



CalSWEC

California Social Work Education Center

CALSWEC CURRICULUM COMPETENCIES

FOR PUBLIC CHILD WELFARE,
BEHAVIORAL HEALTH,
AND AGING
IN CALIFORNIA

2017

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INTRODUCTION

“Competence is informed by knowledge, values, skills and cognitive and affective processes that include the social worker’s critical thinking, affective reactions and exercise of judgment.”

–2015 Council on Social Work Education,
Educational Policy and Accreditation Standards

History

The [Council of Social Work Education \(CSWE\)](#) sets national standards for the identification and assessment of competencies in the education of social work students through the periodic publication of [Educational Policy and Accreditation Standards \(EPAS\)](#) for *Baccalaureate and Master’s Social Work Programs*, which were most recently revised at the end of 2015. A competency-based approach to professional education is focused by the establishment of standards and tools for assessing student mastery of key proficiencies specific to a profession. The goal is to be able to determine whether or not students can demonstrate the functional integration of acquired knowledge and cognitive and affective awareness of key concepts through the effective and appropriate performance of key professional skills. As noted in this revision;

In 2008 CSWE adopted a competency-based education framework for its EPAS...the policy moved from a model of curriculum design focused on content (what students should be taught) and structure (the format and organization of educational components) to one focused on student learning outcomes...In social work this approach involves assessing students’ ability to demonstrate the competencies identified in the educational policy (CSWE EPAS 2015, p. 6).

The California Social Work Education Center (CalSWEC) created the first set of *Curriculum Competencies for Public Child Welfare* in 1991 for use by CalSWEC’s partner schools and programs of social work to support the thorough preparation of Title IV-E stipend recipients. In 2004 and 2005, respectively, CalSWEC developed *Curriculum Competencies for Aging and Public Mental Health*. These sets of competencies, which are revised periodically to reflect current developments in social work practice and education, serve as a model for collaborative curriculum development across the nation.

Revision Process

In response to the [2015 CSWE EPAS](#) revisions, CalSWEC began the collaborative process of revising its *Curriculum Competencies* in January 2016, with the goal of developing a clear and comprehensive set of competencies that reflect current social work practice and are focused on the demonstration of student learning outcomes. To begin the revision process, CalSWEC created two comprehensive “crosswalk” documents comparing past CalSWEC and EPAS competencies with the 2015 EPAS and current practice models. These included:

[Integrated Crosswalk](#): A summary and comparison of information from the 2008 EPAS, 2015 EPAS, and 2011 CalSWEC competencies, with recommendations and analysis.

[Practice Indicators Crosswalk](#): A summary and comparison of practice indicators from the 2011 CalSWEC competencies and the California Child Welfare Core Practice Model.

Based on these “crosswalks,” CalSWEC developed an initial draft of the *Curriculum Competencies for Public Child Welfare, Behavioral Health, and Aging* as a starting point for revision and adaptation.

In the summer of 2016, a large group of CalSWEC stakeholders, including representatives from university, county, Tribal, training, and other CalSWEC partner entities, with expertise in the fields of public child welfare, behavioral health, and aging, reviewed and commented on the initial draft of the *Curriculum Competencies* utilizing an online review tool, which remained open for nine weeks. CalSWEC Central staff then analyzed and incorporated the feedback received to produce the next draft of the *Curriculum Competencies*. A smaller work group of CalSWEC partners with knowledge and experience in the identified subject areas spent six weeks in the winter of 2016 redlining the document. After incorporating this workgroup’s edits, a final draft was released for a public comment period over four weeks in the spring of 2017. The Curriculum Committee of the CalSWEC Board remained involved throughout the review and revision process. CalSWEC Central staff reviewed and incorporated feedback and produced this final version for distribution in the summer of 2017, for implementation by CalSWEC Title IV-E and Mental Health Services Act (MHSA) Stipend Program schools by the fall of 2018.

Organization of This Document

As a departure from previous versions of the *Curriculum Competencies*, the 2017 CalSWEC *Curriculum Competencies* includes content, processes, and behaviors associated with both generalist practice and specialized practice in the areas of public child welfare, behavioral health, and aging in a single document. To accomplish this integration, all of these elements are presented for each of the nine CSWE EPAS-identified competencies in the following format:

CSWE EPAS COMPETENCY (SAMPLE)
The 2017 CalSWEC <i>Curriculum Competencies</i> utilizes the headings from nine CSWE EPAS competencies and is organized to align with these general standards from the accrediting organization.
CSWE EPAS COMPETENCY CONTENT AND PROCESSES
The 2017 CalSWEC <i>Curriculum Competencies</i> includes narrative descriptions of each of the nine CSWE EPAS competencies that outline “the knowledge, values, skills, and cognitive and affective processes that comprise [each] competency at the generalist level of practice” (CSWE EPAS, p. 7) for all students.
CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY
The 2017 CalSWEC <i>Curriculum Competencies</i> includes lists of behaviors related to each of the nine CSWE EPAS competencies that “represent observable components of [each] competenc[y]” (CSWE EPAS, p. 7) and that may be regarded as indicators of competence at the generalist level of practice for all students.
CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE COMPETENCY (SAMPLE)
PUBLIC CHILD WELFARE
For each of the nine CSWE EPAS competencies, the 2017 CalSWEC <i>Curriculum Competencies</i> outlines a set of related behaviors focused on the specialized area of public child welfare intended to provide CalSWEC Title IV-E Stipend Program schools/departments of social work/social welfare with guidelines for indicators of students’ competency mastery in public child welfare practice. These sections also reference related practice behaviors from the California Child Welfare Core Practice Model, which are also cross-referenced in the Appendix.
BEHAVIORAL HEALTH
For each of the nine CSWE EPAS competencies, the 2017 CalSWEC <i>Curriculum Competencies</i> outlines a set of related behaviors focused on the specialized area of behavioral health intended to provide CalSWEC MHPA Stipend Program schools/departments of social work/social welfare with guidelines for indicators of students’ competency mastery in behavioral health practice.
AGING
For each of the nine CSWE EPAS competencies, the 2017 CalSWEC <i>Curriculum Competencies</i> outlines a set of related behaviors focused on the specialized area of aging intended to provide CalSWEC partner schools/departments of social work/social welfare with guidelines for indicators of students’ competency mastery in practice with aging and older adults.

Evaluation Plan

Reflecting contract requirements for the CalSWEC Title IV-E and MHPA Stipend Programs, CalSWEC will continue to gather information from participating schools related to the methods used to integrate the *Curriculum Competencies* into student learning, as well as the tools used to assess competency-related student learning outcomes.

COMPETENCY 1: DEMONSTRATE ETHICAL AND PROFESSIONAL BEHAVIOR

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of lifelong learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 1

Social work students should:

- Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;
- Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations;
- Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;
- Use technology ethically and appropriately to facilitate practice outcomes; and
- Use supervision and consultation to guide professional judgment and behavior.

COMPETENCY 1: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

PUBLIC CHILD WELFARE (CW1)

Social work students should:

- CW1.1 Guided by ethical reasoning and self-reflection, demonstrate adherence to child welfare-related laws, policies, and procedures. (See related Competency 5.)
- CW1.2 Engage in active dialogue with field faculty/instructors regarding child welfare field placement agency policies and culture around behavior, appearance, communication, and the use of supervision.
- CW1.3 Develop and sustain respectful and effective collaborative relationships with colleagues and community stakeholders, including those with lived experience within the child welfare system.
- CW1.4 Effectively manage professional boundary issues and other challenges arising in the course of child welfare work, particularly ambiguities presented by home visits, support at visitation centers, transportation of children, youth, and families, and other highly involved and potentially emotionally triggering situations.
- CW1.5 Develop and sustain relationships with interdisciplinary team members, including social workers, placement settings, primary care doctors, psychiatrists, behavioral health specialists, substance abuse treatment staff, Tribes, Tribal agencies, Tribal Courts, state court systems, and others, that reflect clear understanding of their roles in public child welfare settings.
- CW1.6 Demonstrate both knowledge of the history and evolution of child welfare practice in the United States and California, and a commitment to lifelong learning around this practice.
- CW1.7 Follow all ethical guidelines and legal mandates in the use of technology in order to maintain the confidentiality of all personal, child welfare-related, and health-related information.

Related California Child Welfare Core Practice Model Practice Behaviors:

[I.2.a.b.](#); [IV.8.a.d.e.](#); [IV.9.a.-f.](#); [IV.10.b.c.](#); [IV.11 .](#); [V.12.d.](#) (see [Appendix](#))

BEHAVIORAL HEALTH (BH1)

Social work students should:

- BH1.1 Guided by ethical reasoning and self-reflection, demonstrate adherence to the key principles of the Mental Health Services Act and other behavioral health-related laws, policies, and procedures. (See related Competency 5.)
- BH1.2 Engage in active dialogue with field faculty/instructors regarding behavioral health field placement agency policies and culture around behavior, appearance, communication, and the use of supervision.
- BH1.3 Develop and sustain effective collaborative relationships that respect consumer perspectives and self-determination with colleagues and community stakeholders, including consumers of behavioral health services their family members, others with lived experience in the behavioral health care system, and Tribes.
- BH1.4 Effectively manage professional boundary issues and other challenges arising in the course of behavioral health work, particularly ambiguities presented by the multiple roles sometimes characteristic of recovery-oriented practice, trauma, and other highly involved and potentially emotionally triggering aspects of the work.
- BH1.5 Develop and sustain relationships with members of interdisciplinary and integrated health care teams, including social workers, primary care providers, psychiatrists, psychologists, behavioral health specialists, substance use disorders treatment staff, Tribal service providers, and others, that reflect clear understanding of their roles in behavioral health settings.
- BH1.6 Demonstrate both knowledge of the history and evolution of behavioral health care practice in the United States and California, and a commitment to lifelong learning around this practice.
- BH1.7 Follow all ethical guidelines and legal mandates in the use of technology in order to maintain the confidentiality of all personal, behavioral health, and health-related information.

AGING (AG1)

Social work students should:

- AG1.1 Guided by ethical reasoning and self-reflection, demonstrate adherence to ethical frameworks and key laws, policies, and procedures related to aging, and the rights of older adults. (See related Competency 5.)
- AG1.2 Engage in active dialogue with field faculty/instructors regarding aging field placement agency policies and culture around behavior, appearance, communication, and the use of supervision.
- AG1.3 Develop and sustain effective collaborative relationships that respect older adults' needs for protection, self-determination, and the provision of services in the least restrictive environment possible with colleagues and community stakeholders, including older adults, their family members, other care providers, and Tribes.
- AG1.4 Effectively manage professional boundary issues and other challenges arising in the course of aging-related work, particularly ambiguities presented by home visits, personal loss, trauma, and other highly involved and potentially emotionally triggering aspects of the work.
- AG1.5 Develop and sustain relationships with members of interdisciplinary and integrated health care teams, including social workers, primary care providers, hospital staff, home health care providers, psychiatrists, psychologists, substance use disorder treatment staff, Tribal service providers, and others, that reflect clear understanding of their roles in providing care to older adults.
- AG1.6 Demonstrate both knowledge of the history and evolution of social work practice related to aging and older adults in the United States and California, and a commitment to lifelong learning around this practice.
- AG1.7 Follow all ethical guidelines and legal mandates in the use of technology in order to maintain the confidentiality of all personal, behavioral health, and health-related information.

COMPETENCY 2: ENGAGE DIVERSITY AND DIFFERENCE IN PRACTICE

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors, including, but not limited to, age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and Tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 2

Social work students should:

- Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;
- Present themselves as learners and engage clients and constituencies as experts of their own experiences; and
- Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.

COMPETENCY 2: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

PUBLIC CHILD WELFARE (CW2)

Social work students should:

- CW2.1 Engage in critical analysis of the interpersonal, community, and social structural causes and effects of disproportionality, disparities, and inequities in public child welfare.
- CW2.2 Evidence respectful awareness and understanding of the challenges of being a member of a marginalized class within the context of child development and child welfare settings.
- CW2.3 Adhere to relevant laws, policies, procedures, and government-to-government relationships with Tribes when serving American Indian/Alaska Native children and families.
- CW2.4 Develop and use practice methods that acknowledge, respect, and address how individual and cultural values, norms, and differences impact the various systems with which children, youth, and families interact, including, but not limited to, family systems, community systems, public child welfare systems, school/educational systems, Tribes, Tribal agencies, and Tribal Courts, juvenile justice, criminal justice, and court systems, integrated behavioral health care systems, and medical systems.

Related California Child Welfare Core Practice Model Practice Behaviors:

[I.1.b.c.e.](#); [I.2.a.a.b.](#); [II.4.e.g.](#); [II.6.c.](#); [III.7.f.](#); [IV.8.c.](#); [V.12.d.](#) (see [Appendix](#))

BEHAVIORAL HEALTH (BH2)

Social work students should:

- BH2.1 Engage in critical analysis of the interpersonal, community, and social structural causes and effects of disproportionality, disparities, and inequities in the incidence and trajectory of behavioral health issues, including mental health issues, substance use disorders, and chronic health conditions.
- BH2.2 Evidence respectful awareness and understanding of the impact of being a member of a marginalized group on health and behavioral health, and accurately identify differences in access to and quality of available services for members of different communities and populations.

- BH2.3 Demonstrate knowledge of diverse cultural norms and traditional methods of recognizing and treating behavioral health issues, and an applied understanding of how these realities affect work with consumers from diverse backgrounds.
- BH2.4 Develop and use practice methods that acknowledge, respect, and address how individual and cultural values, norms, and differences impact the various systems with which behavioral health consumers interact, including, but not limited to, families, communities primary care systems, mental and behavioral health care systems, and integrated care systems.

AGING (AG2)

Social work students should:

- AG2.1 Engage in critical analysis of the interpersonal, community, and social structural causes and effects of disproportionality, disparities, and inequities in the incidence and trajectory of aging-related care needs, housing, transportation, and resource access among older adults, their families, and their communities.
- AG2.2 Evidence respectful awareness and understanding of the impact of being a member of a marginalized group on aging experiences, and accurately identify differences in access to and quality of available services for members of different communities and populations.
- AG2.3 Demonstrate knowledge of diverse cultural norms and traditional methods of providing care to older adults, as well as an applied understanding of how these realities affect work with older adults from diverse backgrounds, their families, and their communities.
- AG2.4 Develop and use practice methods that acknowledge, respect, and address how individual and cultural values, norms, and differences impact the various systems with which older adults interact, including, but not limited to, families, communities, primary care systems, mental and behavioral health care systems, and integrated care systems.

COMPETENCY 3: ADVANCE HUMAN RIGHTS AND SOCIAL, ECONOMIC, AND ENVIRONMENTAL JUSTICE

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 3

Social work students should:

- Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels; and
- Engage in practices that advance social, economic, and environmental justice.

COMPETENCY 3: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

PUBLIC CHILD WELFARE (CW3)

Social work students should:

- CW3.1 Clearly articulate the systematic effects of discrimination, oppression, and stigma on the quality and delivery of child welfare services, and identify and advocate for policy changes needed to address these issues.
- CW3.2 Advocate for a social justice practice framework in public child welfare, and support self-advocacy for children, youth, young adults, and families receiving child welfare services.

CW3.3 Integrate into all aspects of policy and practice sensitivity to the reality that fundamental rights, including freedom and privacy, may be compromised for children, youth, and families who are receiving services within the child welfare system.

Related California Child Welfare Core Practice Model Practice Behaviors:
[II.4.g.](#); [II.6.b.,c.](#); [IV.9.e.](#); [V.12.d.](#) (see [Appendix](#))

BEHAVIORAL HEALTH (BH3)

Social work students should:

- BH3.1 Clearly articulate the systematic effects of discrimination, oppression, and stigma on the behavioral health needs and experiences of service consumers and on the quality and delivery of services offered to them, and identify and advocate for policy changes needed to address these issues.
- BH3.2 Advocate for changes in policies and programs that reflect a social justice practice framework for facilitating access to providing behavioral health services based on the principles articulated in the Mental Health Services Act and for including support for consumers serving as peer providers and facilitators.
- BH3.3 Demonstrate the ability to work effectively in interdisciplinary collaborations to develop and provide interventions that confront stigma and discrimination, and provide integrated care to meet the specific needs of diverse behavioral health care consumers.
- BH3.4 Integrate into all aspects of policy and practice sensitivity to the reality that fundamental rights, including freedom and privacy, may be compromised for consumers who are mandated to receive services within the behavioral health care system, and the goal that services should be provided in the least restrictive environment possible.

AGING (AG3)

Social work students should:

- AG3.1 Clearly articulate the systematic effects of discrimination, oppression, and stigma on the needs and experiences of older adults and on the quality and delivery of services available to them, and identify and advocate for policy changes needed to address these issues.
- AG3.2 Advocate for changes in policies and programs that reflect a social justice practice framework for facilitating access and providing services to older adults, their families, and care providers, especially among underserved groups and communities.
- AG3.3 Demonstrate the ability to work effectively in cross-disciplinary collaboration to develop and provide interventions that explicitly address the specific needs of diverse older adults, their families, and care providers.
- AG3.4 Integrate into all aspects of policy and practice sensitivity to the reality that fundamental rights, including freedom and privacy, may be compromised for older adults engaged in care, and the goal that services should be provided in the least restrictive environment possible.

COMPETENCY 4: ENGAGE IN PRACTICE-INFORMED RESEARCH AND RESEARCH-INFORMED PRACTICE

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. Social workers know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Social workers understand that evidence that informs practice derives from multidisciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 4

Social work students should:

- Use practice experience and theory to inform scientific inquiry and research;
- Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and
- Use and translate research evidence to inform and improve practice, policy, and service delivery.

COMPETENCY 4: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

PUBLIC CHILD WELFARE (CW4)

Social work students should:

- CW4.1 Demonstrate the ability to understand, interpret, and evaluate the benefits and limitations of various evidence-based and evidence-informed treatment models as they influence child welfare practice.
- CW4.2 Engage in critical analysis of research findings, practice models, and practice wisdom that inform child welfare practice, including how research practices have historically failed to address the needs and realities of exploited and/or disadvantaged communities, and how cross-cultural research practices can be used to enhance equity.
- CW4.3 Clearly communicate research findings, conclusions, and implications, as well as their applications to child welfare practice across a variety of professional interactions with children, youth, young adults, families, and multidisciplinary service providers.
- CW4.4 Apply research findings to child welfare practice with individuals, families, and communities and to the development of professional knowledge about the field of child welfare.

BEHAVIORAL HEALTH (BH4)

Social work students should:

- BH4.1 Demonstrate the ability to understand, interpret, and evaluate the benefits and limitations of various evidence-based and evidence-informed treatment models as they influence behavioral health practice.
- BH4.2 Engage in critical analysis of research findings, practice models, and practice wisdom that inform behavioral health practice, including how research practices have historically failed to address the needs and realities of exploited and/or disadvantaged communities, and how cross-cultural research practices can be used to enhance equity.
- BH4.3 Clearly communicate research findings, conclusions, and implications, as well as their applications to behavioral health practice across a variety of professional interactions with consumers, families, and multidisciplinary service providers.
- BH4.4 Apply research findings to behavioral health practice with individuals, families, and communities and to the development of professional knowledge about behavioral health, wellness, and recovery.

AGING (AG4)

Social work students should:

- AG4.1 Demonstrate the ability to understand, interpret, and evaluate the benefits and limitations of various evidence-based and evidence-informed treatment models as they influence practice with older adults.
- AG4.2 Engage in critical analysis of research findings, practice models, and practice wisdom as they inform aging-related practice, including how research practices have historically failed to address the needs and realities of exploited and/or disadvantaged communities, and how cross-cultural research practices can be used to enhance equity.
- AG4.3 Clearly communicate research findings, conclusions, and implications, as well as their applications to aging practice, across a variety of professional interactions with consumers, families, and multidisciplinary service providers.
- AG4.4 Apply research findings to aging-related practice with individuals, families, and communities and to the development of professional knowledge about the needs, experiences, and well-being of older adults.

COMPETENCY 5: ENGAGE IN POLICY PRACTICE

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. Social workers understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels and they actively engage in policy practice to effect change within those settings. Social workers recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. They are also knowledgeable about policy formulation, analysis, implementation, and evaluation.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 5

Social work students should:

- Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;
- Assess how social welfare and economic policies impact the delivery of and access to social services; and
- Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.

COMPETENCY 5: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

PUBLIC CHILD WELFARE (CW5)

Social work students should:

CW5.1 Demonstrate familiarity with relevant statutes and civil codes, and the roles of relevant policy entities, including, but not limited to:

- Child welfare-relevant California Welfare and Institutions Code
- Children’s Bureau Policy Manual, Child and Family Services Review process, and other child welfare-relevant Children’s Bureau policy guidance
- Continuum of Care Reform efforts authorized through Senate Bill (SB) 1013 (Statutes of 2012)
- Indian Child Welfare Act of 1978
- Other current child welfare-relevant legislation and policies

CW5.2 Understand and adhere to local policies and procedures that influence child welfare practice.

CW5.3 Engage with the political and legislative arena of public child welfare through involvement with relevant activities, including, but not limited to:

- Maintaining ongoing familiarity with changes to child welfare-related legislation and the rationale for such changes, including reviewing recent All County Letters (ACLs) and All County Information Notices (ACINs) on the California Department of Social Services (CDSS) website;
- Reading, analyzing, and communicating in speech and writing about proposed legislation relevant to the field of child welfare; and
- Attending Legislative Lobby Day events in Sacramento.

CW5.4 Utilize policy knowledge to effectively develop, implement, and/or evaluate agency, local, state, and federal policies in the course of child welfare practice.

Related California Child Welfare Core Practice Model Practice Behaviors:

[I.2.a.](#); [IV.9.e.](#) (see [Appendix](#))

BEHAVIORAL HEALTH (BH5)

Social work students should:

- BH5.1 Demonstrate familiarity with relevant statutes, civil codes, and the roles of relevant policy entities, including, but not limited to:
- The California Mental Health Services Act
 - The Patient Protection and Affordable Care Act
 - Other local, state, and federal legislation and policies related to mental health, behavioral health, and treatment parity issues
 - SAMHSA, HRSA, DHHS, and other federal entities
 - CDHCS, CDMHC, and other state entities
 - NAMI and other consumer and family-driven advocacy organizations
- BH5.2 Understand and adhere to local policies and procedures that influence behavioral health practice.
- BH5.3 Engage with the political and legislative arena of behavioral health through involvement with relevant activities, including, but not limited to:
- Maintaining ongoing familiarity with changes to behavioral health-related legislation and the rationale for such changes, including reviewing ongoing legislative actions related to the funding and implementation of the MHSAs;
 - Reading, analyzing, and communicating in speech and writing about proposed legislation relevant to the field of behavioral health; and
 - Attending Legislative Lobby Day events in Sacramento.
- BH5.4 Utilize policy knowledge to effectively develop, implement, and evaluate agency, local, state, and federal policies in the course of behavioral health practice.

AGING (AG5)

Social work students should:

- AG5.1 Demonstrate familiarity with relevant statutes, civil codes, and roles of relevant policy entities, including, but not limited to:
- The Older Americans Act
 - The Elder Justice Act
 - The Patient Protection and Affordable Care Act
 - Other local, state, and federal legislation and policies related to older adults
 - SAMHSA, HRSA, DHHS, CMS, AoA, and other federal entities
 - CDHCS, CDMHC, CHHS, and other state entities
 - The National Council on Aging and other advocacy organizations
- AG5.2 Understand and adhere to local policies and procedures that influence community practice with older adults, their families, and other care providers.
- AG5.3 Engage with the political and legislative arena of aging through involvement with relevant activities, including, but not limited to:
- Maintaining ongoing familiarity with changes to legislation that impacts older adults and the rationale for such changes;
 - Reading, analyzing, and communicating in speech and writing about proposed legislation relevant to the aging field; and
 - Attending Legislative Lobby Day events in Sacramento.
- AG5.4 Utilize policy knowledge to effectively develop, implement, and evaluate agency, local, state, and federal policies in the course of aging-related practice.

COMPETENCY 6: ENGAGE WITH INDIVIDUALS, FAMILIES, GROUPS, ORGANIZATIONS, AND COMMUNITIES

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 6

Social work students should:

- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and
- Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.

COMPETENCY 6: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

PUBLIC CHILD WELFARE (CW6)

Social work students should:

- CW6.1 Appropriately engage and activate children, youth, young adults, families, other care providers, Tribes, and communities in the development and coordination of case plans oriented toward safety, permanency, and well-being.
- CW6.2 Effectively utilize interpersonal skills to engage children, youth, young adults, families, other care providers, Tribes, and communities in culturally responsive, whole-person, consumer-driven, and family-oriented care that addresses mutually agreed upon service goals; employ differential engagement techniques considering the voluntary/involuntary nature of the family members' interactions with the agency; and other factors such as trauma experiences.
- CW6.3 Recognizing the complex nature of concurrent planning in child welfare, ensure that communications regarding mutually agreed upon case plans with children, youth, young adults, and families are both sensitive and transparent.
- CW6.4 Manage affective responses and exercise good judgment around engaging with resistance, traumatic response, and other potentially triggering situations in children, youth, young adults, families, and other care providers.

Related California Child Welfare Core Practice Model Practice Behaviors:

[I.1.a.-f.](#); [II.3.a.-c.](#); [II.4.a.-g.](#); [II.5.a.-d.](#); [II.6.a.-c.](#); [III.7.a.-d.](#); [IV.8.a.-e.](#); [IV.9.b.-d.](#) (see [Appendix](#))

BEHAVIORAL HEALTH (BH6)

Social work students should:

- BH6.1 Appropriately engage and activate behavioral health consumers, their families, and other care providers in the development and coordination of wellness, resilience, and recovery-oriented behavioral health care plans in a variety of service delivery settings.
- BH6.2 Effectively utilize interpersonal skills to engage consumers and families in culturally responsive, consumer-driven, and trauma-informed integrated behavioral health interventions that address mutually agreed upon goals within a recovery framework.

- BH6.3 Establish effective and appropriate communication, coordination, and advocacy planning with other care providers and interdisciplinary care teams as needed to address mutually agreed upon behavioral health service goals within a recovery framework. Recognizing the complex nature of behavioral health service engagement, ensure that communications with consumers and their families regarding service goals are both sensitive and transparent.
- BH6.4 Manage affective responses and exercise good judgment around engaging with resistance, trauma responses, and other potentially triggering situations with consumers, their families, and other care providers.

AGING (AG6)

Social work students should:

- AG6.1 Appropriately engage and activate older adults, their families, and other care providers in the development and coordination of care plans that reflect relevant theoretical models and balance older adults' needs for care with respect for autonomy and independence.
- AG6.2 Effectively utilize interpersonal skills to engage older adults, their families, and other care providers in culturally responsive, consumer-driven, and trauma-informed integrated care that addresses mutually agreed upon service goals and balances needs for care, protection, autonomy, and independence.
- AG6.3 Establish effective and appropriate communication, coordination, and advocacy planning with other care providers and interdisciplinary care teams as needed to address mutually agreed upon service goals. Recognizing the complex nature of service engagement, ensure that communications with consumers and their families regarding service goals are both sensitive and transparent.
- AG6.4 Manage affective responses and exercise good judgment around engaging with resistance, trauma responses, and other potentially triggering situations with older adults, their families, and other care providers.

COMPETENCY 7: ASSESS INDIVIDUALS, FAMILIES, GROUPS, ORGANIZATIONS, AND COMMUNITIES

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 7

Social work students should:

- Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;
- Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and
- Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

COMPETENCY 7: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

PUBLIC CHILD WELFARE (CW7)

Social work students should:

- CW7.1 Identify, understand, and implement appropriate child welfare screening and assessment tools.

- CW7.2 Include assessment data from all relevant parties and systems to inform appropriate and comprehensive assessment of intervention needs, while considering the voluntary/involuntary nature of family interactions. Relevant parties/systems may include, but are not limited to, children, family systems, community systems, public child welfare systems, school/educational systems, juvenile justice, criminal justice, and court systems, Tribal systems, behavioral health care systems, and medical care systems.
- CW7.3 Engage in effective and ongoing critical analysis of child welfare assessment data that:
- Reflects child, youth, young adult, family, and support systems’ strengths and desires;
 - Acknowledges the effects of intervention on family and community members;
 - Addresses the impacts of trauma, adverse health conditions, and co-occurring disorders; and
 - Culminates in assessments that incorporate principles of safety, permanency, and well-being within the framework of teaming and respectful engagement.
- CW7.4 Document and maintain all child welfare assessment data responsibly and balance the need for such data with child, youth, young adult, and family privacy concerns, recognizing the nature of mandated services and the need for accurate assessment data.

Related California Child Welfare Core Practice Model Practice Behaviors:
[II.5.a.-d.](#); [II.6.a.](#); [III.7.a.-f.](#); [IV.8.a.-d.](#); [IV.9.a.,b.](#); [IV.10.a.,b.](#); [V.12.a.,b.,d.,e.,h.](#) (see [Appendix](#))

BEHAVIORAL HEALTH (BH7)

Social work students should:

- BH7.1 Identify, understand, and implement appropriate health and behavioral health screening and assessment tools, including population-based screenings and functional assessments used in behavioral health, primary care, integrated behavioral health, and other settings.
- BH7.2 Include assessment data from all relevant parties and systems to inform appropriate and comprehensive assessment of differential diagnoses and intervention needs. Relevant parties/systems may include, but are not limited to, consumers, families, communities, primary care, behavioral health, and integrated behavioral health care systems.
- BH7.3 Engage in effective and ongoing critical analysis of behavioral health assessment data that:
- Reflects respect for consumer and family strengths and desires, and facilitates consumer development;
 - Acknowledges the effects of intervention on family and community members;
 - Addresses the interactive and cumulative effects of trauma, adverse health conditions, and co-occurring disorders on behavioral health issues; and
 - Culminates in assessments that address needs for care within the framework of recovery, wellness, and resilience.
- BH7.4 Document and maintain all behavioral health assessment data responsibly and balance the need for accurate assessment data with consumer and family privacy concerns and the sensitivity of behavioral health information.

AGING (AG7)

Social work students should:

- AG7.1 Identify, understand, and implement appropriate screening and assessment tools for older adults, their families, and other informal care providers, including population-based screenings and functional assessments used in primary care, behavioral health, integrated behavioral health, palliative care, and other settings.
- AG7.2 Include assessment data from all relevant parties and systems to inform appropriate and comprehensive assessment of aging-related processes and intervention needs. Relevant parties/systems may include, but are not limited to, consumers, families, communities, primary care, behavioral health, and palliative care systems, and other providers focused on aging and older adults.

- AG7.3 Engage in effective and ongoing critical analysis of all assessment data that:
- Reflects respect for consumer and family strengths and desires, and facilitates consumer development;
 - Acknowledges the effects of intervention on family and community members;
 - Addresses the interactive and cumulative effects of trauma, adverse health conditions, co-occurring disorders, and behavioral health issues on aging; and
 - Culminates in assessments that address needs for care within the framework of teaming and respectful engagement and advanced care planning needs.
- AG7.4 Document and maintain all assessment data responsibly and balance the need for accurate assessment data with consumer and family privacy concerns and the sensitivity of personal information.

COMPETENCY 8: INTERVENE WITH INDIVIDUALS, FAMILIES, GROUPS, ORGANIZATIONS, AND COMMUNITIES

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing, and implementing evidence-informed interventions to achieve client and constituency goals. Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 8

Social work students should:

- Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;
- Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;
- Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and
- Facilitate effective transitions and endings that advance mutually agreed-on goals.

COMPETENCY 8: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

Public Child Welfare (CW8)

Social work students should:

- CW8.1 In partnership with children, youth, young adults, families, and Tribes, develop appropriate case plans based on key principles and contemporary theories/models of child welfare with a focus on safety, permanency, and well-being. Plans should:
- Reflect cultural humility and acknowledgement of individualized needs;
 - Incorporate child and family strengths;
 - Utilize community resources and natural supports;
 - Incorporate multidisciplinary team supports and interventions;
 - Focus on permanency and concurrent planning; and
 - Consider multiple systems interactions and complex family relationships involving the maltreatment that initiated the family's involvement with the child welfare system.
- CW8.2 Apply the principles of teaming, engagement, inquiry, advocacy, and facilitation within interdisciplinary teams to the work of supporting children, youth, young adults, family members, and service providers to accomplish intervention goals.

- CW8.3 Demonstrate effective case management skills with families with the goals of safety, permanency, and well-being. This may include referring families to services, preparing for and participating in judicial determinations, supporting safe visitation, developing effective case plans and case plan updates, and the development of concurrent plans for permanency. When necessary, this may include demonstrating knowledge and sensitivity around the process of terminating parental rights.
- CW8.4 Effectively plan for interventions in ways that incorporate thoughtfully executed transitions during time-limited internships, recognizing that families' needs for support may continue beyond these time periods.

Related California Child Welfare Core Practice Model Practice Behaviors:

[II.5.b.-d.](#); [II.6.a.](#); [IV.8.a.b.e.](#); [IV.9.a.-f.](#); [IV.10.a.-c.](#); [V.12.a.-h.](#); [VI.13.a.b.](#) (see [Appendix](#))

BEHAVIORAL HEALTH (BH8)

Social work students should:

- BH8.1 In partnership with consumers and families, develop appropriate intervention plans that reflect the principles of recovery, wellness, and resilience, as well as contemporary theories and models for behavioral health treatment. Plans should:
- Reflect cultural humility and acknowledgement of individualized needs;
 - Incorporate consumer and family strengths;
 - Utilize community resources and natural/peer supports;
 - Incorporate multidisciplinary team supports and interventions;
 - Include non-pharmacological interventions; and
 - Include psychiatric consultation and demonstrate knowledge of issues related to pharmacological interventions.
- BH8.2 Apply the principles of teaming, engagement, inquiry, advocacy, and facilitation within interdisciplinary teams and care coordination to the work of supporting consumers, family members, and service providers to accomplish mutually agreed upon intervention goals.
- BH8.3 Effectively implement evidence-based interventions in the context of providing emergency response, triage, brief treatment, and longer-term care, and in the course of addressing a range of behavioral health issues presented in behavioral health, primary care, specialty care, community agency, intensive outpatient, and inpatient treatment settings. Interventions should be guided by the principles of recovery, wellness, and resilience, and should include components such as psychoeducation, problem-solving treatment skills, symptom tracking, medication therapies, follow-up, and relapse prevention.
- BH8.4 Effectively plan for interventions in ways that incorporate thoughtfully executed transitions during time-limited internships, recognizing that consumer needs for support may continue beyond these time periods.

AGING (AG8)

Social work students should:

- AG8.1 In partnership with older adults and their families, develop appropriate intervention plans that reflect respect for autonomy and independence, as well as contemporary theories and models for interventions with older adults. Plans should:
- Reflect cultural humility and acknowledgement of individualized needs;
 - Incorporate consumer and family strengths;
 - Utilize community resources and natural supports;
 - Incorporate multidisciplinary team supports and interventions;
 - Include non-pharmacological interventions; and
 - Demonstrate knowledge of poly-pharmacy needs and issues specific to older adults.
- AG8.2 Apply the principles of teaming, engagement, inquiry, advocacy, and facilitation within interdisciplinary teams and care coordination to the work of supporting older adults, family members, and other care providers to accomplish intervention goals and satisfy advanced care planning needs.

- AG8.3 Effectively implement evidence-based interventions in the context of providing emergency response, triage, brief treatment, and longer-term care, and in the course of addressing a range of issues presented in primary care, specialty care, community agency, inpatient, and palliative care settings. Interventions should be guided by respect for older adults' autonomy and independence and should include components such as psychoeducation, problem-solving treatment skills, symptom tracking, medication therapies, follow-up, and planning for evolving care needs.
- AG8.4 Effectively plan for interventions in ways that incorporate thoughtfully executed transitions during time-limited internships, recognizing that consumer needs for support may continue beyond these time periods.

COMPETENCY 9: EVALUATE PRACTICE WITH INDIVIDUALS, FAMILIES, GROUPS, ORGANIZATIONS, AND COMMUNITIES

CSWE EPAS COMPETENCY CONTENT AND PROCESSES

Social workers understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations and communities. Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in evaluating outcomes. Social workers understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness.

CSWE EPAS BEHAVIORS FOR GENERALIST PRACTICE COMPETENCY 9

Social work students should:

- Select and use appropriate methods for evaluation of outcomes;
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;
- Critically analyze, monitor, and evaluate intervention and program processes and outcomes; and
- Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.

COMPETENCY 9: CALSWEC BEHAVIORS FOR SPECIALIZED PRACTICE

PUBLIC CHILD WELFARE (CW9)

Social work students should:

- CW9.1 Record, track, and monitor assigned cases accurately and according to field education agency policies and guidelines in Child Welfare Statewide Automated Child Welfare Information System (SACWIS).
- CW9.2 Conduct accurate process and outcome data analysis of engagement, assessment, and interventions in child welfare practice.
- CW9.3 Use evaluation results to develop recommendations for improved interdisciplinary team coordination, as well as agency and community-level policies to best support families and the systems that serve them.
- CW9.4 Share both the purposes of such data collection and the overall results of data analysis with children, youth, young adults, and families whenever possible, with the goal of engaging them more meaningfully in the evaluation process.

Related California Child Welfare Core Practice Model Practice Behaviors:

[III.7.a.](#); [V.12.h.](#) (see [Appendix](#))

BEHAVIORAL HEALTH (BH9)

Social work students should:

- BH9.1 Record, track, and monitor consumer engagement, assessment, and intervention data in behavioral health practice accurately and according to field education agency policies and guidelines.

- BH9.2 Conduct accurate process and outcome analysis of engagement, assessment, and intervention data in behavioral health practice that incorporates consumer perspectives and reflects a focus on the principles of recovery, wellness, and resilience.
- BH9.3 Use findings to evaluate intervention effectiveness, develop recommendations for adapting service plans and approaches as needed, improve interdisciplinary team coordination and care integration, and help agency and community policies better support behavioral health consumers and their families.
- BH9.4 Share both the purposes of such data collection and the overall results of data analysis with behavioral health care consumers, their family members, and communities whenever possible, with the goal of engaging them more meaningfully in the evaluation process.

AGING (AG9)

Social work students should:

- AG9.1 Record, track, and monitor consumer engagement, assessment, and intervention data in practice with older adults, their families, and other care providers accurately and according to field education agency policies and guidelines.
- AG9.2 Conduct accurate process and outcome analysis of engagement, assessment, and intervention data in practice with older adults, their families, and other care providers that incorporates consumer perspectives and reflects respect for older adults' autonomy and independence.
- AG9.3 Use findings to evaluate intervention effectiveness, develop recommendations for adapting service plans and approaches as needed, improve interdisciplinary team coordination and care integration, and help agency and community policies better support older adults, their families, and their formal and informal care systems.
- AG9.4 Share both the purposes of such data collection and the overall results of data analysis with older adults, their families, and communities whenever possible, with the goal of engaging them more meaningfully in the evaluation process.



CalSWEC Curriculum Competencies for Public Child Welfare and California
Child Welfare Core Practice Model Practice Behaviors Cross-Reference



APPENDIX

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL PRACTICE BEHAVIORS

I. FOUNDATIONAL BEHAVIORS

Related CalSWEC CW Bx	
	1. <i>Be open, honest, clear, and respectful in your communication.</i>
CW6	a. Use language and body language that demonstrate an accepting and affirming approach to understanding the family.
CW2 CW6	b. Ask people how they prefer to be addressed, and address individuals by the name or title and pronouns they request in person and in writing.
CW2 CW6	c. Show deference to Tribal leadership and their titles in written and verbal communication.
CW6	d. Be open and honest about the safety threats and circumstances that brought the family to the attention of the agency, what information can be shared among team members, and what information will be included in court reports.
CW2 CW6	e. Be transparent about the role of the court and the child welfare agency.
CW6	f. Ask family members what method of communication they prefer, use age-appropriate language that everyone can understand, and confirm with family members that your communication meets their language and literacy needs.
	2. <i>Be accountable.</i>
CW1 CW2 CW5	a. Model accountability and trust by doing what you say you're going to do, be responsive (including returning calls, texts, and emails within 24 business hours), be on time (including submitting reports on time and being on time for appointments), and follow ICWA and other federal and state laws.
CW1 CW2	b. Be aware of and take responsibility for your own biases, missteps, and mistakes.

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL PRACTICE BEHAVIORS

II. ENGAGEMENT BEHAVIORS

Related CalSWEC CW Bx	
	3. <i>Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences.</i>
CW6	a. Listen attentively and use language and concepts that the family has used.
CW6	b. Use a trauma-informed approach to acknowledge and validate venting, expressions of anger, and feelings of grief and loss.
CW6	c. Reflect what you heard so the child, youth, young adult, and family can see that you understood.
	4. <i>Demonstrate an interest in connecting with the child, youth, young adult, and family, and help them identify and meet their goals.</i>
CW6	a. Express the belief that all families have the capacity to safely care for children and youth.
CW6	b. Use positive motivation, encouragement, and recognition of strengths to connect with youth and express the belief that they have the capacity to become successful adults.

CW6	c. Reach out to children and families in ways that are welcoming, appropriate, and comfortable for them, and make a special effort to engage fathers and paternal relatives to build connections and engage them as family members and team members.
CW6	d. Affirm the unique strengths, needs, life experience and self-identified goals of each child, youth, young adult, and family.
CW2 CW6	e. Show your interest in learning about the family and their culture, community, and Tribes.
CW6	f. Ask global questions followed by more descriptive questions that encourage exchange.
CW2 CW3 CW6	g. Honor the role of important cultural, community, and Tribal leaders the child, youth, young adult, and family have identified.
	5. <i>Identify and engage family members and others who are important to the child, youth, young adult, and family.</i>
CW6 CW7	a. Ask questions about relationships and significant others early and often.
CW6 CW7 CW8	b. Search for all family members, including fathers, mothers, and paternal and maternal relatives through inquiry, early and ongoing Internet search, and review of records.
CW6 CW7 CW8	c. Work quickly to establish paternity and facilitate the child or youth’s connection with paternal relationships.
CW6 CW7 CW8	d. Contact family, cultural, community, and Tribal connections as placement options, team members, and sources of support.
	6. <i>Support and facilitate the family’s capacity to advocate for themselves.</i>
CW6 CW7 CW8	a. Coordinate with the family’s formal and informal advocates to help the family find solutions and provide ongoing support.
CW3 CW6	b. Promote self-advocacy by providing opportunities for children, youth, young adults, and families to actively share perspectives and goals.
CW2 CW3 CW6	c. Incorporate the family’s strengths, resources, cultural perspectives, and solutions in all casework.

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL PRACTICE BEHAVIORS

III. ASSESSMENT BEHAVIORS

Related CalSWE/CW Bx	7. <i>From the beginning and throughout all work with the child, youth, young adult, family, and their team, engage in initial and ongoing safety and risk assessment and permanency planning:</i>
CW6 CW7 CW9	a. Explain the assessment process to the child, youth, young adult, and family so they know what to expect, and check in early and often to be sure they understand.
CW6 CW7	b. Explore the child, youth, young adult, and family’s expressed and underlying needs by engaging them in communicating their experiences and identifying their strengths, needs, and safety concerns.
CW6 CW7	c. Talk to children, youth, and young adults about their worries, wishes, where they feel safe, where they want to live, and their ideas about permanency, and incorporate their perspective.
CW6 CW7	d. Use tools and approaches that amplify the voices of children and youth.

CW7	e. Ask the family what is working well and what they see as the solution to the circumstances that brought them to the attention of the child welfare agency.
CW2 CW7	f. Apply information to the assessment process using the family’s cultural lens.

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL PRACTICE BEHAVIORS

IV. TEAMING BEHAVIORS

CalSWEC CW Bx	8. <i>Work with the family to build a supportive team.</i>
CW1 CW6 CW7 CW8	a. With the family’s permission, contact family, cultural, community, and Tribal connections, and ask them to serve as team members as early as possible.
CW6 CW7 CW8	b. Ask initially and throughout the family’s involvement if they would like a support person or peer advocate on their team.
CW2 CW6 CW7	c. Explore with the family how culture might affect the development of the team and the teaming process.
CW1 CW6 CW7	d. Facilitate early and frequent sharing of information and coordination among parents, caregivers and agency partners.
CW1 CW6 CW8	e. Facilitate development of a mutually supportive relationship between the parents and caregivers.
	9. <i>Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.</i>
CW1 CW7 CW8	a. Make sure team members have the information they need.
CW1 CW6 CW7 CW8	b. Facilitate critical thinking, discussion, mutual exploration of issues, and consensus building toward the goal of shared decision-making.
CW1 CW6 CW8	c. Help the team recognize that differences will occur and assist them to work through conflicts.
CW1 CW6 CW8	d. Develop a shared understanding about safety, permanency, and well-being issues to be addressed with the team.
CW1 CW3 CW5 CW8	e. Ensure that all team members understand that legal, regulatory, and policy constraints may limit shared decision-making options available to address the family members’ needs, including placement options, reunification, and service options.
CW1 CW8	f. Build connections to identified services and supports by designating a team member to follow-up with that referral.
	10. <i>Work with the team to address the evolving needs of the child, youth, young adult, and family.</i>
CW7 CW8	a. Facilitate dialogue about how supports and visitation plans are working.

CW1 CW7 CW8	b. Explore with team members what roles they can play over time to strengthen child safety and support the family.
CW1 CW8	c. Help the team adapt to changing team member roles.
CW1	11. <i>Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.</i>

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL PRACTICE BEHAVIORS

V. SERVICE PLANNING AND DELIVERY BEHAVIORS

Related CalSWEC CW Bx	12. <i>Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.</i>
CW7 CW8	a. Describe how family strengths, safety threats, and priority needs will be addressed in the plan.
CW7 CW8	b. Describe strengths in functional terms that can support the family members in completing their plan.
CW8	c. Share information about agency programs, providers, resources, and supports.
CW1 CW2 CW3 CW7 CW8	d. Encourage and support the participation of children, youth, young adults, family, Tribe, and team in identifying culturally sensitive services, supports, visitation activities, and traditions that address family members’ unique underlying needs even if this means accepting practices that may be unfamiliar to the social worker.
CW7 CW8	e. Ask the family members if they need help meeting basic needs for food, shelter, and medication so they can focus on addressing the problems underlying their involvement with the child welfare agency.
CW8	f. Advocate for, link the family to, and help family members access the services, supports, and visitation activities identified in the plan.
CW8	g. Assure the family receives needed information, preparation, guidance, and support.
CW7 CW8 CW9	h. Adapt services and supports to meet changing family needs based on ongoing assessment, progress toward goals, and decisions made by the family and their team.

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL PRACTICE BEHAVIORS

VI. TRANSITION BEHAVIORS

Related CalSWEC CW Bx	13. <i>Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.</i>
CW8	a. Reduce the role of child welfare and professional services over time and facilitate an increased role for the family’s network and natural supports to help the family build an ongoing support system.
CW8	b. Coordinate with the family’s formal and informal advocates to help the family find solutions and provide ongoing support after the child welfare agency is no longer involved.