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TAB 2

Acknowledgments
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Acknowledgments

California’s Common Core Curricula for Supervisors 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), and other key stakeholders.

A subcommittee of STEC, the Content Development Oversight Group (CDOG), provided oversight and approval for the research, writing, and revising performed by curriculum developers. Additional review and guidance for the curricula was provided by a Content Advisory Team (CAT) composed of representatives from California's regional training entities, universities, and county development programs. As with many large curriculum projects in public child welfare, significant portions of the Supervisor 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/CCCCA_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
<table>
<thead>
<tr>
<th>Competencies and Learning Objectives</th>
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<th></th>
</tr>
</thead>
</table>

**TAB 3**
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SUPERVISOR CORE: CHILD WELFARE POLICY AND PRACTICE FOR SUPERVISORS - TRAINER’S AND TRAINEE’S GUIDES -

CORE COMPETENCY AND LEARNING OBJECTIVES

COMPETENCY

The trainee will understand the policy context for child welfare practice and how it applies to the role of supervisor.

LEARNING OBJECTIVES

Knowledge

K1. The trainee is knowledgeable of the Adoption and Safe Families Act of 1997 and the national goals for child welfare.

K2. The trainee is knowledgeable of the outcomes and processes of the California Child Welfare Outcomes and Accountability System (established through AB 636) including the Peer Quality Case Review (PQCR), Self-Assessment, and System Improvement Plan (SIP).

K3. The trainee will understand the definitions and criteria of evidence-based practice and promising practices.

K4. The trainee will be knowledgeable of promising practices and emerging evidence-based practices for achieving:
   A. timely reunification
   B. preventing re-entry into foster care
   C. timely adoption
   D. minimizing placement moves
   E. keeping kids safe in care
   F. avoiding reoccurrence of maltreatment
   G. transition to adulthood
   H. fairness and equity
**Value**

**V1.** The trainee will value the need to supervise and monitor in ways to achieve ASFA outcomes.

**V2.** The trainee will value incorporating various practice issues into supervision:

A. outcomes vs. process  
B. fairness and equity  
C. strength-based, family-centered practice  
D. incorporating data  
E. family engagement
TAB 4

Daily Agenda
AGENDA

I. Welcome, Introductions and Module Overview

II. Review of ASFA, CFSR, C-CFSR as Related to the Supervisory Role

III. Use of the Building Blocks for Child Welfare Improvements in California

IV. Making Connections From the Big Picture to Every Day Practice

V. The Role of the Supervisor in Achieving Better Outcomes in Child Welfare

VI. Evidence-Based Practice

VII. Making the Transition from Worker to Supervisor

VIII. Methods/Models/Themes to Improve Child Welfare Outcomes

IX. Review
TAB 5

Training Content
TRAINING CONTENT

Child Welfare Matching

*Exercise*: Match the date or percentage with the following statements. Write the letter next to the date or percentage.

1961____ A. Senate Bill 14: Establishes a statewide county administered system of public child welfare services and establishes 4 programs – ER, FM, FR, PP.


80%____ C. Public Law 96-272: The Adoption Assistance and Child Welfare Act creates a funding stream for children in foster care and prioritize maintaining and reunifying children with their families.

1980____ D. Social Security Act Title IV–B: Establishes CWS services and provides monies to states to provide services to children and families.

32%____ E. Social Security Act Title IV-A: Establishes foster care payment under AFDC, providing funds to maintain children in foster care.

1935____  G. Percentage of children removed for neglect related reasons

1982____  H. Percentage of children experiencing 2 or more placements, if in placement at least 12 months but less than 24 months, in the year 2007.

26%____  J. Over ____% of children in out of home care are ages 5 and under.

The Adoption and Safe Families Act of 1997 (ASFA)

- "Establishes three broad goals for children and families served by the child welfare system:
  - Safety;
  - Permanency; and
  - Child and Family Well-Being

- Identifies seven outcomes for children and families served by the child welfare system:
  - Reduce recurrence of child abuse and/or neglect
  - Reduce the incidence of child abuse and/or neglect in foster care
  - Increase permanency for children in foster care
  - Reduce time in foster care to reunification without increasing re-entry rates
  - Reduce time in foster care to adoption
  - Increase placement stability
  - Reduce placements of young children in group homes or institutions

- Outlines the conditions under which a state should terminate parental rights and seek a permanent placement for a child

- Sets timeframes and deadlines for permanency determinations

- Provides financial incentives to states to increase adoptions."

- Establishes the development of review system to ensure better outcomes for children. (Child and Family Services Review (CFSR) process which is made up of a State Self-Assessment, On-site case review and Program Improvement Plan)

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Child and Family Services Review (CFSR)

CFSRs are completed within a specific review period outlined for each state. States will be reviewed in three year cycles.

“The CFSR covers two major content areas: outcomes for children and families.

Outcomes are measured using two methods:

- **Process of Review:** The review is a two-stage process comprised of:
  - A statewide assessment, and
  - An onsite review (described in more detail below)

- **Onsite review of selected cases (file review and interviews)**
  - Outcome measures on statewide performance computed from data obtained from the state's information systems (i.e. AFCARS, NCANDS)
  - Systemic factors that directly affect the state’s capacity to deliver services leading to improved outcomes. Systemic factors include such things as information systems and quality assurance systems. These are measured using:
    - Stakeholder interviews on the local and state levels, and statewide assessment submitted by the State prior to review

The combination of information from the onsite portion of the review and the statewide data will provide U.S. Department of Health and Human Services (DHHS) and the State with a comprehensive picture of the strengths and weaknesses in the state's program.”

California completed its first CFSR in June of 2003. The final report issued in January 2003 outlined the outcome areas needing improvement to meet Federal conformity standards. As the result of this review, California implemented its first Performance Improvement Plan (PIP) in July 2003, which was to be in effect until June 2005. This initial report outlined six measures where California did not meet the national standard. The state was given a period of time through July 2006 to implement the PIP and to improve performance in the failing areas. Unfortunately and despite the efforts of the State to do so, two outcomes goals related to Permanency continued to fall short of the national standard: ‘Placement stability’ and ‘re-entries into foster care’. Due to failure to achieve in

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these measures, California was levied a penalty of 8.9 million dollars in January 2008. These funds could have been used to provide more of the essential services needed for California’s children and families during a period of economic hardship and state budget deficits.

The second round of the CFSR review began with the State’s Self-Assessment in the fall of 2007 and the on-site case review in February 2008. “The California Department of Social Services (CDSS) submitted a second draft Program Improvement Plan (PIP) to the Administration for Children and Families (ACF) on April 20, 2009. It is anticipated that the PIP will undergo revision between CDSS submission and ACF approval. PIP approval is expected to occur June 2009 with implementation commencing July 2009.”

The new PIP will remain in effect for a three-year period. It is critical that the State make every effort to meet substantial conformity to retain the funds necessary to have an adequate workforce and to provide the vital services needed to meet the demands of protecting children who have been abused or neglected.

Additional information is found on Handouts: Background Information, Accountability in Action and California Statewide Priorities 2004-2005

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Exercise: At the trainer’s direction, in small groups discuss and develop indicators for the outcome measures on the cards at your table. Share in the larger group.

Outcomes and Systemic Factors from the Child and Family Services Review (CFSR)

The CFSR process reviews statewide data and qualitative information to determine state achievement in two areas: 1) outcomes around safety, permanency (placement), and well-being; and 2) systemic factors that directly affect the state’s capacity to deliver services that support improved outcomes. Specifically, the CFSR process measures seven outcomes and seven systemic factors. The outcomes measured include whether children under the care of the State are protected from abuse and neglect; whether children have permanency and stability in their living conditions; whether the continuity of family relationships and connections is preserved for children; whether families have enhanced capacity to provide for their children's needs; and whether children receive adequate services to meet their physical, educational and mental health needs. The systemic factors measured by the CFSR include the effectiveness of the State's systems for child welfare information, case review, and quality assurance; training of child welfare staff, parents, and other stakeholders; the array of services that support children and families; the agency's responsiveness to the community; and foster and adoptive parent licensing, recruitment, and retention.4

Outcome Goals & Measures

Safety Measures - Whether children under the care of the State are protected from abuse and neglect.

Permanency (placement) Measures - Whether the continuity of family relationships and connections is preserved for children.

Child and Family Well-Being Measures - Whether families have enhanced capacity to provide for their children's needs and whether children receive adequate services to meet their physical and mental health needs.

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## Federal Measures and National Standards

<table>
<thead>
<tr>
<th>Safety Measure 1 –</th>
<th>National Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1.1 - No Recurrence Of Maltreatment</td>
<td>94.6</td>
</tr>
<tr>
<td>Safety Measure 2 –</td>
<td>National Standards</td>
</tr>
<tr>
<td>S2.1 - No Maltreatment In Foster Care</td>
<td>99.68</td>
</tr>
</tbody>
</table>

### Permanency Composite 1 – Reunification

**Component A:** Timeliness of reunification (3 measures)
- C1.1 - Reunification within 12 months (exit cohort) 75.2
- C1.2 - Median time to reunification (exit cohort) 5.4
- C1.3 - Reunification within 12 months (entry cohort) 48.4

**Component B:** Permanency of reunification
- C1.4 - Re-entry following reunification (exit cohort) 9.9

### Permanency Composite 2 – Adoption

**Component A:** Timeliness of adoptions of children discharged from foster care
- C2.1 - Adoption within 24 months (exit cohort) 36.6
- C2.2 - Median time to Adoption (exit cohort) 27.3

**Component B:** Progress toward adoption for children who meet ASFA Time-in-care Requirements
- C2.3 - Adoption within 12 months (17 months in care) 22.7
- C2.4 - Legally free within 6 months (17 months in care) 10.9

**Component C:** Progress toward adoption for children who are legally free for adoption
- C2.5 - Adoption within 12 months (legally free) 53.7

### Permanency Composite 3 – Long Term Care

**Component A:** Achieving Permanency for Children in Foster Care for Extended Periods of Time
- C3.1 - Exits to Permanency (24 months in care) 29.1
### Component B: Children Emancipated Who Were in Foster Care for Extended Periods of Time

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3.2</td>
<td>Exits to Permanency (legally free at exit)</td>
<td>98</td>
</tr>
<tr>
<td>C3.3</td>
<td>In care 3 years or longer (emancipated or age 18 in care)</td>
<td>37.5</td>
</tr>
</tbody>
</table>

#### Permanency Composite 4 – Placement Stability

<table>
<thead>
<tr>
<th>Component A: Placement Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4.1</td>
</tr>
<tr>
<td>C4.2</td>
</tr>
<tr>
<td>C4.3</td>
</tr>
</tbody>
</table>

#### Well-Being

**Siblings**
- All siblings placed together
- Some or all siblings placed together

**Least Restrictive Placement**
- First Placement in care least restrictive (Relative Home, Foster Home, FFA, Group/Shelter, Other)

**ICWA Eligible/Cultural considerations**
- ICWA Eligible placed with: (Relative, Non-Relative, Non-Indian Family Home, Indian/Non-relative Indian Family, Non-Indian/Non-Relative)
- Placement with SCP of same or different ethnicity

**Authorized for Psychotropic Medication**

**Youth Aging Out/Post Foster Care Outcomes/Chaffee Requirements**
- High School Diploma
- Enrolled in College/Higher Education
- Received ILP Services
- Completed Vocational Training
- Employed or Other means of support

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*For further information/updates on outcome measures please visit the Center for Social Services Research (CSSR) CWS/CMS Dynamic Website: [http://cssr.berkeley.edu/ucb_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)

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5 As of August 2009, specific well-being measures including health, dental and education for children in care are under development.
Program Improvement Plan (PIP)

Each state has developed a Program Improvement Plan that is tailored to a state’s outcomes in the CFSR. In conjunction with the federal government, the state sets target goals and objectives, and lists the activities that will be done to accomplish these goals and objectives. For example, one goal in the program improvement plan is to reduce the number of placements for a child in out-of-home care. An example of a strategy or activity to accomplish this goal would be to establish a program that stabilizes children in placements that are at risk to be removed from a foster home.

One activity that has been completed as a result of California’s first PIP is the development and implementation of a statewide Common Core Curriculum and Training for new supervisors.

The most recent PIP information can be found at: http://www.childsworld.ca.gov/PG1520.htm
California Child Welfare Improvements
(formally known as California Child Welfare Redesign)

“In 2000, widespread consensus was emerging that California could and must do a better job of providing for the safety and well-being of its most vulnerable children and families—those at risk of abuse or neglect. As a result, the California Legislature and Governor Davis enacted AB 1740 authorizing the Redesign effort to begin. The Child Welfare Services Stakeholders Group was appointed in August 2000 to examine the current reality of child welfare services in California, build on effective child welfare practices inside the state and elsewhere and recommend comprehensive, integrated system changes to improve outcomes for children and families.”

- Year One (2001) focused on understanding the current reality of CWS—assumptions were surfaced, potential areas of system change targeted and positive aspects to preserve identified. These findings were carried forward as the cornerstones upon which the Redesign concepts were built.
- Year Two (2002) was about making specific recommendations for needed system changes and proposing strategies to accomplish the changes. The result was publication of the Conceptual Framework for the CWS Redesign (May 2002).
- Year Three (2003) has been aimed at developing a comprehensive implementation plan to address how the changes can be put into practice. This report and the Redesign Implementation Guide are the products of the final year of the Stakeholders Group.
- Year Four and beyond (2004…) will be focused on implementation of the Redesign strategic plan with the mechanisms in place to ensure action is steady, progress is measured and accountability for results is integrated throughout the process.

The entire CWS Redesign process of closely examining issues, continuous feedback from Stakeholders and keeping a steady eye on the vision resulted in a comprehensive strategic plan to improve the child welfare outcomes.”

A visual representation of the “blueprint” for the Redesign is on the following page.
The Blueprint for Child Welfare Improvements in California

Figure 3: Blueprint of the Redesign

RESULTS:
- Safety
- Child Well-Being
- Permanence & Stability
- Family Well-Being

INTERVENTIONS:
- Prevent child abuse & neglect
- Preserve & strengthen families, reduce risk of child abuse & neglect
- Rebuild alternate families for children who cannot live with their parents
- Restore capacity of families to care for their children after removal

METHODS:
- Services
  - Comprehensive
  - Accessible
  - Family-Centered
- Practice Tools
  - Differential Response
  - Safety/Risk Protocol
  - Team Approach
- Practice Knowledge
  - Evidence-based Learning Environment
  - Training & Development
- Evaluation
  - Outcome-focused
  - Research-based
  - Accountability

RESOURCES:
- Funding
  - Flexible
  - Sustainable
  - Outcome-Driven
- Workforce
  - High Capacity
  - Competent
  - Satisfied
- Partnerships
  - Cross-system
  - Public/Private
  - Formal/Informal
- Leadership
  - Proactive
  - Facilitative
  - Accountable

---

California Child and Family Outcomes and Accountability Act (C-CFSR)

Passed in the California legislature in 2001, the C-CFSR mirrors the federal review process with the states. In this case, the state works in conjunction with the counties to participate in a review process that addresses specific counties’ strengths and deficits, and then each county is required to tailor its unique improvement plan (known as the System Improvement Plan or SIP). Each county will be reviewed every three years, with approximately 18-28 counties being reviewed on a yearly basis. All counties completed an initial self-assessment and SIP as of September, 2004. Peer Quality Case Reviews (PQCRs) began in 2004, with each county focusing on an aspect of CWS practice. Below is a synopsis of the C-CFSR.
# Synopsis of California Child and Family Services Review (C-CFSR), established through AB 636

## Purpose and Elements

<table>
<thead>
<tr>
<th>Targeted Peer Quality Case Review</th>
<th>County Self Assessment</th>
<th>System Improvement Plan (SIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Peer Quality Case Review (PQCR) team will analyze a variety of data sources, starting with the information gathered during the county’s Self-Assessment, to better understand services delivered to children and their families.</td>
<td>- The Self-Assessment must include an analysis of the County’s performance relative to the federal CFSR outcomes and indicators, California’s outcomes and indicators, and must include population-based consideration of how County resources contribute to prevention of child maltreatment.</td>
<td>- The County System Improvement Plan (County SIP) is the third component of the C-CFSR.</td>
</tr>
<tr>
<td>- In addition to information from the Self-Assessment, reviews will involve collection of other data deemed necessary by the review team, such as stakeholder focus groups, interviews and surveys.</td>
<td>- One component of the County self-assessment is the review of process measures. The measures will be used to explore how the process of providing care is related to outcomes.</td>
<td>- Updated on an annual basis, the County SIP is the operational agreement between the County and the State outlining how the County will improve its system of care for children and youth and forms an important part of the system for reporting on progress toward meeting agreed upon improvement goals using the C-CFSR outcomes and indicators.</td>
</tr>
<tr>
<td>- All reviews will also involve structured case reviews with case carrying social workers.</td>
<td>- The primary source of data for the Self-Assessment must be Child Welfare Services/Case Management System (CWS/CMS).</td>
<td>- As a general matter, the SIP focuses on outcomes.</td>
</tr>
<tr>
<td>- As necessary, the review team may examine systemic factors, including those identified as part of the Self-Assessment.</td>
<td>- Additional indicators should come from existing data sources/analysis whenever possible.</td>
<td>- For those outcome indicators for which the county performance is determined to be below the statewide standard, the county SIP must include milestones, timeframes, and proposed improvement goals the county must achieve.</td>
</tr>
<tr>
<td></td>
<td>- County proposals to add indicators must include justification of the need for, and the funding</td>
<td>- Counties demonstrating consistently poor overall...</td>
</tr>
<tr>
<td>Targeted Peer Quality Case Review</td>
<td>County Self Assessment</td>
<td>System Improvement Plan (SIP)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------</td>
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</tr>
</tbody>
</table>
| needed to support, such additions before adding new indicators or outcomes. | - Counties may look to the state for technical support in developing the Self-Assessment.  
- The State will review the county Self-Assessment for completeness and provide feedback to the county. | - performance and/or reduced compliance with the outcome measures specified in the C-CFSR will receive focused technical assistance and training.  
- If a high priority county demonstrates a lack of good faith effort to actively participate in this process or any portion thereof, and/or consistently fails to follow state regulations and/or make the improvements outlined in the county SIP, California Department of Social Services (CDSS), in accordance with current law, has authority under Welfare and Institutions Code Section 10605 to compel county compliance through a series of measured formal actions up to state administration of the county program. |
The “Connections” to Child Welfare Practice

Child welfare improvements include looking at the overall goals and activities needed to achieve better outcomes for children and families. Below are visual representations with a focus on themes and practices that enhance effectiveness in achieving the results. As supervisors, what role do you play in addressing the results?

The next page focuses on one method of achieving better outcomes – evaluation. What are some of the current evaluation activities that involve supervisors that give us information about how we are achieving the results of safety, permanency and well-being of children?
Drawing from practice knowledge, we as supervisors are charged with learning and knowing what is “working” with families. This includes understanding how research is translated into better practices with children and families. There is a range in the “validity” of the research. What do supervisors need to know about research to ensure workers are developing and implementing best practice?
The core theme of child welfare improvement is that of fairness and equity. A restructuring of all aspects of a child welfare system is needed to address the inequity in the identification of services and service delivery to children and families. Some changes can be addressed through innovative programs. More subtle changes require an in-depth look at the culture of the child welfare agency itself.

Two of the methods to be addressed in this training are Family Engagement Strategies and Strength Based Practices. Research shows that involving the family in the process of decision making and focusing on strengths is more likely to have positive outcomes for children and their families.
The (Previous) and the New Accountability for Child Welfare Services

The following chart contrasts the new accountability approach of the Child and Family Services Review (CFSR) and the Program Improvement Plan (PIP) with compliance to federal requirements embodied in previous federal monitoring and oversight.

<table>
<thead>
<tr>
<th>The (Previous) Accountability – Compliance</th>
<th>The New Accountability – CFSR and PIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to federal requirements</td>
<td>Strategic change</td>
</tr>
<tr>
<td>Penalty avoidance</td>
<td>Achievement of improvement targets</td>
</tr>
<tr>
<td>Vertical responsibility (to federal funding agency)</td>
<td>Horizontal responsibility (to families, community, state citizens)</td>
</tr>
<tr>
<td>Emphasis on “passing” the review</td>
<td>Emphasis on defining areas in need of improvement</td>
</tr>
<tr>
<td>Federal reviewers, with closely held decision-making about findings</td>
<td>Federal-state-peer review teams, with open discussion of findings</td>
</tr>
<tr>
<td>Paper-based review</td>
<td>Person-to-person and group interviews as input to reviews</td>
</tr>
<tr>
<td>Data collected for reports “upwards” to funding sources</td>
<td>Data used by supervisors and workers to spotlight opportunities to improve practice</td>
</tr>
<tr>
<td>Data as evidence of compliance-noncompliance</td>
<td>Data as basis for forming questions about adequacy of practice</td>
</tr>
<tr>
<td>Agency alone held accountable</td>
<td>Agency shares responsibility with stakeholders and community</td>
</tr>
<tr>
<td>Sanctioning poor performance</td>
<td>Empowering program improvement</td>
</tr>
<tr>
<td>Litigation</td>
<td>Shared problem-solving</td>
</tr>
</tbody>
</table>

“Good” Child Welfare Practice Suggests that Supervisors Should Be Accountable for:

- Communicating the importance of safety, permanency, and well-being for children and, therefore, ensuring that caseworkers focus on these outcomes.
- Communicating to workers the need to use the legal authority of the agency judiciously when working with families.
- Using coaching, modeling, and in-service training to help workers develop proficiencies.
- Communicating performance expectations in behavioral and measurable terms.
- Assessing workers’ attitudes, needs, behaviors, and cultural backgrounds.
- Using regular supervisory conferences to provide feedback and corrective action when needed.
- Discussing with workers ways of facilitating the family’s inclusion in the process.
- Helping workers assess training needs and arranging for appropriate training experiences.
- Helping workers analyze data gathered during the assessment process, set priorities, and keep their cases on track through continual review/updates of safety plans.
- Assisting workers in developing creative, innovative practices to meet child and family needs.
- Helping workers identify and secure help from other agencies and community-based organizations to support families with multiple needs.
- Rigorously enforcing the reunification time frames.
- Establishing incentives for rewarding excellence in performance.
- Carefully scrutinizing every case recommended for long-term care to be sure that adoption or guardianship is not possible.
- Assisting workers in convening and preparing for family meetings and multidisciplinary staffing.
- Helping workers understand what constitutes reasonable efforts within the timelines established by a child’s developmental needs and ASFA requirements.
- Determining the frequency of case plan monitoring, according to the information above. Helping workers identify and remove systemic barriers to providing accessible services that would enable families to meet their case goals.
- Translating workers’ monitoring efforts into agency monitoring goals and outcomes.
- Using good practice standards to evaluate the performance of workers.
- Assisting workers in monitoring and evaluating their own practice.
- Using collective data from the unit to gain a sense of how the unit is performing and designing strategies to enhance effectiveness.
- Discussing situations in which timelines may be detrimental to the best interest of the child.
- Ensuring that case closure occurs as appropriate.
- Conducting cross-case and within-caseload comparisons to increase knowledge of criteria that units use for closure.

Linking Case Practice to Outcomes  
(Review as if today is May 25, 2007)

The national standard of children who were reunified in less than 12 months from the latest removal is 76.2%.

During the 2002-2003 Self-Assessment process, California reported that these cases had a rate of 53.2%.

In its Performance Improvement Plan, California’s goal is to improve performance (the percent of children who were reunified in less than 12 months from the latest removal) from 53.2 percent in fiscal year 2000 to 57.2 percent by June 30, 2005, which is a four percentage point improvement.

As part the Self-Assessment Process in 2004, “Z” county reported that 48.3% of children were reunified in less than 12 months from the latest removal. For its System Improvement Plan, “Z” county’s goal is to improve performance from 48.3% in 2004 to 56% by June 30, 2006, which is a 6.7% improvement.

You are the supervisor of a continuing services unit. Your unit statistics reveal that your unit has 40% of the cases being reunified with the parents or caregivers in less than 12 months. The manager and supervisors have developed a goal: Reunify 6 out of 10 children that entered care in September, 2004 within 12 months.
As a supervisor you are putting together an Action Plan to further assess the cases in your unit. Below is a sample Action Plan.\(^8\)

Directions: Develop an action plan with your manager and your workers about assessing and reviewing cases for reunification within 12 months. Examples are provided on the following page. In small groups develop additional tasks for designated individuals and suggested dates for completion.

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\(^8\) Adapted from Results-Oriented Management in Child Welfare [http://www.rom.ku.edu/EBP_Main.asp](http://www.rom.ku.edu/EBP_Main.asp) retrieved 3/9/05.
<table>
<thead>
<tr>
<th>Tasks</th>
<th>Person Responsible</th>
<th>Date or Time to Completion</th>
<th>Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put together a list of cases that entered out of home care in November 2007 (November entry cohort).</td>
<td>Manager</td>
<td>6/1/08</td>
<td></td>
</tr>
<tr>
<td>Sort and prioritize cases from the November 2007 entry cohort not yet reunified into two groups 1) possible to reunify before 12 mo. anniversary 2) unlikely to reunify before 12 mos.</td>
<td>Supervisor and workers</td>
<td>6/10/08</td>
<td></td>
</tr>
</tbody>
</table>

*Suggested Steps are found in the Supplemental Handout of Action Plan*
So What Exactly Is Evidence-Based Practice, Anyway?  

The Terms

“Evidence-based practice” is often used in child welfare and other human services in ways that have different meanings. It is particularly important to be aware of two common distinctions in usage:

Evidence-Based Practices/Programs vs. Evidence-Based Practice

*Evidence-Based Practices or Programs* are simply those having some level of empirical support for their effectiveness. That is, they have been tested and found, based on some objective standard, to work.

*Evidence-based practice*, as a way of approaching work in child welfare, implies more, however, than just using *practices* having some demonstrated effectiveness. It includes posing thoughtful questions about the needs of service recipients, involving them in the planning of interventions and monitoring of progress, conducting ongoing evaluation, using evaluation findings to revise practice and add to the knowledge base, and keeping abreast of and using new research.

Programs/Models vs. Practices

*Programs or models* are clearly defined constellations of activities that are delivered as a whole. They often specify requirements for staff qualifications and training, type, intensity, and duration of contact with clients, and use of particular tools, techniques, and documentation. Evidence-based models are those that have been demonstrated through research to be effective in addressing specific needs of certain populations. For many, evidence-based practice connotes use of such a model because such models tend to have been subjected to more rigorous testing.

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9 More information on evidence-based practice is available from The California Evidence-Based Clearinghouse for Child Welfare, [www.cachildwelfareclearinghouse.org](http://www.cachildwelfareclearinghouse.org)
than have individual practices. Many of these models, such as Functional Family Therapy, Multidimensional Treatment Foster Care, or Multisystemic Therapy, have applicability for child welfare services.

**Practices** are distinct activities that can be incorporated into different types of service delivery models. The field of child welfare has an evidence base related to certain casework practices, such as service planning, assessment, and family visitation, that have not been combined and tested together as part of a model. It is important for child welfare practitioners to appreciate that, while the research supporting the effectiveness of these casework techniques is typically less rigorous, it can still provide important guidance for practice and policy.

**The Evidence**

Evidence ranges along a continuum, from practices or programs that are supported only by theory and expert consensus (i.e., “practice wisdom”) to those with effectiveness demonstrated through multiple rigorously controlled studies. More rigorous research designs are those that do a better job of ruling out explanations for effects other than the variable that is being tested. They are generally characterized by random selection of trainees, large sample sizes, and carefully monitored adherence to clearly defined procedures. While we are seeing increasingly better designs in child welfare and related fields, much research still leaves many questions unanswered. Many studies use a correlational design that tells us about the degree and way in which factors are associated with one another. While these findings do not tell us that certain factors or activities cause a particular outcome, they do provide us with some important information about association that can guide both practice and further research.

**Promising Practices, Model Practices, Blueprints, etc.**

A number of research centers and professional organizations have embraced the trend to evidence-based practice and undertaken to assess the research base in various practice areas and develop typologies that allow practitioners, advocates, and policy makers to more easily access and understand those practices that have evidence of effectiveness. Several different labels have been applied to designate the level of evidence that supports the effectiveness of the program or practice. While usage varies, the terms *blueprints, model, exemplary,* and *effective* are usually applied to programs that have been more rigorously tested, while those that appear to have achieved positive results but for which the empirical support is not so strong are given names such as *commendable, promising,* or *emerging.*
Notes for the Research Consumer

**Generalizability:** refers to the ability of the research to make inferences about the population based on the results from a sample. For example, if the researcher pulled a random sample (of sufficient size) of families reported for abuse and neglect during a six-month period s/he could apply the results to the entire population.

**Sample size:** rarely can a researcher look at everyone in a particular population—for example, all families who have been investigated by CPS in a state. Therefore it is usually necessary to work with a ‘sample’ of the ‘population.’ The size of the sample is important and will depend on the purpose of the research and whether or not the researcher wanted to generalize the findings beyond the sample group. *Probability samples* are randomly selected and allow the researcher to generalize the findings to the population. *Nonprobability samples* are used when random selection is difficult; the results relate to the sample only and cannot be generalized to the population.

**Statistically significant:** often in research articles you will see the term ‘statistically significant at the .05 level.’ This means that the result is likely to have occurred by chance in 5 out of 100 cases. The researcher will report which statistical tests have been used to determine the level of significance. In social science research, generally a level of .05 or .01 is used.

**Program evaluation:** a type of research that collects information about a program or part of a program in order to make decisions about the program. It can be used to refine a program, to strengthen anecdotal information about a program, or to improve the credibility or accountability of the program.

**Outcome research:** seeks to gain information about the end result of a program or practice on the consumer. For example, what is the effect on parent disciplinary practices of people who attended a Parent Training class?

**Process research:** measures what is done in a program or intervention. For example, how many visits workers have with parents, how many times a parent attends a drug treatment service. Measuring process variables is an important first step before attempting to measure outcomes.

**Causality:** one variable is determined to ‘cause’ the other if 1). the cause precedes the effect in time, 2). the two variables are linked by research, and 3). the linkage cannot be explained by another factor. For example, drug abuse is linked to child abuse but does not meet the criteria for causality.
**Correlation:** means that two variables change in relation to each other. For example, child abuse substantiation rates fall as caseloads rise.
Exercise: The Point/Counterpoint of Using Evidence-Based Practice.

At the trainer’s direction, the large group will be divided into two groups. One group will be assigned to look at the benefits of using evidence-based practice from a supervisor’s point of view. The other group will be assigned to look at the perils and pitfalls of using evidence-based practice. Brainstorm the benefits and pitfalls. Be prepared to share your suggestions with the other group.

Given the perils and pitfalls that may impede a supervisor from using evidence-based practice, write down one strategy for overcoming one pitfall.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The application

Evidence-based practice involves more than just taking a research-informed practice or program “off the shelf” and applying it to your practice. It includes:

- using data to assess agency and client needs;
- selecting measures and outcomes;
- planning strategically to achieve maximum benefit from available resources;
- conducting evaluation; and
- using evaluation findings to refine practice.
The Art and Science of Family Engagement

“..outcomes may be predicted less by the legal status of the client than by the process of interaction between the involuntary client and the practitioner or agency” (Bastien & Adelman, 1984, cited in Rooney, 1992)

- Engagement – positive involvement in the helping process.
  It is characterized by:
    - Receptivity
    - Expectancy
    - Investment
    - Working Relationship

Negatively associated with:
  - Mistrust

- Strategies for working with involuntary clients (Rooney, 1992):
  - being clear and specific about expectations;
  - providing choices when possible;
  - asking for overt client commitment; and
  - involving clients in goal and task selection.

- Caseworker and agency behaviors appear to be most significant in engaging clients in child welfare services (Dawson & Berry, 2002). Behaviors that promote engagement include:
  - setting mutually satisfactory goals;
  - providing services that clients view as relevant and helpful;
  - providing concrete services to meet immediate needs;
  - focusing on client skills rather than insights; and
  - spending sufficient time with clients to demonstrate skills and provide necessary resources.

- Soliciting client input was a caseworker behavior strongly associated with engagement (Shireman, et al., 1998).
The Art and Science of Assessment

Assessment: the process of gathering information on which to base decisions.

Key features

- Based on family engagement (Dawson & Berry in review, 2002)
- Must be supported by organizational culture (Martin, Peters, & Glisson, 1998)
- Considers both risk and protective factors (DePanfilis, 1999)
- Enhanced by input from multiple sources and use of standardized measures (DePanfilis, 1999)

Tools of assessment

- Clinical knowledge and skills – Important in interpretation of information and application of interventions, BUT
- Influenced by personal characteristics
- Knowledge base
- Cognitive biases
- Subject to environmental factors
- Availability of resources
- Agency culture
- Community expectations
- Court expectations
- Standardized tools
- Consistency in administration, scoring, interpretation
- Evidence of reliability and validity

Assessment and decision making

- Risk & Safety (English, 1997; Fluke & Hollinshead, 2003; Hollinshead & Fluke, 2000)
- Models
- Actuarial
- Consensus
- Composite
- All increase reliability of CW decisions
- Associated with reduced recurrence of maltreatment
- Implementation is critical
  - Not a substitute for professional expertise and judgment
The Art and Science of Case Planning

In the area of case planning the research supports what has been seen as good practice for many years. Since case plans were mandated by Federal Law 96-272—The Adoption Assistance and Child Welfare Act of 1980—practitioners and researchers have been working to improve the process of planning with families. Research supports case planning that:

- Is based on mutual (i.e., agency—family) agreement about what the child and family needs (Shireman, 1998).
- Matches services to mutually identified needs (Dawson & Berry, 2002; Rooney, 1992).
- Builds on the strengths of the family (Shireman, 1998).
- Includes goals that are clear, specific, and measurable (Dawson & Berry, 2002; Rooney, 1992).
- Lists tasks that are incremental and achievable (Littell & Tajima, 2000).
- Considers immediate needs (like a washing machine or a refrigerator for a mother with an infant) as well as concrete needs, (like day care, housing, transportation) (Gaudin, 1993; Pecora, Whittaker, Maluccio, & Barth, 2000); (Dawson & Berry, 2002)
- Recognizes that offering concrete services will produce higher levels of collaboration from the family (Littell & Tajima, 2000).
- Seeks an overt expression of commitment to the plan (like signing the case plan) (Rooney, 1992; Potter & Klein-Rothschild, 2002).

The case planning process is enhanced, according to the evidence, if workers remember that:

- It is important to engage families in the planning process so that they will comply with the requirements as non-compliance with the plan can lead to removing children from their homes (Dawson & Berry, 2002).
- The Adoption and Safe Families Act (ASFA) reduced the time available to implement the case plan.
- Families that feel listened to in family meetings and parents who feel their opinions counted ‘a lot’ are significantly more likely to agree with the plan (Shireman, 1998).
- Agreement with the plan is also linked with the family perception that they had sufficient contact with worker (Shireman, 1998).
- Families that feel ‘outnumbered’ in family meetings or feel unprepared for the meeting are less likely to agree with the plan (Shireman, 1998).
The Art and Science of Concurrent Planning

Evidence based practice on concurrent planning incorporates all the components of planning mentioned in case planning and focuses particular attention on full disclosure of the planning options.

- Full, documented disclosure with birth parents of the problems that necessitated placement, the changes required, and the possible consequences of non-compliance, and the relevant timeframes.
- Early identification of all permanency options for this family.
- Early and aggressive search for family who might be resources for permanency.
- Frequent parent-child visitation led to early decision making.
- Involvement of foster parents and adoptive parents and kinship caregivers in teaching and building skills among birth parents (Lutz, 2000).
- Workers engaged in concurrent planning should recognize research findings that may direct their efforts.
- Concurrent planning is most successful with children placed before the age of 3 (Potter & Klein-Rothschild, 2002), but is valuable with all children and youth in care.
- Staff acceptance of concurrent planning was necessary in order to move children more quickly to permanence (Westat & Chapin Hall Center for Children, 2001).
- There is an inherent tension that workers experience in attempting to reunite a child with his or her family while also working on an alternative permanent plan (Malm et. al., 2001).
Effective Interventions in Child Welfare

Family interventions in child welfare are directed toward eliminating child maltreatment and improving family functioning.

- Effective Interventions share common characteristics:
  - Address clearly defined needs;
  - Depend on family engagement; relationship (Dawson & Berry, 2002; DePanfilis, 1999; Meezan & McCroskey, 1996);
  - Are strength-based (Pecora, et al., 2000; Shireman, 1998);
  - Include concrete services (Berry, 1994; Gaudin, 1993);
  - Offer behavioral, cognitive-behavior, or multi-systemic orientation (Corcoran, 2000; MacDonald, 2001);
  - Emphasize skills development (Daro, 1988; Maluccio, 1999);
  - Address social isolation (Corcoran, 2000; Gaudin,1990/1991 & 1993)
  - Tied to differential assessment (DePanfilis, 1999; MacDonald, 2001; Pecora, 2000);
  - Structured, with clear goals (Daro, 1988);
  - Multi-faceted family skills building vs. parent training; and
  - Structured interventions vs. non-directed psychotherapy.

Additional Resources for finding research and other evidence-based practices can be found in Appendix B: Helpful Practice Information for Busy Child Welfare Professionals
Making the Transition from Worker to Supervisor

The transition from worker to supervisor has been described as one of the most challenging transitions within an organization. It is common to focus on casework practice in the early stages of a supervisor’s career, however to be an effective supervisor, it is important to develop the leadership skills and knowledge to support a number of workers, rather than making direct practice decisions with families.

The following material will focus on three issues in child welfare—fairness and equity, family engagement strategies, and strength-based practices, and utilizing what a worker is expected to know, to what a supervisor can train and monitor his/her staff to do. Each of the areas will involve casework practice and supervisor practice.
Fairness and Equity Issues

“The challenge [in child welfare services] is the considerable evidence of the following trends among children of color, particularly African-American and Native-American children:

- Greater likelihood to be removed from their mothers as infants
- Higher rates of foster care entry
- More time spent in foster care
- Fewer services and less contact with child welfare staff
- Lower reunification rates
- Longer time to adoption and lower adoption rates (CWLA, 2003; Fact Sheet #2, 2003 and Clark, 2002)\(^{10}\)

“In 2002, 7% of California’s children were African American, but this group constituted 29% of the children under child welfare services jurisdiction and 33% of the children in supervised out-of-home care. African American children in California are more likely than white or Latino children to be reported for abuse and, if they are reported, are more likely to be placed in foster care, particularly if they are infants. They also are less likely to be reunified and adopted than children of other races.” (Needell et al., 2004)\(^{11}\) While these statistics were cited several years ago, and changes in practice have helped to improve outcomes, disparity remains among African American and Hispanic children in out-of-home care.

Below is one example of the disparity in kinship and non-kinship placements by length of stay in placements:

**2001-2003 Length of Stay by Ethnicity\(^{12}\)**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Median Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>648 days (22 months)</td>
</tr>
</tbody>
</table>


\(^{11}\)CMS/CWS reports [http://cssr.berkeley.edu/CWSCMSreports/population/data/pop_2004_17_0.html](http://cssr.berkeley.edu/CWSCMSreports/population/data/pop_2004_17_0.html) retrieved 3/5/05.

White: 510 days (17 months)
Hispanic: 570 days (19 months)
Asian/Other: 496 days (17 months)
Nat Amer.: 432 days (14 months)
Total: 558 days (18 months)

Median length of stay among non-kinship placements, by ethnicity, were:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Median Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black:</td>
<td>455 days (15 months)</td>
</tr>
<tr>
<td>White:</td>
<td>368 days (12 months)</td>
</tr>
<tr>
<td>Hispanic:</td>
<td>419 days (14 months)</td>
</tr>
<tr>
<td>Asian/Other:</td>
<td>232 days (8 months)</td>
</tr>
<tr>
<td>Nat Amer.:</td>
<td>275 days (9 months)</td>
</tr>
<tr>
<td>Total:</td>
<td>397 days (13 months)</td>
</tr>
</tbody>
</table>

While safety and risk assessments focus on the likelihood of continued maltreatment, protective capacity, safety planning and resource availability are the components in the decisions to allow the child to remain at home, be placed out of home or be returned home.

Focusing on the strengths, may also provide additional information for a more accurate and effective picture of the family in the area of protective capacity, safety planning and resource availability. As part of the child welfare system improvements envisioned for in California, the premises of working with all families include the following:

- “Honor the children and family by having high expectations, and assume the children/family have the capacity, moral courage and other qualities which lead to success
- Infuse hope in individuals
- Build in benchmarks and celebrates success
- Seek to include children/families in decision-making about their own lives”

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Additionally, the use of the MSLC as the standard for the removal of children requires that each case be viewed individually, rather than taking a uniform response to all cases having similar characteristics.

Additional considerations in working with all families:

- Continued self examination for biases regarding
- Kin or community (“the apple doesn’t fall from the tree”)  
- How children would have a “better life” elsewhere when the issue is not safety.
- Transference/counter-transference issues
- Gathering information to “fit” a preconceived assessment and plan
- Communication styles

An examination of both organizational and individual practices is needed to address fairness and equity issues.

**Organizational Practices to be examined include**

- Examination and analysis of data on placement rates, returning children to the home rates, adoption rates between individuals and units. Developing strategies to address disparities in decision making
- Review of policy and procedures that may contribute to inequity of service provision to families
- Advocacy with stakeholders to address perceptual differences on the role child welfare plays in safety, permanency and well being
- Dialoging with Juvenile Court on minimum sufficient level of care
- Researching and disseminating information on best practices that impact fairness and equity issues

*What other organizational issues can you think of?*

- 

- 

**Supervisor Practices to be examined include**

- Continued self examination for biases regarding workers performance
- Ensure service delivery and visits to families reflect
- Examination of data within unit and developing strategies to address disparities in decision making.
- Advocacy for services to underserved populations
- Discuss in unit meetings fairness and equity issues
- Invite community members to unit meetings to build relationships with workers and agency personnel

*What other supervisory practices can you think of?*
- 
- 
-
Improving California’s Child Welfare System

Fairness and Equity is the core theme of child welfare improvement in California. As supervisors, your role is to ensure that staff make decisions that take into account the over-identification of families of color as well as advocate for services that are unavailable or not culturally sensitive to children and families. Below are suggested casework and systemic interventions to be evaluated for working with children and families.

Early intervention and differential response

Decision points where Fairness and Equity can be addressed and evaluated:

<table>
<thead>
<tr>
<th>Point in Case Flow:</th>
<th>Decision Options:</th>
<th>Decision Makers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotline</td>
<td>Offer services/Not offer services</td>
<td>Hotline worker Mandated reporters Family Community partners: schools, health services Community, mental health, substance abuse Treatment community, faith community Domestic violence counselors, other community based organizations (CBOs)</td>
</tr>
<tr>
<td>Early intervention and differential response</td>
<td>Refer to emergency response Refer to community-based agency</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fairness and Equity Practice Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer calls from wealthy areas (including fewer hospitals drug screening tests done on newborns) in wealthy areas, greater awareness of prevention services in wealthy areas, more community services available there. Bias against single parents, teenage parents. Judgments are made by social workers and the legal dependency system about fitness of kin, neighborhood</td>
<td>Child abuse prevention, child safety programs outreach campaign Develop new collaborations for prevention: minority-defined and minority-based models of family preservation and early intervention. Expand kinship policy to extended family and non-blood relations. Develop poverty-targeted intervention and support strategies CWS/TANF Partnership with community-based agencies; CWS must</td>
</tr>
<tr>
<td>Fairness and Equity Practice Issues</td>
<td>Strategies</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>• Location of kin, and/or the community.</td>
<td>learn how to work with other systems.</td>
</tr>
<tr>
<td>• <strong>Core Issue:</strong> There isn’t equal opportunity for accessing culturally competent services.</td>
<td>• Decision makers learn how to engage, assess, and motivate (assess motivation of) parents from the beginning.</td>
</tr>
<tr>
<td>• Children of color are disadvantaged by the lack of language proficient service providers for non-English fluent families, practices that ignore or misinterpret families’ culturally specific strengths, and mismatches between the cultural background or expertise of foster parents and the children placed in their care.</td>
<td>• New options for services are offered: teaching homemaker, family resource worker and home visitor</td>
</tr>
<tr>
<td></td>
<td>• Intercultural communication training.</td>
</tr>
<tr>
<td></td>
<td>• Multidisciplinary team training, ongoing</td>
</tr>
<tr>
<td></td>
<td>• CWS located in neighborhood schools, community centers</td>
</tr>
<tr>
<td></td>
<td>• Safety planning</td>
</tr>
</tbody>
</table>
Permanency and Child Well-Being

Decision points where Fairness and Equity can be addressed and evaluated:

<table>
<thead>
<tr>
<th>Point in Case Flow</th>
<th>Decision Options</th>
<th>Decision Maker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Plan/Actions/Goal: Optimal initial placement (after face-to-face) a.k.a. “Foster care entrance”</td>
<td>Remain home</td>
<td>Social Worker +/or Team Members</td>
</tr>
<tr>
<td></td>
<td>Placement with:</td>
<td>May include police</td>
</tr>
<tr>
<td></td>
<td>• Shelter shared family care</td>
<td>May include supervisor</td>
</tr>
<tr>
<td></td>
<td>• Kin care 23 hour place of safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Foster care institutional care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Group home</td>
<td></td>
</tr>
</tbody>
</table>

Fairness and Equity Practice Issues

Core issue: children of color (especially African-American) enter foster care at higher rates, even when they and their families have the same characteristics as comparable white children and families.

Individual child welfare worker/team bias:

- Judgment of kin/neighborhood location of kin/community (bias against kin “apple does not fall far from the tree”); expectation/obligation to care for family w/out govt. help; judgment of neighborhood as “unsafe”
- Neighborhood context (afraid to go into neighborhood)
- Stereotyping on the basis of ethnicity, race, age, gender, sexual orientation, economic class, religion, substance abuse status, other
- Inability to speak the family’s language and/ or unavailability of bilingual staff or translators
- Gang membership bias (“break up the gang” rationale might be used to

Strategies

To address individual child welfare worker/team bias:

- Collaborative supervision to identify and address biases
- Expand kinship to extended family & non-blood relations
- Team approach required; min. of 2 agency staff for all emergency responses
- Standardize safety decision making tool and provide training on how to use
- Expectations/requirement for family inclusion
- Engage community as part of the “solution”
- Utilizing community leaders as resources and/or to engage community members
- Require cross-systems training specific to fairness and equity; include:
- Interactive Intercultural Communication training, including dynamics of communities
- Access to experts, including birth parent advocates
- Training of community members, paraprofessionals (including birth
<table>
<thead>
<tr>
<th><strong>Fairness and Equity Practice Issues</strong></th>
<th><strong>Strategies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>cover bias)</td>
<td>parent advocates)</td>
</tr>
<tr>
<td>To “improve” child’s “quality of life” through placement in “safer” neighborhood +/or with more “financially secure” caretakers, 2-parent families (see also system bias below)</td>
<td>Training in navigating dangerous environments</td>
</tr>
<tr>
<td>Transference/countertransference</td>
<td>Recruit and retain staff from the community, and that reflect community</td>
</tr>
<tr>
<td>Single decision-maker may enhance bias:</td>
<td>Identify Indian heritage if not identified earlier and comply with ICWA</td>
</tr>
<tr>
<td>No checks and balances</td>
<td>Clarify shared responsibilities</td>
</tr>
<tr>
<td>Desire to avoid exposure</td>
<td>System bias:</td>
</tr>
<tr>
<td>Safety planning, removal may not always be needed.</td>
<td>Organizational culture that promotes “healthy skepticism”, (meaning staff have the agency’s “permission” to question assumptions) and models, principles, practices of fairness &amp; equity</td>
</tr>
</tbody>
</table>

**System bias:**

- To “improve” child’s “quality of life” through placement in “safer” neighborhood +/or with more “financially secure” caretakers, 2-parent families (see also individual bias above)
- Constrained timeframes
- Most readily available placement versus the best placement (include ICPC)
- Protect the system as opposed to best interest of the child/best practice
- Judicial culture/bias
- Equally skilled baseline of child welfare team members not in place
- Shared costs—funds travel with the child
- Training in navigating dangerous environments
- Recruit and retain staff from the community, and that reflect community
- Identify Indian heritage if not identified earlier and comply with ICWA
- Clarify shared responsibilities
- Organizational culture that promotes “healthy skepticism”, (meaning staff have the agency’s “permission” to question assumptions) and models, principles, practices of fairness & equity
- Expectation of the worker modeled at all levels of organization (parallel process)
- Community capacity building
- Neighborhood-based services, family resource centers in self-identified communities
- Co-locate staff in community to engage and welcome; architecture matters, needs to be approachable and accessible layout; welcoming (Drug Endangered Children team process is a valuable collaborative model)
- Need written policies and strategies to address political pressures
- Use data to identify specific concerns at individual and system level
## Point in Case Flow

<table>
<thead>
<tr>
<th>Case Planning: Plan Development/Evaluation</th>
<th>Placement: Family restoration Continue initial placement Change placement transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunification Services</td>
<td>Focus of services: Family restoration Early reunification Alternate perm plan Successful youth</td>
</tr>
</tbody>
</table>

## Decision Options

<table>
<thead>
<tr>
<th>Team and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attorney for family and minor(s)</td>
</tr>
<tr>
<td>CASA</td>
</tr>
<tr>
<td>AOD counselors</td>
</tr>
<tr>
<td>The Court</td>
</tr>
</tbody>
</table>

### Core issue: Length of stay
Children of color remain in foster care for longer periods of time than white children.

### Fairness in differential response track assignment:
- Who gets the case plan created outside the court process and who has to go to court? Are these biases toward certain groups regarding likelihood of cooperation vs. resistance? (by-pass biases)
- Who is involved in team decision-making?

### Core issue: Limited services
Families of color, when compared with white families, receive fewer services and have less contact with child welfare staff members. Consequently reunification services are less available to families of color.

### Fairness in Resource Distribution:
- Equal access to services by group
- Availability of services by neighborhood
- Unequal enforcement of children’s legal rights to services

## Fairness and Equity Practice Issues

### Core issue: Length of stay.
Children of color remain in foster care for longer periods of time than white children.

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**Fairness in Resource Distribution:**
- Equal access to services by group
- Availability of services by neighborhood
- Unequal enforcement of children’s legal rights to services

## Strategies

- Designate a team member to reviews plan and process for Fairness and Equity.
  - Raise question of Fairness and Equity verbally to team for feedback
  - Set of written Fairness and Equity issues to be addressed/issues to be examined
  - Written policies promoting F & E and guiding action/practice
  - Needs-driven case plan vs. service availability-driven case plan (law protects children who because of disability are entitled to certain services)
  - Develop service availability/resources
  - Decision makers learn how to engage, assess, and motivate (assess motivation of) parents from the beginning.
## Permanency Outcomes

<table>
<thead>
<tr>
<th>Point in Case Flow</th>
<th>Decision Options</th>
<th>Decision Maker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency Planning Outcomes:</td>
<td>Permanency Options: Alternative Permanency:</td>
<td>Team including the Family, The Court</td>
</tr>
<tr>
<td></td>
<td>• Family Restoration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Successful transition to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adoption-Kin adulthood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adoption-Non-Kin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Guardianship-Kin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Guardianship-Non-Kin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other new permanency possibilities</td>
<td></td>
</tr>
</tbody>
</table>

### Fairness and Equity Practice Issues

Core issue: Family reunification. Children of color experience reunification at lower rates than white children.

Core issue: Adoption processes. Children of color who are legally available for adoption wait longer for an adoptive placement when compared with white children, and they are less likely to be placed at all.

**Fairness in pursuit of permanency options:**

- Are older kids of certain groups less likely to have a permanence outcome than kids of other groups? (Adoption of African American males over 2 years of age is less likely.)
- Children of color and older kids considered less likely for adoption (anti-adoption bias)
- Angry kids w/ behavioral problems or placed in group homes are less likely to be seen as adoptable

### Strategies

- Full implementation of concurrent planning
- Reassess the level of risk reduction for reunification of youth aged 12 and over (e.g., is it safe for youth to reunify now?)
- Continue to assess relationships of youth aged 12 and over and continue to work towards permanency on their behalf
- Make non-relative guardianship a more available option by considering emotional permanency for youth and the commitment of the prospective guardian.
- Remove financial disincentives for caregivers and youth to exit.
- Fund specialized recruitment of resource families at the state and local levels
- Educate the community-at-large to the adoptability of all children
- Expand training and support for resource families
  - Reexamine individual agency policies that reflect bias
  - Provide training to workers to address biases re:
    - Adoptability of all children
    - Out of state/out of county adoptions
### Fairness and Equity Practice Issues

*Fairness in preparation for successful transition:*

- Probation kids excluded from STEP and THPP
- Resources allocated to “most adoptable”
- Probation kids excluded from STEP, THPP and THPP Plus

### Strategies

- Placements with single/working/gay/lesbian parents
- Offer Independent Living Programs to all eligible foster youth.
Post-Permanency Supports

<table>
<thead>
<tr>
<th>Point in Case Flow</th>
<th>Decision Options</th>
<th>Decision Makers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition out of the system</td>
<td>Services for education past age 18</td>
<td>Family Community Partners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fairness and Equity Practice Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core issue: Lack of culturally competent services.</td>
<td>▪ Develop minority-defined and minority-based models of family preservation and aftercare; including post-adoption wraparound services.</td>
</tr>
<tr>
<td>Children of color are disadvantaged by the lack of language proficient service providers for non-English fluent families, practices that ignore or misinterpret families’ culturally specific strengths, and mismatches between the cultural background or expertise of foster parents and the children placed in their care. Youth of color (dependents) are disproportionately represented in the juvenile justice system.</td>
<td>▪ Develop poverty-targeted intervention and support strategies CWS/TANF partnership.</td>
</tr>
<tr>
<td>▪ CWS university/college partnerships must be developed.</td>
<td>▪ Collaborate with juvenile justice probation officers and others (e.g., substance abuse treatment personnel).</td>
</tr>
<tr>
<td>▪ Training for social workers and foster parents to help youth avoid “blowing” placements.</td>
<td></td>
</tr>
</tbody>
</table>

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
Using Strength-Based Practices to Engage Families

For workers and families

“Engagement is the use of interactive communication skills with youth and families to encourage their involvement, ownership, alliance and participation during agency intervention regarding issues of child safety, permanency and well-being.

The essential practice of engagement with youth and families shifts the focus from fact—and fault—finding interviewing to respectful and cooperative relationship-based and solution-focused interactions with families. This shift in focus promotes parental capacity and builds family connections.

Use of engagement skills begins at the first contact with family members and continues in a non-adversarial manner throughout the processes of assessment, planning, service delivery, evaluation and closure.

Renegotiation of the relationship and reengagement over time due to change in worker assignment, program component or parental “relapses” are part of the process of effective youth and family engagement.

The skills of engagement establish a cooperative foundation for future relationships and provide the opportunity for families and services professionals to assess family concerns, strengths and resources together (All County Information Notice I-64-03).

Key skills and strategies of engagement with families include:

- listening for needs, interests and concerns
- assisting family members in identifying connections and strengths
- demonstration of warmth, empathy and genuineness as a foundation for engaging family members around concern for child safety and building parental capacity
- use of active listening skills
- effective use of questioning strategies and techniques
- provide the opportunity to assess concerns, strengths, and resources together
- the ability to tune into self and others (empathy)
- defining terms of working together with the family using full disclosure
- managing the use of power and authority
- providing concrete and clear information to support the change process
- motivating and supporting participation
• assisting families in **making their own case for change**

The focus on engagement with children and their families is an essential part of the strategies of the Child Welfare Services Redesign Project to improve outcomes of child safety, permanency and child and family well-being. The building of an effective alliance between family members, the agency and community parents supports a shared responsibility for achieving desired results.

The U.S. Department of Health and Human Services, Administration of Children and Families, in its resource guide *Rethinking Child Welfare Practice under the Adoption and Safe Families Act of 1997* offers some suggestions for engaging clients in the Child Welfare Services setting:

• Focus early contacts with the family around concerns for safety and the steps needed to create a safe, stable and nurturing home environment for the child.

• Approach family members with an attitude of respect and cooperation in order to develop the trust that is needed to build the helping alliance.

Provide a full and concrete explanation of the reasons for agency involvement and the conditions and behaviors that interfere with the safety and well-being of the children.

• Understand the steps that parents can take on their own to achieve desired results and which actions will need the support of other family members and community resources.

• Focus on linking families to healthy connections and capitalizing on internal and external family strengths.

• Use timeframes and consequences to provide a framework for motivating change in a fashion that uses authority judiciously.  

**For supervisors and workers**

Supervisors are critical to ensuring that workers are utilizing strength based strategies with children and families. Training, supporting transfer of learning, observation, and discussion are activities that workers can utilize to acquire and maintain strength based skills, knowledge and values.

Another important organizational concept is that of parallel process. If the supervisor uses strength-based strategies in supervising workers, it is more likely that workers will use strength-based strategies with families. Additionally, if a
manager uses strength-based strategies with supervisors, it is more likely that the supervisor will use strength-based strategies with workers. Today’s current child welfare environment is undergoing a cultural shift from an authoritarian and deficit model approach, to a collaborative and strength-based approach. As leadership, mid-managers and supervisors integrate strength-based practices with those who report to them, the organization as a whole will be responsive to both family and employee needs.

Suggested strategies in developing strength-based practices with workers include:

**Key skills and strategies of strength-based supervision include:**

- listening for **needs, interests and concerns**
- assisting workers in identifying **connections and strengths** within themselves, within the unit, within the agency, and in the community at large
- demonstration of **warmth, empathy and genuineness** as a foundation for working with workers. If the supervisor doesn’t provide this foundation, most likely workers will not take the risks to share their own challenges and concerns.
- use of **active listening skills**
- effective use of **questioning** strategies and techniques
- provide the opportunity to **assess concerns, strengths, and resources together**
- the ability to **tune into self and others (empathy)**
- **defining terms of working together** with the worker using full disclosure
- managing the use of **power and authority** as a supervisor
- providing **concrete** and clear information to support any changes needed by the worker
- **motivating and supporting participation** of a worker for enhanced performance or if a worker is engaged in a performance improvement plan
- assisting workers in **making their own case for change**

*Additional Information on Family Assessment you may use with workers is found in Appendices C and D: Family Assessment and Strengths and Stressors Tracking Device*
**Exercise:** Rate your own strength based behaviors. Following the rating, summarize your own strengths and identify 3 areas for improvement. Be prepared to discuss with a partner or in a small group what your action plan will be to make improvements.

**Assessing My Own Strength Based Supervision of Staff**

<table>
<thead>
<tr>
<th>Best Practice Behaviors</th>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I spend at least one hour a month with the worker on identifying strengths and deficits on the employee performance.</td>
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<td></td>
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<tr>
<td>2. I give workers specific strength-based feedback.</td>
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<tr>
<td>3. I demonstrate confidence in the ability of my workers to make good decisions and let them do the job in a way they think it should be done.</td>
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<tr>
<td>4. When mistakes occur, I avoid blame and instead work with my worker to find ways to prevent similar problems in the future.</td>
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<tr>
<td>5. I acknowledge workers (verbally and in writing i.e. memos to my boss, emails, in meetings) who are doing good work. I try to notice workers who are doing the right thing.</td>
<td></td>
<td></td>
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<tr>
<td>6. I make expectations and outcomes clear with my workers. Expectations and outcomes are stated in strength based language.</td>
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<tr>
<td>7. I back my workers when I think they are right and help them resolve problems.</td>
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<tr>
<td>8. If a worker does not meet expectations, I meet with the worker in private to find out what happened, provide honest feedback and prevent unacceptable behavior from becoming the norm.</td>
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<tr>
<td>9. I regularly ask workers for ideas about how to improve the operations of the agency, perform follow-up and advocate for ideas that might work.</td>
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</tbody>
</table>

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15 Adapted from the work of Nora Gerber and Gil De Gibaja in ‘Assessing My Own Strength Based Work’, Strength-Based Family Centered Practice for CSWs. Training curriculum, Los Angeles County Department of Children and Family Services, 2004.
<table>
<thead>
<tr>
<th>Best Practice Behaviors</th>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. I ask my workers for feedback on my supervision to learn my strengths and areas for improvement.</td>
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<tr>
<td>11. I work to create a positive environment for my unit.</td>
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<tr>
<td>12. I work to create a positive environment with my peer supervisors.</td>
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<tr>
<td>13. I work with peer supervisors to create a positive atmosphere within the agency.</td>
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<tr>
<td>14. I celebrate with my workers when they meet professional goals.</td>
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<tr>
<td>15. When involved in a team effort, I communicate with team members in a positive way.</td>
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<tr>
<td>16. I take time to hear about my workers’ lives to better understand their unique cultural values and strengths.</td>
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<tr>
<td>17. I write employee performance reports that are strength-based; each item reflects a positive outcome (change) that is expected/desired.</td>
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<tr>
<td>18. When working directly with families and children, I use family-friendly language during face-to-face meetings, on the phone and in writing. I am positive in tone, and work to promote rapport, trust and respect.</td>
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<tr>
<td>19. I engage in positive communication with my manager.</td>
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<td></td>
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<tr>
<td>20. I point out to my manager when he/she has done something well.</td>
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</tr>
</tbody>
</table>
Evaluation of Self Assessment

My strengths

Potential areas for improvement

Action Plan for Improvements
The Role of the Supervisor

All agency supervisors/managers are in the enviable position of setting the tone for the performance of the social workers and staff within a working unit/division. In conjunction with the privileges of leadership comes the responsibility of ensuring that staff delivers the highest quality services to every client, commensurate with his or her specific condition or presenting situation. The responsibility includes the serious obligation of explicitly correcting and preventing patterns of disparity in services to African-American and Native American children. [Additionally, strength-based practice is another tool for helping to achieve fairness and equity.]

Focusing on supervisory responsibilities

Ensuring fairness and equity in the outcomes sought through staff interventions will require a commitment from each supervisor in the following fundamental responsibilities and tasks:

1. providing clear direction
2. monitoring job performance
3. providing support and assistance
4. advocacy

1. Providing clear direction

Convey clearly, verbally and in writing, your expectations for the work unit, openly addressing group differences and perspectives when assessing clients for services.

Develop job performance criteria for all staff members under your supervision that explicitly address cultural proficiency and how it will be monitored. It is important to provide job specific descriptions that define the minimum accepted level for competent performance of tasks in terms of

- quality
- quantity
- time frame
- manner of performance

Job performance criteria define what staff members are expected to do, how they are expected to do it, how much they are expected to do, when they are expected to do it, and how they are to conduct themselves.
Developing Culturally Sensitive and Strength-Based Job Performance Criteria

Exercise: Small group activity – defining tasks

At the trainer’s direction: Gather in groups as assigned and list three tasks under each of the following job responsibilities that staff under your supervision are expected to perform. The fourth task must be a family engagement strategy for that job responsibility.

- Intake
  
  Tasks
  
  1. 
  2. 
  3. 
  4. 

- Continuing services
  
  Tasks
  
  1. 
  2. 
  3. 
  4. 

- Adoption/Guardianship
  
  Tasks
  
  1. 
  2. 
  3. 
  4.
Group activity—writing culturally sensitive and strength-based job criteria

With your work group, select at least one of the tasks your group listed for each responsibility (see “Small group activity—defining tasks”) and write one culturally sensitive job performance criterion, one strength-based practice performance criterion and one family engagement performance criterion. Your group may choose any responsibility to match any performance criterion. Select a reporter.

- **Intake**

  Task______________________

  Performance criteria
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- **Continuing Services**

  Task______________________

  Performance criteria
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- **Adoption**

  Task______________________

  Performance criteria
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
2. Monitoring job performance

Supervisors must collect performance data and regularly provide feedback to all staff. Supervisors need to monitor all case decisions for services to ensure that they are approached as individual cases, based on factual, historic data. To acknowledge their cultural proficiency and to correct incompetence when necessary, supervisors must provide frequent feedback to staff.

The three most typical strategies for monitoring performance are

- observing staff performance
- reviewing work product
- measuring work product

Group activity—observations

Remain with your work group. Select the job tasks identified in the previous activity and complete the following questions:

What can be observed? How can it be observed? When can it be observed?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What can be reviewed? How can it be reviewed? When can it be reviewed?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What can be measured? How can it be measured? When can it be measured?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
3. Providing support and assistance

Because a supervisor’s schedule is so tight, supervisors need to take advantage of the daily or frequent “built-in” opportunities to provide support to all staff. Four will be reviewed:

a. staff training and development
b. unit meeting
c. individual coaching and mentoring
d. providing resources

a. Staff training and development

How can this activity be used to address disparity and promote strength-based practice?

b. Unit meeting

How can this activity be used to address disparity and promote strength-based practice?

c. Individual coaching and mentoring

How can this activity be used to address disparity and promote strength-based practice?

d. Providing physical, emotional and social resources

How can this activity be used to address disparity and promote strength-based practice?
4. Advocacy

Assume responsibility not only for the behavior and attitudes of your work unit but also for trying to influence change in your organization.

How?

- Recognize and confront the issue of your personal discomfort.

- Be aware of subtle and systemic institutional discrimination, intentional or unintentional, that pigeonholes and limits opportunities for members of groups other than the dominant culture. Express disagreement and propose changes.

- Constructively confront racist, sexist or other stereotypic or discriminatory behavior.

- Praise examples of good family engagement and strength-based practices.

- Become comfortable asking questions about preferred terminology or interactions.

- Promote the practice of hiring a diverse workforce.

- Promote systems and resources that maintain a diverse workforce.

- Openly support the competencies and contributions of staff from—all groups to all groups.

- Reinforce learning for staff who attend training on fairness and equity, family engagement and strength-based practices

Added suggestions

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Comparison of Strength-Based Approaches to Deficit Approaches

Belief System Shift: Supervisor to Worker

Exercise: At the trainer’s direction, small groups will be assigned a category(ies) and complete the middle column focusing on what supervisors can do with their workers to ensure that staff are strength-based and family centered.

<table>
<thead>
<tr>
<th>People</th>
<th>Deficit Approach</th>
<th>Supervisor Tasks with Workers</th>
<th>Strength-Based, Family-Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ The agency is responsible and the family is just a victim of the system.</td>
<td>Example:</td>
<td>▪ The parent is responsible for the family’s future and how decisions are made.</td>
</tr>
<tr>
<td></td>
<td>▪ The parents are treated as dysfunctional adults who are not capable of making decisions.</td>
<td>1. Supervisor explores beliefs with workers. Older workers have been trained in the deficit approach. Unit case consultations to reframe families’ deficits to strengths.</td>
<td>▪ Parents have expertise and knowledge to bring to the decision making process.</td>
</tr>
<tr>
<td></td>
<td>▪ Children are seen as fragile or unreachable and unable to make meaningful personal decisions.</td>
<td>2. __________________________</td>
<td>▪ Recognition of children and adolescents as resilient, with desire for approval from adults, and capacity to make choices of their own.</td>
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</tbody>
</table>

16 Adapted from the work of Nora Gerber and Gil De Gibaja in Assessing My Own Strength-Based Work, Strength-Based Family Centered Practice for CSWs. Training curriculum Los Angeles County Department of Children and Family Services, 2004.
### Deficit Approach

**Family**
- The families are incapable of developing meaningful partnerships.
- Family members are similar to the abusive parent and unable to help in decision making or providing support.
- Families are not capable of change unless a professional provides prescribed services, intense supervision, and consequences for bad behaviors.
- The family is so dysfunctional it is unlikely they can make the necessary changes.

**Worker to Family**
- After listing the deficits of the family, the worker must **FIX** the family.
- Regards the family’s caution towards the system as

### Supervisor Tasks with Workers

**Example:**
1. Supervisor models partnering with workers and other supervisors.
2. __________________________
   __________________________
   __________________________
3. __________________________
   __________________________
   __________________________

### Strength-Based, Family-Centered

- It is most productive to develop a partnership with the family and their support system.
- Families usually have extended family members and friends who can provide support and help in the decision making process.
- Families are capable of setting their own goals, locating resources and becoming functional and safe.
- The family has strengths and resources that will make it possible for them to succeed.
### Deficit Approach

“resistance, lack of readiness, or hostility.”

#### Supervisor Tasks

<table>
<thead>
<tr>
<th>2.</th>
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<th>3.</th>
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</tbody>
</table>

#### Strength-Based, Family-Centered

cautions towards “the system”, if present, may be an appropriate response based on the family’s experiences.

### Community

- Certain communities are seen as ineffective, negative or having limited resources to help the family reach its goals. Only professionals with degrees are used to provide services.

#### Example:

1. Supervisor meets community members from the predominant client group.
2. _______________________
   _______________________
   _______________________
3. _______________________
   _______________________
   _______________________

### Decision Making

- Worker (with the approval of

#### Example:

- Authority is shared. The
<table>
<thead>
<tr>
<th>Deficit Approach</th>
<th>Supervisor Tasks with Workers</th>
<th>Strength-Based, Family-Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authority</strong></td>
<td>1. Supervisor asks for worker to request family decision making conference on a difficult family and participates.</td>
<td>ultimate authority is with the person whose life is most impacted. The only exception is when the family cannot develop a safety plan for the child. Everyone is responsible for the outcomes of the case.</td>
</tr>
<tr>
<td></td>
<td>2. __________________________</td>
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<td></td>
<td>3. __________________________</td>
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<tr>
<td></td>
<td>Worker is responsible for the outcomes of the case.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worker must <strong>MAKE</strong> the client change and will be held accountable, so thereby must maintain authority.</td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td>Example: 1. Supervisor requests a community elder/expert to attend a unit meeting regarding resource development.</td>
<td>Diversity is valuable and different opinions and approaches are part of the decision making process.</td>
</tr>
<tr>
<td></td>
<td>2. __________________________</td>
<td>Specific racial, language and cultural factors influence the treatment process; the child’s cultural heritage and practices need to be understood and respected.</td>
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<td></td>
<td>3. __________________________</td>
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<tr>
<td></td>
<td>It is easiest and quickest to do our work when we all use the same approach.</td>
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<tr>
<td></td>
<td>Belief that everyone is the same at heart and that a standardized approach must be used with all families.</td>
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<tr>
<td></td>
<td>The family’s culture is not of high priority in determining case plans.</td>
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<tr>
<td>Tools</td>
<td>Deficit Approach</td>
<td>Supervisor Tasks with Workers</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Tools</td>
<td>▪ Assessment tools are not strength-based. Information on children and family strengths is omitted or is lacking.</td>
<td>Example:</td>
</tr>
<tr>
<td></td>
<td>▪ Evaluations of the family or child are done TO the individual/ family not with them.</td>
<td>1. Supervisor discusses with a worker about the need for further strength-based assessment on a family and documentation.</td>
</tr>
<tr>
<td></td>
<td>▪ Information and feedback is kept in the case file and not necessarily given to the family. Progress is not reviewed regularly.</td>
<td>2.</td>
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<td></td>
<td>▪ Professionals develop treatment plans and present them to the parents.</td>
<td>3.</td>
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<tr>
<td></td>
<td>▪ Children and youth are seen as too young to provide meaningful input to their case plan. They must be protected from too much information regarding their family dysfunction.</td>
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<tr>
<td><strong>Deficit Approach</strong></td>
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<td><strong>Strength-Based, Family-Centered</strong></td>
</tr>
<tr>
<td>----------------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>• Workers and foster parents perform parenting skills and parents are provided treatment that does not actively address their parenting skills.</td>
<td></td>
<td>skills.</td>
</tr>
<tr>
<td><strong>Goals</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • The agency task is to: handle the current allegation or crisis.  
• Workers develop service based plans that may or may not be followed and generally do not include indicators of when case are reached.  
• Unless the case plan is 100% what the family wants, family members do not support the plan and may even sabotage the plan. | Example:  
1. Supervisor meets with worker on regular basis to review progress of case plans in caseloads.  
2. ______________________  
   ______________________  
   ______________________  
3. ______________________  
   ______________________  
   ______________________ | • The agency goal is to: develop and maintain healthy functioning families.  
• Workers and family members develop outcome-oriented plans designed to reach the goals.  
• Everyone supports the case plan, even if there is not 100% agreement “consensus building”. |
TAB 6

Supplemental Handouts
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Improving the Lives of California’s Children and Families

Accountability In Action

California is working hard to improve the lives of the 700,000 children and families who come into contact with the state’s child welfare system annually. Efforts to improve California’s child welfare system are guided by a common vision and focus on eight critical goals to improve the lives of children, youth and families. Each of these goals translates into specific outcomes with data indicators that track progress. This chart details the framework against which data are collected and transmitted to state and county welfare officials.

### VISION
Every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities

### GOALS / OUTCOMES
1) Children are protected from abuse and neglect
2) Children are safely maintained in their own homes whenever possible and appropriate
3) Children have permanency and stability in their living situations
4) The continuity of family relationships and connections is preserved for children
5) Families have enhanced capacity to provide for their children’s needs
6) Children receive appropriate services to meet their educational needs
7) Children receive adequate services to meet their physical and mental health needs
8) Youth emancipating from foster care are prepared to transition to adulthood

### Safety Outcomes
- Number of children who are abused and/or neglected
- Number of children who enter foster care
- Percentage of children who are re-abused and/or neglected who remain in the home after a child abuse report investigation
- Percentage of children who are abused and/or neglected while in foster care
- Percentage of children who receive timely visits with their social worker
- Percentage of children who receive a timely response to initial abuse and neglect allegations

### Permanency & Stability Outcomes
- Percentage of children who re-enter foster care
- Percentage of children who experience multiple placements in foster care
- Length of time to reunify children with parents or caretakers
- Length of time to achieve adoption

### Well-Being Outcomes
- Percentage of children placed with some or all of their siblings
- Percentage of children placed in the least restrictive foster care setting (i.e., relative care placement, foster family home)
- Percentage of American Indian children placed with an Indian relative.
- Levels of self-sufficiency for youth exiting foster care
- Percentage of children receiving health and mental health services/support *
- Percentage of educational progress and school attendance for foster children *

* Not tracked at this time
IMPROVING CALIFORNIA'S CHILD WELFARE SYSTEM

Background Information

Child Welfare Services Stakeholders Group and Redesign

- In 2000, the California Legislature created a statewide Child Welfare Stakeholders Group to review the state's child welfare system and make recommendations for improvement and change. Over a three-year period, the stakeholders group forged a blueprint for overhauling the system, concluding its work in 2003. Its final report is referred to as the Child Welfare Services Redesign, and state and county efforts have shifted to implementing key elements. Principal efforts are focused on developing a statewide safety assessment system to ensure that all counties use consistent procedures to determine if a child is being abused or neglected, improving the child abuse hotline response system to better enable social workers to screen and refer families for community services, and promoting permanent connections for youth and improved transitions to adulthood.

Child Welfare System Improvement and Accountability Act (AB 636)

- In 2001, the California Legislature passed the Child Welfare System Improvement and Accountability Act (AB 636) to improve outcomes for children in the child welfare system while holding county and state agencies accountable for the outcomes achieved. This statewide accountability system (known formally as the California Child and Family Review System) is an enhanced version of the federal oversight system mandated by Congress and used to monitor states' performance.

This improved system for California focuses on the following goals:

- Children are protected from abuse and neglect.
- Children are safely maintained in their own homes whenever possible and appropriate.
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.
- 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.
- Youth emancipating from foster care are prepared to transition to adulthood.

To measure progress towards these goals, 14 performance indicators are currently used. Examples include measuring the number of children who are in foster care, the rate of recurrence of maltreatment of children in foster care, the number of placements of a foster child, length of time to reunification with birth parents and the rate of adoption. Other indicators will be added over time.
• Previously, the California Department of Social Services relied on a system of process measurements focused on determining whether or not a child received a particular service to monitor the performance of county child welfare departments. This process-oriented system fell short of determining if a child actually benefited from the service.

• Under California’s new accountability system, which went into effect on January 1, 2004, all 58 counties now receive quarterly data reports on their outcomes in the areas of safety, permanency and well-being of children and families who come into contact with the child welfare system. The foundation for this new oversight system comes from data obtained from the Child Welfare Services/Case Management System, the statewide information system for child welfare. Baseline performance data was gathered for each county, released to the counties in January and also made available to the public.

• Under California’s new accountability system, each county has conducted a self-assessment using community-based groups to facilitate public input into the process. The intent of these self-assessments was for counties to examine all program areas to determine the basis for their current level of performance and to help them identify and remove barriers to improving performance.

• Following the self-assessments, counties are required to collaborate with other local partners to develop a county System Improvement Plan (SIP). The purpose of the SIP is to establish program priorities, define specific action steps to achieve improvement and establish goals for improvement. As mandated by AB 636, a county’s System Improvement Plan must be approved by its board of supervisors and is due to the California Department of Social Services (CDSS) by September 30, 2004.

• After counties have submitted their System Improvement Plans to CDSS, the state will review each plan and work with counties to identify areas for further support and to ensure coordination in improving results for children and families. Counties will continue to receive quarterly data reports and use the data to further target their efforts and make needed improvements. Counties also will continue to collaborate with community partners and stakeholders who are now engaged (or engaged more fully) in local efforts to improve child welfare services for children and families in need. As progress continues, the state will report California’s progress to the federal government as required by its Program Improvement Plan and to the state legislature.

• Through the state’s new accountability system, data is now being made available to the counties, and counties are collaborating with increased numbers of community partners. Simultaneously, key program and practice improvements recommended by the Child Welfare Stakeholders Group Redesign are underway which target attention in critical areas. Collectively, these efforts are intended to improve results for children and youth, and enable California ultimately to reduce the number of children and youth who are abused and/or neglected in the state and also meet federal targets for improved performance.
Federal Child and Family Service Reviews

- In September 2002, the U.S. Department of Health and Human Services Administration for Children and Families examined California’s delivery of child welfare services. The review (known formally as the Children and Family Services Review) focused on outcomes for the children and families served by the state’s child protective services, foster care, adoption and other child welfare-related programs. The federal review was conducted in all 50 states and collectively the reviews provide a snapshot of states’ performance in child welfare. In California, the review consisted of visits to three counties, including 49 case reviews, and a series of interviews at the state level.

- The federal Child and Family Services Review found California to be in compliance in a number of areas such as:
  - Timeliness of initiating investigations in response to reports of maltreatment
  - Providing services to families to prevent children’s removal from the home
  - Placing children in close proximity to their parents or close relatives
  - Locating and assessing relatives as potential placement resources
  - Conducting caseworker visits with children
  - Meeting children’s needs for physical health services and other areas

- The federal review also identified several areas of non-conformity with federal requirements, representing challenges the state must address:
  - The rate of recurrence of substantiated child maltreatment within 6 months of a prior occurrence of substantiated maltreatment
  - The incidence of maltreatment of children in foster care
  - The rate of foster care re-entries within 12 months of discharge from a previous foster care episode
  - The percentage of reunifications occurring within 12 months of a child’s entry in foster care
  - The percentage of finalized adoptions occurring within 24 months of a child’s entry into foster care
  - The percentage of children experiencing no more than two placements during the first 12 months in foster care

- Like every other state (none of which was found to be in conformity on all measures), California is required to improve its outcomes in the areas identified above as challenges in order to avoid accruing fiscal penalties. The state submitted a required Program Improvement Plan (PIP) detailing the specific action steps it will take to come into substantial compliance with federal standards. California’s new oversight and accountability system functions as a type of monitoring and continuous improvement system for the PIP, providing the state with essential outcome-based data required by the federal government and holding agencies accountable for their results.
CHILD WELFARE IN CALIFORNIA

Facts At A Glance

- More than 700,000 children come into contact with California’s child welfare system annually.¹
- On any given day, more than 175,000 children are in contact with the child welfare system.²
- More than 86,000 children are in foster care in 2004. That compares to 108,000 children who were in foster care in 2000.²
- Of the children in foster care, about 19,000 will reunify with their parents and 8,000 will be adopted during the course of a year.²
- Most children entering foster care (76%) were removed from their homes for neglect-related reasons.²
- Of children who enter foster care, more than 50% are age 5 or under.²
- Every year, California county child welfare agencies receive more than one-half million reports of suspected child abuse and neglect. Of these referrals, the vast majority of the cases receive no services, despite assessments that indicate families would benefit from services and support to prevent child abuse and neglect.³
- Approximately one-third of telephone hotline referrals are re-referrals of the same families from the previous year.⁴
- Many children cycle through the foster care system more than once and experience multiple placements. Of the children who entered foster care in 2000 and remained in care for 12 months, 35% experienced three or more placements.⁵
- Out of all children who first entered foster care in 1998, about 57% were reunified, 16% were adopted and 10% were still in care five years after coming into care.⁵
- About 51% of children in foster care in California have been in care for over two years. As these children remain longer in care, their likelihood of being reunified decreases, thus requiring that other forms of permanency be explored (i.e., adoption, legal guardianship).⁵
- In recent years, about 40% of all children first entering foster care in California live primarily in a relative care placement. These children are more likely to be placed with their siblings, less likely to have multiple foster care placements and more likely to maintain their living situation and family relationships when they turn 18 than children who are placed with non-relatives.⁵
- The federal system for funding child welfare services at the state and county levels provides open-ended funding for children and youth who are in foster care, but caps funds for prevention and early intervention efforts. These funding restrictions result in the states and counties having significantly more funds available for placing children into out-of-home care - as opposed to funding programs that could reduce the need for child welfare services in the first place.
National and other studies show that of youth who emancipate from foster care:

- 75% work below grade level\(^6\)
- 46% do not complete high school\(^7\)
- 51% are unemployed\(^7\)
- 10 to 25% are homeless\(^7\)

- In 2002, 7% of California’s children were African American, but this group constituted 29% of the children under child welfare services jurisdiction and 33% of the children in supervised out-of-home care.\(^8\)

- Conservative estimates of the cost of abuse and neglect to U.S. society each year are staggering: $25 billion in direct costs (i.e., hospitalization, mental health treatment, and police services) is compounded by $69 billion for indirect costs such as juvenile delinquency, adult criminality and lost productivity to society.\(^9\)

- African American children in California are more likely than white or Latino children to be reported for abuse and, if they are reported, are more likely to be placed in foster care, particularly if they are infants. They also are less likely to be reunified and adopted than children of other races.\(^10\)

**SOURCES:**

3. California Department of Social Services, Research and Development Division. 2000 Case Dispositions.
4. California Department of Social Services, Re-referral Trend Implications 1999-2001 (Research conducted with standardized decision-making counties).
CHILD WELFARE SERVICES

Chronology

The following is a brief chronology of legislative and landmark activities relative to the history of child welfare services in California, beginning with the most recent events.

2004  On January 1, California’s Child Welfare System Improvement and Accountability Act goes into effect and counties begin receiving quarterly data reports to monitor efforts to improve results for children and youth. Counties also undertake comprehensive self-assessments that enlist community organizations in sharing responsibility for children and develop system improvement plans for approval by boards of supervisors and subsequent submission to the state.


2002  Federal government conducts Child and Family Services Review of California’s child welfare system. California, like every other state, is found to be out of conformity with many measures and prepares a Program Improvement Plan that details the actions that the state and counties will take to improve child welfare services.

2001  Assembly Bill 636
California state law enacts the Child Welfare System Improvement and Accountability Act of 2001 to measure and improve outcomes for children in California’s child welfare system.

2000  California Department of Social Services releases Child Welfare Workload Study as required by state law (Senate Bill 2030). The study reveals that child welfare social worker workloads are, on average, double what they need to be to provide the minimum required services.

2000  Assembly Bill 1740
California state law establishes the Child Welfare Services Stakeholders Group to examine current child welfare programs and propose a redesigned system by June 2003.

1999  Foster Care Independence Act (Chafee Act)
Federal Public Law 106-169 doubles funding for Independent Living Skills programs, allowing states to use some funding for transitional living programs for emancipated youth and to extend Medicaid coverage to age 21, and permits all youth in out-of-home care to participate in Independent Living Program Services.

1998  Senate Bill 2030
California state law requires the California Department of Social Services to evaluate workload and budgeting methodologies to determine funding required for the provision of sufficient child welfare services.
1998  Assembly Bill 2773
California state law implements the federal Adoption and Safe Families Act and shortens
timeframes for reunification.

1998  Senate Bill 933
California state law enacts numerous reforms to group home system and creates the Foster Care
Ombudsperson program to provide an outlet for foster youth and advocates to report and resolve
problems and concerns.

1998  Senate Bill 1901
California state law establishes the Kinship Guardianship Assistance Payment Program to
provide a subsidy for children placed in legal guardianship with a relative.

1998  Senate Bill 163
California state law allows counties to participate in a pilot program providing intensive wrap-
around services to families and children in or at risk of high-level group care to reduce the need
for placement.

1997  Assembly Bill 1193
California state law establishes the Kinship Support Services Program to provide community-
based support for relatives caring for children placed in their homes by the juvenile court or
children who are at risk of abuse, neglect or delinquency.

1997  Adoption and Safe Families Act (ASFA) Promoting Safe and Stable Families Act Federal Public
Law 105-89 emphasizes child safety over keeping families together and provides financial
incentives to states to promote permanency planning and adoption. It also extends and expands
the Family Preservation and Family Support Services Program and renames it the Promoting
Safe and Stable Families Act.

1996  California Department of Social Services and the County Welfare Directors Association sponsor
the Kinship Care in California Policy Summit. The event results in the development of a multi-
agency work plan including policy and practice reforms to improve services and supports for
children in foster care placed with relatives.

1994  Assembly Bill 3364
California state law establishes the California Family Preservation and Family Support Program
consistent with federal requirements.

1993  Family Preservation and Family Support Services Program
Federal Public Law 103-66 provides time-limited, flexible funds to states for family preservation
and community-based family support services.

1991  Assembly Bill 948
As part of realignment of state-local authority in numerous health and human services programs,
California state law increases the county share of cost for foster care and child welfare services to
increase fiscal incentives to avoid or limit expensive foster care placements.
1986  Independent Living Program Act
Federal Public Law 99-272 provides for services for foster youth age 16 and older to promote self-sufficiency and to help them transition out of the system at age 18.

1982  Senate Bill 14
California state law requires the state, through the Department of Social Services and county welfare departments, to establish and support a public system of statewide Child Welfare Services. Each county welfare department is required to maintain four specialized components: Emergency Response, Family Maintenance, Family Reunification and Permanent Placement.

1980  Adoption Assistance and Child Welfare Act
Federal Public Law 96-272 creates a categorical funding stream for out-of-home (foster) care and establishes a preference to maintain and reunify families. The Act requires reasonable efforts to prevent unnecessary out-of-home placements, requires consideration of relatives as the placement of preference, establishes a process to safely reunify children with their families when possible and authorizes assistance payment to families who adopt children with special needs.

1974  Child Abuse Prevent and Treatment Act (CAPTA)
Federal Public Law 92-247 mandates states to establish child abuse reporting laws, define child abuse and neglect and determine when juvenile/family courts can take custody of a child.

1971  The National Foster Parents Association is established.

1960's  Mandatory child abuse reporting laws are passed in most states.

1961  Social Security Act, Title IV-A, establishes foster care payment under the Aid to Dependent Children Program providing funds to help states make maintenance payments for children who live in foster care.


1935  Social Security Act, Title IV-B, establishes Child Welfare Services Program which provides grants to states to support preventive and protective services to vulnerable children and their families.

1925  First national child welfare standards of practice are developed.

1912  The federal government establishes the U.S. Children’s Bureau, its first venture into the field of social services other than public health and education.

1909  The White House holds the first national Conference on the Care of Dependent Children.

1875  The Society for the Prevention of Cruelty to Children is formed, modeled after the Society for the Prevention of Cruelty to Animals, which is already in existence.
Child Welfare Policy and Practice for Supervisors

Agenda
- Welcome, Introductions and Module Overview
- Review of ASFA, CFSR and C-CFSR as Related to the Role of the Supervisor
- Use of the Building Blocks for Child Welfare Improvement in California
- Making Connections From the Big Picture to Every Day Practice
- The Role of the Supervisor in Achieving Better Outcomes in Child Welfare
- Evidence Based Practice
- Making the Transition from Worker to Supervisor
- Methods/ Models/Themes to Improve Child Welfare Outcomes
- Review

Learning Objectives
K1. The trainee is knowledgeable of the Adoption and Safe Families Act of 1997 and the national goals for child welfare.

K2. The trainee is knowledgeable of the outcomes and processes of the California Child Welfare Outcomes and Accountability System (established through AB 636).
- PQCR, Self-Assessment, SIP
Learning Objectives Cont.

K3. The trainee will understand the definitions and criteria of evidence-based practice and promising practices.

K4. The trainee will be knowledgeable of promising practices and emerging evidence-based practices for achieving:
- timely reunification
- preventing re-entry into foster care
- timely adoption
- minimizing placement moves
- keeping kids safe in care
- avoiding reoccurrence of maltreatment
- transition to adulthood
- fairness and equity

Learning Objectives Cont.

V1. The trainee will value the need to supervise and monitor in ways to achieve ASFA outcomes.

V2. The trainee will value incorporating various practice issues into supervision
- Outcomes vs. process
- Incorporating data

Activity

- Child Welfare Matching
  - Match the date or percentage with the correct letter of the statement
Child Welfare Policy

- ASFA
- Federal Review
- PIP
- AB 636

Review of ASFA

- Two overarching goals:
  - Move children stranded in the system into permanent placements
  - Change the experience of children entering into the system today!
- Safety is paramount
- Foster care is temporary. Find permanent homes ideally from first placement
- Concurrent planning
- Focus on results and accountability
- Innovative approaches to achieve the goals of safety, permanency and well-being.

Federal Review (CFSR)

- Arises out of ASFA
- All states participate every three years
- Accountability is key
- Seven Systemic Factors
- Focused on outcomes of Child Safety, Permanency and Well-being (7 factors)
Systemic Factors
- Statewide information system
- Case review system
- Quality assurance program
- Staff and provider training
- Service array
- Agency responsiveness to the community
- Foster and adoptive parent licensing, recruitment and retention

Child Welfare Outcomes
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 arrangements
The continuity of family relationships and connections is preserved for children
Child Welfare Outcomes

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

New Federal Measures

Safety

- Safety Measures

  - Measure 1
    - No Recurrence of Maltreatment
  - Measure 2
    - No Maltreatment in Foster Care

New Federal Measures

Permanency Composites

- Permanency Indicators
  - Family Reunification (Composite 1)
  - Adoption (Composite 2)
  - Long Term Care (Composite 3)
  - Placement Stability (Composite 4)
Composite 1: Timeliness and Permanency of Reunification

- C1.1 Reunification within 12 months (exit cohort)
- C1.2 Median Time to Reunification (exit cohort)
- C1.3 Reunification within 12 months (entry cohort)
- C1.4 Re-entry following reunification within 12 months (exit cohort)

Composite 2: Timeliness of Adoption

- C2.1 Adoption within 24 months (exit cohort)
- C2.2 Median time to adoption (exit cohort)
- C2.3 Adoption within 12 months (17 Months In Care)
- C2.4 Legally Free within 6 Months (17 Months In Care)
- C2.5 Adoption within 12 Months (Legally Free)

Composite 3: Permanency for Children in Long Term Care

- C3.1 Exit to Permanency (24 Months In Care)
- C3.2 Exit to Permanency (Legally Free At Exit)
- C3.3 In Care 3 Years Or Longer (Emancipated or Age 18 In Care)
Composite 4: Placement Stability

Placement Stability (8 Days To 12 Months In Care)
Placement Stability (12 To 24 Months In Care)
Placement Stability (At Least 24 Months In Care)

California Well-Being Measures
- Siblings Placed Together
- ICWA/Cultural Considerations
- Least Restrictive Placement
- Authorization for Psychotropic Medication
- Youth Aging Out / Post Foster Care Outcomes / Chafee Requirements

Child and Family Services Review (CFSR)
And
The Program Improvement Plan (PIP)
The Child & Family Services Reviews

- Common Findings
  - Inconsistent or inadequate engagement of families;
  - Assessments did not address underlying issues or were not ongoing;
  - Services plans “boilerplate” and families not included in development; and
  - Services did not consistently address individual and family needs.

PIP

- Two year plan
- Defines improvement in outcomes and action steps to get there
- Reports quarterly to Federal Review Committee
- Has referred to Redesign and AB 636 activities as meeting some of the requirements
- Identifies CWS supervisors as the key group for intervention

CFSR Cycle

- Quarterly Report
- Two Year Program
- CFSR Cycle
- Redesign

Policy and Practice, Supervisory Core
**A SAFE Building for Children and Families**

**AB 636**

The County Accountability System which is legislated by the State.
Data will be reported on the Web.

Three Components:
- Peer Quality Case Review
- Self Assessment
- System Improvement Plan (SIP)

**Concurrent Processes**

- 1997 ASFA Outcomes
- 2002 First CFSR
- 2003 First PIP
- 1999 SB 2030 Study
- 2000 CWS Stakeholders
- 2003 Redesign
- 2001 AB 636
- 2004 First C-CFSR
Enhanced Capacity
- Evidence-informed practice approaches
- Network of agencies and resources
- Collaboration

Shared Responsibility
- Network of agencies and resources
- Non adversarial relationships
- Family and community partnerships

Outcome Accountability
- Effectiveness reflected in child’s safety, permanence and well-being
- Specific, measurable outcome goals

The "RESULTS" of what is to be achieved

ASFA Goals
Safety Permanency and Well-being
California CW Improvement – Family Well-being

One of the METHODS to achieve better outcomes
Methods include:
CFSR, C-CFSR

Evaluation
Outcome Based
Researched Based
Drawing from Practice Knowledge on what works in child welfare

Evidence-Based Practice

Fairness and Equity

The Core Theme of Child Welfare Improvements in California

Two of the METHODS to achieve better outcomes

Family Engagement Strategies Strength-Based Practices
<table>
<thead>
<tr>
<th>Process</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take Action</td>
<td>Reach the Goal</td>
</tr>
<tr>
<td>Cook an egg</td>
<td>Eat nourishing breakfast</td>
</tr>
<tr>
<td>Go on a date</td>
<td>Establish a relationship</td>
</tr>
<tr>
<td>Read a book</td>
<td>Increase understanding</td>
</tr>
<tr>
<td>Discipline a child</td>
<td>Well-behaved child</td>
</tr>
<tr>
<td>Attend a class</td>
<td>Enhanced skills</td>
</tr>
<tr>
<td>Provide case management</td>
<td>Ensure a child is safe, permanent with family</td>
</tr>
</tbody>
</table>

Drawing from Practice Knowledge on what works in child welfare

Evidence-Based Practice

For the Research Consumer

- Generalizability
- Sample Size
- Statistically Significant
- Program Evaluation
- Outcome Research
- Process Research
- Causality
- Correlation
Activities

- Point/Counterpoint of Research
- Evaluating, Translating into Practice Research Findings

Making the Transition

- One of the most challenging transitions is that of worker to supervisor in an organization. Supervisor does not mean “SUPER WORKER”. It means supporting others so that they can do “super work”!
Fairness and Equity Issues

• There isn’t opportunity to accessing culturally competent services
  - Strategies in Redesign include:
    • Outreach campaigns, new collaborations for minority defined and minority based prevention and early intervention
    • New services
    • Intercultural communication training
    • Local services

F and E Issues cont.

• Children of color enter the system more frequently, have higher rates of substantiation, stay for longer periods, and have lower rates of reunification than white children.
  - Strategies include:
    - Collaborative supervision to address bias
    - Engage community as part of the solution
    - Recruit and retain staff from the community
    - Have internal team to review plan for F and E issues
    - Remove financial disincentives
    - Re-examine agency policies
    - Further develop minority defined and minority based family and adoption services

Two of the METHODS to achieve better outcomes

Practice Tools

Family Engagement Strategies
Strength-Based Practices
Strength-Based, Family-Centered Practice

- Philosophy of looking for strengths as well as identifying stressors within a family
- Use if language that supports strength-based interventions
- A variety of models that support strengths of families while addressing concerns about child safety, permanency and well-being.

Family Engagement

- Values partnering with the family to identify problems and develop solutions, even when families are “difficult”
- A set of skills and knowledge to engage families in developing and maintaining partnership
- A flexible process in which the family and worker participate to ensure the goals of child safety, permanency and well-being

Assessing My Own Strength-Based Skills with Staff

- Rate your own strength-based behaviors. Following the rating, summarize your own strengths and identify 3 areas for improvement. Be prepared to discuss with a partner or in a small group what your action plan will be to make improvements.
The Role of the Supervisor

- Activity
  - Design Tasks
  - Develop Performance Criterion
  - How do you measure it?
  - If criterion is not being met, what do you do?

Motivating Workers to Be Strength-Based with Families

- At the trainer’s direction, small groups will be assigned a category(ies) and complete the middle column focusing on what supervisors can do with their workers to ensure that staff are strength-based and family-centered.

Review

- Transfer of Learning
- Mix and Match

Thank You for Your Participation!
(Trainer Name)
CHILD WELFARE IMPROVEMENTS

Statewide Priorities 2004-2005

Important work to improve California’s child welfare system is underway in 2004-2005. Informed by years of planning and supported with both public and private funds, targeted efforts are focusing on improving the lives of children and families served by the state’s child welfare system. Priority efforts include implementation of California’s new oversight and accountability system, targeted improvements to child welfare programs and practices, interagency collaboration and a strategic communications program.

Oversight and Accountability

The cornerstone of California’s efforts to improve oversight and accountability for the state’s child welfare system is its implementation of the Child Welfare System Improvement and Accountability Act (AB 636), which went into effect on January 1, 2004. A comprehensive approach to oversight and accountability, California’s new system measures and monitors the performance of each of the state’s county child welfare systems. It operates on the philosophy of continuous improvement, interagency partnerships, community involvement and public reporting of outcomes. The new system will allow the state to gauge its performance against national standards while also measuring the performance of counties on other critical outcomes and tracking improvement over time.

Highlights include:
• Quarterly data reports that are now sent to each county providing data on outcome measures related to child safety, permanency and well-being.
• County peer reviews that utilize qualitative information not measured through data to identify both best practices and areas for improvement.
• County self-assessments, undertaken with community partners, that provide analysis and understanding of a county’s current performance.
• County system improvement plans that detail the steps a county will take to improve its child welfare performance and guide implementation and monitoring efforts.

Program and Practice Improvements

A number of targeted program and practice improvements are priorities in 2004-2005. The following include areas of collaboration between the California Department of Social Services (CDSS), the County Welfare Directors Association of California (CWDA), the Foundation Consortium for California’s Children & Youth and 11 counties that serve as pilots for developing, testing and refining these specific improvements:

1. Development of a statewide safety assessment system
   State and county officials are developing a standardized safety assessment system to ensure that all counties use consistent assessment and evaluation procedures to determine if a child is being abused or neglected. This improvement addresses one of California’s chief shortcomings and is a key requirement of the state’s federal Program Improvement Plan.

2. Improvements to child abuse hotline response systems
   By implementing new screening procedures at child abuse hotlines and fundamentally changing the ability of social workers to refer families for community services, counties will be able to better ensure that children and families get the help they need. This important practice change will enable
Community organizations to better assist families who need support, but whose child neglect reports do not meet government standards for intervention. The majority of cases reported to child protection services do not qualify for county office intervention, yet many of these children and families clearly need support. Approximately one-third of hotline referrals are re-referrals of the same families from the previous year.

3. Promotion of permanent connections for youth and improved transitions to adulthood

To promote stable and permanent connections for children and youth who are in the child welfare system, state and county officials are working to improve the involvement of both young people and their families in planning for the supports that are needed. Part of the focus is to determine whether family members or others that a young person knows are able to play a permanent and responsible role in his or her life. Another focus is to ensure that multi-disciplinary teams help make plans and offer a wide range of support. The overall aim is to better support youth while they are under county-supervised care as well as better prepare them for transition to adulthood. Experience shows that without these permanent connections, youth face even more overwhelming odds for a successful adulthood than is already the case when they exit foster care.

Interagency Coordination

The California Department of Social Services chairs an Interagency Child Welfare Team comprised of deputy directors from the myriad state agencies and departments that have responsibility for meeting various needs of children and families who are in the child welfare system. This group provides leadership and guidance to facilitate county implementation of child welfare improvements. Specifically, it focuses on maximizing funding for services that support children and families served by multiple government agencies; removing systemic and regulatory barriers; ensuring that policies, accountability systems and planning are outcome-based; and sharing information and data. Priorities for the Interagency Team in 2004-05 include implementation of regional Fiscal Academies that will offer training to county administrative and budget officers and creation of a statewide body that will address interagency program and fiscal issues as they arise.

Strategic Communications Program

CDSS, CWDA and the Foundation Consortium are leading a strategic communications program to improve understanding of child welfare issues, especially child safety, permanency and well-being. This targeted education and outreach effort is highly collaborative and includes related communications initiatives of other partner organizations, all of which support the child welfare improvement efforts that are underway in California. Through this strategic communications program, accurate and consistent messages are conveyed through a variety of efforts, including public education, media relations, support for county offices and outreach to stakeholders.
**Supplemental Handout of Action Plan**

Some examples of tasks that involve workers, managers and clerical support.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Person Responsible</th>
<th>Date or Time to Completion</th>
<th>Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put together a list of cases that entered out of home care in September 2004 (November entry cohort).</td>
<td>Manager</td>
<td>6/2/05</td>
<td></td>
</tr>
<tr>
<td>Sort and prioritize cases from the September 2004 entry cohort not yet reunified into two groups 1) possible to reunify before 12 month anniversary 2) unlikely to reunify before 12 months.</td>
<td>Supervisor and workers</td>
<td>6/10/05</td>
<td></td>
</tr>
<tr>
<td>Hold group supervision sessions for cases in the November entry cohort that could possibly reunify before the 12 month anniversary.</td>
<td>Supervisor</td>
<td>6/17/05</td>
<td></td>
</tr>
<tr>
<td>Schedule formal case plan reviews for selected cases to help these cases move through the last stages to achieve reunification.</td>
<td>Responsible case worker</td>
<td>6/10/05</td>
<td></td>
</tr>
<tr>
<td>Hold formal case plan reviews for selected cases.</td>
<td>Responsible case worker</td>
<td>By 6/18/05</td>
<td></td>
</tr>
<tr>
<td>Hold group supervision to identify barriers that impede reunification (continuances in court, families late getting started in case plan activities, etc)</td>
<td>Supervisor and workers</td>
<td>6/17/05</td>
<td></td>
</tr>
<tr>
<td>Meet with manager to address barriers that out of span of control</td>
<td>Manager and Supervisor</td>
<td>6/20/05</td>
<td></td>
</tr>
<tr>
<td>Develop and maintain tracking sheets for all entry cohorts for the last year, and develop a summary sheet that shows reunification rate by entry cohort month.</td>
<td>Supervisor and Head Clerk</td>
<td>7/1/05</td>
<td></td>
</tr>
<tr>
<td>Develop an ongoing system of reviewing cases at the 9-month mark of entering care depending on the outcome of this experiment.</td>
<td>Manager and Supervisor</td>
<td>8/1/05</td>
<td></td>
</tr>
</tbody>
</table>

---

1 Adapted from Results-Oriented Management in Child Welfare [http://www.rom.ku.edu/EBP_Main.asp](http://www.rom.ku.edu/EBP_Main.asp) retrieved 3/9/05.
The Social Security Act

President Franklin Roosevelt’s 1935 legislation established a national old-age pension system in the US. The act provided old-age benefits to be financed by a payroll tax on employers and employees. The system was later expanded to include dependents, the disabled and others.

Title I Grants to states for Old-Age Assistance for the Aged
Title II Federal Old-Age, Survivors and Disability Insurance Benefits (OASDI and SSDI)
Title III Grants to States for Unemployment Compensation Administration
Title IV Grants to States for Aid and Services to Needy Families with Children and for Child Welfare Services
  A. Block Grants to State for Temporary Assistance for Needy Families
  B. Child and Family Services
     1: Child Welfare Services
     2: Promoting Safe and Stable Families
  C. Repealed
  D. Child Support and Establishment of Paternity
  E. Federal Payments for Foster Care and Adoption Assistance
Title V Maternal and Child Health Services Block Grant
Title VI Temporary State Fiscal Relief
Title VII Administration
Title VIII Special Benefits for Certain World War II Veterans
Title IX Miscellaneous Provisions Relating to Employment Security
Title X Grants to State for Aid to the Blind
Title XI General Provisions, Peer Review and Administrative Simplication
Title XII Advances to State Unemployment Funds
Title XIII [Repealed]
Title XIV [Grants to States for Aid to the Aged, Blind, or Disabled]
Title XVI Supplemental Security Income for the Aged, Blind, and Disabled
Title XVII Grants for Planning Comprehensive Action to Combat Mental Retardation
Title XVIII  Health Insurance for the Aged and Disabled
   A. Hospital Insurance Benefits for the Aged and Disabled
   B. Supplementary Medical Insurance Benefits for the aged and disabled
   C. Medicare + Choice Program
   D. Voluntary Prescription Drug Benefit Program
      1. Eligible Individuals and Prescription Drug Benefits
      2. Prescription Drug Plans; PDP Sponsors; Financing
      3. Application to Medicare Advantage Program and Treatment of Employer-Sponsored Programs and Other Prescription Drug Plans
      4. Medicare Prescription Drug Discount Card and Transitional Assistance Program
      5. Definitions and Miscellaneous Provision
   E. Miscellaneous Provision

Title XIX  Grants to States for Medical Assistance Program
Title XX  Block Grants to States for Social Services
Title XXI  State Children’s Health Insurance Program

Courtesy of Shasta County.
TAB 7

Glossary
### GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alternative Permanency</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>California Child and Family Services Review (C-CFSR)</strong></td>
<td>See AB 636</td>
</tr>
<tr>
<td><strong>California Child Welfare Outcomes and Accountability System</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Change-Oriented Services</strong></td>
<td>CPS 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.</td>
</tr>
<tr>
<td><strong>Child and Family Services Review (CFSR)</strong></td>
<td>Formal review of state child welfare programs 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.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<td>----------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Child Well-Being</td>
<td>A primary outcome for child welfare services focused on how effectively the developmental, behavioral, cultural and physical needs of children are met.</td>
</tr>
<tr>
<td>Community Response (See also Differential Response)</td>
<td>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.</td>
</tr>
<tr>
<td>Component</td>
<td>One or more individual measures that together constitute a building block of the composite. For example, Component A of the Adoption Composite (related to timeliness) is composed of two measures: 1) percentage adopted within 24 months, and 2) median time to adoption.</td>
</tr>
<tr>
<td>Composite</td>
<td>A grouping of two or more components that are linked together conceptually and statistically. For example, the Reunification Composite is composed of two components.</td>
</tr>
<tr>
<td>Concurrent Planning</td>
<td>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 restoration from occurring.</td>
</tr>
<tr>
<td>Differential Response</td>
<td>A graduated system for addressing referrals to the Child Abuse Hotline/Intake involving an initial assessment designed to identify immediate steps necessary to assure child safety and family engagement in such services as may be required to support them in performance of their parenting responsibilities.</td>
</tr>
<tr>
<td>Early Reunification</td>
<td>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.</td>
</tr>
<tr>
<td>Evidence-based Practice</td>
<td>A set of tools and resources for finding and applying the best current research evidence to service delivery, and integrating this information with clinical expertise and client values.</td>
</tr>
<tr>
<td>Fairness and Equity</td>
<td>A principle that promotes equivalent opportunity for all children and families to achieve positive outcomes from child welfare interventions. Fairness and equity issues often concern reducing disparities in service access across population groups and diminishing overrepresentation of ethnic minorities in the child welfare system. Policies, procedures, and/or practices based on fairness and equity principles consider the unique sociocultural context of each individual and frequently involve the expansion of culturally responsive community services.</td>
</tr>
<tr>
<td><strong>Family to Family</strong></td>
<td>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 Redesign, including comprehensive assessment, family team decision-making, neighborhood placement in families, and concurrent planning to assure children permanent families in a timely manner.</td>
</tr>
<tr>
<td><strong>Family Well-Being</strong></td>
<td>A primary outcome 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.</td>
</tr>
<tr>
<td><strong>Inclusive governance</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Measure</strong></td>
<td>Refers to an individual quantitative variable. (These are the specific variables that each social worker, supervisor, and county official will be most interested in examining.) An example of this is the rate of reunification within 12 months for all youth who reunified in a given time period.</td>
</tr>
<tr>
<td><strong>Multi-Disciplinary Teams</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Non-Adversarial Approaches</strong></td>
<td>Practices, including dependency mediation, family group conferencing or decision-making and settlement conferences, designed to engage family members as respected trainees in the search for viable solutions to issues that have brought them into contact with CWS. See also Alternative Dispute Resolution (ADR).</td>
</tr>
<tr>
<td><strong>Peer Quality Case Review (PQCR)</strong></td>
<td>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 in need of improvement within the child welfare services delivery system and social work practice.</td>
</tr>
<tr>
<td><strong>Performance Indicators</strong></td>
<td>Specific, measurable data points used in combination to gauge progress in relation to established outcomes.</td>
</tr>
<tr>
<td><strong>Permanence</strong></td>
<td>A primary outcome 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 enduring over time.</td>
</tr>
<tr>
<td><strong>Program Improvement Plan (PIP)</strong></td>
<td>A comprehensive response to findings of the CFSR establishing specific strategies and benchmarks for upgrading performance in all areas of nonconformity with established indicators.</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td>Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.</td>
</tr>
<tr>
<td><strong>Resource Families</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>A primary outcome for child welfare services whereby all children are, first and foremost, protected from abuse and neglect.</td>
</tr>
<tr>
<td><strong>Shared Family Care</strong></td>
<td>Temporary placement of children and parents in the homes of trained community members who, with the support of professional teams, mentor the families to the point that they develop the necessary skills, support and protective capacity to care for their children independently.</td>
</tr>
<tr>
<td><strong>Shared Responsibility</strong></td>
<td>This concept encourages community residents to get involved in child protection. It offers opportunities for participation and stresses the importance and impact of the whole community’s responsibility for child safety and well being. This does not negate the ultimate accountability of the CWS agency for child protection. Rather, it engenders a community mindset to develop the necessary capacity to protect children and to strengthen and preserve families.</td>
</tr>
<tr>
<td><strong>Standardized Safety Approach</strong></td>
<td>A uniform approach to the safety, risk and protective capacity of the adult caretaker to assure basic levels of protective responses statewide and to assure that fairness and equity is embedded in criteria used for case decisions.</td>
</tr>
<tr>
<td><strong>Strength-Based Practices</strong></td>
<td>Those practices that focus on family or individual strengths when assessing and intervening with families. These can include: Using language that focuses on strengths Specific interviewing skills Specific assessment criteria Specific model practices Specific casework practices</td>
</tr>
<tr>
<td>Engagement of the neighborhood and the community Agency practices with staff and the community</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Successful Youth Transition</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>System Improvement Plan (SIP)</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
| **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. |
| **Vulnerable Families** | Families who face challenges in providing safe, nurturing environments for their children, including those demonstrating patterns of chronic neglect, those with young children (ages 0-5), those affected by alcohol and drug abuse, homeless/poverty families, victims of domestic violence, and those with members whose mental health is compromised. |
| **Workforce** | A broad array of professionals and paraprofessionals that must come together to ensure the protection, permanence and well-being of children and families, including CWS at the county and state levels along with such partners as resource families, community agencies, other public systems (e.g., mental health, education, public welfare, the court and other service providers). |
TAB 8

Bibliography
SUPERVISOR CORE:
CHILD WELFARE POLICY AND PRACTICE FOR
SUPERVISORS
- TRAINER’S AND TRAINEE’S GUIDES -

BIBLIOGRAPHY

Assessment


Case Planning


**Child and Family Services Review / PIP / Outcomes**


**Concurrent Planning**


**Differential Diagnosis**


**Effective Interventions**


**Engagement**


**Evaluation/Outcomes**


**Evidence-based Practice**


for an online course on evidence-based practices in child welfare visit: Results Oriented Management in Child Welfare Welcome to the Evidence-Based Practice Tool, http://www.rom.ku.edu/EBP_Main.asp

**Fairness and Equity**


**Family Group Conferencing**


**Family to Family**


**Redesign**


**Strength-based Practice**


TAB 9

Appendices
APPENDICES

Appendix A

The Social Security Act

President Franklin Roosevelt’s 1935 legislation established a national old-age pension system in the US. The act provided old-age benefits to be financed by a payroll tax on employers and employees. The system was later expanded to include dependents, the disabled and others.

Title I Grants to states for Old-Age Assistance for the Aged
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Title XXI State Children’s Health Insurance Program

Courtesy of Shasta County.
Appendix B

Helpful Practice Information for Busy Child Welfare Professionals

Easy to read, reliable practice resources can be accessed with the click of a mouse if you know where to look. This is a list of some web sites you might find especially helpful.

The California Evidence-Based Clearinghouse for Child Welfare
http://www.cachildwelfareclearinghouse.org

The California Evidence-Based Clearinghouse for Child Welfare at San Diego Children’s Hospital’s Chadwick Center for Children and Families gathers and reviews information on evidence-based practices and provides links to other evidence-based practice sites.

Casey Life Skills
http://www.casey.org/Resources/Tools/CaseyLifeSkills.htm

Casey Family Programs provides information about youth development, and life skills preparation. The site also offers a link to the free Ansell-Casey Life Skills Assessment tool which youth and their caregivers can take online to get a free, confidential assessment report.

Center for the Study & Prevention of Violence (CSPV)
http://www.colorado.edu/cspv/

The CSPV at the University of Colorado at Boulder provides concise information about rigorously tested prevention and treatment models. The Blueprints link describes models effective in preventing and treating family conflict and child behavior problems, and Information House offers access to searchable databases.

Child Trends
http://www.childtrends.org/

Child Trends, a non-profit research center, provides reports of evidence-based practices in a variety of areas related to child development and well being, abuse and neglect, foster care, and adoption.

Child Welfare League of America (CWLA)
http://www.cwla.org

The CWLA website offers links to practice information about child protection, foster care and adoption, juvenile justice, youth development, and more. Also check out CWLA’s Research to Practice (R2P) site at http://www.cwla.org/programs/r2p to find annotated bibliographies and research briefs on a variety of practice-related topics and reprints of Children’s Voice magazine features about innovative programs.
Children and Family Research Center at the Univ. of Ill. at Champaign-Urbana (CFRC)
http://cfrcwww.social.uiuc.edu/

The CFRC offers reports and annotated bibliographies on topics directly related to child welfare services. The Best Practice section of the site provides information specifically targeted to child welfare practitioners, and a Research to Practice link that accesses an easy-to-use case decision making tool kit.

Practice Notes
http://sswnf7.sowo.unc.edu/fcrp/Cspn/cspn.htm

Published by the North Carolina Department of Social Services and the University of North Carolina at Chapel Hill, Practice Notes is an electronic newsletter designed specifically to provide child welfare practitioners with the latest information about key practice topics in a brief, concise format.

Search Institute
http://www.search-institute.org/

The Search Institute is a non-profit organization dedicated to the promotion of healthy children, youth, and communities. It is best known for its 40 Developmental Assets, an evidence-based set of 20 external and 20 internal factors associated with positive youth development.

U.S. Government Sites

Children’s Bureau Express
http://cbexpress.acf.hhs.gov/

Children’s Bureau Express is an electronic newsletter designed to provide child welfare professionals with brief, concise information on current issues, research, and promising practices.

Children’s Bureau National Resource Centers (NRC)
http://necanch.acf.hhs.gov/pubs/reslist/cbttan/index.cfm

The NRCs provide information and technical assistance to state child welfare systems on a variety of topics. This address links to a listing of the NRCs with contact information and a brief description of the services that each provides.
Appendix C

Family Assessment

Current reviews of assessment tools and practice being utilized in prevention and intervention programs is underway. Assessment is the key to appropriate support and intervention. A group of California practitioners made the following recommendations regarding assessment.

The nature of assessment content and process varies, both in concept and application. In practice, key concerns include time constraints, workload, ease of application, perceived utility and adaptability to different groups who use the assessment. Thus, there are multiple criteria to fulfill for developing a method that is comprehensive yet time sensitive to administer.

<table>
<thead>
<tr>
<th>Assessment: Identifying Strengths and Needs*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
</tr>
<tr>
<td>What information is desired?</td>
</tr>
<tr>
<td>Comprehensive</td>
</tr>
<tr>
<td>Information about all domains important to</td>
</tr>
<tr>
<td>development and functioning across all</td>
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<tr>
<td>household and family members</td>
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<td></td>
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<tr>
<td>Strength-based</td>
</tr>
<tr>
<td>Knowing the child and family's &quot;stories,&quot;</td>
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<tr>
<td>their accomplishments, attributes, skills,</td>
</tr>
<tr>
<td>goals, values and gifts, how they care for</td>
</tr>
<tr>
<td>others and who supports them</td>
</tr>
<tr>
<td>Identification of needs</td>
</tr>
<tr>
<td>Specification of unmet needs across a</td>
</tr>
<tr>
<td>matrix of specific life domains (basic needs)</td>
</tr>
<tr>
<td>Include transition content for all</td>
</tr>
<tr>
<td>adolescents, not just older adolescents</td>
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coordinated manner in the service of mutual children and families
Cross agency information
Deliberate process of seeking out, gaining and incorporating information from one or more agencies
Screening in
Gathering information that is inherently beneficial to the child and family to reduce risk and promote stability independent of other eligibility and custody decisions
Parent partners
A consumer peer who supports, assists, guides and engages the family to be active and effective trainees in assessment
Interagency team meeting
A meeting of two or more representatives of stakeholder agencies to share information about mutual children and families
Family conference
A meeting in which multiple family members and stakeholder agencies (as selected by the family) gather together in the home or other natural environment to present pertinent information

<table>
<thead>
<tr>
<th>Developing Case Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
</tr>
<tr>
<td>What form does the case plan take?</td>
</tr>
<tr>
<td>Use family friendly strength-based case plan documents</td>
</tr>
<tr>
<td>Individualize case plans to the unique strengths and needs of each family</td>
</tr>
<tr>
<td>Consider the feasibility of case plans with respect to current family obligations and risks (i.e., prioritize the need domains)</td>
</tr>
<tr>
<td>Incorporate nationwide supports and</td>
</tr>
</tbody>
</table>

Supervisor Core | Child Welfare Policy and Practice for Supervisors | Trainer's and Trainee's Guides
Version 1.1, August 2009
Consider a variety of placement alternatives and identify (describe) optimal placements
Specify objectives with attention to timelines and milestones
Identify long-term goals, such as reducing the level of care and/or obtaining family reunification
Specify short-term objectives or goals that can be measured so that all parties know if and when, and to what degree, they have been achieved

Develop and use family-friendly, strength-based case plan documents (e.g., use the family's words)
Employ negotiation and consensus on task-sharing and make sure that all members have clear responsibilities
Develop a feedback process to maintain the integrity of decisions
Communicate with out-of-home providers (foster care or residential) regarding objectives

### Monitoring Case Plans

<table>
<thead>
<tr>
<th>Content</th>
<th>Process</th>
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</thead>
<tbody>
<tr>
<td>Be vigilant for over- and under-placement (i.e., placements not utilizing strengths or meeting needs)</td>
<td>Employ periodic family meetings</td>
</tr>
<tr>
<td>Evaluate fidelity to commitments</td>
<td>Employ interagency staffing (which may include family partners)</td>
</tr>
<tr>
<td>Evaluate achievements in the context of family functioning and identified domain goals</td>
<td>Conduct whole-team visits to placement sites every month</td>
</tr>
<tr>
<td>Employ objective evaluation of whether the family is making progress toward reunification</td>
<td>Add event-driven reappraisals</td>
</tr>
<tr>
<td></td>
<td>Amend case plans with family endorsement</td>
</tr>
<tr>
<td></td>
<td>Provide honest feedback to families about their successes and failures in progressing toward reunification</td>
</tr>
</tbody>
</table>

### Determine Appropriate Services and Supports

<table>
<thead>
<tr>
<th>Content</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services should be individualized. (Fit services to the child and family, not vice versa)</td>
<td>Always ask if strengths are being used and if needs are being met.</td>
</tr>
<tr>
<td></td>
<td>Work as a team to customize services to fit the</td>
</tr>
<tr>
<td>Services should reflect the voice, choice and preferences of the family</td>
<td>family's needs</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Services should target objectives or goals that can be measured so that all parties know if and when, and to what degree, the services are beneficial</td>
<td>Monitor satisfaction of families throughout the process*</td>
</tr>
<tr>
<td>When necessary, create services</td>
<td></td>
</tr>
<tr>
<td>Services should be community-based, accessible, accommodating and meet the child's and family's needs</td>
<td></td>
</tr>
</tbody>
</table>

* With thanks to the Best Practice Group
# Appendix D

## Strengths and Stressors Tracking Device

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Date Intake Assessment Completed</th>
<th>Caseworker</th>
<th>Date Case Closure Assessment Completed</th>
<th>Family Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Introduction

Each of the following factors may be important to the level of maltreatment or risk of out-of-home placement for this family in the context of family strengths and weaknesses. Consider each factor and the items listed under each factor in terms of its importance in reducing risk of maltreatment or diverting the out-of-home placement of children in this family. For each factor, rate its importance on a continuum of strength/weakness by using a 5-point scale of:

- **+2**: Clear Strength, **+1**: Mild Strength, **0**: Adequate, **-1**: Mild Stressor, **-2**: Serious Stressor

To do so, circle the appropriate factor at intake and at case closure. Complete these ratings within 1-2 weeks of intake and again within 1-2 weeks of service termination.

### A. Environment

<table>
<thead>
<tr>
<th>Factor</th>
<th>INTAKE</th>
<th>CLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stressor</td>
<td>Strength</td>
</tr>
<tr>
<td>1. Housing Stability</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Pays rent/mortgage on time</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Has not moved in the last 6 months</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>2. Safety in Community</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Safe neighborhood for the children (no problem playing outside)</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Neighbors look out for each other</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>3. Habitability of Housing</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Good space and privacy for children</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Good adequate furnishings in rooms</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>4. Income/Employment</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>The family has had stable employment in the last 6 months</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Is receiving total public assistance</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>5. Financial Management</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Stable budgeting, seldom in crisis over money</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>6. Food and Nutrition</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Prepares balanced, nutritious meals</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Family eats together whenever possible</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>7. Personal Hygiene</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Children look clean and well-groomed</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Adults look clean and well-groomed</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
</tbody>
</table>
### 8. Transportation
- Has access to public transportation: -2 -1 0 +1 +2 -2 -1 0 +1 +2
- Has access to private transportation: -2 -1 0 +1 +2 -2 -1 0 +1 +2

### 9. Learning Environment
- Provides age-appropriate toys and games: -2 -1 0 +1 +2 -2 -1 0 +1 +2
- Attention paid to developmental needs of children: -2 -1 0 +1 +2 -2 -1 0 +1 +2

### B. Social Support

1. Social Relationships
- Has frequent interactions with relatives/friends: -2 -1 0 +1 +2 -2 -1 0 +1 +2
- Attends civic and religious activities: -2 -1 0 +1 +2 -2 -1 0 +1 +2

2. Regular Services
- Ability to access available services (child care, community services, etc.): -2 -1 0 +1 +2 -2 -1 0 +1 +2

3. Emergency Services
- Has access to emergency help from relatives/friends when in need: -2 -1 0 +1 +2 -2 -1 0 +1 +2
- Knows where to obtain emergency services from the community: -2 -1 0 +1 +2 -2 -1 0 +1 +2

4. Motivation for Support
- The family accepts support/services from agencies: -2 -1 0 +1 +2 -2 -1 0 +1 +2
- The family is willing to accept support from relatives/friends: -2 -1 0 +1 +2 -2 -1 0 +1 +2

### C. Family/Caregivers

<table>
<thead>
<tr>
<th></th>
<th>INTAKE</th>
<th>CLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stressor</td>
<td>Strength</td>
</tr>
<tr>
<td>1. Parenting Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can provide consistent discipline</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>2. Adult Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides age-appropriate supervision</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>3. Personal Problems Affecting Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Few physical/medical problems that affect parenting</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Few mental health problems that affect parenting</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Few alcohol/substance abuse problems that affect parenting</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Few marital problems that affect parenting</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>4. Communication with Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can effectively communicate with child</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Can resolve conflict and dispute in the family</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>5. Marital Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stable marital relationship in the family</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Affection and harmony in the family</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>6. Expectation of the Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-appropriate expectations of the child</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Can tolerate mistakes in child</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>7. Mutual Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good emotional support as a family</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
<tr>
<td>Can lend support when needed</td>
<td>-2 -1 0 +1 +2</td>
<td>-2 -1 0 +1 +2</td>
</tr>
</tbody>
</table>
D. Child Well-Being
Note: This section pertains to the child at highest risk

1. Child’s Physical Health
   Good health
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

2. Mental Health
   Emotional stability
   -2 -1 0 +1 +2 -2 -1 0 +1 +2
   Ability to handle stress
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

3. Sexual Abuse
   Has had few incidents of sexual abuse by others
   -2 -1 0 +1 +2 -2 -1 0 +1 +2
   Has had few incidents of abusing others
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

4. Emotional Abuse
   Has not been emotionally abused by family members
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

5. Child’s Behavior
   Few management problems at home
   -2 -1 0 +1 +2 -2 -1 0 +1 +2
   Few management problems at school
   -2 -1 0 +1 +2 -2 -1 0 +1 +2
   Few delinquent behaviors
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

6. School Performance
   Good attendance
   -2 -1 0 +1 +2 -2 -1 0 +1 +2
   Good academic record
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

7. Relationship with Caregivers
   Accepts discipline and supervision
   -2 -1 0 +1 +2 -2 -1 0 +1 +2
   Good communication with the caregivers
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

8. Relationship with Siblings
   Gets along with siblings
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

9. Relationship with Peers
   Has peers as close friends
   -2 -1 0 +1 +2 -2 -1 0 +1 +2

10. Motivation/Cooperation
    Is interested in staying with the family/caregivers
    -2 -1 0 +1 +2 -2 -1 0 +1 +2
    Is motivated to change behaviors
    -2 -1 0 +1 +2 -2 -1 0 +1 +2

Note. From MariAnne Berry, PhD., Kansas University (KU).