty and racial bias: African American children are much more likely to be living in poverty. For example, in California, 10% of white children live in poverty and 34% of African American children live in poverty.

■ **Step #11.** Display slide 48 and note that while bias in the child welfare system, unequal access to resources and unequal rates of poverty clearly contribute to disproportionality, there is conflicting research about whether or not African American children are more likely to experience abuse:

- The National Incidence Study (NIS 4, 2011) used multiple methods to determine the incidence of child abuse and neglect in the US. This study found that African American children are more likely to experience abuse and neglect.
- Finkelhor et al (2005) conducted a survey of children and youth ages 2 to 17 (caregivers responded for the children under age 10) and found no differences in any form of maltreatment based on race or ethnicity.

Note that while the NIS4 found that poverty is a key contributing factor, the study also found that poverty does not fully explain differences in rates of abuse for African American children.

Although additional research is needed, this result tells us there may be differences in need among African American families. Note that these differences in need may well be related to things like poverty and lack of resources.

■ **Step #12.** Display slide 49 and ask the trainees to read the section titled *Making a Difference* in the *Trainee Content: Disproportionality and Disparity in Child Welfare* (page 43) and then have a brief table discussion to share practice or life experiences relevant to the promising practices. Give the trainees about 10 minutes to read the section and have the conversation.

■ **Step #13.** Display slide 50 and ask trainees to share thoughts about the promising practices. During this discussion, be sure to include the following information about the promising practices related to disproportionality.

- **Watching our Language:** In recognition that some words can trigger biased responses (whooping, resistant, angry, etc.), some child welfare agencies are working with communities to develop lists of “Hot Words.” Social workers are then trained to ask follow up questions about these words, especially when talking to people reporting child abuse and neglect. Agencies have also

undertaken case reviews to look for these words and use them as a basis for discussion in supervision (Agosti, 2011).

- **Strength-based, Trauma-Informed and Solution-Based Casework/Social Work:**
 - Addressing trauma may help to reduce chronic involvement in the child welfare system and help address disproportionality.
 - Solution-Based Casework (SBC) may be a promising intervention for use with African American and Native American families. SBC is based on three main goals: to develop a partnership with the family; to focus interventions on everyday family life tasks; and help families understand what led to child maltreatment and develop skills to prevent relapse of child maltreatment (California Evidence-Based Clearinghouse for Child Welfare, 2010).
- **Teaming Practices (FGDM/TDM):** Multiple family-level interventions have shown promise in reducing disproportionality.
 - Family Group Decision Making (FGDM) aims to address the issue of disproportionality by keeping children with extended family rather than go through the traditional foster care channels (Crampton & Jackson, 2007) and by letting families develop plans that reflect their culture and values (Crampton & Jackson, 2007; Dettlaff & Rycraft, 2008).
 - Team Decision-Making (TDM) is another promising intervention, also seeks to involve the family in the decision-making process (Crea & Berzin, 2009).
- **Intensive Family Preservation:** Kirk and Griffith (2008) found that use of Intensive Family Preservation Services (IFPS), which was designed to prevent unnecessary out-of-home placements by increasing support in the home, was associated with a reduction in racial disproportionality of out-of-home placement among high-risk families.
- **Using Culturally Relevant Providers:** In order to connect families with services that will work for them, some child welfare agencies are changing their service referral process to include (Agosti, 2011):
 - Talking to the family member about how they identify their culture and whether or not they would feel more comfortable with a provider of the same race and / or culture;
 - Identifying qualified service providers of multiple races and cultures to meet the diverse needs of the community.

Let the trainees know that we will be talking more about one of these promising practices (strength-based practice) in an upcoming segment.

■ **Step #14.** Explain that as social workers, we have an obligation to identify biases within ourselves and within our institutions. Segue to the next activity, an opportunity to think about identifying some commonly held stereotypes.

End of Activity

PowerPoint Slide, Activity 3C: Slides 36-50

Disproportionality

Disproportionality happens when a group makes up a proportion of those experiencing something and that proportion is higher or lower than that group's proportion of the population.

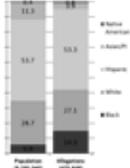
For example, 6% of the children in the general population are African American, but 19% of the children entering foster care are African American.

Disproportionality Data

- This is important information
- Ask questions to be sure you understand
- This tells us the numbers, not the why, or the what to do, we'll talk more about that later

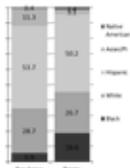


Disproportionate Reports



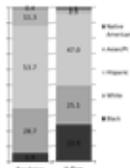
Child Welfare Agencies receive a disproportionately high number of referrals on African American families.

Disproportionate Entry Rate



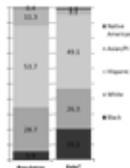
- Of the children who entered foster care in 2011:
- Black children and Native American children were over-represented
- White, Hispanic, and Asian children were under-represented

Disproportionate In-Care Rate



- Of the children in foster care in 2010:
- Black children and Native American children were over-represented
- White, Hispanic, and Asian children were under-represented

Disproportionate Exits



- Exits from foster care allow a reverse trend, with greater proportions of White, Hispanic and Asian children exiting care and smaller proportions of African American and Native American children exiting.

Bias within the System

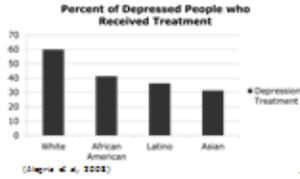
Our practice is not effectively serving African American and Native American families to provide them with the positive outcomes that other groups experience.



Disparity

Disparity refers to differences identified by comparing one group to another group.

Disparity



Percent of Depressed People who Received Treatment

(Ng-Mak et al., 2005)

Disparity & Disproportionality

Major factors affecting children's entry into foster care included African American families' higher rates of poverty, families' difficulties in accessing support services so that they can provide a safe home for vulnerable children and prevent their removal, and racial bias and cultural misunderstanding among child welfare decision makers.

(Daly, 2007 as cited in Abram-Hernandez and Haddad, 2011)

The Poverty Effect

While we cannot say why people are poor, we can say with certainty that most children who come to the attention of the child welfare system are poor. And we also know that the poverty rate varies dramatically across racial groups.

(Abram-Hernandez and Haddad, 2011)

Bias within the Culture

- People of color experience more poverty due to past and present racism and bias.
- Among families experiencing poverty, racial disparity is not present and is even reversed – African American and white families have similar rates of involvement with child welfare.
- BUT there are many more African American families living in poverty, thus contributing to disproportionality

Differences in Need

- The National Incidence Study (NIS 4) identified higher rates of abuse and neglect in African American families
- Other studies (Finkelhor et al, 2005) found no differences in maltreatment rate based on race or ethnicity
- There is a significant need for additional research

What Can We Do About It?

Read the section titled *Making a Difference in the Disproportionality and Disparity in Child Welfare* trainee content.



- Strength-Based Practices
- Teaming
- Culturally Relevant Services

Promising Practices

- Watching our Language
- Strength-based, Trauma-Informed and Solution-Based Casework/Social Work
- Teaming and other Participatory Practices (FGDM/TDM)
- Intensive Family Preservation
- Using Culturally Relevant Providers

Remove this page and insert pages 37-46 from the Trainee’s Guide.

This page intentionally left blank.

ACTIVITY: Culture and Stereotypes

Activity Time: 35 min

Materials:

- Trainee Content: *Making Explicit Our Implicit Stereotypes* (page 47 of the Trainee's Guide)
- Trainee Content: *Identifying Stereotypes Activity* (page 51 of the Trainee's Guide)
- Trainee Content: *Modern Racism* (page 53 in the Trainee's Guide)
- Optional: Backpack filled with cultural icons (see below)
- Optional: DVD *Crash*
- Flip chart paper
- Markers
- Tape
- PowerPoint Slides: 51-56

Pre-training Preparation:

- Before training this activity, trainers will find it very helpful to read “Blink. The Power of Thinking without Thinking” by Malcolm Gladwell (Little, Brown and Company, 2005). It is also very powerful to take the Project Implicit bias test <https://implicit.harvard.edu/implicit/> which will help the trainer become familiar with implicit or unconscious bias.
- Optional: Prepare a backpack stuffed with symbolic or literal representations of myths, culture and status descriptors such as credit cards, cash, signs with words like poverty, working class childhood, Mercedes Benz, etc. Other backpack items could include a doll (to represent valuing children), a toy, a favorite music CD, a photo of a child or family member, or an item that you associate with your own culture, etc.
- Optional: Prepare a clip from the movie *Crash* that illustrates stereotyping. You may acquire the DVD and play 8 minutes of the movie, starting 6 minutes from the beginning of the movie and ending at the 14 minute mark. Alternately, you may use the Youtube links below to show the same clips:
<http://www.youtube.com/watch?v=fZKTEgMOtXY>
http://www.youtube.com/watch?v=N-Umf_chNHw&feature=fvwp&NR=1

Training Activity:

■ **Step #1.** Display slide 51 and introduce the topic of culture. Emphasize the following four aspects of culture:

- it is a set of beliefs and activities;
- it is socially constructed;
- it affects our view of the world;
- it is not innate, but is learned.

Stress that culture is more than race. Ask the trainee's to identify other aspects of culture. Encourage the following responses:

- Ethnicity,
- Religion,
- National origin,
- Sexual orientation,
- Gender identity,
- Class,
- Geographic location (urban or rural),
- Disability,
- Family;

Note that culture includes both the intersection and individual expression of these components and that every family's culture is different and specific. Emphasize that assumptions should not be made based on a person's membership in one of the groups above because culture is expressed in a so many different ways and influenced by so many factors.

Ask trainees to give examples of how different aspects of culture can interact with race. This is an opportunity to briefly touch on the key issue of social class. This issue has a major impact on engagement on child welfare. Reinforce the power of social class to affect culture.

Remind trainees to remain culturally sensitive and responsive when engaging families and emphasize that the best way to find out about a family's culture is to ask them about it.

Briefly introduce the concept of cultural humility. Explain that cultural humility refers to (Tervalon and Garcia, 1998):

- consciously seeking to learn about other cultures,
- engaging in self-reflection about the intersection of one's own culture with the culture of others,
- interacting with families in ways that seek to manage the power imbalances.

The key message here is that social workers should discuss culture with families and should approach the conversation by letting the family know they are the experts and the social worker is the learner.

■ **Step #2.** Display slide 52 and introduce the cultural backpack concept.

Pull each object out and refer to your own biases and cultural preferences. Debunk the myths, and so forth. Toss them on the floor or on table tops as you go. This is

supposed to be entertaining, so have some fun with it. It is also a way to give people permission to acknowledge that they, too, have biases, cultural preferences, etc. We all do. That's the point here.

Describe the concept of the backpack as baggage as you access and display the contents of your prepared backpack. Ask trainees to consider how their own cultural baggage may affect their social work practice in the areas of engagement, assessment, case plans and providing services to clients. Will they think people who are hostile to the child welfare worker are more likely to harm their children? Will they think that middle class people always meet the basic needs of their children?

As an option, you may have the trainees identify what they think may be in the trainer's cultural backpack before the trainer reveals it. You may also ask them to identify the things in their own cultural backpack or in a typical social worker's backpack to start them thinking about the cultural baggage they bring to their interactions with families.

■ **Step #3.** Display slide 53 and define the concept of stereotyping:

A stereotype is a belief that members of a group generally possess some characteristic ... [that] is treated like an inherent characteristic that every person in this category is presumed to possess. For example, gender stereotypes define women as nurturing and men as competitive.

Give examples. Acknowledge that stereotypes exist about all groups.

As an option, you may show the clips from the movie *Crash* described above. Be sure to prepare the group by letting them know there is some harsh language in the clip. Spend some time debriefing the clip after you show it, focusing on the concept of stereotypes. Be sure to ground this discussion in the concept that stereotyping exists in all people and affects our work negatively. The only way to combat the negative affect of stereotyping is to be very aware of it and address it openly when it happens.

Use the debrief discussion to segue into the next step, an activity to help trainees think about stereotyping.

■ **Step #4.** Display slide 54 and refer trainees to the *Trainee Content: Making Explicit Our Implicit Stereotypes*.

Explain that the table groups will work on an activity to help think about stereotypes. Make the room a safe place for people to express the stereotypes prevalent in society by explicitly stating that identifying a stereotype does not mean believing that particular stereotype. Let the trainees know that it is important to identify

difficult and negative stereotypes. People may need to get a bit uncomfortable before they get the point. Make sure everyone understands we are not trying to reinforce stereotypes; rather we are trying to identify the things our culture tells us so that we can recognize them as stereotypes and discount them.

Emphasize that it is essential that child welfare workers recognize that we all have biases and stereotypes. In stressful situations, if we don't pause and examine our thought process, it is easy to act on these implicit biases.

Refer trainees to the *Trainee Content: Identifying Stereotypes Activity*. Ask the trainees to work as table groups to each pick a category within one of the following groups. Do not allow more than one table to pick the same group.

- A racial or ethnic group (e.g.; African American people, Asian people, Caucasian people, Native American people)
- A religious group (e.g.; Catholic people, Jewish people, Mormon people, Southern Baptist people, Muslim people)
- A national origin (e.g.; People from the US, Mexican people, Iraqi people, Brazilian people, South African people)
- A sexual orientation (e.g.; gay men, lesbians)
- A gender identity (e.g.; transgender people)
- A class group (e.g.; working class, middle class, upper class)
- A geographic location (e.g.; people from rural areas, people from urban areas, people from the Southern US, people from the Bay Area)
- A disability group (e.g.; deaf people, people who use wheelchairs)

As the tables identify their group, distribute a flip chart page to the table with the identified group written at the top.

■ **Step #5.** Ask each group to select a spokesperson / facilitator to lead them as they brainstorm and generate commonly held stereotypes about the group they identified and write the beliefs on the flip chart page. Allow the groups to work for about 5 minutes and then call the groups back together.

Ask the groups to post their flip chart pages and facilitate a report out by the spokesperson for each group. Encourage audience additions and comments.

Ask the group for examples of how these stereotypes affect child welfare social work practice.

■ **Step #6.** Display slide 56 and conclude by generalizing this activity to other population groups (e.g., fathers, single parent families), particularly those relevant to the trainees' county or region.

Acknowledge that addressing stereotypes and bias is a lifelong task and something that we should all consider in every interaction with families.

■ **Step #7.** Display slide 56 and conclude this activity by emphasizing the link between disproportionality in child welfare and factors (as discussed in the *Trainee Content: Modern Racism*) that allow bias to persist:

- Colorblindness: Note that we must talk about and work on issues related to fairness and equity. Avoiding discussions of race or efforts to help the system meet the needs of different groups lead us to the disproportionate system we have today.
- Stereotyping: All of us have stereotypes. Thinking about them and identifying them helps us to avoid using them to make decisions in our practice.
- Institutional racism: Colorblindness and stereotyping allow individuals and institutions to create, intentionally or unintentionally, rules and policies that result in racist outcomes.

End of Activity

PowerPoint Slide, Activity 3D: Slides 51-56

The image displays six PowerPoint slides arranged in a 2x3 grid. Each slide contains text and bullet points related to social work practice and racism.

- Slide 1 (Top Left):** Titled "Stereotype Activity". It lists instructions for a group activity: pick a category, select a facilitator, brainstorm stereotypes, remember they are not your own, and write them on a chart pad.
- Slide 2 (Top Middle):** Titled "Stereotypes and Child Welfare". It asks how stereotypes affect work with different cultures, fathers, and youth, and states that addressing bias is a lifelong task.
- Slide 3 (Top Right):** Titled "How is racism perpetuated?". It lists Colorblindness, Stereotyping, and Institutional racism. It includes a small image of a person holding a sign that says "LEGAL... UNDISCRIMINATE... BACK BY YOUR LOVE YOU".
- Slide 4 (Bottom Left):** Titled "Strength-based Practice". It discusses identifying family strengths, using them as benchmarks, and using community-wide strengths to develop resources.
- Slide 5 (Bottom Middle):** Titled "Benefits of Focusing on Strengths". It lists benefits like feeling the social worker is interested, valuing the relationship, and feeling more optimistic. It cites Clark et al., 2007.
- Slide 6 (Bottom Right):** Titled "Building on Strengths". It lists points such as all families have strengths, involving families in decision-making, and building on existing functional strengths.

This page intentionally left blank.

Remove this page and insert pages 47-54 from the Trainee’s Guide.

This page intentionally left blank.

Filling in the Framework: Strength-based Practice

Total Segment Time: 50 min

TRAINING ACTIVITY 4A

ACTIVITY: Strength-based Practice Defined

Activity Time: 15 min

Materials:

- *Trainee Content: Strength-based Practice (page 55 of the Trainee's Guide)*
- *Trainee Content: Customizing CWS/CMS Strengths (page 59 of the Trainee's Guide)*
- Post-it notes
- PowerPoint Slides: 57-61

Training Activity:

■ **Step #1.** Display slide 57 and note that in this segment we will introduce the concept of strength-based practice and give the trainees an opportunity to work as groups to identify strengths using a case scenario. First, refer the trainees to the *Trainee Content: Strength-based Practice* and describe the goals of this practice.

- To identify family strengths and resources that can be used in providing services and supporting a family.
- To use family strengths as benchmarks to assess the status of a family over the course of time.
- To use community-wide strengths to develop resources in the community.
- “The goal of strength-based practice is to activate an individual’s sense of responsibility for his or her actions... through a focus on potential rather than pathology.” (Clark, 2001).

■ **Step #2.** Display slide 58 and note that a strengths-based approach helps families (from Redko et al., 2007) to:

- feel the social worker is interested in their success
- think the relationship they are developing with the social worker is important
- feel more optimistic
- feel more able to make positive changes in their lives

■ **Step #3.** Display slide 59 and introduce the following basic concepts of strength-based practice.

- All families have strengths.
- Families are the experts on themselves and their own family histories.
- Families deserve to be treated with dignity and respect.
- Families can make well-informed decisions about keeping their children safe when supported.
- When families and resources are involved in decision-making, outcomes can improve.
- A team is often more capable of creative and high quality decision-making than an individual.
- The family’s culture is a source of strength.
- Culturally responsive practices honor the family’s customs, values and preferences.
- Building case plans and interventions on functional strengths already present in families or available to families can result in more lasting changes in the family after the child welfare intervention is over.

■ **Step #4.** Display slide 60 and introduce the concept of functional strengths.

Explain that generic strengths selected from drop down menus like those found in our CWS/CMS system (e.g.; law abiding, high school graduate, housing adequate, employable skills) are positive and worth mentioning, but they do not provide the foundation for a case plan or other family intervention. In addition to identifying these general strengths, social workers must help families identify functional strengths, things the social worker can acknowledge and work with the family build on for case planning purposes. These include the ability to work cooperatively, the motivation to make change, the willingness to make use of support systems within the community or extended family.

■ **Step #5.** Display slide 61 and note that it is possible to use the CWS/CMS system to individualize the generic strengths in the drop down menu. Refer trainees to the *Trainee Content: Customizing CWS/CMS Strengths*. This trainee content will be useful on the job. Recommend that the trainees use a post-it note to flag this content.

End of Activity

PowerPoint Slide, Activity 4A: Slides 57-61

Strength-based Practice

- Identify family strengths and resources that can be used in providing services and supporting a family.
- Use family strengths as benchmarks to assess the status of a family over the course of time.
- Use community-wide strengths to develop resources in the community.
- "The goal of strength-based practice is to activate an individual's sense of responsibility for his or her actions, through a focus on potential rather than pathology." (Clark, 2001).

Benefits of Focusing on Strengths

A strengths-based approach helps families:

- feel the social worker is interested in their success
- think the relationship they are developing with the social worker is important
- feel more optimistic
- feel more able to make positive changes in their lives

(from Kohn et al., 2007)

Building on Strengths

- All families have strengths.
- When families and their resources are involved in decision-making, outcomes can improve.
- The family's culture is a source of strength.
- Building on functional strengths already present in families results in more lasting changes in the family after the child welfare intervention is over.

Functional Family Strengths

- Generic strengths don't provide the foundation for a case plan -
 - low abiding
 - high school graduate
- Functional strengths are things the family can build on in case planning -
 - ability to work cooperatively
 - motivation to make change
 - willingness to make use of external support systems

Customizing Strengths

Participant	Strength
Mr. Eastman	Extended Family Support

Description: Mr. Eastman has strong relationships with his extended family. They are a source of strength and help her, willing to help her with child care, transportation, financial support and mentoring.

This page intentionally left blank.

Remove this page and insert pages 55-60 from the Trainee's Guide.

This page intentionally left blank.

ACTIVITY: Strength-based Practice Example

Activity Time: 35 min

Materials:

- Trainee Content: *Based on a True Story* (page 61 of the Trainee's Guide)
- Trainee Content: *Strength-based Language* (page 65 of the Trainee's Guide)
- Supplemental Handout: Circles of Strength
- Post-it notes
- PowerPoint Slides: 62-64

Pre-training Preparation:

Prior to training this segment, take a look at slides 62 and 63. Depending on your style, you may wish to switch the order in which you present these two slides.

Training Activity:

- **Step #1.** Display slide 62 and provide the following tips for working with families to elicit and build on strengths (Madsen and Decter):
 - It is important to identify strengths that sustain families in their efforts to meet the goals identified in their case plans such as elements that support a parent's ability to use his or her best judgment with his or her children.
 - It is important to have an intentional view of strengths, (seeing them as achievements, qualities, skills of living, values, hopes, dreams, beliefs, and activities) rather than a view of strengths as internal qualities, something within some people and missing in others.
 - Through thinking about strengths as external, it is possible to identify key strengths that would benefit the parent's ability to safely parent and then discuss the strength and strategize about it, including defining associated goals, behaviors, abilities, and skills and identifying others who can support the parent in the particular strength.
 - Ask the family member about any changes already taken since the child welfare agency first intervened (change question)
 - Ask about how the family member's behavior was different at times when the problem did not occur (exception question)
 - Ask the family member to imagine that a miracle has happened and the problems have been solved. Then ask for a description of what would be different in his/her life. (miracle question)
 - Ask the family member to specify on a scale of 1 to 10 progress made towards solving a particular problem. This is done by establishing a baseline the first time this question is asked, and subsequently referring to the baseline to measure continued progress. (scaling question)

- Believe in the family member's ability to change can bolster motivation and increase the likelihood of positive outcomes.

■ **Step #2.** Display slide 63 and refer trainees to the *Trainee Content: Based on a True Story*. Ask the trainees to read the vignette individually and then work as table groups to answer the eliciting strengths questions.

Give the trainees 10 minutes to work and then reconvene them to review the strengths they identified. Ask the groups to report out and reinforce the concepts related to functional strengths and engaging families to identify strengths.

Let the trainees know that you will return to this family scenario in a while to consider some aspects of developing a team with the family.

■ **Step #3.** Display slide 64 and Refer trainees to the *Trainee Content: Strength-based Language*. Note that the field of neuro-linguistic programming informs us that when we change the words we use, we change the way we think. When we change the way we think, we change what we believe. When we change what we believe, we change our behavior. Most behavior is based on what we believe we need to do, per our values, experiences, priorities, etc. This is an important reason to use the most positive language possible when we talk to and about the families we serve.

Briefly describe the process of using positive outcome based phrases rather than making statements about what people should not be doing. Ask the trainees to read the *What Not to Say / Phrasing for a Better Outcome* table in the trainee content and fill in their own examples for numbers 5 through 10. Give the trainees about 10 minutes to work on their phrases and then review their results, emphasizing the use of positive outcome oriented words.

■ **Step #4.** You may use the Circles of Strength supplemental handout as an optional activity to further explore the *Based on a True Story* scenario. The activity instructions are included on the supplemental handout.

■ **Step #5.** Segue to the next segment, an exploration of teaming strategies for child welfare social workers.

End of Activity

PowerPoint Slide, Activity 4B: Slides 62-64

Eliciting Strengths

- Talk about strengths as external qualities anyone can achieve
- Ask questions
 - Challenge questions
 - Exception questions
 - Miraculous questions
 - Scaling questions
- Express belief in the ability to change
- Identify key strengths and strategize about how to build them, including behaviors, abilities, and skills

Based on a True Story

- Read the vignette individually
- Work as table groups to answer the eliciting strengths questions.



Words are Important

- Read *What Not to Say / Phrasing for a Better Outcome*
- Fill in your own examples for numbers 5 through 10



This page intentionally left blank.

Remove this page and insert pages 61-66 from the Trainee's Guide.

This page intentionally left blank.

DAY 1, SEGMENT 5

Filling in the Framework: Teaming and Engagement

Total Segment Time: 50 min

TRAINING ACTIVITY 5A

ACTIVITY: Engagement

Activity Time: 35 min

Materials:

- *Trainee Content: Engagement Practice (page 67 of the Trainee's Guide)*
- Supplemental Handout: Engagement Script for Poor Engagement
- Supplemental Handout: Engagement Script for Good Engagement
- Flip chart paper
- Markers
- PowerPoint Slides: 65-70

Training Activity:

■ **Step #1.** Display slide 65 and note that in this segment we will review the definition and key practices associated with engagement. Discuss the definition below.

Engagement refers to a level of involvement, investment and participation in the child welfare intervention by both the social worker and the family that results in making the best possible use of the offered service (Yatchmentoff, 2005; Altman, 2008). Engaged social workers and families work collaboratively to address the identified child welfare needs (Altman 2008).

Note that child welfare services are most effective when service recipients fully participate (Dawson & Berry, 2002). Early engagement can improve communication, allow social workers to identify family strengths, and increase the family's motivation to work for change (Altman, 2005). Furthermore, specific research on fathers found that engaging non-resident fathers in child welfare interventions results in a higher likelihood of reunification and a decreased likelihood of future maltreatment (Malm et al., 2008).

Emphasize that it is the social worker's responsibility to engage with the family and this requires specific outreach from the social worker.

■ **Step #2.** Display slide 66 and ask for a volunteer to read two scripts with you. Provide the Script for Poor Engagement to the volunteer and read it aloud together for the class.

Ask the trainees if they felt they would be engaged following a conversation like that. Facilitate a conversation that leads them to identify the behaviors and words within the script that limited engagement. Be sure to include the following:

- Arriving late
- Making and acting on assumptions about family relationships and culture
- Mispronouncing family members' names
- Crossing arms
- Talking about the mother instead of speaking to the mother and calling her by name

Provide the Script for Good Engagement to the volunteer and read it aloud together for the class.

Ask the trainees if they would be inclined to meet again and work with the social worker following a conversation like that. Facilitate a conversation that leads them identify the behaviors and words with the script that enhanced engagement. Be sure to include the following:

- Arriving on time
- Asking open questions about the family and listening to their answers
- Speaking directing to the mother using her name and pronouncing it correctly
- Referencing the mother's words later in the conversation

■ **Step #3.** Display slide 67 and refer trainees the *Trainee Content: Engagement Practice*. Briefly review the highlights below and encourage the trainees to read this content more thoroughly on their own. Explain that they will have additional training on this concept.

Briefly address the concept of reactance. Reactance refers to the feelings of anger that families feel when they are compelled to participate in an intervention. This is a common barrier to engagement.

Here are some social worker behaviors that will help families move past reactance (Altman, 2005):

- give people choices
- empathize with family members' feelings
- facilitate goal setting in a manner that allows congruence between the family and agency perceptions of the need for change
- listen empathetically to the family member's story and perceptions

- emphasize self-determination and choice in the process
- keep the family members informed
- set one realistic, mutually approved goal at a time

■ **Step #4.** Display slide 68 and discuss the following recommendations to help social workers enhance their practice specifically related to cross cultural engagement (Samantrai, 2004):

- Don't make assumptions
- Recognize individual limits relating to cultural competence and be willing to ask questions and seek consultation
- Seek feedback from families about the services provided and the quality of the relationship between the social worker and the family
- Spend time with the family

■ **Step #5.** Display slide 69 and highlight the importance of father engagement. Historically, child welfare interventions have been focused on mothers. As we learn more about the impact father involvement can have on child welfare outcomes, including increased likelihood of reunification and decreased likelihood of future maltreatment, we are trying to learn how we can improve our engagement with fathers.

Here are some tips for improving father engagement (Malm, Murray, & Geen 2006):

- Engage in ongoing and intensive effort to find fathers and paternal relatives
- Make efforts to establish a positive, strength-based relationship upon first contact with fathers
- Avoid expressing bias or gender stereotypes related to father's potential interest in the case
- Consider fathers' concerns around child-support obligations
- Provide curriculum-based, peer-led interventions that allow for gender-specific mutual support (e.g.; father groups)
- Provide services or referrals to address deeper barriers to involvement such as unemployment, educational needs, substance abuse, and parenting skills
- Allow father to express anger and validate frustration

■ **Step #6.** Display slide 70 and briefly touch on the subject of youth engagement. Note that the skills associated with youth engagement are complicated and not something we can convey in a few minutes, but highlight the following aspects of youth engagement

- Listening to youth
- Giving youth many opportunities to make decisions on their own, increasing the impact of the decisions over time
- Including youth in meetings and other decision making processes

End of Activity

PowerPoint Slide, Activity 5A: Slides 65-70

<p>What is Engagement?</p> <ul style="list-style-type: none">□ Involvement, investment and participation in the child welfare intervention by both the social worker and the family that results in making the best possible use of the offered service 	<p>Engagement Scripts</p> <ul style="list-style-type: none">□ What words and actions inhibit engagement?□ What words and actions enhance engagement? 	<p>Engagement and Reactance</p> <ul style="list-style-type: none">□ How can social workers overcome reactance?<ul style="list-style-type: none">■ Share power■ Manage power differentials■ Use empathy■ Set congruent goals■ Encourage self-determination■ Share information■ Prioritize goals
<p>Cross Cultural Engagement</p> <ul style="list-style-type: none">□ Don't make assumptions□ Ask questions and seek consultation□ Seek feedback from families about the services provided and the quality of your relationship with them□ Spend time with the family	<p>Engaging Fathers</p> <ul style="list-style-type: none">□ Make a good first impression!□ Avoid bias or gender stereotypes□ Look for interventions that specifically support fathers□ Provide services or referrals to help with unemployment, educational needs, substance abuse, and parenting skills□ Listen when fathers express anger and validate their frustration	<p>Engaging Youth</p> <ul style="list-style-type: none">□ Listen□ Give youth many opportunities to make decisions on their own, increasing the impact of the decisions over time□ Including youth in meetings and other decision making processes

Remove this page and insert pages 67-70 from the Trainee's Guide.

This page intentionally left blank.

ACTIVITY: Teaming

Activity Time: 15 min

Materials:

- Trainee Content: *Building a Team* (page 71 of the Trainee's Guide)
- Trainee Content: *Building a Team Together* (page 73 of the Trainee's Guide)
- PowerPoint Slides: 71-74

Training Activity:

■ **Step #1.** Display slide 71 and refer the trainees to the *Trainee Content: Building a Team*. Note that through the engagement practices described in the previous segment, social workers and families may build teams to work collaboratively on safety planning, case planning and permanency planning. The level of collaboration that results in actual participation in decision-making, as well as agreement in service planning is the most significant element in family engagement and successful planning (Dawson & Berry, 2002). Preliminary research has shown that participatory case planning leads to lower rates of subsequent child abuse reports (Altman, 2008).

■ **Step #2.** Display slide 72 and review the following factors associated with developing a positive working alliance (Altman, 2005; Ronnau, 2001; Sandau-Beckler, 2001):

- family members and social workers agree on individualized treatment goals
- family members and social workers agree on the responsibilities and tasks of each party needed to reach goals
- the goals build on past successes and/or strengths
- the social worker refrains from labeling family members and maintains a nonjudgmental stance

■ **Step #3.** Display slide 73 and review the key barrier to teaming: poor management of the power differential that exists between families and the child welfare agency (Bell, 1999; Corby et al., 1996; Healy, 1998; Little, 1995). Ignoring this power differential may leave family members feeling they must comply rather than collaborate (Dale 2004).

Here are some things social workers can do to address the power differential (Campbell, 1997; Dawson & Berry, 2002; Merritt, 2008)

- be truthful and transparent - fully disclose all the information about the risk to the child, the assessment related to safety and risk, and the resources and services available to help

- listen to the family’s assessment of the child welfare concerns - hear what the family has to say about the evidence of risk, their assessment of safety and risk, and the resources they have available to address the concerns they identify
- listen to the family’s assessment of the child welfare agency - listen to what family members have to say about the engagement and treatment process

■ **Step #4.** Display slide 74 and remind the group about Aleeya and her family from the *Trainee Content: Based on a True Story* (used in the previous activity). Ask the trainees to work as table groups and answer the questions in the *Trainee Content: Building a Team Together*.

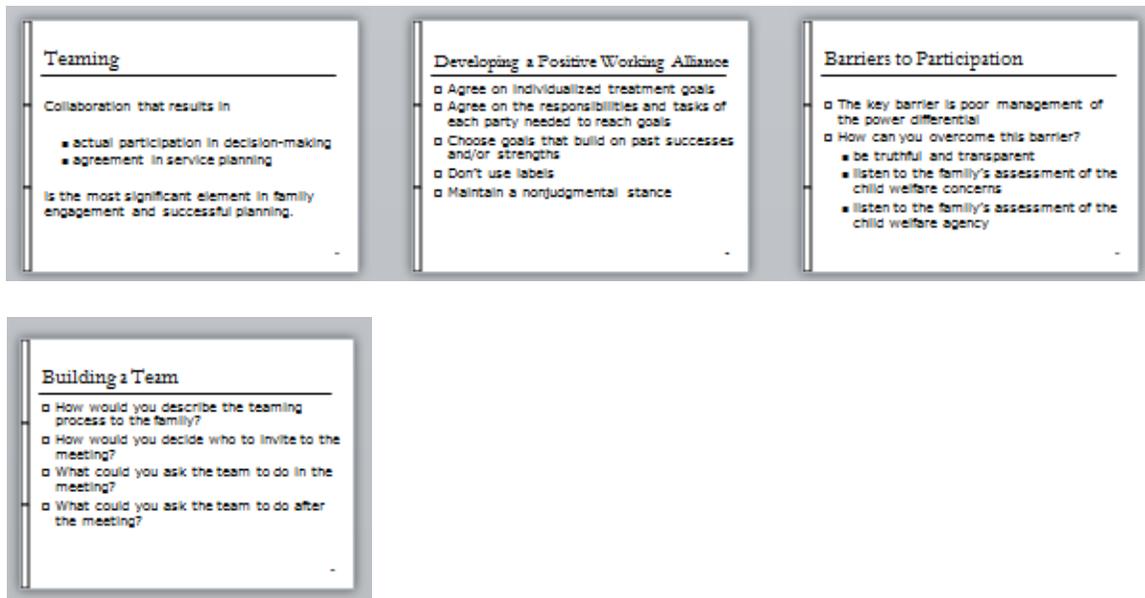
■ **Step #5.** Give the groups 5 minutes to work together and then conduct a report out. Highlight the following key points:

- Use the strengths identified in the previous activity as a starting point for engaging the family and building a team
- Follow the family’s lead in who they want to include
- Empower the team to identify how and when they can help the family
- Maintain transparency about key safety factors and the bottom line of safety for the family when determining the supports for the family.

■ **Step #6.** Segue to the next activity – the closing for the day.

End of Activity

PowerPoint Slide, Activity 5B: Slides 71-74



Remove this page and insert pages 71-74 from the Trainee's Guide.

This page intentionally left blank.

Transfer of Learning

Total Segment Time: 10 min

TRAINING ACTIVITY 6A

ACTIVITY: My Learning Plan

Activity Time: 10 min

Materials:

- Trainee Content: *My Learning Plan* (page 75 of the Trainee's Guide)
- PowerPoint Slides: 75-76

Training Activity:

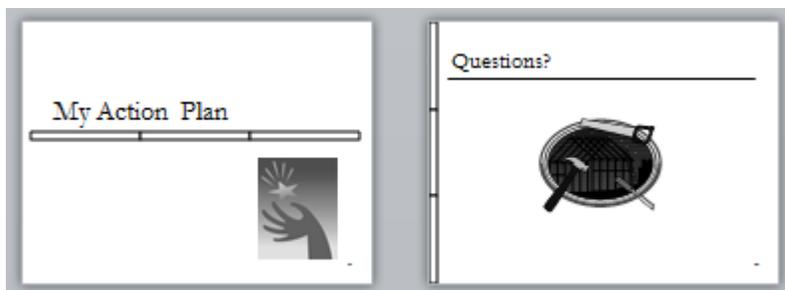
■ **Step #1.** Display slide 75 and refer the trainees to the *Trainee Content: My Learning Plan*. Ask them to completing the plan using the California Themes of Practice self assessment (*Trainee Content: What are my Strengths?*) they completed earlier.

■ **Step #2.** After about 5 minutes, reconvene and ask for volunteers to identify the value they want to learn more about. As you listen to their answers, give them information about where that value will be covered in upcoming core classes.

■ **Step #3.** Display slide 76 and end the day by answering any last questions and thanking the trainees for their attention and hard work.

End of Activity

PowerPoint Slide, Activity 6A: Slides 75-76



This page intentionally left blank.

Remove this page and insert page 75 from the Trainee's Guide.



Central California Training Academy
Presents:

FRESNO STATE
Central California Social Welfare,
Evaluation, Research and Training Center

Framework for Child Welfare Practice

Version 2.0, March 2014



Goals for the Training

In this training we will:

- ▣ Build a shared understanding of our core values and practice principles
- ▣ Share information about laws and policies
- ▣ Introduce concepts related to future core classes



2

Parking Lot

- ▣ Saving some conversations for later



3

Core Training in California

- ▣ Standardized Common Core Curricula
- ▣ Required for all new child welfare social workers
- ▣ Must be completed within their two years of hire



4

California's Training System

- ❑ Developed by social workers, trainers, subject matter experts and stakeholders
- ❑ Delivered by Regional Training Academies, the Inter-University Consortium (in LA) and counties
- ❑ Evaluated and coordinated by CalSWEC

5

7 Standardized Topics

- ❑ Topics with statewide curriculum and pre/post-tests or embedded evaluation
 - Framework for Child Welfare Practice
 - Child and Youth Development
 - Child Maltreatment Identification 1
 - Child Maltreatment Identification 2
 - Critical Thinking in Child Welfare Assessment
 - Family Engagement in Case Planning and Case Management
 - Permanency and Placement

6
6

Ongoing Training

- ▣ Social workers in California are required to participate in ongoing advanced training -
 - 40 hours of training every 2 years



7

Learning Objectives

- ▣ Learning Objectives tell you specifically what you are going to learn
- ▣ Adult learning occurs best when participants identify and focus on a specific outcome

8

Framework Learning Objectives

- ▣ Review the Learning Objectives in your Binder
- ▣ What is your priority learning goal?



9

What Are My Strengths?

- ▣ Find your top three strengths
- ▣ Identify how the strengths will help you in your work
- ▣ Find a resource for a strength you want to develop



10

What is our Goal?

"I had spent almost ten of my twelve years in foster care; I was now living in my fourteenth placement."

From *Three Little Words* by Ashley Rhodes-Courter

11

Adoption and Safe Families Act

- ASFA identified three goals for child welfare:
 - Safety
 - Permanency
 - Well-being
- ASFA also called for ongoing improvement within the child welfare system

12

5 Key Provisions of ASFA

Read about these 5 key provisions and explain them to your partner or group

- Permanency Hearings
- Permanency Timeline
- Reunification Guidelines
- Safety Checks
- Accountability

13

What is Permanency?

- A final, legal, forever home via reunification, adoption or guardianship
- Reunification is the **first choice** for permanency
- It requires concurrent planning – working on reunification AND adoption or guardianship
- It includes assessment of potential adoptive families wherever they reside
- A long term foster placement (APPLA) is **NOT** permanency

14

Themes of Practice

- The seven themes of practice are included throughout the core curriculum:



Safety, Permanence & Well-being



Engagement



Teaming

15

Themes of Practice (continued)



Fairness and Equity



Strength-based Practice



Evidence-based Practice



Outcomes-informed Practice

16
16

Themes in Action

We use every interaction with families, youth and children throughout the life of each case to:

- ▣ assess safety,
- ▣ promote child and family well-being, and
- ▣ promote permanency and permanent connections



17

Themes Self Assessment

- ▣ Identify your strengths and needs related to the California themes of practice
- ▣ Flag this page with a post-it note



18

Child and Family Services Review

- ❑ County Self Assessment (CSA)
- ❑ System Improvement Plan (SIP)



19

An Interdependent System

- ❑ California is a county run child welfare system, but county funding is linked to meeting state requirements
- ❑ Changes in laws are interpreted by the state through All County Letters (ACL) and then become county policy
- ❑ The CFSR includes a federal review of the state's progress and a state review of the counties' progress

20

Division 31 Guides Process

- ❑ Face to face contact requirements
- ❑ Case planning timelines



21

Child Welfare Data

- ❑ How many children were reported for abuse or neglect in 2011 in California?
475,930
- ❑ How many children had a substantiated allegation of abuse or neglect in 2011 in California?
87,263
- ❑ How many children were in foster care in California on July 1, 2011?
53,550

22

Where does the data come from?

YOU!

23

Federal and State Outcome Measures

- ▣ Measure Safety, Permanency and Well-being
 - Safety: Recurrence of maltreatment
 - Safety: Maltreatment in foster care
 - Permanency: Time to permanency
 - Permanency: Reunification rate
 - Permanency: Adoption rate
 - Well-being: Medical and dental care

24
24

Timely Reunification

- Combines measurement of:
 - The number of children who are reunified within 12 months
 - The median length of time children spend in foster care before they are reunified
 - The number of children who re-enter foster care within a year of reunification

25

How is California doing?

- 65% of those who reunified in 2011 did so within 12 months
 - The national goal is 75.2%
- 12% who reunify end up returning to foster care (re-entry)
 - The national goal is 9.9%

26

Evidence-based Practice

- What is evidence-based practice (EBP)?
... the use of programs, services and interventions that have proven to be effective at addressing a specific problem.



27

EBP Key Terms

- Model Fidelity - *the extent to which an intervention is implemented as intended by the designers of the intervention*
- Empirical Research - *research conducted 'in the field'*
- Anecdotal Evidence - *information based on casual observations scientific analysis*

28

Tool for Evidence-Based Practice

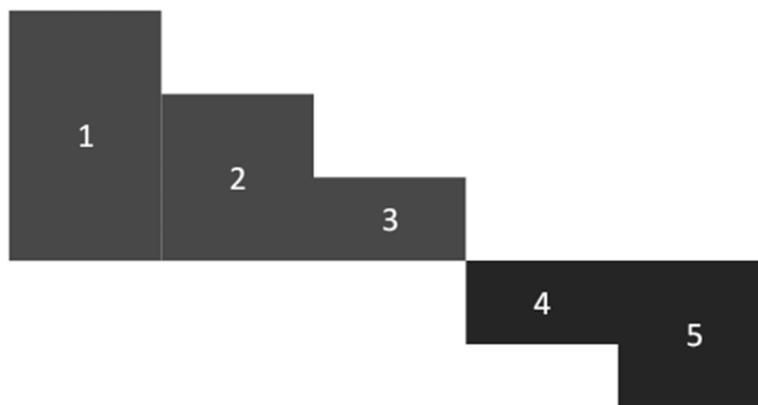
- ❑ California Evidence-Based Clearinghouse for Child Welfare
- ❑ Rates interventions on a scientific rating scale and a child welfare relevancy scale



29

The Scales

Well-Supported \longleftrightarrow Concerning



30

Trauma Treatment

The screenshot shows the CEBC website page for Trauma Treatment (Child & Adolescent). The page features a navigation menu on the left with options like HOME, SEARCH, TOPIC AREAS, RATING SCALES, ASSESSMENT TOOLS, IMPLEMENTATION, ONLINE TRAINING, RESOURCES, FAQs, ABOUT US, CONTACT CEBC, and EMAIL ALERTS. The main content area includes a definition of Trauma Treatment (Child & Adolescent), a section for Scientific Ratings in this topic (with options 1-5 and NR), and a section for Programs in this topic area. The page is viewed in a Mozilla Firefox browser window.

31

Fairness and Equity

- The vision for fair and equitable child welfare services:
 - All children and families will achieve similar benefits and achieve equally positive outcomes.



32

Pizza Party

- ❑ Work individually to decide who will get a slice of pizza
- ❑ Work as a group to identify the fairest way to distribute the slices
- ❑ There is no simple answer to this puzzle - wrestle with the problem and convince one another



33

Fairness Principles

- ❑ Equality
- ❑ Equity
- ❑ Need
- ❑ Seniority/culture
- ❑ Reciprocity
- ❑ Chance



34

Video

- ▣ Knowing Who You Are: Helping Youth in Care Develop their Racial and Ethnic Identity



35

Disproportionality

Disproportionality happens when a group makes up a proportion of those experiencing something and that proportion is higher or lower than that group's proportion of the population.

For example, 6% of the children in the general population are African American, but 19% of the children entering foster care are African American.

36

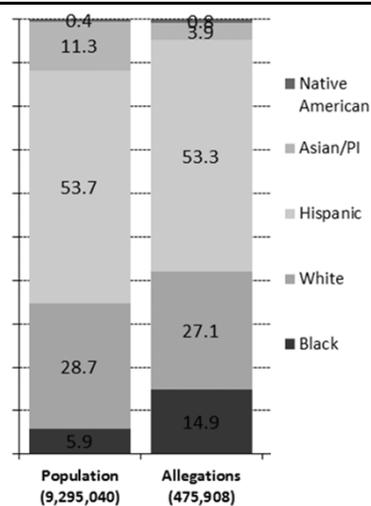
Disproportionality Data

- This is important information
- Ask questions to be sure you understand
- This tells us the numbers, not the why, or the what to do, we'll talk more about that later



37

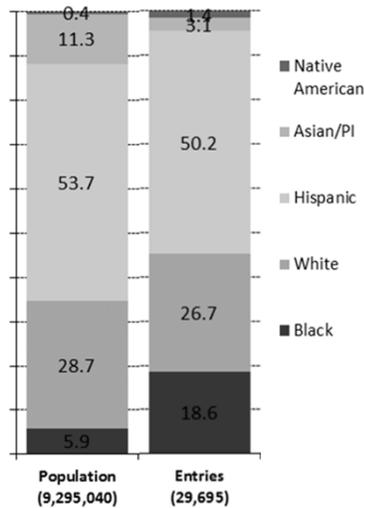
Disproportionate Reports



Child Welfare Agencies receive a disproportionately high number of referrals on African American families.

38

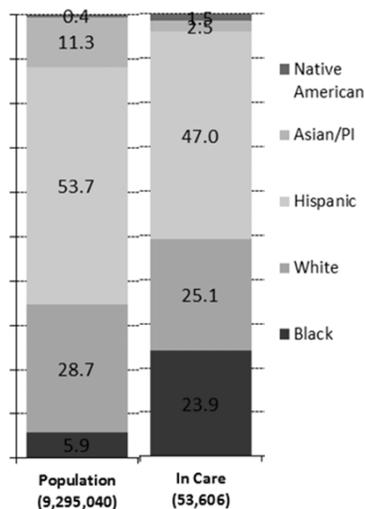
Disproportionate Entry Rate



- Of the children who entered foster care in 2011:
- Black children and Native American children were over-represented
- White, Hispanic, and Asian children were under-represented

39

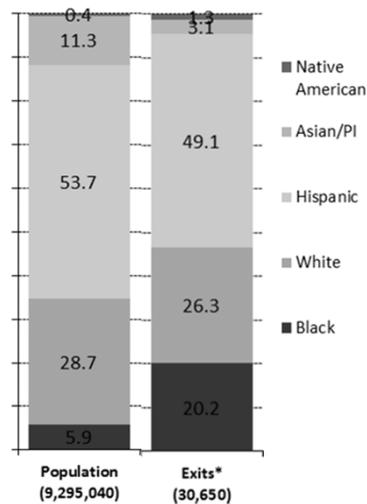
Disproportionate In-Care Rate



- Of the children in foster care in 2011:
- Black children and Native American children were over-represented
- White, Hispanic, and Asian children were under-represented

40

Disproportionate Exits



- Exits from foster care show a reverse trend, with greater proportions of White, Hispanic and Asian children exiting care and smaller proportions of African American and Native American children exiting.

41

Bias within the System

Our practice is not effectively serving African American and Native American families to provide them with the positive outcomes that other groups experience.



42

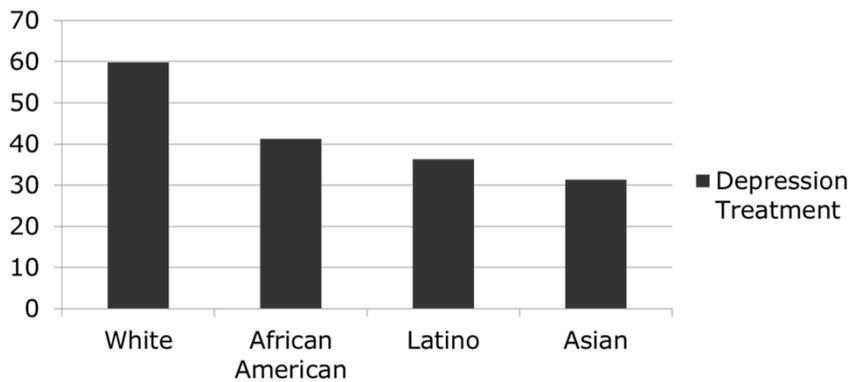
Disparity

Disparity refers to differences identified by comparing one group to another group.

43

Disparity

Percent of Depressed People who Received Treatment



(Alegria et al, 2008)

44

Disparity & Disproportionality

*"Major factors affecting children's entry into foster care included African American families' **higher rates of poverty**, families' difficulties in **accessing support services** so that they can provide a safe home for vulnerable children and prevent their removal, and **racial bias** and cultural misunderstanding among child welfare decision makers."*

(GAO, 2007 as cited in Putnam-Hornstein and Needell, 2011)

45

The Poverty Effect

While we cannot say why people are poor, we can say with certainty that most children who come to the attention of the child welfare system are poor. And we also know that the poverty rate varies dramatically across racial groups.

Putnam-Hornstein and Needell, 2011

46

Bias within the Culture

- ❑ People of color experience more poverty due to past and present racism and bias.
- ❑ Among families experiencing poverty, racial disparity is not present and is even reversed – African American and white families have similar rates of involvement with child welfare.
- ❑ BUT there are many more African American families living in poverty, thus contributing to disproportionality

47

Differences in Need

- ❑ The National Incidence Study (NIS 4) identified higher rates of abuse and neglect in African American families
- ❑ Other studies (Finkelhor et al, 2005) found no differences in maltreatment rate based on race or ethnicity
- ❑ There is a significant need for additional research

48

What Can We Do About It?

Read the section titled *Making a Difference in the Disproportionality and Disparity in Child Welfare* trainee content.



- ❑ Strength-based Practices
- ❑ Teaming
- ❑ Culturally Relevant Services

49

Promising Practices

- ❑ Watching our Language
- ❑ Strength-based, Trauma-Informed and Solution-Based Casework/Social Work
- ❑ Teaming and other Participatory Practices (FGDM/TDM)
- ❑ Intensive Family Preservation
- ❑ Using Culturally Relevant Providers

50

What is culture?

- ❑ A socially constructed set of beliefs and activities
- ❑ A learned way of looking at the world
- ❑ Includes more than race and ethnicity



51

What's in my Cultural Backpack?



52

Stereotype

- ❑ A belief that members of a group generally possess some characteristic ...[that] is treated like an inherent characteristic that every person in this category is presumed to possess.



53

Stereotype Activity

- ❑ Pick a category within one of the groups listed in the trainee content.
- ❑ Select a facilitator to lead your discussion.
- ❑ Brainstorm list of commonly held stereotypes about your group.
- ❑ Remember, these are not YOUR stereotypes. They are stereotypes that exist in the mainstream culture.
- ❑ Write the stereotypes on the chart pad page given to you by the trainer.

54

Stereotypes and Child Welfare

- How do these stereotypes affect our work?
 - With different cultures?
 - With fathers?
 - With youth?
- Addressing bias is a lifelong task and something that we should all consider in every interaction with families.

55

How is racism perpetuated?

- Colorblindness
- Stereotyping
- Institutional racism



56

Strength-based Practice

- ❑ Identify family strengths and resources that can be used in providing services and supporting a family.
- ❑ Use family strengths as benchmarks to assess the status of a family over the course of time.
- ❑ Use community-wide strengths to develop resources in the community.
- ❑ "The goal of strength-based practice is to activate an individual's sense of responsibility for his or her actions...through a focus on potential rather than pathology." (Clark, 2001).

57

Benefits of Focusing on Strengths

A strengths-based approach helps families:

- feel the social worker is interested in their success
- think the relationship they are developing with the social worker is important
- feel more optimistic
- feel more able to make positive changes in their lives

(from Redko et al., 2007)

58

Building on Strengths

- ❑ All families have strengths.
- ❑ When families and their resources are involved in decision-making, outcomes can improve.
- ❑ The family's culture is a source of strength.
- ❑ Building on functional strengths already present in families results in more lasting changes in the family after the child welfare intervention is over.

59

Functional Family Strengths

- ❑ Generic strengths don't provide the foundation for a case plan –
 - law abiding
 - high school graduate
- ❑ Functional strengths are things the family can build on in case planning –
 - ability to work cooperatively
 - motivation to make change
 - willingness to make use of external support systems

60

Customizing Strengths

+	Participants
1	Smithson, Emily(20)

Strength

Extended Family/Friend Support

Description

Ms. Smithson has strong relationships with her extended family. They are a sources of strngth and supp her, willing to help her with child care, transportation, financial support and mentoring.

61

Eliciting Strengths

- ❑ Talk about strengths as external qualities anyone can achieve
- ❑ Ask questions
 - Change questions
 - Exception questions
 - Miracle questions
 - Scaling questions
- ❑ Express belief in the ability to change
- ❑ Identify key strengths and strategize about how to build them, including behaviors, abilities, and skills

62

Based on a True Story

- ▣ Read the vignette individually
- ▣ Work as table groups to answer the eliciting strengths questions.



63

Words are Important

- ▣ Read *What Not to Say / Phrasing for a Better Outcome*
- ▣ Fill in your own examples for numbers 5 through 10



64

What is Engagement?

- ❑ Involvement, investment and participation in the child welfare intervention by both the social worker and the family that results in making the best possible use of the offered service



65

Engagement Scripts

- ❑ What words and actions inhibit engagement?
- ❑ What words and actions enhance engagement?



66

Engagement and Reactance

- How can social workers overcome reactance?
 - Share power
 - Manage power differentials
 - Use empathy
 - Set congruent goals
 - Encourage self-determination
 - Share information
 - Prioritize goals

67
67

Cross Cultural Engagement

- Don't make assumptions
- Ask questions and seek consultation
- Seek feedback from families about the services provided and the quality of your relationship with them
- Spend time with the family

68

Engaging Fathers

- ❑ Make a good first impression!
- ❑ Avoid bias or gender stereotypes
- ❑ Look for interventions that specifically support fathers
- ❑ Provide services or referrals to help with unemployment, educational needs, substance abuse, and parenting skills
- ❑ Listen when fathers express anger and validate their frustration

69

Engaging Youth

- ❑ Listen
- ❑ Give youth many opportunities to make decisions on their own, increasing the impact of the decisions over time
- ❑ Including youth in meetings and other decision making processes

70

Teaming

Collaboration that results in

- actual participation in decision-making
- agreement in service planning

is the most significant element in family engagement and successful planning.

71

Developing a Positive Working Alliance

- Agree on individualized treatment goals
- Agree on the responsibilities and tasks of each party needed to reach goals
- Choose goals that build on past successes and/or strengths
- Don't use labels
- Maintain a nonjudgmental stance

72

Barriers to Participation

- The key barrier is poor management of the power differential
- How can you overcome this barrier?
 - be truthful and transparent
 - listen to the family's assessment of the child welfare concerns
 - listen to the family's assessment of the child welfare agency

73

Building a Team

- How would you describe the teaming process to the family?
- How would you decide who to invite to the meeting?
- What could you ask the team to do in the meeting?
- What could you ask the team to do after the meeting?

74

My Action Plan



75

Questions?



76

Circles of Strength and Support

Families/individuals receive support, resources and strengths from many sources. The more support structures available to a family the more likely they are able to handle life problems with minimal negative impacts. No person/family is immune from life problems; what matters are the skills and support each person has to handle problems when they occur. The circle of support includes many rings.

Most of us start in the inner circle and move out as we need help in a family crisis. Strength-based work supports this natural helping network.

In our work, we ask the family to start with identifying their own strengths and resources, then we ask about their extended family, friends and neighbors. Next, we inquire about support systems such as faith-based groups and services in the community. Strength-based practice embodies this concept of successive circles of strength and support.

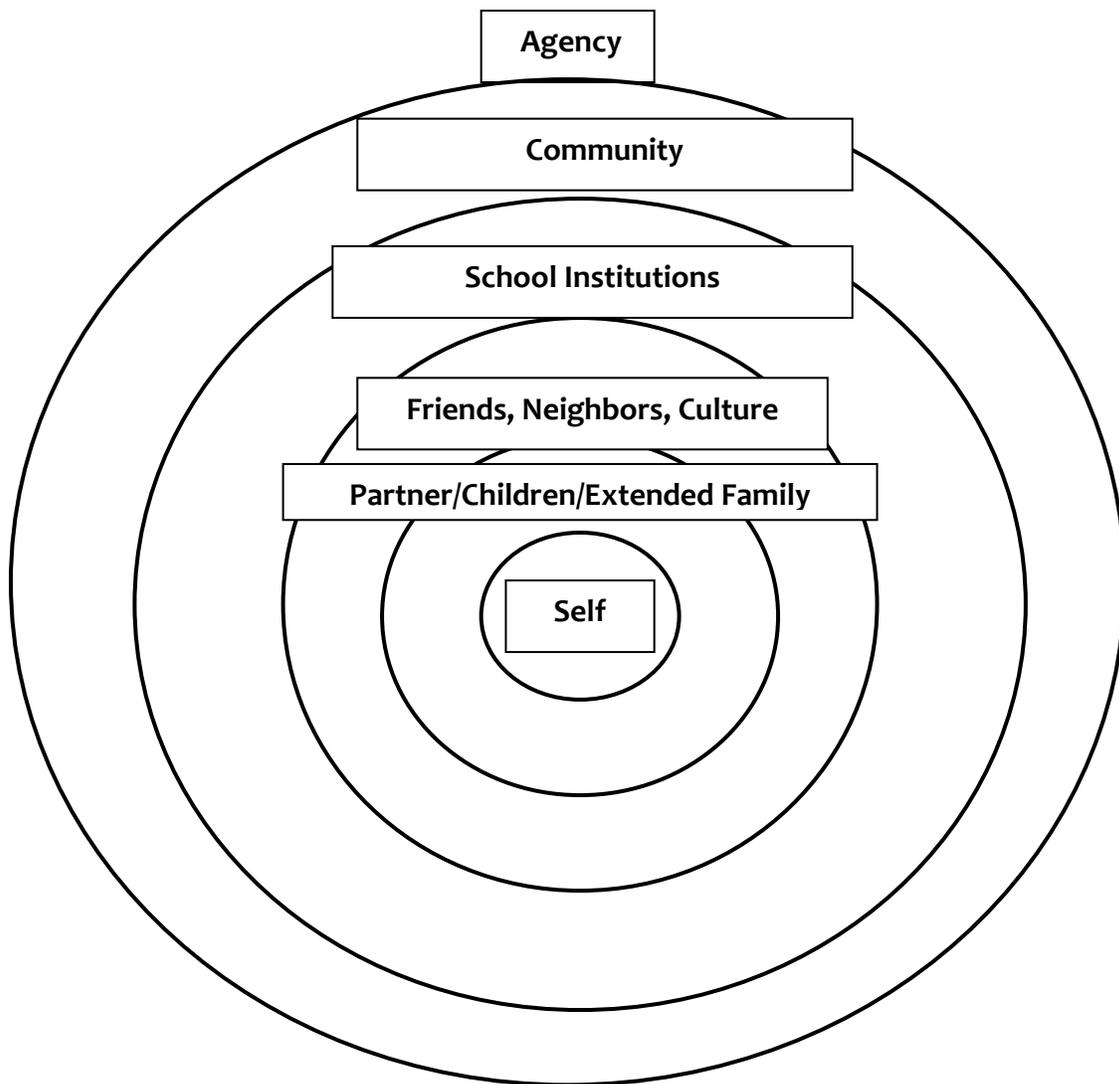
Read the scenario below and use the circles on the next page to define your own circles of support.

Imagine the following situation:

You were doing pretty well with your life, but some bad things happened and you hit a really rough spot and started to make some poor decisions. Unfortunately, your children were neglected during those rough times. A neighbor noticed and called the child welfare agency.

Someone came out and knocked on your door. They came in, completed an assessment, and substantiated the allegation. The worker and the police removed your children to place them “temporarily” into protective custody for their own safety. You are left standing on the front porch watching your children being driven away in a county car. Whom would YOU call?

On you’re the next page, list some names or categories of people in your circle of support. Are there some people who you consider close that you would not want to call? Think about why. Is the social worker you just met a person you would want to call for help? Think about why.



Priorities: #1 Family/Friends #2 Community #3 Agency

Script for Good Engagement

The trainer will play the role of the social worker, Ms. Tolliver. The trainee will play the role of Ms. James.

The parent, Ms. James, and the social worker, Ms. Tolliver walk up to the front of the room together.

Ms. Tolliver – Oh, hello Ms. James. How are you today?

Ms. James – I'm OK. I just left a visit with De'Juan. It's hard to leave him. He cries and I don't know what to do.

Ms. Tolliver – I'm sorry. I know that must be hard for you. Have you mentioned it to your parenting group? They might have some ideas for you.

Ms. James – No. I didn't go to the group. They meet at the Baptist church and I'm not Baptist. I don't feel comfortable there.

Ms. Tolliver – Oh! I didn't realize that would be hard for you. Maybe I could find a class that would be a better fit. What kind of setting would help you feel more comfortable?

Ms. James – I guess something not in a church, maybe at the community center. I'm not religious and I don't like being around church because my uncle used to make us go. Anyway, I don't even understand why I need to go to parenting classes.

Ms. Tolliver – Well, remember when you did the case plan with Ms. Nichols? I guess she thought it was something you needed, maybe because you are a new mom and there are some tricks of the trade that you can pick up in a parenting class. Also, when De'Juan was removed he was underweight. I know you were using at the time and your work in your substance abuse treatment program has been going well, but I want to encourage you to think about going to parenting class, too. Are there things about babies and development you would like to learn more about?

Ms. James – I like to talk to other moms and hear about how they handle it when the baby cries.

Ms. Tolliver – I think you might like the class at the community college. It has a group sharing time, like a mom's group. I'll get you the information. Remember to ask them about some ideas for a routine to follow when you end your visits with De'Juan. Sometimes if you do something special at the end of the visit, like singing a special song, it helps. I think it is great that you are willing to give the class a try. It shows me how serious you are about being a mom.

Script for Poor Engagement

The trainer will play the role of the social worker, Ms. Tolliver. The trainee will play the role of Ms. James.

The parent, Ms. James, appears to be waiting, looks at her watch and taps her foot.

The social worker, Ms. Tolliver, rushes up to Ms. James.

Ms. Tolliver – Oh, hello Ms. Jones.

Ms. James – It's Ms. James, not Jones.

Ms. Tolliver – Sorry. I keep making that mistake. I'm not good at names. Now, let's talk about that case plan. Did you go to the parenting class I told you to go to? The one at Missionary Baptist?

Ms. James – No. I didn't go. I'm not Baptist and I don't want to go to classes there.

Ms. Tolliver – (Crosses arms). You're not Baptist? Look, the sooner you jump through these hoops, the sooner I'll be able to tell the judge you did your plan. I've got a lot of cases to deal with and I can't be running around finding special classes to meet every need. The classes at Missionary Baptist are approved by the court and they are free. You've got to take what you can get.

Ms. James – I don't even understand why I need to go to parenting classes.

Ms. Tolliver – Well, it says right here, "Mom to attend 16 week parenting classes for infants and toddlers." (Flips through pages, muttering to herself as she tries to remember the facts of the case). Why does she have to go to the class? Oh, right, because she has a substance abuse history. (Looks up at Ms. James). Because you have a substance abuse history. All moms with substance abuse go to parenting.

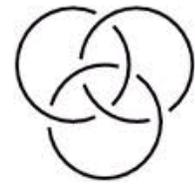
Ms. James – That seems kind of like a waste of time.

Ms. Tolliver – Well, you should do it and get it over with. Now what about your living situation? Did you move back in with your sister? I think she is a good support person who will help you stay on track and get your plan done.

Ms. James – No. I didn't. My sister and I argue a lot and it stresses me out to be around her. I'm better off with my roommate.

Ms. Tolliver – Wow, Ms. Jones, you are really off the rails here. Things are looking bleak.

Safety, Permanence, and Well-being



Safety, permanence and well-being are the overarching reasons for our work and the center of our interactions with families.

The three concepts work together to protect children and youth from imminent harm, while also seeking out the optimal environment for growth and development.

Engagement



We build strong relationships with family members and caregivers in planning, decision-making, and intervention. We work together with families to develop and support safe family relationships and multiple paths to permanency.

Teaming



We build partnerships with families, community, and Tribes to ensure that decisions, services, and interventions reflect the diverse needs of the families and children we serve. We engage with the community to help the family develop a plan of care that addresses their needs and strengths through the development of a family-driven network of support. Family voice, choice, and preference are respected as we honor each person's unique lived experience, strengths and beliefs.

Fairness and Equity



We strive to exhibit fairness and equity in all our interactions with families. We demonstrate this by expanding our awareness and understanding of institutional and personal bias; increasing our knowledge, respect and regard for all ethnicities, cultures, genders, sexual identities, socio-economic backgrounds and perspectives; and by asking the groups that are most affected by our policies, services, and interventions to guide their development.

Strength-based practice



We work with the family team to develop a balanced plan to meet the needs of the family. We rely on formal and informal services and supports to address needs while building on strengths. Our practice identifies services and interventions based on an assessment of family and individual strengths, needs, and level of functioning. Our interactions and interventions are sensitive and responsive to the trauma and loss children, youth, and families may have experienced.

Evidence-based practice



We use research evidence related to child welfare to identify and provide quality interventions to families, youth and children. This includes implementing new practices systematically to allow for assessment of effectiveness and working with families to conduct ongoing evaluation of the effectiveness of plans and interventions; assessing circumstances and resources, and reworking the plans as needed.

Outcomes-informed practice



Our practice supports and is informed by federal and state outcomes. We track and analyze data to improve all of our practices and policies. All training in California supports the federal outcomes of Safety, Permanency and Well-Being.

Focuses on
what is strong,
not just what is
wrong



Encourages
families to do their
personal best
within the framework
of their culture



Reframes
deficits as
opportunities
for growth



Acknowledges
and builds on
successes



Presumes a
desire for and the
possibility of a
positive outcome



Holds the belief
that families can
and do change,
with support and
resources



Includes
feelings and
words that
match



Models
empathy and
offers support

STRENGTH- BASED, FAMILY CENTERED LANGUAGE



Core Values Of Family-Centered Practices

**ALL FAMILIES
HAVE
STRENGTHS**

Core Values Of Family-Centered Practices

**FAMILIES ARE
THE EXPERTS ON
THEMSELVES
& THEIR OWN FAMILY
HISTORY**

Core Values Of Family-Centered Practices

**FAMILIES
DESERVE TO BE
TREATED WITH
DIGNITY &
RESPECT**

Core Values Of Family-Centered Practices

**FAMILIES CAN MAKE
WELL-INFORMED
DECISIONS
ABOUT KEEPING THEIR
CHILDREN SAFE
WHEN SUPPORTED**

Core Values Of Family-Centered Practices

**WHEN FAMILIES
AND RESOURCES ARE
INVOLVED IN DECISION-
MAKING,
OUTCOMES CAN
IMPROVE**

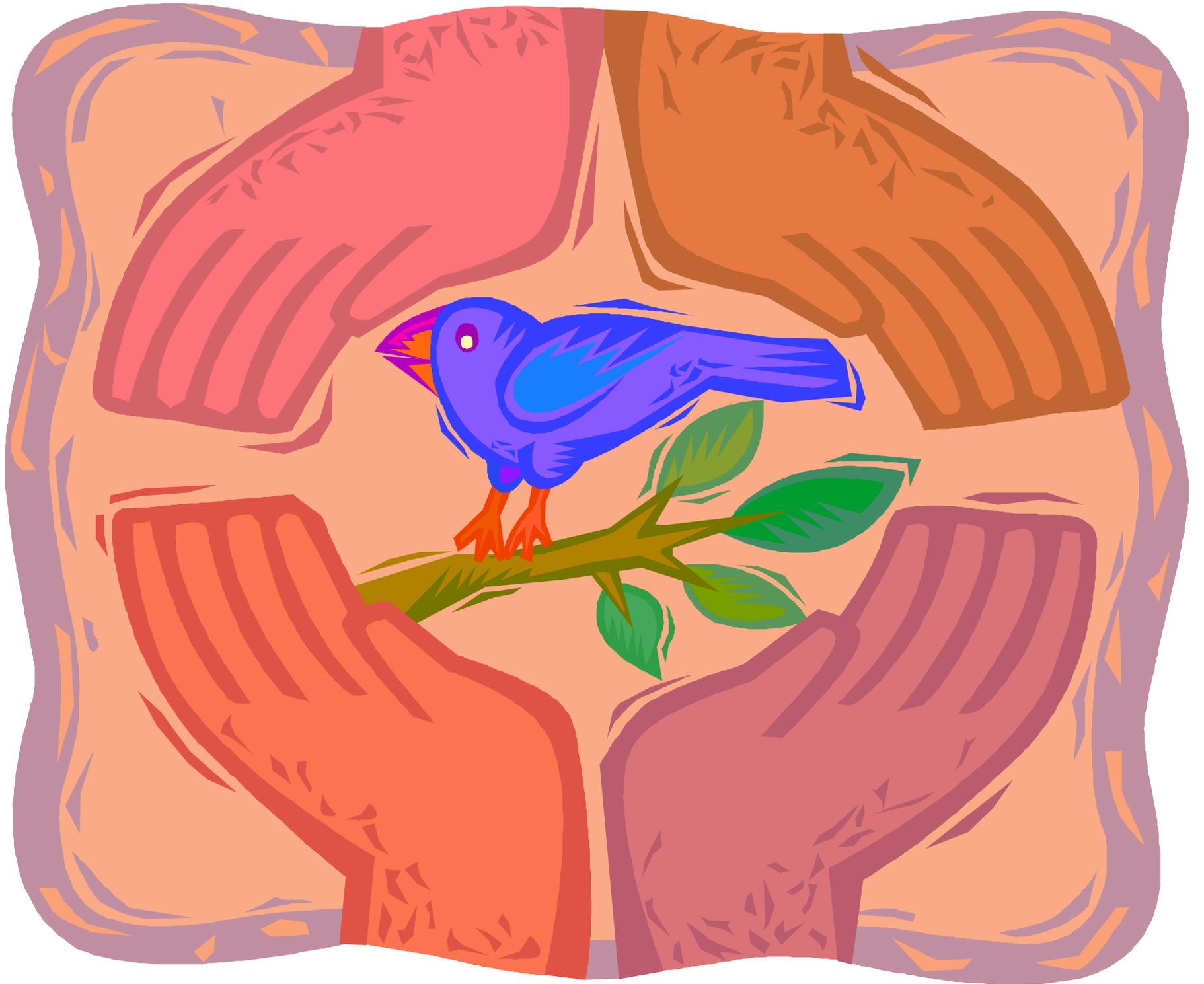
Core Values Of Family-Centered Practices

A TEAM IS OFTEN
MORE CAPABLE
OF CREATIVE AND HIGH-
QUALITY DECISION- MAKING
THAN AN
INDIVIDUAL

Core Values Of Family-Centered Practices

THE FAMILY'S CULTURE

IS A SOURCE OF STRENGTH.
CULTURALLY RESPONSIVE PRACTICES
HONOR THE FAMILY'S CUSTOMS,
VALUES, & PREFERENCES.





















CALIFORNIA COMMON CORE CURRICULA FOR CHILD WELFARE WORKERS



MASTER GLOSSARY

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/]

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.

Framework for Child Welfare Practice in California

REFERENCES and BIBLIOGRAPHY

- Agosti, J. (2011). The California Disproportionality Project Breakthrough Series Collaborative Final Report. Available at <http://www.cfpic.org/>.
- Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C., Takeuchi, D., Jackson, J., Meng, X. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services*, 59(11), 1264-1272.
- Antle, B. F., Barbee, A. P., Christensen, D. N., & Martin, M. H. (2008). Solution-Based Casework in child welfare: Preliminary evaluation research. *Journal of Public Child Welfare*, 2(2), 197-227.
- Artiles, A. J., Kozleski, E. B., Trent, S. C., Osher, D., & Ortiz, A. (2010). Justifying and explaining disproportionality, 1968-2008: A critique of underlying views of culture. *Exceptional Children*, 76(3), 279-299.
- Austin, A. (2010). *Uneven Pain: Unemployment by Metropolitan Area and Race*. Economic Policy Institute.
- Bartholet, E. (2009). The racial disproportionality movement in child welfare: False facts and dangerous directions. *Arizona Law Review*, 51, 871.
- Billingsley, A. (1972). *Children of the Storm: Black Children and American Child Welfare*. New York: Harcourt, Brace, Jovanovich.
- California Evidence-Based Clearinghouse for Child Welfare (2010). *Solution Based Casework*. Retrieved from: <http://www.cebc4cw.org/program/solution-based-casework/detailed>
- Center for Juvenile Justice Reform. (2009). *Racial and Ethnic Disparity and Disproportionality in Child Welfare and Juvenile Justice*. Chicago: Chapin Hall.
- Child Welfare Information Gateway (2006). Family reunification: What the evidence shows. Retrieved from http://www.childwelfare.gov/pubs/issue_briefs/family_reunification/family_reunification.pdf
- Coakley, T. M. (2008). Examining African American fathers' involvement in permanency planning: An effort to reduce racial disproportionality in the child welfare system. *Children & Youth Services Review*, 30(4), 407-417.

- Crampton, D., & Jackson, W. L. (2007). Family Group Decision Making and disproportionality in foster care: A case study. *Child Welfare*, 86(3), 51.
- Crea, T. M., & Berzin, S. C. (2009). Family involvement in child welfare decision-making: Strategies and research on inclusive practices. *Journal of Public Child Welfare*, 3(3), 305-327.
- Crissey, S. (2009). *Educational Attainment in the United States: 2007*. US Department of Commerce, Economics and Statistics Administration.
- Cross, T.L. (2008). Disproportionality in child welfare. *Child Welfare*, 87(2), 11-20.
- Dettlaff, A. J., & Rycraft, J. R. (2008). Deconstructing disproportionality: Views from multiple community stakeholders. *Child Welfare*, 87(2), 37.
- Dietz, T. L. (2002). Disciplining Children: Characteristics Associated with the Use of Corporal Punishment and Non- Violent Discipline. *Child Abuse and Neglect* 24(12), 1529-1542.
- Drake, B., Jolley, J. M., Lanier, P., Fluke, J., Barth, R. P., & Jonson-Reid, M. (2011). Racial bias in child protection? A comparison of competing explanations using national data. *Pediatrics*, 127(3), 471-478.
- Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment* 10(1), 5-25.
- Fiscella, Kevin; Franks, Peter; Doescher, Mark P., and; Saver, Barry G. (2002). Disparities in health care by race, ethnicity, and language among the insured: Findings from a national sample. *Medical Care* 40(1).
- Fluke, J., Harden, B.J., Jenkins, M., and Ruehrdanz, A., (2010). Fourth draft: Research synthesis on child welfare disproportionality and disparities. American Humane.
- Freisthler, B., Bruce, E., & Needell, B. (2007). Understanding the geospatial relationship of neighborhood characteristics and rates of maltreatment for Black, Hispanic, and White children. *Social Work*, 52(1), 7-16.
- Garland, A., Landsverk, J., & Lau, A. (2003). Racial/ethnic disparities in mental health service use among children in foster care. *Children and Youth Services Review*, special issue, 25(5-6), 489-505.
- Gladwell, M. (2005). *Blink*. New York: Little, Brown and Company.
- Greenwald, A. and Benaji, M.R. (1995). Implicit social cognition: Attitudes, self-esteem and stereotypes. *Psychological Review*, 102, 4-27.

- Harris, M. S., & Hackett, W. (2008). Decision points in child welfare: An action research model to address disproportionality. *Children & Youth Services Review*, 30(2), 199-215.
- Harris, M. S., & Skyles, A. (2008). Kinship care for African American children: Disproportionate and disadvantageous. *Journal of Family Issues*, 29(8), 1013-1030.
- Kirk, R. S., & Griffith, D. P. (2008). Impact of Intensive Family Preservation Services on disproportionality of out-of-home placement of children of color in one state's child welfare system. *Child Welfare*, 87(5), 87-105.
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., Brymer, M. J., et al. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, Juvenile Justice. *Professional Psychology, Research & Practice*, 39(4), 396-404.
- Madsen, W. and Decter, P. Collaborative Child Welfare Practice. Downloaded on 6/21/11 from <http://www.family-centered-services.org/media/CCWP%20Handout.pdf>
- Martens, P. (2009). National Family Preservation Network: IFPS Toolkit. Retrieved from http://nfpn.org/images/stories/files/ifps_toolkit.pdf
- O'Brien, P., Massat, C. R., & Gleeson, J. P. (2001). Upping the ante: Relative caregivers' perceptions of changes in child welfare policies. *Child Welfare*, 80(6), 719-748.
- Perez, A. (2010). Policy analysis proposal regarding the Indian Child Welfare Act of 1978. Retrieved February 15, 2011, from <http://gradworks.umi.com/14/86/1486357.html>
- PPWCG (2010). *Disparity/Disproportionality Definition*. Retrieved from <http://www.ppcwg.org/disparity-definition.html>
- Redko, C., Rapp, R., Elms, C., Snyder, M., Carlson, R. (2007) Understanding the working alliance between persons with substance abuse problems and strengths-based case managers. *Journal of Psychoactive Drugs*, 39(3), 241-50.
- Tervalon, M. and Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Healthcare for the Poor and Underserved*, (9)2.
- Thornton, J. L. (1991). Permanency planning for children in kinship foster homes. *Child Welfare*, 70(5), 593-601.
- Turnell, A., & Edwards, S., (1999). *Signs of Safety: A solution and safety oriented approach to child protection casework*. New York, NY: W.W. Norton & Co.
- Weld, N. and Greening, M. (2004). The three houses. *Social Work Now*.

Wells, S. J., Merritt, L. M., & Briggs, H. E. (2009). Bias, racism and evidence-based practice: The case for more focused development of the child welfare evidence base. *Children & Youth Services Review*, 31(11), 1160-1171.

Wulczyn, F. and Lery, B. (2007). *Racial Discrimination in Foster Care Admissions*. Chicago: Chapin Hall.

Framework for Child Welfare Practice

MATERIALS CHECKLIST

HANDOUTS

- Trainees' Guides
- Supplemental Handout: Circles of Strength (Activity 5B)
- Supplemental Handout: Engagement Script for Poor Engagement (Activity 6A)
- Supplemental Handout: Engagement Script for Good Engagement (Activity 6A)

TABLE TOPS

Required for this curriculum:

- Pens/Pencils for trainees
- Name tents for the trainees
- Markers (for trainer and trainees)
- Masking tape (to affix flip chart paper)
- Flipchart paper for small groups of participants
- Flipchart paper cut into strips (approximately 4 inches by 27 inches) 2 for each trainee
- Highlighters
- Scratch paper, post-it notes for trainees
- Symbolic pizzas for the pizza party activity (plastic pizza slices or pizza shaped cutouts)

AUDIOVISUALS

- Themes Posters
- Knowing Who You Are: Helping youth in care develop their racial and ethnic identity DVD and facilitator's guide available from Casey Family Programs www.casey.org
- Optional: Video clip from "Crash" that illustrates stereotyping.
- A backpack stuffed with symbolic or literal representations of myths, culture and status descriptors such as credit cards, cash, signs with words like poverty, working class childhood, Mercedes Benz (see Trainer Tips for more suggested backpack items)
- 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

STRENGTH~BASED LANGUAGE...

- + focuses on what is strong, not just what is wrong
- + encourages families to do their personal best within the framework of their culture
- + reframes deficits as opportunities for growth
- + acknowledges and builds on successes
- + presumes a desire for and the possibility of a positive outcome
- + holds the belief that families can and do change, with support and resources
- + includes feelings and words that match
- + models empathy and offers support

If you were “in the system,” which of these would you hope your Social Worker was committed to practicing?