Common Core 3.0

Transition Practice

Trainee Guide

Version 3.3 | 2017

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Introduction to Common Core

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

The Content Development Oversight Group (CDOG) a subcommittee of 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), CDOG membership includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

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 Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedure Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: https://www.youtube.com/watch?v=BIQG65KFKGs

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:
http://calswec.berkeley.edu/CalSWEC/Citation_Guidelines.doc

CalSWEC

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

Curriculum Introduction

This full day curriculum focuses on cases as they transition at various points throughout the life of the case. Throughout the training, the trainer will guide the trainees through the activities and facilitate active participation in the development of transition skills.

It is recommended that trainees take one of the Harvard Implicit Bias Tests (available here: https://implicit.harvard.edu/implicit/takeatest.html) after this module and that they use their experience with the test to extend efforts to identify potential bias that could impact their work.

Some content in this curriculum was developed by NCCD and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice[1]
- Signs of Safety[2]
- Structured Decision making[3]
- Child and family engagement[4]
- Risk and safety assessment research
- Group Supervision and Interactional Supervision[5]
- Appreciative Inquiry[6]
- Motivational Interviewing[7]
- Consultation and Information Sharing Framework[8]
- Cultural Humility
- Trauma-informed practice

[1] Berg, I.K. and De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy.* NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice.* NY: Longman.

[2] Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children, 19*(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

[3] Children's Research Center. (2008). Structured Decision Making: An evidence-based practice approach to human services. Madison: Author.

[4] Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) Contemporary risk assessment in safeguarding children. Lyme Regis: Russell House Publishing.

[5] Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

[6] Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

[7] Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd Ed.). NY: Guilford Press.

[8] Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S. & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice. *Protecting Children. 19*(2):12-15.

Agenda		
Segment 1	Welcome, Introductions, Introduction to the Training	9:00 –10:05 am
Segment 2	Transitions for Children, Youth, Families, and Social Workers, and Trauma-Informed Practice	10:05–11:20 am
Break	(takes place in the middle of segment 2)	10:15 – 10:30 am
Segment 3	Take a Stand	11:20–11:50 am
Lunch		11:50 am–12:50 pm
Segment 4	Review of Key Concepts Case Closure and Aftercare Planning	12:50–2:30 pm
Break		2:30–2:45 PM
Segment 5	Review of After 18 eLearning and 90-Day Transition Planning	2:45–3:30 PM
Segment 6	Voices for Youth and Wrap Up	3:30–4:00 PM

Learning Objectives

Knowledge

K1. The trainee will be able to describe the types of transitions families and social workers experience during placement changes, team changes, social worker changes, reunification, and case closures.

K2. The trainee will be able to identify trauma-informed social worker practices to assist families and teams in managing transitions.

K3. The trainee will be able to identify the role of culture and bias in child welfare permanency practice (inclusion of ICWA/BIA guidelines).

Skill

S1. Using a vignette, the trainee will be able to describe strategies to assist a family in transition to permanency.

S2. Using a vignette, the trainee will be able to demonstrate developing an aftercare plan for a family whose case is closing and a transitioning youth in a team setting.

S3. Using a vignette, the trainee will be able to identify potential biases in efforts to address permanency.

S4. Using a vignette, the trainee will be able to identify and address his or her own emotional responses to transition.

Values

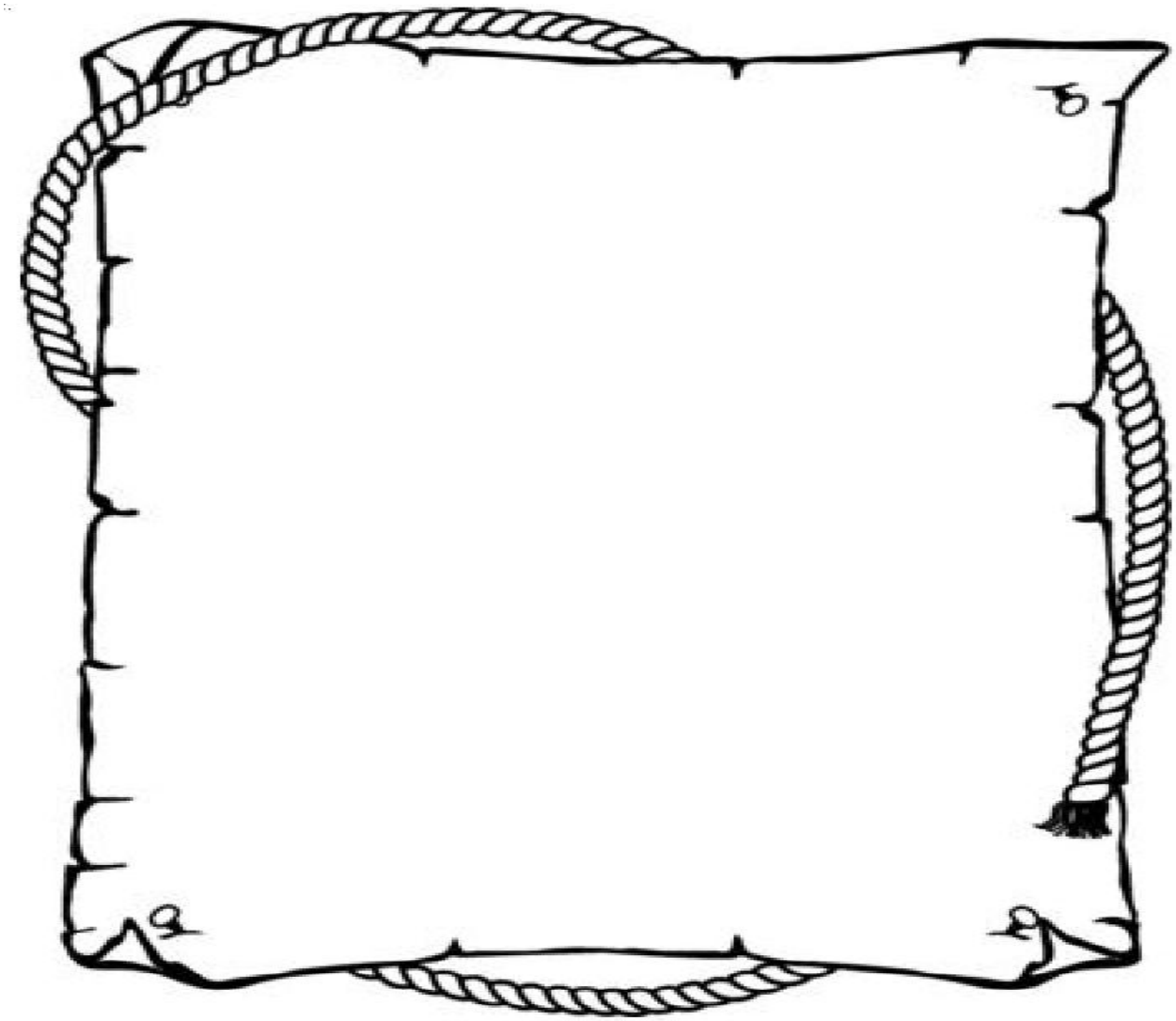
V1. The trainee will value the role of the social worker in facilitating CWS transitions.

V2. The trainee will value the role of the team in facilitating CWS transitions.

Activity 1A: Group Agreements

When people meet in groups, whether in the classroom, professional meetings, or when working with families, there generally are agreements established. These agreements are about how the group or team will treat each other and are designed to create safe spaces so everyone can equally participate.

Please take a moment to write down agreements that you believe will help you actively participate throughout the day:



Activity 1B: Introduction to the Learning Objectives and Training

California Child Welfare Core Practice Model, Practice Behaviors:

Transition Behaviors:

Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.

- Reduce the role of the child welfare and professional services over time and facilitate an increased role for the family's network and natural supports to help the family build an on-going support system.
- Coordinate with the family's formal and informal advocates to help the family find solutions and provide on-going support after the child welfare agency is no longer involved.

Notes:_____

Activity 1C: From Place to Place

As you watch the video, view it from your current position (if known) in child welfare. You can also view from the lens of common child welfare themes of engagement, assessment, service planning, monitoring and adapting, transitioning, child and family teams, teaming, trauma-informed practice etc.

Plus/Delta

Plus	Delta

What can you commit to, to help improve outcomes of the children, youth, NMDs, and families you serve?

_____
_____
_____

What can you commit to for your own self-care?

_____
_____
_____

Activity 2B: Transitions/Trauma-Informed Practice and Transitions

- Complex trauma arises from on-going events that happen in someone's life.
- Complex trauma can occur in many combinations, early, or late in one's life, multiple traumatic events, usually personally impacting the individual.
- It can include exposure to repetitive childhood sexual abuse, physical abuse, or psychological abuse.
- It can also include harmful social environments such as poverty, racism, sexism, and violent neighborhoods
- It continues when children are removed from their parents or caregivers, the removal, placement moves, social worker changes etc.

Helping to transition children, youth, NMDs, and families:

Adapted from Termination: 10 Tips When Ending Psychotherapy by John Grohol, Psy. D.

1) Understand the process:

_____

_____

2) Bring it up early:

_____

_____

3) Pick the final date:

_____

_____

4) Let it out:

_____

_____

5) Anger and anxiety is normal:

_____

_____

6) Allow for questions:

_____

_____

7) Knowing when the child, youth, NMD, or family is ready:

_____

_____

8) It's done face to face:

_____

_____

9) The final session/monthly contact:

_____

_____

10) Termination is not the end:

_____

_____

Activity 2B: Transitions/Trauma-Informed Practice and Transitions – Table Activity

As a table develop an activity that you can do with a child, youth, or NMD, that can help transition or close a case keeping in mind trauma-informed practices, and the 10 Tips. Be prepared to share your activity with the rest of the class:

Suggested Activities:

Activity 2C: Emotional Responses to Transitions

A teacher calls the hotline at 8:00 PM on Friday night and tells you that she was shopping at the grocery store and witnessed a 6-year-old child in her class hit by the foster parent. The teacher stated that the foster parent was also yelling at the child, and left the store. The teacher did not know the child's address or the name of the foster parent, and did not have access to the school records. As a hotline worker you take the referral, and send out the emergency response social worker and law enforcement to the address in CWS/CMS placement notebook. When they arrive at the residence the social worker is told that the child had moved to a new placement that morning, and you that the foster mother was not given any information as to where the child was moved to. You try to call the case carrying social worker and there is no response. You search the contact notes, and there is no contact showing what the child's new placement address is. You have exhausted all resources, including contacting your supervisor and checking the physical file for placement paperwork, and do not know where the child is placed.

List emotions/feelings you may have knowing you have to wait until Monday to check the welfare of this child.

_____

_____

You have been working with a family for the past year, and the parents have done an amazing job resolving the reasons the children were initially detained. You have worked together very well, and enjoy seeing this family each month. In fact, you have stopped by residence more than you need to because the family is nice and welcoming. You are getting ready to close their case, and this is the last monthly face to face contact you will have with the family.

List emotion/feelings you may have knowing that this is the last time you will see the family.

_____

_____

_____

_____

_____

You have been working with a family for the past eighteen months, and were able to finally return their eighteen-month old child to them at the 12^{-month} hearing. They have been able to remain clean, and provide a stable environment for the eighteen month old. You advocated for in-patient services for the parents and although slow to start they finally did it. You advocated for payment of their first and last month rent to get into their apartment. You were able to go to criminal court and help them take care of their warrants. You have given them bus passes and have worked very hard to make sure they reunified with their child. It's Monday morning and you come to work and find out that law enforcement went to the home over the weekend, and arrested the parents for being under the influence of methamphetamine and drug sales. The child was placed in shelter care over the weekend, and now most likely will be need to be placed in an adoptive home.

List the emotions/feelings you may have, after working so hard to reunify the parents, and now having their child removed again.

_____
_____
_____
_____
_____

You have been working with a NMD for the past three years, and have watched the NMD flourish. She has been in college and is getting ready to graduate. You have traveled to her college each month for three years and completed your face to face. You are able to take her to lunch and provide guidance as she has needed it. The NMD has said she feels you are more like a family member than a social worker. You are closing the case because she is turning 21 years old, and this is your last face to face contact with her. During the face to face contact she tells you that she is pregnant.

List emotions/feeling you may have knowing this is the last time you will see the NMD.

_____
_____
_____
_____
_____

You have been working with a family and their case is considered a high profile case. Your manager asks for updates on the family's progress on a regular basis, and meets with the family. The family complains about everything you do, and you have gone above and beyond with this family. Every morning there is at least one message from one of the parents with some type of a complaint. You may have your day planned already, but have to stop and address their complaints before they elevate it. The status review hearing just occurred, services were terminated to the parents, and your supervisor has told you to transfer the children to the adoptions unit.

List emotions/feeling you may have knowing that you can transfer this family to adoptions.

_____
_____

Self-Care Activities

Develop a support group of co-workers
Talk to your supervisor
Take a break
Leave work at work
Laugh often
Exercise
Eat Healthy
Spend time with family/Friends
Employee Assistance Program (EAP)

Activity 3A: Take a Stand

1. You are assigned a case involving a mother, Cindi, that had a previous case, and she failed to reunify. The baby was adopted by an adoptive family. The mother has since had a baby and the child was removed for neglect issues. The mother initially was participating in all case plan activities, however, she now misses treatment and some testing. She has not finished her other case plan activities. The baby is placed with the paternal grandparents, and Cindi visits regularly. The baby is thriving in placement, is spoiled, and is treated like a princess by the paternal grandparents. They are willing to adopt. You are at the 12-month Permanency Review hearing, and you have to make a recommendation to return to Cindi, or move to an adoptive plan with the paternal grandparents. Do you return to Cindi?

2. You are assigned a case involving a 1-year-old Native American child placed with a foster parent while the maternal aunt's home is being assessed by the Relative Assessment Unit. The foster parents have fallen in love with the child, the child fits well with the other children in the home and the child is thriving. The maternal aunt wants placement of the child, but feels strongly that legal guardianship is the best. You have to make a decision for permanency for this child. Should you place with the maternal aunt knowing she will only commit to legal guardianship?

3. You are assigned a case involving an African American sibling set of 3 whom you are looking for a forever home for. You have been initially presented with a family. The family is a Caucasian couple who have three biological children, and their home is large enough for 3 more children. Do you place with this family?

4. You are assigned a case involving a sibling set of 4 children. All four children are placed in a foster home together. The parent's services have been terminated and you need a permanent plan. Initially the foster parents said they would adopt all 4, however, the oldest child's behaviors are increasing and they have given you a notice to remove that child. They are still committed to adopting the 3 other siblings. Do you keep the 3 siblings together in this home and find another plan for the 4th sibling?

5. You are assigned a case involving a teenager on your caseload, and you are looking for a new placement for her. She is has ran away from placement several times, and smokes marijuana making her placement options difficult. The Placement Worker calls and has found a placement for her. The foster father is a single male, who works, but has family support to help supervise her after school. Do you place with this foster father?

6. You are assigned a case involving a father who wants placement of his 2 children. He has completed substance abuse treatment, and has tested clean for 3 months. He still has parenting classes and counseling to complete, and has started those. He lives in a studio apartment in a bad area of town. The children will need to change schools, and the school they will be going to is known for poor performance and gang activity. The father does not have the money to move into a bigger apartment or better neighborhood, and barely makes his rent. The children are currently placed with a NREFM in a nice neighborhood, they play sports afterschool, and attend a great church. You are at the 18-month Permanency Hearing, and need to decide to return or move to permanency. Do you return to the father?

Journal:

Activity 4A: Case Closure eLearning Guide Review

There are many ways child welfare cases can close. The most preferred method is successful reunification with a parent or caregiver. However, if it is not safe for a child to return home, a case can close when children are adopted, legal guardianship is established or a youth emancipates at 18-21 years old. Case closure is not an event. It's a process that social workers use to carefully plan and assess that a child is in a safe setting that meets the minimum level of sufficient care. Learning how to use strategies for case closure will assist you to help families be successful.

For the purpose of this review we will focus on questions 3, 5, 7, and 8:

1. **Adoption and Safe Families Act (ASFA) 1997**
   - Safety:
     Principle:_____
     _____
     _____
     Practice:_____
     _____
     _____
   - Permanency:
     Principle:_____
     _____
     _____
     Practice:_____
     _____
     _____
   - Well-Being:
     Principle:_____
     _____
     _____
     Practice:_____
     _____
     _____
2. **Children and Family Services Review (CFSR) 3.0**
   - Timely Permanency:
     _____
     _____
     _____
   - Re-Entry into Care:
     _____
     _____
     _____

3. **Strategies for Successful Case Closure:**
   - Comprehensive Assessment:

     _____
     _____
     _____
   - Development and Adequate Network of Support:

     _____
     _____
     _____
   - Complete a Plan for Aftercare Services:

     _____
     _____
     _____
   - Provide Post-Reunification Services:

     _____
     _____
     _____
   - Social Worker/Child Visits:

     _____
     _____
     _____

4. **Reunification and In Home Risk Reassessment and Case Closure Safety Assessment:** SDM does not replace clinical skills. Conducting a thorough assessment depends on good interviewing and observation skills. It depends on the worker's skill to recognize unique conditions specific to the family being assessed. Rather than replacing clinical judgment, SDM becomes a strong partner for social workers. It provides a research basis for critical decisions related to risk and structure for increasing consistency and accuracy of other key decisions.
   - Risk Reassessment for In-Home Cases:

     _____
     _____
     _____
     _____
   - Safety Assessment:

     _____
     _____
     _____
     _____

5. **Teaming to Support Aftercare Plans:**
   - _____
     _____
   - _____
     _____

6. **Circle of Support and Safety Networks:**
   - Circle of Support:

     _____
     _____
     _____
   - Safety Network/Child and Family Teams:

     _____
     _____
     _____
   - Teaming:

     _____
     _____
     _____
7. **Aftercare Plans and Case Closure:**

   _____
   _____
   _____
   _____
   _____

   Engaging parents, caregivers, children, youth, NMDs, and their supports in developing aftercare plans or transition plans. It is important that the plans are specifically tailored to their needs. It is also advised to have the parents, caregivers or NMDs co-facilitate the team meeting. During the team meeting it is important to check in with the family to make sure the process is working for them.

   Always keep the reason that the family entered the child welfare system in mind when developing the aftercare plan. Develop specific plans to prevent the re-entry that will last at least 12 months after the child or youth returns home, or the cases is closed.

8. **Developing Aftercare Plans:**
   - Soft Services:

     _____
     _____
     _____
   - Complicating Factors:

     _____
     _____
     _____
   - Concrete Services:

     _____
     _____
     _____

- Child/Youth Needs:

  _____
  _____
  _____

- Adoption/Legal Guardianship:

  _____
  _____
  _____

9. 90-Day Transition Plan/Aftercare for After 18:

- Transition Plan Meeting:

  _____
  _____
  _____

- Transition Plan:

  _____
  _____
  _____

- Health Care POA:

  _____
  _____
  _____

- Extended Benefits:

  _____
  _____
  _____

10. Termination of Juvenile Court Jurisdiction:

_____
_____

11. Documentation:

_____
_____
_____
_____
_____
_____
_____

Activity 4B: SDM In-Home Reassessment and Safety Assessment Completion

The SDM Risk Reassessment In-Home tool should be used a minimum of every six months in conjunction with the judicial review hearing, as well as for voluntary family maintenance. The tool is used to help guide our decisions regarding whether to close the case or keep it case open. If the case will be closed, a Safety Assessment should be completed as well.

VIGNETTE

Review of Case:

Joshua Baxter, 18 months old (Native American child, Cherokee), was brought to the attention of the Department after the father, Tom Baxter (Native American, Cherokee and African American) took him to the hospital with a black eye. The black eye occurred while in the care of the mother, Tammy Jefferson (Caucasian), and different stories were provided as to how the black eye occurred. The mother was out of town at the time the father took Joshua to the hospital. During the investigation it was determined that the mother had another child who was not in her care due to physical abuse. The mother had a history of substance abuse, but had not used since before Joshua was born.

The father, Tom, has no other children, and there were no other referrals for Joshua. During the investigation the father smelled of alcohol, and it was discovered that he was living in a Native American sober living environment. Because of the relapse Tom would lose his living arrangement. A safety plan was created with the father Tom and the paternal aunt Sheila Baxter. The father agreed to reside with the aunt, Sheila. The father agreed to remain sober for the duration of the safety plan, the paternal aunt will call the child welfare worker should she suspect Tom was not sober and there would be a family team meeting on Monday to discuss a long term plan.

The father, Tom, left the house on Saturday to get some milk and never returned. The aunt had tried to call the father, Tom, but he did not answer his phone. The paternal aunt, Sheila Baxter stated that she thought the father had relapsed. The social worker attempted to contact the father, Tom Baxter, and he did not answer his phone or return her calls. It was determined that the safety plan had failed, and the child, Joshua was placed with the paternal aunt, Sheila Baxter.

The father later called the social worker, admitted to being overwhelmed, and admitted to relapsing. The father, Tom Baxter, state that he would do whatever it took to get custody of his son, and knows that he has a problem. He immediately re-enrolled in a Healing Circle, focusing on substance abuse treatment.

The father continued in his cultural treatment, and has made great progress in his case plan.

Initially the mother, Tammy, contacted the social worker, and was visiting Joshua as well, but since stopped visiting. Tammy did not participate in any case plan activities other than visitation. She has not contacted the social worker.

New Information:

TWELVE-MONTH REVIEW/FAMILY MAINTENANCE

At the six-month family reunification status review hearing, the judge returned Joshua to Tom's care and custody and ordered family maintenance services. During the review period, Tom has demonstrated sobriety from drugs for more than a year and from alcohol for nearly 12 months. There have been no new referrals for Tom's home during this review period. Tom has been managing his feelings of depression and his self-esteem by practicing his cultural prevention

program where the traditional principles, values, spirituality, and physical fitness is highly encouraged. Tom has found the feeling he gets from attending culturally appropriate healing circles and from becoming physically fit is better than any drug. He now has more energy and is able to keep up with Joshua. He has completed his Native American substance abuse counseling, and his spiritual leader states that Tom demonstrates good insight and plans on attending his healing circle support group for maintaining sobriety. His spiritual leader has become his strongest mentor, and he feels that the healing circle has totally changed his life. Both his counselor and spiritual leader note that Tom has been able to recognize his feelings related to his own childhood experiences, and as a result, his mood has remained quite stable and he expresses feeling hopeful and confident as a single parent. He now uses traditional prayer songs whenever he feels himself getting stressed. Sayings from traditional Naïve American principles, and values, and he uses them to think through decisions. Most of his friends are now from the Healing Circle. Tom continues to build his circle of support and has continued to add people to his long-term safety plan for Joshua. Tom has started to build a relationship with a woman named Carol he met three months ago at an Native American Spiritual gathering. He made sure to provide Carol's information to the worker for a background check prior to introducing her to Joshua. Carol does not have any CWS history, but had an arrest for a DUI 10 years ago. She reports that she has been in active recovery ever since. Carol is a good support person for Tom and Joshua. Tom has been able to provide a list of his emotional triggers to his support system so they can identify if he is not in a "safe "place. Tom continues to work full time as a roofer. Tom and Joshua have moved into a two-bedroom apartment, which allows Joshua to have his own room.

Tom was able to complete his Positive Indian parenting classes at the Healing Circle, substance abuse treatment center, and during the worker's monthly unannounced visits, he has demonstrated his knowledge and skills in childrearing. With his father's assistance, Joshua has now been potty-trained, and he will be able to continue to attend Sheila's in-home daycare at a reduced rate if he remains in his father's care. Tom has made sure that Joshua is up-to-date with his immunizations. Joshua continues to test his father's limits, and Tom is learning how to create a time-out space and routine for him.

The mother has not had any contact with the agency or the family. Tom states that if he should hear from Tammy, he will have no difficulty informing her that he will not let her have contact with Joshua until she first contacts the worker or obtains an attorney and has the matter heard in court.

Activity 4B: Conversation/Role Play

Form triads, and practice having a conversation about the Family Risk Reassessment for In-Home Cases, item R10 with the father. The focus is on the parent/caregiver's perception of the skills and behaviors that they have gained, their perception of meeting the case plan objectives, and any needs that they feel they may have. The best practice for these conversations is in a team setting. For the purpose of this activity, the conversation will be one on one.

The Family Risk Reassessment for In-Home cases is completed with the exception of R10, and the assessment is page 23 of this manual. The focus of the conversation with the father is item R10, the father's perception of his progress in case plan activities, skills and behaviors gained, and potential needs.

Possible Questions for the father:

- What is working well?
- What are you worried about?
- What would you like to see happen at the aftercare planning meeting?
- Who would you like to see as part of your on-going support system?
- Use a scaling question?

For the purpose of this activity, you will each have the opportunity to play the social worker, father Tom Baxter, and be the observer.

Don't forget to that culture is an important part of healing, and how parents/caregivers view their world. Take into consideration the cultural aspect, cultural supports, and culturally relevant services that meet the needs of the family.

Each role play will last for 5 minutes the observer will then have 2 minutes to provide strength based feedback for 2 minutes.

Observer focus on how the social worker might talk through R10 of the Family Risk Reassessment for In-Home Cases, with the father to explore progress and ongoing needs.

- Were solution focused questions?
- Was culture considered?
- Was the circle of support, safety network, or child and family team explored, and who they would like to continue in their support network once the case is closed explored?

CALIFORNIA
SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES

r: 06/15

Case Name: Jefferson/Baxter **Case #:** 0123-4567-8910-1112124 **Date:** 01/15/17

County Name: Any County **Worker Name:** Super Social Worker **Worker ID#:** 1717

The first four items are scored based on conditions that were present at the time of the referral that resulted in the case opening. Unless new information has been learned about those conditions, these should be scored the same as on the initial risk assessment.

R1. Number of prior neglect or abuse CPS investigations **Score**
- a. None 0
- b. One or two 1
- c. Three or more 2 **0**

R2. Household has previously had an open CPS case (voluntary/court ordered)
- a. No 0
- b. Yes 1 **0**

R3. Primary caregiver has a history of abuse and/or neglect as a child
- a. No 0
- b. Yes 1 **1**

R4. Characteristics of children in the household
- a. Not applicable 0
- b. One or more present (*mark all applicable for any child*) 1 **0**
  - ☐ Developmental disability
  - ☐ Learning disability
  - ☐ Physical disability
  - ☐ Medically fragile or failure to thrive

The following case observations pertain to the period since the last assessment/reassessment.

R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment
- a. No 0
- b. Yes 2 **0**

R6. Primary/secondary caregiver alcohol and/or drug use since the last assessment/reassessment (*mark one*)

P	S		
☐	☐	a. No history of alcohol or drug abuse 0	
☐	☐	b. No current alcohol or drug abuse; no intervention needed 0	
■	☐	c. Yes, alcohol or drug abuse; problem is being addressed 0	
☐	☐	d. Yes, alcohol or drug abuse; problem is not being addressed 1	**0**

R7. Adult relationships in the home
- a. None applicable 0
- b. Yes (*mark all that apply*) 1 **0**
  - ☐ Harmful/tumultuous relationships
  - ☐ Domestic violence

R8. Primary caregiver mental health since the last assessment/reassessment (*mark one*)
- a. ☐ No history of mental health problem 0
- b. ■ No current mental health problem; no intervention needed 0
- c. ☐ Yes, mental health problem; problem is being addressed 0
- d. ☐ Yes, mental health problem; problem is not being addressed 1 **0**

R9. Primary caregiver provides physical care of the child that is:
- a. Consistent with child needs 0
- b. Not consistent with child needs 1 **0**

R10. Caregiver's progress with case plan objectives (as indicated by behavioral change) **Score**
(score based on the caregiver demonstrating the least progress)

P S

☐ ☐ a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives.....0

☐ ☐ b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives 0

☐ ☐ c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan.....0

☐ ☐ d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement 1

☐ No secondary caregiver

TOTAL SCORE **1**

SCORED RISK LEVEL. Assign the family's risk level based on the following chart.

Score	Risk Level
0–1	■ Low
2–4	☐ Moderate
5–7	☐ High
8+	☐ Very High

OVERRIDES

Policy Overrides. Mark yes if condition is applicable in the current review period. If any condition is applicable, override final risk level to very high.

☐ Yes ■ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.

☐ Yes ■ No 2. Non-accidental injury to a child under age 2.

☐ Yes ■ No 3. Severe non-accidental injury.

☐ Yes ■ No 4. Caregiver action or inaction resulted in death of a child due to abuse or neglect.

Discretionary Override. If a discretionary override is made, mark yes, mark override risk level, and indicate the reason. Risk level may be overridden one level higher or lower.

☐ Yes ■ No 5. If yes, override risk level (mark one): ☐ Low ☐ Moderate ☐ High ☐ Very High

Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: _____/_____/_____

FINAL RISK LEVEL (mark final level assigned): ■ Low ☐ Moderate ☐ High ☐ Very High

RECOMMENDED DECISION

Final Risk Level	Recommendation
Low	Close*
Moderate	Close*
High	Continue Services
Very High	Continue Services

*Unless there are unresolved safety threats.

PLANNED ACTION

☐ Continue Services

■ Close **Note: A closing safety assessment is required.**

If recommended decision and planned action do not match, explain why:

Activity 4C: Staffing the Risk Reassessment In Home Vignette

The social worker has completed the SDM Risk Reassessment tool with the father, and the recommendation is to close the case. The social worker returns to the office and asks to staff the Risk Reassessment with their supervisor.

Social Worker: I just got back from completing the Risk Reassessment with Tom Baxter; what a JOKE! When we were done the recommendation was to close the case! I used the definitions like you said, but it does not take into my experience of dealing with these types of dads.

Supervisor: Tell me more.

Social Worker: I know Joshua is with his father, and I know the tool recommended that I close the case, but Joshua is so cute, and he is still calling his aunt "mom". Joshua really flourished when he was with his aunt. He went from having nightmares, and wetting the bed to sleeping well, and potty trained, he was in preschool, he and his cousin are as tight as bugs in a rug! I talked to Tom about putting Joshua in preschool, and Tom is against it.

Supervisor: Tell me more about your concerns about the father.

Social Worker: The aunt is such a great lady, she is stable, owns her own home in this super cute neighborhood. It reminds me of the one my mom and I moved into after my father left. There are neighbors outside all of the time. She misses Joshua a lot. She was visiting Joshua when I was at the home this last month. When she left she gave Joshua a big hug and had tears in his eyes. I know she would be willing to adopt Joshua without a doubt.

Supervisor: Yes, the aunt has been a great caregiver for Joshua, and she loves him very much. Let's talk about your concerns for the father. He has completed his case plan, Joshua has been there for six months and you even say that the father is using his parenting skills when you are there. What are your concerns?

Social Worker: I have lots of experience with fathers, and they don't make good mothers. Tom has abused drugs and alcohol, how long will he really remain sober, and then what. When he is weak he used drugs or drinks, he has this history.

Supervisor: The father has built a Circle of Support, he has a lot of support from his Healing Circle sponsor and the aunt right?

Social Worker: Yes, but how long can he really maintain his sobriety? Then what happens to Joshua? The aunt lives in a great neighborhood, Tom lives on the reservation in a neighborhood I don't want to go to, let alone have a child raised there. The apartment has very little furnishings in it, Joshua and Toms' mattresses are on the floor. At the aunts Joshua had his own bedroom with a ton of toys, a cousin to play with, home cooked meal every night.

Supervisor: Let's talk about your biases, conclusion or assumptions that may be impacting your assessment of Tom……

Now as a table group, you together are collectively playing the role of the supervisor. As a table group come up with a list of factors that could be impacting the social worker's assessment.

Activity 4D: Jefferson Baxter Aftercare Planning

Vignette:

Re-read the Jefferson/Baxter SDM Scenario if needed.

In a group of six, self-select one of six roles 1) Social worker 2) Tom Baxter 3) Father's girlfriend Carol 4) Aunt Sheila Baxter 5) Tribal social worker, Jack 6) AA/NA Sponsor, Bill Smith.

Once the roles have been selected read only the role the trainee will be playing.

The aftercare planning family meeting (CFT, TDM or similar family meeting) will be co-facilitated by the father Tom Baxter, and the social worker. It is important that families are fully engaged in the planning process. Having Tom co-facilitate the meeting is a symbolic of the transition to life after child welfare, empowerment of Tom, and ensure that a clear plan is developed that is relevant to Tom and his family.

Roles:

Social Worker - The social worker has worked with Tom and his family for the past year. She considers this family one of her greatest successes. She feels confident that Tom will remain sober and be successful, however, she also knows that Tom's trauma history and substance abuse are closely linked together so she is worried that if not completely resolved Tom could relapse. She has watched Tom reach out to his Tribal community more and more, and has now built a strong community of support. She also knows that Tom has really worked hard to resolve a lot of these issues, and is doing great. Her primary purpose of the aftercare planning meeting is having a plan in place should Tom need assistance once the case is close. Her long term and most important goal is not having Joshua re-enter care. She knows development of an aftercare plan with Tom, the circle of support and safety network is very important. She will be very sad when the case is closed because she has grown close to Joshua, and has watched him develop.

Tom Baxter – Tom is proud of himself and is feeling great about his progress. He is ready for his case to close, but is worried about his sobriety. He has been sober, but has also been sober in the past, and relapsed when things got stressful. He knows drugs and alcohol has had control over his life in the past and is committed to being sober, but the thought is still in the back of his mind. Tom has been managing his feelings of depression and self-esteem issues by practicing Native American 12 step prevention tools, where spirituality as well as physical fitness is highly encouraged. He is attending a sobriety/wellness circle. Tom is going to miss the support of the social worker, as she has been here when he has called. He is also ready to be on his own, and not have to report to anyone.

Girl Friend Carol – She is committed to Tom and Joshua, and will function in the circle of support and safety network. She does not live with Joshua and Tom, but is hoping one day to get married and move in together.

Aunt Sheila Baxter – Sheila is very proud of her brother, and loves Joshua. She continues to see both Tom and Joshua on a regular basis, and helps with daycare or transportation as needed. She likes Carol and sees that she is a good support for Tom. Sheila has watched her bother relapse over the years and she continues to be concerned about what would happen if this occurred again. She is committed to Joshua, and would be willing to take him long term should Tom relapse.

Tribal social worker, Jack – He has worked with Tom during his Positive Indian Parenting classes. He is sure that Tom will be successful and that the tribe will continue to be a support for Tom.

Healing Circle Sponsor Bill Smith – Bill is Tom's NA Sponsor and Spiritual Leader. He states that Tom has demonstrated good insight and plans on attending his sobriety/wellness circle and spiritual gatherings for maintaining sobriety. He stated that when Tom gets stressed he now practices singing Native American prayer songs. He has also noted that Tom has made new friends from the Native American Sobriety/Healing Circle group. Bill believed that this group of new friends will help Tom remain sober and provide long term support.

Once you have read your role, start the role play. You will have 20 minutes to complete the aftercare plan. You will have an additional 10 minutes to prepare to report out. Please pick a scribe to write out the aftercare plan goal, at least one action taken, and by whom. Pick someone to report to the rest of the class your plan.

Goal: Child(ren) to remain safe

Child(ren) Name: Family Name: Date of Plan:	
Circle of Support, Safety Network, Child and Family Team names, and phone numbers: 1. 6. 2. 7. 3. 8. 4. 9. 5. 10.	
Aftercare Goal:	
Who by Name:	What action will be taken?
Who by Name:	What action will be taken?
Who by Name:	What action will be taken?
Who by Name:	What action will be taken?

Services:

1. Food Bank Services and Phone Number_____
2. Housing Assistance and Phone Number_____
3. Transportation Assistance and Phone Number_____
4. Employment Assistance and Phone Number_____
5. Substance Abuse Services and Phone Number_____
6. Intimate Partner Violence Services and Phone Number_____
7. Mental Health Services and Phone Number_____
8. Child/Youth/NMD Needs_____
9. Other_____
10. Other_____

Adapted from National Child Research Center, NCCD, San Diego, Module 9 Aftercare Plan

https://sharepoint.nccdcrc.org/Projects/Project Documents/USA/California/632SanDiego/Modules/9 Safety Planning/Case Plan - Case Close.docx

Activity 5A: Review Key Concepts, After 18

- California Fostering Connections to Success Act allows young adults to remain in care until they are 21 years old with one of the following criteria met:
  - Enrolled in high school or equivalent
  - Enrolled in college, community college, or vocational education program
  - Employed 80 hours a month
  - Participating in a program designed to remove barriers to employment
  - Being unable to do any of the above because of a medical condition

- Four goals of the California Fostering Connections to Success Act:
  - Shift in autonomy
  - Engaging in mutual agreements
  - Permanent connections
  - Development of independent living plans

- If the foster youth continues to want to "opt out," a 90-Day Transition Plan must be developed and cover the following topics:
  - Housing
  - Education
  - Health insurance
  - Mentor/continued support services
  - Workforce support/employment services
  - Inform the youth about power of attorney for health care

Activity 5B: After 18, 90-Day Transition/Aftercare Plan Development

VIGNETTE

Social Worker:

The social worker has worked with Ashlee for over a year. Ashlee has not graduated high school and has not found employment. The social worker has contacted the school, and if Ashlee stays in school for another year she should be able to graduate. The social worker does not feel that Ashlee is prepared to leave foster care. She believes that when Ashlee turns 18 she will move in with her on again off again boyfriend. The social worker has spoken to the foster mother who has expressed frustration with Ashlee as she continues to stay out late or not come home. The foster mother stated that Ashlee has stopped taking her medication for depression, and since then Ashlee has been out going with more energy. The social worker has been in contact with the tribal social worker, who has been able to get Ashlee to attend some services, but Ashlee is resistant to services from them as well. The social worker feels sorry for Ashlee and worries that Ashlee will continue to make poor choices when she leaves foster care.

Ms. Jones, Foster Mother:

Ms. Jones has cared for Ashlee for two years. Ashlee has run away several times, and is normally found with her boyfriend. Ms. Jones feels that the boyfriend is “no good” for Ashlee, and that he is 20 years old. Ms. Jones has tried to talk Ashlee into staying in school or getting a job, but Ashlee is only interested in her boyfriend. Ms. Jones stated that Ashlee cannot stay in her home if she is not in foster care. Ms. Jones feels that if the social worker is not present she will not have support and Ashlee barely listens to her now.

Ashlee:

Ashlee is turning 18 in 3 months, and is very excited. She has been in foster care since she was 11, and has moved six times. She has been with Ms. Jones for two years and really likes Ms. Jones, but feels she has too many rules. Ashlee has not seen her mother in years. Ashlee’s father passed away when Ashlee was younger, and both he and she are enrolled members of local federally recognized tribe. She is tired of being told what to do, and cannot wait to have her freedom. Ashlee plans on living with her boyfriend, and having him take care of her. If her boyfriend does not work out she has other friends she can stay with on the reservation.

Tribal Social Worker:

The Tribal social worker continues to be committed to Ashlee, although Ashlee is resistant to services. Ashlee has called her in the past for help when she and her boyfriend have argued or when Ashlee had no place to go. Both the Tribal social worker and Ashlee feel that the medication she was taking was too strong and made Ashlee sleep a lot. Although Ashlee continues to leave placement the Tribal social worker feels she is better off not on the medication, and will continue to work with Ashlee to get her into services on the reservation.

Activity 5B: After 18, 90 Day Transition/Aftercare Plan

Engaging youth and initiating the conversation about their plans can be difficult at times. If a youth or NMD is resistant to answer questions or you are having a difficult time getting responses try these questions:

It is after 5:00 pm, your social worker and foster parent is not available, answer the following questions:

1. What would you do or who would you call if you needed $5.00?
2. What would you do or who would you call if you needed a ride?
3. What would you do or who would you call if you got into a bad situation and needed help?
4. What would you do or who would you call if you are hungry?
5. Who would you talk to if you had a problem with the person you are dating?
6. Who would you call if you were in an accident?
7. Who would you call if you needed to go to the hospital?
8. Who would you call if you got hurt?
9. Who would you call if you were pregnant or have gotten someone pregnant?

Aftercare Plan—After 18

Goal: Successful Transition

Youth Name: Date of Plan:	
Safety Network names, and phone numbers: 1. 6. 2. 7. 3. 8. 4. 9. 5. 10.	
Aftercare Goal: (minimally, housing, education, health insurance, mentors/continuing support, workforce support, power of attorney for health care should be addressed in the 90-Day Transition Plan.)	
Who by Name:	What action will be taken?
Who by Name:	What action will be taken?
Who by Name:	What action will be taken?
Who by Name:	What action will be taken? Re-Entry Phone Number, and process (if applicable)
Services: 1. Food Bank Services and Phone Number_____ 2. Housing Assistance and Phone Number_____ 3. Transportation Assistance and Phone Number_____ 4. Employment Assistance and Phone Number_____ 5. Substance Abuse Services and Phone Number_____ 6. Domestic Violence Services and Phone Number_____ 7. Mental Health Services and Phone Number_____ 8. Other_____ 9. Other_____ 10. Other_____	

- Separated
- Addicted to moving
- Trust is a big word
- The other one
- There are people out there who care….
- A family to me is…..
- I'm going to make it.

Make a commitment! What can you commit to, to help children, youth, young adults, and families in transition planning?

_____
_____
_____
_____
_____
_____
_____
_____

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Some content in this curriculum was developed by NCCD and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. SOP is informed by an integration of practices and approaches including:

- Solution-focused practice[9]
- Signs of Safety[10]
- Structured Decision Making[11]

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