Common Core 3.0

Managing the Plan: Supporting Safety, Permanency, and Well-Being

Trainee Guide

December 31, 2018

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Introduction to Common Core

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions with in an agency.

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:
https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30

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

The Managing the Plan: Supporting Safety, Permanency and Well-Being module provides information to trainees about the key aspects of monitoring and adapting the case plan, including the analysis of case plan progress and establishing and maintaining safety, permanency and well-being in placements. It is strongly encouraged that trainees complete the e-learnings associated with this module as well as the foundation block.

Some content in this curriculum was informed 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 between the family and the agency 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: Introduction to Class and Review of eLearnings	9:00–9:15 am
Segment 2: Managing the Plan Application Activity	9:15–10:10 am
Segment 3: Updating the Case Plan	10:10–10:25 am
Break	***10:25–10:40 am***
Segment 4: Updating the Wilson Family Case Plan	10:40 am–12:00 pm
Lunch	***12:00–1:00 pm***
Segment 4 (continued): Updating the Wilson Family Case Plan Group Activity	1:00–2:10 pm
Segment 5: Wilson Family Placement Activity	2:10–2:30 pm
Break	***2:30–2:45 pm***
Segment 5 (continued): Wilson Family Placement Group Activity	2:45–3:45 pm
Segment 6: Putting it All Together	3:45–4:00 pm

Learning Objectives

Knowledge

K1. The trainee will identify:

a. when case plan objectives have been successfully achieved
b. when MSLC is achieved and maintained
c. barriers to meeting case plan goals

K2. The trainee will identify the need to ensure that personal bias does not affect assessment of MSLC.

K3. The trainee will recognize that providing supports to resource families helps to maintain a child's safety in placement.

K4. The trainee will describe strategies to support healing in children and families who experience trauma, grief and loss following child welfare placement.

Skills

S1. Given a case scenario, the trainee will be able to complete a child welfare services case plan update with the family that:

a. includes the appropriate SDM tools, including:
    - Safety Assessment Tool
    - Family Strengths and Needs Assessment Tool
    - Risk Reassessment Tool
    - Reunification Reassessment Tool
b. accurately assess both the utility and outcomes of services
c. adjust case plan goals to reflect progress and respond to current needs
d. adjust objectives to reflect progress and respond to current needs
e. accurately assess progress in concurrent planning

S2. Given a case scenario, the trainee will be able to incorporate current legislation, policies and best practices into child welfare practice to enhance the placement experience by:

a. improving collaboration between child welfare, birth families and resource families.
b. applying current guidelines to assess the different types of placement options for children and youth in out-of-home care.
c. integrating the California Child Welfare Core Practice Model (CPM) and current placement assessment process to meet the needs of the child and family team.
d. addressing the impact of grief and loss on a child or youth who is in placement.

Values

V1. The trainee will value prioritizing and sequencing case plan objectives to ensure that the family can effectively address each goal within the legally mandating timelines.

V2. The trainee will foster critical aspects of placement safety, stability and well-being by:

a. providing services and supports to promote the safety, stability and well-being of children and youth, (including health, education, visitation, and behavioral health services within a cultural context); and
b. providing services and supports to promote the well-being of parents, caregivers and other permanent connections.

V3. The trainee will respect working with a continuum of out-of-home care providers to prepare children and youth to make the transition to placement as smooth as possible.

V4. The trainee will support maintaining ongoing connections for children to siblings, parents, relatives and other positive adult connections to enhance the safety, stability and well-being of children and youth placed in out-of-home care. The trainee will endorse this practice via:

a. Sibling connections and visitation
b. Family finding

c. Use of relative care
d. Support networks
e. Healthy positive adult connections

Managing the Plan IRAT

Instructions: On your own, read through each question and select the best answer. Your goal is to choose the best option that is **presented**. Please keep in mind that it's possible you will agree with any or all of the options. In this event, you will select the **best** of the four options that are listed.

1. Joe and Elita had three children removed (ages 8, 12 and 14) from their care one year ago for chronic neglect. The children were left alone for 3 days while Joe and Elita were on a drug binge. The three children have been in the same resource family home since initial removal 1 year ago and are doing well. The resource family is interested in adoption. The social worker wants to reunify Joe and Elita with their children, but thinks that their one bedroom apartment is not appropriate; it is messy, and located in an unsafe neighborhood. Joe and Elita have successfully completed their substance use treatment program, parenting program, and have a maternal sister and paternal grandmother who agreed to support Joe and Elita in crisis if needed during their last Family Team Meeting. Both Joe and Elita are unemployed.

What are the appropriate NEXT steps for the child welfare agency?

- a. Work with Housing Agency to obtain larger housing; reunify when housing obtained
- b. Convene a family team meeting to develop a plan to reunify all of the children
- c. Reunify with younger child, while parents work on housing and finding employment
- d. Continue concurrent planning with the resource family for possible adoption

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2. Two teenage parents (mother, 15 and father, 16) leave the hospital with their newborn after mother overhears that nurses suspect she was using drugs while pregnant. Social worker is called to the hospital but misses the parents. Due to prior association with the mother's family, the social worker goes to maternal grandma's home where she finds the mother with the baby. Mother agrees to meet with the social worker at her office the following day to discuss their plans for the baby. Maternal grandma tells mother that she does not have to cooperate and says that she will assume responsibility for the baby and that the mother and baby will live in her house until mother graduates from high school. Father is not welcome due to longstanding hostility between the two families. Mother agrees to work with the social worker through a FM plan so that she can get child care when maternal grandma is not available and she is attending school. She agrees to attend a parenting class but denies a substance use problem of any kind and refuses assessment. One month later, maternal grandma calls social worker to admit that mother has been regularly meeting father after school, not coming home, making up excuses for failing to attend parenting class, and is looking for an apartment with father. Maternal grandma says mother is not committed to baby and she wants her grandchild placed with her and will adopt if necessary; she wants mother to find another place to live, but without the baby.

How does the social worker engage family members in case planning?

- a. Meet with mother privately, discuss how things are going with maternal grandma, and ask her to describe her plans for her family and what support she needs.

- b. Meet with father and arrange visits with his child and discuss how he sees his role as father, his goals and his plans for the family.
- c. Explain to mother the consequences of failing to comply with the terms of the FM agreement and the possibility that the baby could be removed from her care.
- d. Meet with both parents and their families separately to discuss the needs of the young parents and what could help them provide safety for their baby.

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3. Lincoln Hills School reported about 4 months ago that Keesha, age 9, had stated multiple times that she repeatedly witnessed her father, Frank, drinking and fighting with her mother Sasha. These fights have included hitting, punching, and throwing things at each other. As a result, a Family Maintenance (FM) case was opened 4 months ago due to the intimate partner violence (IPV). At the initial Child and Family Team (CFT) meeting, it was decided that the safety plan would consist of keeping Keesha in the home as the parents agreed to comply with the safety goals and work with their safety network to keep Keesha safe. Their safety network includes the maternal grandmother and the next door neighbor. At the meeting the Maternal grandmother reported her concerns about the violence Keesha is witnessing and explained that Keesha has expressed fear when hearing/ seeing her parents engage in fights. The agreed upon safety plan was that mother would call the maternal grandmother to pick up Keesha as soon as Frank begins drinking. The parents also agreed that Keesha will go next door to the neighbor's house who agreed to watch Keesha when the parents have physical arguments. About three months into the FM case, the school contacted the social worker to report that for the past two weeks Keesha's grades and attendance at school have dropped significantly. The social worker met with Keesha at school. Keesha disclosed the ongoing IPV and the fact that she sees her father drinking. She described the father's drinking as "he can't get off his chair and sleeps there." She continued, "he'll yell at my mom and say bad words."

What is the NEXT action the social worker should take to address Keesha's safety?

- a. Meet with Frank and Sasha and ask them if there is someone else close who can care for Keesha when the parents are having physical fights as it seems she is not going to the neighbor's apartment for safety
- b. Immediately schedule a family team meeting to reevaluate Keesha's safety and address her dropped attendance at school
- c. Remove Keesha and see if maternal grandmother can care for her until Frank begins counseling for intimate partner violence and stops drinking
- d. Meet with the maternal grandmother and next door neighbor to confirm Keeha's report that parents are not following the safety plan

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4. Johnathon, who is a medically fragile African American infant with many medical issues and needs breathing treatments daily, is removed from his birth mother's care and placed with Caucasian non-relative resource parents. The non-relative resource family lives in an upscale neighborhood 70 miles from the birth parents. The resource dad is a nurse with extensive experience working with medically fragile infants. The resource parents bring Jonathon for weekly visits with the birth parents, but the birth mom and dad only show up to the visits about 60% of the time. The social worker finds a non-relative resource family that is 20 miles from the birth family. They are African

American and currently have two children in their care (ages 6 years and 13 years). The family has never provided care to a medically fragile infant. There is a maternal aunt living out of state who is interested in caring for the infant. In addition, a paternal grandmother (from whom father had been removed when he was a teenager) has offered her home to Jonathon while the birth parents are in substance use treatment.

Which placement should the social worker choose right now?

- a. Move the infant with the resource family living 20 miles away
- b. Move the infant with the maternal aunt (after ICPC)
- c. Keep the infant in the current placement
- d. Move the infant with the paternal grandmother

Introduction to the Wilson Family

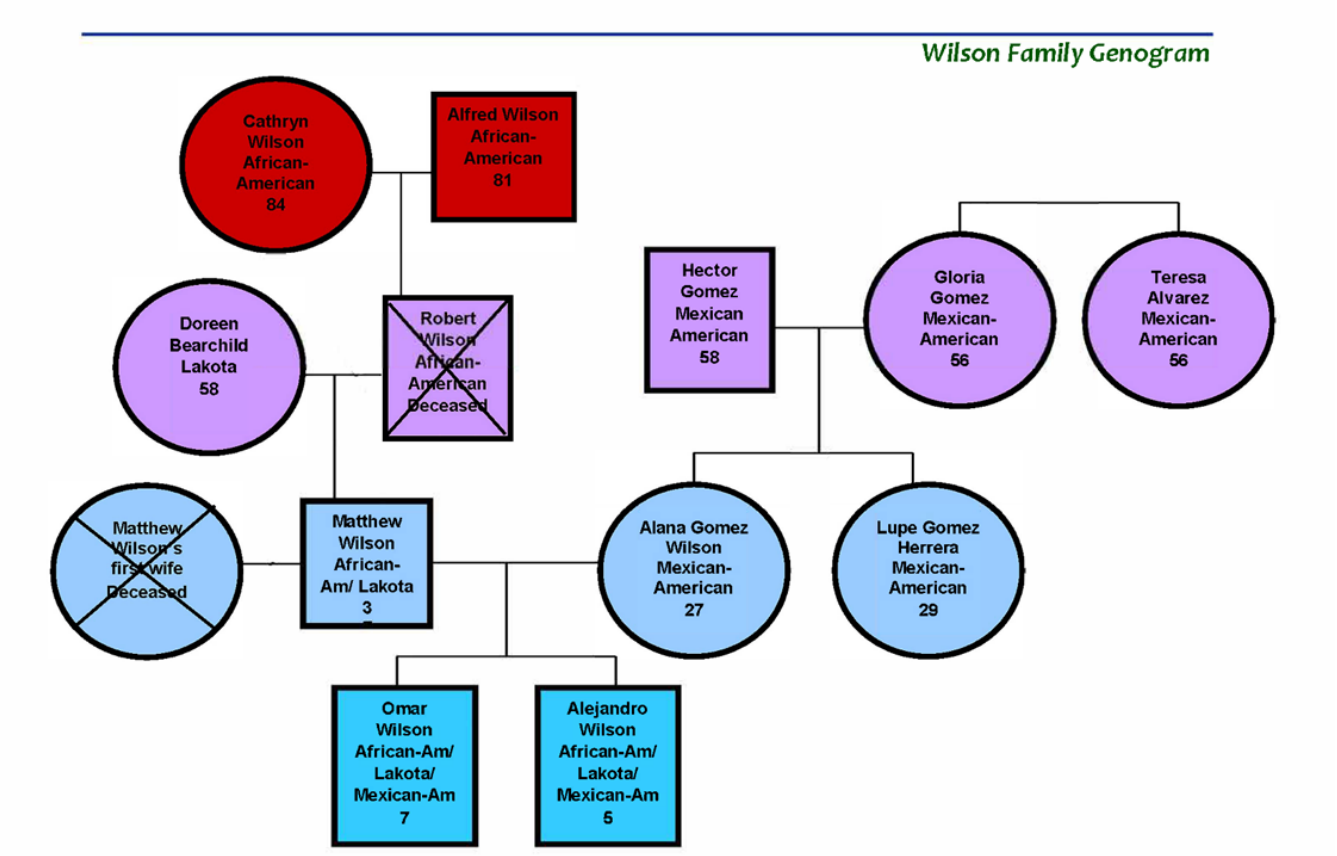
The Wilson family is English speaking. The mother, Alana Gomez Wilson, is 27, Mexican American, married and unemployed. The father, Matthew Wilson, is 37, African American/Lakota, married and has worked as a construction worker, but not steadily. The couple has two children, Omar, a 7-year-old male and Alejandro, a 5-year-old male. Omar has been diagnosed with Attention Deficit Hyperactive Disorder (ADHD).

The family has previous CPS history (both times Omar stayed with Ms. Alvarez, maternal aunt):

- Omar's positive toxicology screen at birth; the family completed in home services.
- General neglect to Omar who was left home alone; the family completed reunification services.

Both parents have criminal history including (all offenses received probation):

- Possession of controlled substance and DUI for the mother;
- Possession of controlled substance;
- Disorderly conduct and inflicting corporal injury on spouse for the father.
- Possession of controlled substance and DUI for Alana, the mother;
- Possession of controlled substance, disorderly conduct and inflicting corporal injury on spouse for Matthew, the father.



Wilson Family Vignette – Part I

1. ***April 2, 2016: A Voluntary Family Maintenance Case opened***

Reason for referral:

Matthew, the father, physically hit Omar on the morning of March 30th and his younger brother Alejandro was deeply disturbed by the incident. Alana, the mother, failed to protect Omar from the physical abuse.

- Structured Decision Making (SDM) Risk Assessment scored the family as high risk. It was determined, however, that Omar and Alejandro could safely remain in the home with the safety network and the safety plan.
- The Family Strengths and Needs Assessment (FSNA) determined the family's priority needs for both parents included parenting practices; household and family relationships; intimate partner violence; resource management/basic needs; and social support system. The children's priority needs included emotional/behavioral health; education; trauma; family relationships.
- The parents agreed to develop an immediate safety plan and agreed to use alternative discipline strategies with both children.

Parents say that they do have people in their life on a daily basis that support their family. These include:

- Ms. Wilson's pastor, Rev. Jorges Orrante;
- Mr. Wilson's AA sponsor, James Jeffers;
- Omar's school psychologist, Jennifer Wang;
- Omar's paternal grandmother, Doreen Bearchild.

The parents said that they would be happy to ask these people for additional support should they feel like they cannot manage Omar's behavior and that they would want to invite them to a meeting to see how they can further support the family.

2. ***May 22, 2016: Omar placed with Ms. Alvarez (maternal aunt); Alejandro remains in parent's home***

Reason for referral:

Omar and Alejandro were at the emergency room with injuries: Alejandro had a broken wrist and Omar had a broken arm and bruising on his cheek. The injuries were sustained during an incident that started with an argument between Omar and Alejandro. Omar pushed Alejandro who fell off his bike and broke his wrist. Alana, the mother, slapped Omar. Matthew, the father, hit him on the face and shoved him down so he fell and broke his arm.

- Structured Decision Making (SDM) Risk Assessment scored the family as very high risk.

It was determined the Omar could not safely remain in the home and should be placed in protective custody because interventions do not adequately ensure his safety. The allegations of physical abuse and general neglect were substantiated and a petition was filed. The case was transferred to the Court Services Unit.

The parents are feeling that they cannot control themselves to not hurt the children; the social worker is worried about this as well. Due to the agency's and the family's safety concerns, it was determined that Omar could not be immediately safe at home. While the parents are afraid of losing Omar permanently, they say a break from him might help. The parents prefer relative placement with Ms. Alvarez to an ICWA tribal placement. Ms. Alvarez has agreed to be a temporary placement for Omar.

Services provided to the family

- ☐ Provided referral to parenting class at the Family Resource Center so the family can learn how to use time outs
- ☐ Family Preservation Program
- ☐ Healing Circle (Native American based support group for men)
- ☐ Counseling services (Rev. Orrante)
- ☐ Behavioral health specialist for both parents and children
- ☐ Support group for parents of ADHD children

CHILD WELFARE SERVICES INITIAL CASE PLAN (COURT)

CASE PLAN PARTICIPANTS

PARENTS/GUARDIANS

Name	Date Of Birth	Relationship	To
Alana Gomez Wilson	02/07/1989	Mother (Birth)	Omar Wilson
Matthew Wilson	01/21/1979	Father (Presumed)	Omar Wilson

CHILDREN

Name	Date Of Birth	Age	Sex	Court Number
Omar Wilson	01/05/2009	7y	M	0001234

CASE PLAN GOAL

Name	Case Plan Goal	Projected Completion Date	Projected Date For Termination of Child Welfare Services
Omar Wilson	Return Home	11/22/2016	11/22/2016

HARM STATEMENT

It was reported that the child, Omar age 7 pushed his younger brother, Alejandro age 5 off of his bike resulting in Alejandro breaking his wrist. It was further reported that the parents became angry with Omar for pushing his brother and Mrs. Wilson slapped Omar in the face causing redness and bruising on his cheek and Mr. Wilson hit him on the face and shoved him down resulting in Omar falling to the ground and breaking his arm.

DANGER STATEMENT

CWS, the parents, and Ms. Alvarez are worried that if nothing changes the parents will continue to use excessive discipline and physical force with Omar when he has difficult behaviors, and that he could get seriously hurt again in the future.

SAFETY GOAL STATEMENTS

Mr. and Mrs. Wilson agree to work with CWS and their safety network to show everyone that when they are feeling overwhelmed or thinking about using excessive discipline or physical force with Omar *they will ask for help* from someone in the network to get the support they need. Mr. and Mrs. Wilson agree they will always discipline Omar in ways that do not injure him (such as using time outs and giving incentives like earning a

toy). CWS will need to see this plan working continuously for six months to begin planning for Omar to return home.

ASSESSMENT SECTION

Family Strengths and Needs Assessment (*completed 11/5/2016*)

Family Member	Strengths	Needs
Alana Gomez Wilson (mother)	Social support system	Resource management / basic needs
	Substance use	Intimate partner violence
Matthew Wilson (father)	Social support system	Resource management / basic needs
		Intimate partner violence
Omar Wilson (child)	Physical health is adequate	Education
	Lack of delinquent behaviors	Family Relationships
Alejandro Wilson (child)	Physical health is adequate	Trauma
	Lack of delinquent behaviors	Child Development
		Family Relationships

CASE PLAN SERVICE OBJECTIVES AND PARENT RESPONSIBILITIES

Alana Gomez Wilson

CWS drop down menu – Service Objective *Develop positive support systems with friends and family.*	**Projected completion date** 11/22/2016
Service Objective / Description **1. Mrs. Wilson agrees to develop a positive support system with friends and family who will help her to prepare to care for her son.**	

Description

- The following people agree to be a part of Mrs. Wilson's safety network:
  - Teresa Alvarez (maternal great - aunt to children and care provider to Omar, lives locally)
  - Hector and Gloria Gomez (maternal grandparents who live in Texas)
  - Lupe Gomez Herrera (maternal aunt to children)
  - Doreen Bearchild (paternal grandmother, does not live locally)
  - Alfred and Cathryn Wilson (paternal great-grandparents to the children, live in Baltimore, Maryland)
  - Mrs. Wilson's pastor, Rev. Jorges Orrante
  - Omar's ADHD consultant / school psychologist, Jennifer Wang
- Mrs. Wilson authorizes each member of her network to call the social worker if they suspect she is starting to be overwhelmed or at risk of using excessive discipline methods and/or causing physical harm to her children.
- Mrs. Wilson agrees to call a member of her local support network at a moment's notice if she starts to get upset with Omar or if she needs respite care. One of these people will come over to safely care for Omar and Alejandro.
- Teresa, Hector, Gloria, Lupe, Doreen, Alfred, Cathryn and Jorges agree to call or visit with Mrs. Wilson a minimum of every other day on a rotation, to check in and see if she needs support.
- Teresa agrees to supervise / monitor visits according to the visitation plan and to scale and document Mrs. Wilson's frustration levels and interactions with Omar. Teresa further agrees to intervene as needed and report any concerns to the Social Worker.

CWS drop down menu – Service Objective *Do not physically abuse your child.*	**Projected completion date** 11/22/2016
Service Objective / Description **2. Mrs. Wilson agrees to always discipline Omar and Alejandro in ways that do not injure or harm them in any way. *(SDM Safety Threat: #1)***	

Description

- Within two weeks, Mrs. Wilson will be able to list five ways to discipline Omar and Alejandro, other than using physical discipline.

- Within 30 days, Mrs. Wilson will practice one skill learned in a parenting class when she is struggling to get Omar and Alejandro to follow directions and log the results in her journal.
- Mrs. Wilson will demonstrate to two people in her safety network the ability to set firm limits with Omar and Alejandro other than physical discipline.
- Mrs. Wilson agrees to visit with Omar at Teresa's house. She agrees to call if she cannot make it. Teresa agrees to coach Mrs. Wilson on ways to interact with Omar that ensure his physical and emotional safety.
- Mrs. Wilson agrees to list the triggers that led to physically harming her child and to describe 3-5 ways she can manage those triggers in the future that will not involve hurting her children in any way.
- Mrs. Wilson agrees to describe and demonstrate age-appropriate discipline approaches that do not involve physical discipline and an understanding of her child's special needs and developmental stage during visits.
- If Mrs. Wilson begins to feel overwhelmed during a visit she will let Omar know that the visit needs to end early. Teresa will also make sure Mrs. Wilson has a plan to seek help.
- Mrs. Wilson, her counselor Rev. Orrante, and the social worker agree to talk with or write a letter to Omar (with help from Omar's therapist and SW) explaining how she is going to make sure he will be safe in the future.
- Teresa, Hector, Gloria, Lupe, Doreen, Alfred, and Cathryn will come up with a code word with Omar that he can use during the visits if he feels scared or upset about something that is happening. If he uses that code word during a visit, Teresa will pause and take him to the side to have a conversation about what is scaring him.
- If Mrs. Wilson can do this for four weeks, the network will reconvene to help create a plan for unsupervised visits. The plan will include at least three people from her network, and state how they will be involved to ensure the safety of Omar.

CWS drop down menu – Service Objective *Provide care for child's special needs.*	
Service Objective / Description **3. Mrs. Wilson agrees to show an ability to understand and care for her child's special needs.** ***(SDM Safety Threat: #5)***	**Projected completion date** 11/22/2016

Description

- Mrs. Wilson agrees to list in detail the medical and emotional impact of the physical abuse on Omar based on his developmental level and ADHD issues.
- Mrs. Wilson agrees to describe how trauma and ADHD impacts her child based on his developmental age and stage.
- Mrs. Wilson agrees to describe and demonstrate three responses she provides to Omar when he has an "outburst" or trauma response so he can return to feeling safe and comfortable in her family home in the future.
- Mrs. Wilson agrees to describe and demonstrate three parenting / discipline / redirection techniques she can use for difficult behaviors associated with ADHD.
- Mrs. Wilson agrees to attend all medical and therapy appointments for Omar and to keep track of his medical, behavioral health and developmental needs by keeping a notebook about his needs and progress.
- Teresa agrees to coach Mrs. Wilson while she practices her new parenting techniques during visits. Mrs. Wilson agrees to reach out to any member of her network if she feels stressed or triggered by Omar's behavior or needs additional support around her new parenting techniques.

CWS drop down menu – Service Objective *Protect child from physical abuse.*	**Projected completion date** 11/22/2016
Service Objective / Description **4. Mrs. Wilson agrees to show she will not permit others to physically abuse her child. *(SDM Safety Threat: #6)***	

Description

- Mrs. Wilson agrees to list in detail the warning signs, triggers, and/or things that led to her child getting hurt and/or prevented her from protecting her child from abuse in the past.
- Mrs. Wilson agrees to describe and demonstrate at least five things she will do to protect her child if the person who may have abused her child is around the child and is starting to get upset with him.
- Mrs. Wilson agrees to call a member of her local support network at a moment's notice if she or another member of the household starts to get upset with Omar and feels triggered or overwhelmed. One of these people will come over immediately to safely care for Omar and Alejandro.

PARENT RESPONSIBILITIES

Activity	**Times**	**Frequency**	**Completion Date**
1. Counseling/Behavioral health Services	1	Weekly	11/22/2016

Description

Mrs. Wilson agrees to participate in individual therapy with a court-approved therapist, who will help with the above safety actions/objectives and demonstrate she can safely parent Omar. This may include couples therapy with Mr. Wilson as appropriate so the parents can learn to communicate and co-parent in healthy ways.

2. Education Services/Parenting Education Program	1	Weekly	11/22/2016

Description

Mrs. Wilson agrees to complete a 12-week evidence-based parenting program by the six-month review hearing. She agrees to demonstrate techniques learned in this class during visits with her child.

3. Education Services/Other 1 Weekly 11/22/2016

Description

Mrs. Wilson agrees to participate in appointments with her child's ADHD consultant / behaviorist and other ADHD parent support services as available in order to understand her child's special needs and demonstrate she can safety parent Omar. She agrees to demonstrate new techniques learned from the ADHD consultant during visits with her child.

Matthew Wilson

CWS drop down menu – Service Objective *Develop positive support systems with friends and family.*	**Projected completion date** 11/22/2016
Service Objective / Description **1. Mr. Wilson agrees to develop a positive support system with friends and family who will help him to prepare to care for his son.**	

Description

- The following people agree to be a part of Mr. Wilson's safety network:
    - Teresa Alvarez (maternal great - aunt to children and care provider to Omar, lives locally)
    - Hector and Gloria Gomez (maternal grandparents who live in Texas)
    - Lupe Gomez Herrera (maternal aunt to children)
    - Doreen Bearchild (paternal grandmother, does not live locally)
    - Alfred and Cathryn Wilson (paternal great-grandparents to the children, live in Baltimore, Maryland)
    - Mr. Wilson's AA sponsor, James Jeffers
    - Arlen Begay, Mr. Wilson's Healing Circle group leader
    - Omar's ADHD consultant / school psychologist, Jennifer Wang
- Mr. Wilson authorizes each member of his network to call the social worker if they suspect he is starting to be overwhelmed or at risk of using excessive discipline methods and/or causing physical harm to his children.
- Mr. Wilson agrees to call a member of his local support network at a moment's notice if he starts to get upset with Omar or if he needs respite care. One of these people will come over to safely care for Omar and Alejandro.
- Teresa, Hector, Gloria, Lupe, Doreen, Alfred, Cathryn, James or Arlen agree to call or visit with Mr. Wilson a minimum of every other day on a rotation, to check in and see if he needs support.
- Teresa agrees to supervise / monitor visits according to the visitation plan and to scale and document Mr. Wilson's frustration levels and interactions with Omar. Teresa further agrees to intervene as needed and report any concerns to the Social Worker.

CWS drop down menu – Service Objective *Control anger / negative behavior. Do not physically abuse your child.*	**Projected completion date**
Service Objective / Description **2. Mr. Wilson agrees to express his anger appropriately and to always discipline Omar and Alejandro in ways that do not injure or harm them in any way. *(SDM Safety Threat: #1)***	11/22/2016

Description

- Within two weeks, Mr. Wilson will be able to list five ways to discipline Omar and Alejandro, other than using physical discipline.
- Within 30 days, Mr. Wilson will practice one skill learned in a parenting class when she is struggling to get Omar and Alejandro to follow directions and log the results in his journal.
- Mr. Wilson will demonstrate to two people in his safety network the ability to set firm limits with Omar and Alejandro other than physical discipline.
- Mr. Wilson agrees to visit with Omar at Teresa's house. He agrees to call if he cannot make it. Teresa agrees to coach Mr. Wilson on ways to interact with Omar that ensure his physical and emotional safety.
- Mr. Wilson agrees to list the triggers that led to physically harming his child and to describe 3-5 ways he can manage those triggers in the future that will not involve hurting his child in any way.
- Mr. Wilson agrees that if he becomes angry, he will make sure there is a safe person to care for his children and he will leave his home or the visit immediately until he is calm.
- Mr. Wilson agrees to describe and demonstrate age-appropriate discipline approaches that do not involve physical discipline and demonstrate an understanding of his child's special needs and developmental stage during visits.
- Mr. Wilson, his AA sponsor, and the social worker agree to talk with or write a letter to Omar (with help from Omar's therapist and SW) explaining how he is going to make sure he will be safe in the future.
- If Mr. Wilson can do this for four weeks, the network will reconvene to help create a plan for unsupervised visits.

CWS drop down menu – Service Objective *Provide care for child's special needs.*	**Projected completion date**
Service Objective / Description **3. Mr. Wilson agrees to show an ability to understand and care for his child's special needs. *(SDM Safety Threat: #5)***	11/22/2016

Description

- Mr. Wilson agrees to list in detail the medical and emotional impact of the physical abuse on Omar based on his developmental level and ADHD issues.
- Mr. Wilson agrees to describe how trauma and ADHD impacts his child based on his developmental age and stage.
- Mr. Wilson agrees to describe and demonstrate three responses she provides to Omar when he has an "outburst" or trauma response so he can return to feeling safe and comfortable in her family home in the

future. Mr. Wilson agrees to describe and demonstrate three parenting / discipline / redirection techniques he can use for difficult behaviors associated with ADHD.

- Mr. Wilson agrees to attend all medical and therapy appointments for Omar and to keep track of his medical, behavioral health and developmental needs by keeping a notebook about his needs and progress.
- Teresa agrees to coach Mr. Wilson while he practices new parenting techniques during visits. Mr. Wilson agrees to reach out to any member of his network if he feels stressed or triggered by Omar's behavior or needs additional support around his new parenting techniques.

CWS drop down menu – Service Objective *Protect child from physical abuse.*	**Projected completion date**
Service Objective / Description **4. Mr. Wilson agrees to show he will not permit others to physically abuse his child. *(SDM Safety Threat: #6)***	11/22/2016

Description

- Mr. Wilson agrees to list in detail the warning signs, triggers, and/or things that led to his child getting hurt and/or prevented him from protecting his child from abuse in the past.
- Mr. Wilson agrees to describe and demonstrate at least five things he will do to protect his child if the person who may have abused his child is around the child and is starting to get upset with him.
- Mr. Wilson agrees to call a member of his local support network at a moment's notice if he or another member of the household starts to get upset with Omar and feels triggered or overwhelmed. One of these people will come over immediately to safely care for Omar and Alejandro.

PARENT RESPONSIBILITIES

Activity	**Times**	**Frequency**	**Completion Date**
1. Counseling/Behavioral health Services	1	Weekly	11/22/2016

Description

- Mr. Wilson agrees to participate in his healing circle group, who will help with the above safety actions/objectives and help him demonstrate he can safely parent Omar.
- Mr. Wilson agrees to participate in anger management classes to help with meeting the above safety actions/objectives and to learn healthier ways to communicate and cope with his triggers.
- Mr. Wilson agrees to participate in couple's therapy with Mrs. Wilson as appropriate to help the couple learn to communicate and co-parent in healthy ways to ensure safety for their child.

2. **Education Services/Parenting Education Program** 1 Weekly 11/22/2016

Description

Mr. Wilson agrees to complete a 12-week evidence-based parenting program by the six-month review hearing. He agrees to demonstrate techniques learned in this class during visits with his child.

3. **Education Services/Other** 1 Weekly 11/22/2016

Description

Mr. Wilson agrees to participate in appointments with his child's ADHD consultant / behaviorist and other ADHD parent support services as available in order to understand his child's special needs and demonstrate he can safety parent Omar. He agrees to demonstrate new techniques learned from the ADHD consultant during visits with his child.

4. **Substance use Services/12-Step Program** 1 Weekly 11/22/2016

Description

Mr. Wilson agrees to meet with his AA sponsor on a weekly basis to support his sobriety and help him continue to learn healthy coping strategies and support a relapse prevention plan.

Omar Wilson

Service Objective / Description	**Projected completion date**
1. Omar will receive age-appropriate services.	11/22/2016

Description

- Omar will be referred to a trauma-informed counselor to help him recover from trauma he has experienced as a result of abuse that occurred in his home.
- Omar will be referred to an ADHD specialist / consultant to help him manage symptoms of ADHD.
- Omar will receive an Individual Education Plan and tutoring to help him be successful in school.

Service Objective / Description	**Projected completion date**
2. The CWS Social Worker will work closely with Omar to find and engage a network of support for Omar so that his safe and familiar connections will be maintained and grow stronger.	11/22/2016

Description

Within 30 days, the social worker and Omar will meet and complete a genogram / family tree and an Eco-map to identify safe and familiar people in Omar's life.

Service Objective / Description	**Projected completion date**
3. The CWS social worker will work closely with Omar and his care provider to make sure that his placement is safe and nurturing.	11/22/2016

Description

- The social worker will meet with Omar in the home of Ms. Alvarez on a monthly basis to discuss any issues or concerns about the placement and to ensure Omar is safe and has his basic needs met in his placement.
- The social worker will develop a safety plan with Omar utilizing the safety house tool to engage and empower Omar to participate in his own safety planning.
- The social worker will provide Omar with three different ways to reach her in the event that he is not feeling safe in his placement.
- The social worker will ensure that Omar has contact information for at least three members of his safety network in the event that he is not feeling safe in his placement.
- The social worker will discuss concurrent planning with Omar's caregiver and family on a monthly basis, so that Omar will have permanency within a maximum of 12 months. That permanency will happen through a safe reunification to his parents, or placement in an adoptive home, which may be the home of his current caregiver.

CHILD RESPONSIBILITIES

Activity	**Times**	**Frequency**	**Completion Date**
1. Counseling/Behavioral health Services (Trauma-Informed Counseling)	1	Weekly	11/22/2016

Description

Omar will work with a trauma-informed therapist that specializes in art therapy to help him work through the trauma he experienced in his parent's home.

2. Education Services/Individual Education Program	1	Weekly	11/22/2016

Description

Omar will be evaluated within the next 30 days by the school psychologist to determine what assistance he needs at school, including but not limited to extra help to manage his ADHD behaviors.

3. Assessment for Adoptions	1	11/22/2016

Description

Omar will be assessed for the permanent plan of adoption in the event that his parents can't reunify with him within 6-12 months. Efforts will start immediately to identify a concurrent caregiver.

VISITATION SCHEDULE

CHILD – PARENT VISITATION

Omar Wilson; Alana Gomez Wilson; Matthew Wilson

Method	Times	Frequency	Beginning Date
In-person	3	Weekly	05/22/2016

Description

- Visitation will take place in the relative home of Teresa Alvarez and will center on daily activities of mealtime, bedtime, and bath time.
- The parent's progress in reunification services will be observed during these visits. Mr. and Mrs. Wilson will demonstrate they are able to take the parental role with Omar; that they have the knowledge and understanding of Omar's development; that they can put their child needs before their own; that they can be empathetic to their child; and that they can read Omar's verbal and non-verbal cues.
- Mr. and Mrs. Wilson will demonstrate new and effective parenting techniques related to managing Omar's behaviors related to ADHD.
- Omar will have opportunities to practice using a "code word" as developed with the safety network so that when he uses that word during a visit with his parents it will signal he is worried about something.

CHILD – SIBLING VISITATION

Omar Wilson; Alejandro Wilson

Method	Times	Frequency	Beginning Date
In-person	3	Weekly	05/22/2016

Description

- Visitation will take place in the relative home of Teresa Alvarez and will center on daily activities of mealtime, bedtime, and bath time.
- Omar and Alejandro will have opportunities to spend quality time together during visits.
- Mr. and Mrs. Wilson will be able to demonstrate they can effectively parent their children and manage conflict between siblings in a safe and effective way.

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

1. Schedule Dental

For Whom	Beginning Date
Omar Wilson	05/22/2016

2. Arrange and Maintain Placement

For Whom	Beginning Date
Omar Wilson	05/22/2016

3. Schedule CHDP Medical

For Whom	Beginning Date
Omar Wilson	05/22/2016

4. Schedule Therapy (Trauma-Informed CBT)

For Whom	Beginning Date
Omar Wilson	05/22/2016

5. Schedule ADHD Evaluation

Omar Wilson	05/22/2016

PLACEMENT SERVICES

1. Relative Home

For Whom	Beginning Date
Omar Wilson	05/22/2016

CONCURRENT SERVICES PLANNING

Permanency Alternative / Concurrent Planning Goal

For Whom	Concurrent Planning Goal
Omar Wilson	Adoption

1. Assess Child for Adoptions

For Whom
Omar Wilson

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Omar Wilson

Method	Times	Frequency	Beginning Date
In-person		Monthly	05/22/2016

Description
The social worker will visit the child in his aunt's home, his school, or other locations. Visits will occur at least once monthly and will be announced and unannounced.

SOCIAL WORKER – PARENTS CONTACTS

Alana Gomez Wilson; Matthew Wilson

Method	Times	Frequency	Beginning Date
In-person		Monthly	05/22/2016

Description

Progress on the case plan will be discussed at each monthly face-to-face visit. Visits will occur at least once monthly and will be announced and unannounced.

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.

_____ _____

SIGNATURE OF MOTHER/GUARDIAN **DATE**

Non-signature explanation:

_____ _____

SIGNATURE OF FATHER/GUARDIAN **DATE**

Non-signature explanation:

_____ _____

SIGNATURE OF OTHER **DATE**

_____ _____**SIGNATURE OF**

OTHER **DATE**

_____ _____

SIGNATURE OF SOCIAL WORKER Caseload Phone # **DATE**

_____ _____**SIGNATURE OF**

SUPERVISOR **DATE**

Analyzing Source Information

Source information is any information we have for a case that is first hand. It may be reports from service providers or individuals involved with a case. It involves information gathered directly from the family, case management tools such as SDM, and the social worker's objective narrative.

Why do we gather this information? We gather it to help us assess a child's safety and well-being, a child's progress towards permanency, and a family's progress towards the case objectives. We gather it to determine service effectiveness, underlying concerns, and possible barriers to change and to deal with case changes. Gathering information is good social work practice and is part of our mandate.

When do we gather it? We should be gathering information about a child and family we're working with as a part of our regular, ongoing assessment. Every family or child visit and every meeting with a service provider is an opportunity to gather information. There are also mandated times to pull together gathered information in a formal report such as when it's time for a judicial review.

What do we do with all this information we have gathered? We want to analyze it to help give us the key information we need to determine how things are going with a child and family in child welfare. A child's journey in child welfare requires that a team of people including the family and social worker make on-going decisions to ensure that the case reaches an appropriate resolution. These decisions need to be informed by assessment information.

Child welfare cases are complicated and source information may conflict. Sometimes we don't get the depth of information we might have wished for with certain sources. This is why it is critical to get as much out of the information as we can. And we do this by analyzing the source material.

This analysis is really about asking questions: thinking about what we want to know, what are we curious about and what key points do we think the source information can make? It is about looking at the superficial questions the source material might answer—how many visits, timeliness, etc. It's also about digging deeper and finding out what the source material has to tell us about changes in attitudes, behaviors. For example, with visit logs, what is the engagement like between the parent and child? What emotions are present? Is the parent trying new techniques and practicing new behaviors? What might be some underlying concerns revealed by the source information?

Different sources will offer different types of information. We might get more about parent/child interactions from the visitation log than a collateral contact report. We want to look for information that will be relevant for our task at hand—to determine the progress a family is making, and to inform our decisions. We also want to watch for and guard against our own biases in analyzing source information. And we want to make sure we are mindful of the Minimum Level of Sufficient Care (MLSC) criteria when we analyze source information.

With the sources of information you have to work with concerning the Wilson Family's case, here are some of the questions you might want to consider:

SDM tools

- ☐ What are the family's updated strengths and needs?
- ☐ Have they changed?
- ☐ Has the risk been reduced?
- ☐ Based on the current circumstances, what does the Reunification Reassessment recommend?

Family interviews

- ☐ What are the perspectives of each family member?
- ☐ What do family members see going well; what are their worries?
- ☐ How do these different perspectives fit together, particularly the mother's and father's?
- ☐ Is their safety network helping to increase safety for the family? Are they using their safety network? When? Has this changed?

Visitation log

- ☐ Are the parents attending visits consistently?
- ☐ What is the quality of the visits?
- ☐ Are the parents able to demonstrate positive behavior change and effective parenting skills in visits?
- ☐ How did the parents respond to challenging times and difficult behaviors during visits?
- ☐ How does each child respond to the visits?
- ☐ Is there a pattern to when things go well? Poorly?

Collateral reports / Delivered services log (aunt's concerns)

- ☐ Are the parents attending their services? Are there concerns? Are they demonstrating new skills learned in classes?
- ☐ Do the parents seem to be engaged in services?

What context can you give to the aunt's report? Positives, negatives.

Wilson Family Case Plan Update Activity

Instructions

1. Read the *Wilson Family Vignette – Part 2* on the following page.

2. Each small group (of 4) will do a "mock" team meeting to review and synthesize all of the assessment source information to determine what has happened with the Wilson family since Omar was placed with Ms. Alvarez in May. The team will then come up with a recommendation and next steps for the case plan update.

3. Each member of the group will be assigned one of the four specific information sources to read and synthesize:
    a. **Structured Decision Making summary document**
    b. **Wilson Family Interviews** (Alana, Matthew, Omar, Alejandro)
    c. **Visitation Log** (May – November)
    d. **Collateral reports & Delivered Services Log** (reports from parenting class, anger management program, counselor/reverend, school psychologist)

4. Team members will decide amongst themselves what role they will take. Each team member will be expected to present the key information from their assigned source to the rest of their group.

5. Key information will be documented on the "Assessment Information Worksheet" and sorted into two columns: "What's working well" and "Worries." This will give the whole team key information from all four sources to discuss.

Activity Table of Contents

Wilson Family Vignette – Part 2

November 5, 2016: Concerns reported by Ms. Alvarez

On November 5th, the Social Worker received a phone call from Ms. Alvarez reporting some concerns she had about the family. It was reported that while the parents were at the home of Ms. Alvarez for a visit with Omar, he was starting to pick on his brother Alejandro and they got into an argument. Alana was frustrated and was observed yelling at Omar and threatening to hit him if he didn't stop picking on his brother. Ms. Alvarez intervened and asked Alana to take a "break" from the visit and pulled her into another room to discuss her concerns about what she observed.

Alana told Ms. Alvarez she was remorseful for losing her temper and has been under a lot of stress lately since Matthew's hours at work have been drastically cut back and they have been arguing over money. She said they had a huge argument last night because she thought she smelled alcohol on Matthew's breath when he returned home from work yesterday. She reported she was exhausted today and it wasn't a good day for a visit, but she didn't want to let Omar down.

The Social Worker arranged to meet with the parents at their home later that day to discuss these concerns. Alana reported she was willing to reach out to her safety network when she is exhausted, stressed, overwhelmed and/or frustrated. Matthew denied any alcohol use and said he is proud of his ability to remain sober through all the recent financial stress they have been under. Both parents agreed they have had a setback in their relationship due to arguing over money and agreed to reach out to their network for continued support with communication and time outs if needed. Alana expressed a desire to start looking for work so they could be more financially stable when Omar returns home. The Social Worker spoke to Alejandro alone and he said he really misses Omar and wishes he could come home. He also mentioned he couldn't sleep last night because his parents were yelling at each other and it scared him.

Social Worker returned to the office and completed the following Structured Decision Making (SDM) Family Strengths and Needs Assessment tool with the following results:

Strengths:

- Alana: Social Support System, Substance use
- Matthew: Social Support System
- Omar: Physical, (No) delinquent behavior

Needs:

- Alana: Resource Management / Basic Needs, Intimate partner violence
- Matthew: Resource Management / Basic Needs, Intimate partner violence
- Omar: Education, Family Relationships

Additionally, the Social Worker has determined the following based on collateral interviews, visitation notes, service provider reports and progress of case plan objectives:

- The parents have demonstrated effective discipline techniques consistently to manage Omar's behaviors resulting from ADHD and emotional problems until the recent concerns were reported.
- Mr. Wilson's participation in services has helped him learn effective anger management skills and coping strategies to deal with family stress appropriately.

- Ms. Wilson has developed increased confidence and more effective communication with her husband through counseling at church.
- The parents have made significant progress in mitigating the initial safety threats of physical abuse, excessive discipline and failure to protect since Omar's removal.

Role #1: Structured Decision Making Summary

Wilson Family Case Study
Structured Decision Making (SDM) Assessment Tools

1. SDM tool #1: SDM Safety Assessment

Date	5/22/15
Factors Influencing Child Vulnerability	Age 0-5
Safety Threats	#1: Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by: 1. Serious injury or abuse to the child other than accidental 2. Excessive discipline or physical force #5: Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in severe psychological/emotional harm AND these actions result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. #6: Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. #9: Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
Caregiver complicating factors	Substance use, intimate partner violence
Household Strengths	• At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions. • At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network. • At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child. • At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat. • At least one child is aware of his/her support network members and knows how to contact these individuals when needed.
Protective Actions	• At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to provide protection for the child. • At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).
Safety Decision	Unsafe: One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. • #11: Child placed in protective custody because intervention 1-10 do not adequately ensure the child's safety.

2. SDM tool #2: SDM Risk Assessment

Date	5/25/15
Total neglect score	**9** – (Key indicators: 3 or more prior neglect investigations, family has open CPS case at time of referral, child has behavioral health or behavioral problems, Primary or secondary caregiver has past or current alcohol/drug use that interferes with family functioning / drugs prior to the

	last 12 months, Primary or secondary caregiver criminal arrest history / either caregiver has one or more criminal arrests.
Total abuse score	**8** – (Key indicators: 3 or more prior neglect investigations, family has open CPS case at time of referral, current report is for physical and/or emotional abuse, caregiver blames the child, child has behavioral health or behavioral problems, Primary caregiver employs excessive/inappropriate discipline, Primary or secondary caregiver has past or current alcohol/drug use that interferes with family functioning / drugs prior to the last 12 months
Scored risk level	Very high
Policy overrides	None
Final risk level	Very high
Recommended Decision	Promote

3. SDM tool #3: SDM Family Strengths and Needs Assessment *(Initial – 4/28/15)*

Name	***Alana***	***Matthew***	***Omar***	***Alejandro***
Race	Latino	African American / Native American	Latino, African American, Native American	Latino, African American, Native American
Cultural context	Traditional Christian	Native American (Rosebud Sioux / Lakota Tribe)	Native American (Rosebud Sioux / Lakota Tribe)	Native American (Rosebud Sioux / Lakota Tribe)
Support network	Church community; Support group for parents of ADHD, Ms. Alvarez	Native American Community; Support group for parents of ADHD, Ms. Alvarez	Church / Native American communities / Maternal aunt Ms. Alvarez	Church / Native American communities/ Maternal aunt Ms. Alvarez
Priority Needs	SN3: Parenting Practices SN5: Household & family relationships SN6: Intimate partner violence	SN3: Parenting Practices SN5: Household & family relationships SN6: Intimate partner violence	CSN1: Emotional / Behavioral Health CSN4: Education CSN2: Trauma CSN6: Family Relationships	CSN2: Trauma CSN3: Child Development CSN4: Family Relationships
Priority Strengths	SN1: Resource Management / Basic Needs SN4: Social support system	SN1: Resource Management / Basic Needs SN4: Social support system	CSN7: Physical health is adequate CSN9: Lack of delinquent behaviors	CSN7: Physical health is adequate CSN9: Lack of delinquent behaviors

4. **SDM tool #4: SDM Family Strengths and Needs Assessment *(Update – 11/5/15)***

Name	***Alana***	***Matthew***	***Omar***	***Alejandro***
Race	Latino	African American / Native American	Latino, African American, Native American	Latino, African American, Native American
Cultural context	Traditional Christian	Native American (Rosebud Sioux / Lakota Tribe)	Native American (Rosebud Sioux / Lakota Tribe)	Native American (Rosebud Sioux / Lakota Tribe)
Support network	Church community; Support group for parents of ADHD, Ms. Alvarez, maternal grandparents, maternal aunt Ms. Herrera, paternal grandmother, paternal great grand-parents, Omar's school psych	Native American Community; Support group for parents of ADHD, Ms. Alvarez, AA sponsor, maternal grandparents, maternal aunt Ms. Herrera, paternal grandmother, paternal great grand-parents, Omar's school psych	Church / Native American communities / Maternal aunt Ms. Alvarez, maternal grandparents, maternal aunt Ms. Herrera, paternal grandmother, paternal great grand-parents, Omar's school psych	Church / Native American communities/ Maternal aunt Ms. Alvarez, maternal grandparents, maternal aunt Ms. Herrera, paternal grandmother, paternal great grand-parents, Omar's school psych
Priority Needs	SN1: Resource Management / Basic Needs SN6: Intimate partner violence	SN1: Resource Management / Basic Needs SN6: Intimate partner violence	CSN4: Education CSN6: Family Relationships	CSN2: Trauma CSN3: Child Development CSN4: Family Relationships
Priority Strengths	SN4: Social support system SN7: Substance use	SN4: Social support system	CSN7: Physical health is adequate CSN9: Lack of delinquent behaviors	CSN7: Physical health is adequate CSN9: Lack of delinquent behaviors

5. **SDM tool #6: SDM Reunification Reassessment**

Date	11/5/15
Risk level on most recent referral	Very High – ***Score of 5***
Has there been a new substantiation since the initial risk assessment or last reunification reassessment	No – ***Score of 0***
Caregiver's progress with case plan objectives (as indicated by behavior change)	Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives. ***Score of -1***
Total Score (Reunification Risk Level)	5 – 0 – 1 = ***4 (High)***
Policy Overrides	None
Final Reunification Risk Level	High
Quality of Face-to-Face Visits & Compliance with visitation plan	Strong / Adequate
Visitation plan overrides	None
Safety Threats – Are there any safety threats identified on the safety assessment that resulted in the child's removal still present?	Yes – refer to notes in this section on the SDM Reunification Reassessment tool
If yes, is there a safety intervention that can and will be incorporated into the case plan to mitigate these safety threats?	Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place. The parents agree to reach out to their safety network as outlined in their safety plan when they are triggered or frustrated with each other or their children.
Any new safety threats since child's removal or any other circumstances or conditions present in the reunification household that, if the child were returned home, would present an immediate danger of serious harm?	No
Safety Decision	

Placement / Permanency Plan Guidelines (Complete the decision tree to determine recommendation of assessment tool)	
Policy Overrides	
Discretionary Override	
Recommendation Summary	

Role #2: Visitation Log

Wilson Family Visitation Log		
Information Source	**What's working?**	**What are we worried about?**
Social worker	Omar's adjustment to living with Aunt is good. 6/1	Omar having trouble sleeping; doctor suggested extra play-time and adjusted medication. 6/5
	Alana and Matthew visiting consistently and using time outs. 6/5	Need more time to assess family and Alana and Matthew's ability to use positive discipline, redirect and changing environment to calm a situation. 6/15
	Ok'd nightly phone call between parents, brother and Omar to help him sleep better. 6/10	Matthew appears withdrawn during visits in Aunt's home as he feels it is "unnatural" and he "hates being watched." 7/1
	Omar sleeping better with medication adjustment and phone calls. 7/1	Omar is experiencing some jealousy and confusion about why his brother gets to be at home and he doesn't. 7/17
	Visits going well and can progress from observed to monitored; Matthew and Alana more relaxed. 7/17	Omar continues to have trouble completing simple tasks at home and at school and social; need to contact school psychologist. 8/3
	Matthew and Alana were able to reassure Omar that they were learning new skills so they could meet his needs in healthier ways. 7/17	Alana and Matthew still struggle to work together, support each other as a united front, work on communicating with Omar's behaviors as a team. 8/17
	Matthew and Alana are learning more about Omar's special needs (ADHD) and plan to use new strategies such as structured schedule, house rules, eye contact, and reward system. 8/3	The parents initially struggled to redirect Omar in an effective way. They are still practicing what works best and need more time and opportunities to practice this in a more natural setting (their family home). 9/2
	Visits progressing well and can be unsupervised to allow for more practice of skills in natural settings. 8/3	Omar often acts out and gets upset when it's time for Ms. Alvarez to pick him up from the Wilson's home after a visit. He has a hard time with the transition back to her home. 9/14
	Move to once per week visits at the Wilson's home (monitored initially) and twice per week at the caregiver home (unsupervised). (9/2/15) Ms. Alvarez coaches the parents on having a routine and a transition period to prepare for the visit to end by reading	Matthew's hours at work have been cut back and the parents have been stressed about money and were observed arguing with each other after the visit today in front of the kids. 9/25

	his favorite book with him at the end of each visit.	Ms. Alvarez reminded the parents that it's inappropriate to argue around the children and can cause them trauma. 9/25
	Omar has enjoyed having weekly visits in his family's home. He often says how much he misses his room and toys and eating dinner with his parents. 9/14	Parents took Omar and Alejandro to their cousin's birthday party at Chuck E. Cheeses. Ms. Alvarez and several other family members were there monitoring the visit. The parents were stressed because there were family members at the party that look down on them and they were feeling judged and uncomfortable at the party. 10/5
	Omar has been sleeping better and able to focus a little better since having more visits at home. Alejandro likes having his brother come over every day. They are getting along well and like playing together. Alejandro says his parents use time outs and they have a star chart for earning rewards. 9/14	After about an hour, Omar became over – stimulated and was running around and not listening to Alana and Matthew. The parents became visibly frustrated during the party and were stressed about being judged by family members; however, they were able to remain sensitive to Omar's needs. 10/5
	Move to twice per week visits at the Wilson's home (unsupervised) (9/25/15).	Matthew continues to express worry about his work hours decreasing. He plans to start looking for a new job. 10/19
	The parents say they have recently started couples counseling and are learning how to communicate better. The parents apologized and said they would take a "time-out" from each other when they start arguing. 9/25	Ms. Alvarez overheard Omar picking on his brother Alejandro and they got into an argument. Alana became frustrated and was yelling at Omar and threatening to hit him if he didn't stop picking on his brother. Ms. Alvarez intervened and pulled Alana into another room to discuss her concerns about what she observed. 11/5
	Move to daily unsupervised visits in the parent's home (beginning Monday, 10/12/15). Ms. Alvarez will monitor one visit per week to see how things are going and coach / provide support to the parents as needed.	Alana told Ms. Alvarez she was remorseful for losing her temper and has been under a lot of stress lately since Matthew's hours at work have been drastically cut back and they have been arguing over money. 11/5
	Omar appears very happy to be visiting unsupervised in the family home. Omar comes to their home every day after school for homework time and dinner. He comes over on Saturday afternoon for two hours and they have Sunday dinner at Ms. Alvarez' house. 10/19	Alana said she and Matthew had a huge argument last night because she thought she smelled alcohol on Matthew's breath when he returned home from work yesterday. 11/5

	During the visits, both Matthew and Alana parent the children and handle Omar's outbursts (which are less frequent and less severe) without hitting him. 10/19	Alana reported she was exhausted today and it wasn't a good day for a visit, but she didn't want to let the boys down as they are used to seeing each other every day and visits have been going really well. 11/5
	Ms. Alvarez will still monitor visits in the parent's home on a daily basis and will provide coaching / intervention as needed. 11/5	Based on observations and concerns, visits moved back to monitored for now during this time of stress and transition for the family. 11/5
	SW will discuss with her supervisor to determine next appropriate steps for visitation plan. 11/5	

Role #3: Family Interviews

Wilson Family Interviews		
Information Source	**What's working?**	**What are we worried about?**
Alana Wilson, mother	Looks forward to counseling sessions with Reverend Orrante. This month she asked Matthew to attend several sessions with her. During the sessions, Rev. Orrante helped her to confront Matthew about the emotional effects of his violence on her. He was able to listen to her and empathize with her feelings. 8/24	Says maybe Omar is the way he is because she took drugs when she was pregnant with him; wishes Omar could be "more like his brother, Alejandro" 8/24
	Using strategies learned in Parenting Class and with school psychologist; takes deep breaths; uses redirection and time outs. 8/24	Gets a feeling in the pit of her stomach; angry reactions when boys fight; feels ineffective. 9/11
	Gave Omar a hug when he cried because he couldn't come home; she told him she loved him and for the first time, "saw things through his eyes." 9/11	Wants to get a job to help out financially because Matthew's hours have been cut back; tensions increasing; needed services are costing them money. 10/6
	Feels that Aunt Teresa is someone she can talk to. 10/29	Feels her family judges her and looked down on her because had taken drugs; believes her sister does not like Matthew because he is "too controlling" and that her family thinks her children "are bad" 10/6
Matthew Wilson, father	Really missed Omar at home and "wanted to do whatever it took to get him home" 8/20	Thinks the class went on too long; said because he works and has a family, that it's hard to manage all the other things he needs to do. 8/20
	Enjoyed the parenting class and felt it gave him good information. 8/20	Felt that his wife was just the opposite; wishes she would attend 12-step meetings for her own issues and get a sponsor; admitted that he had "work to do to not get triggered by Alana's actions and that he was too controlling" 8/20
	Knows that Omar is only 7 years old and has his own challenges, and can't place his expectations from his own childhood on Omar. Expressed remorse at what had happened in the spring with Omar. 8/20	Felt that when Omar refuses to do what he said, Omar was being disrespectful to him, ungrateful. 8/20
	Figuring out what his triggers are and why they are so powerful; considers his	Frustrated with what he saw as Alana's negative attitude and what spending time with her family did to her. Didn't like how

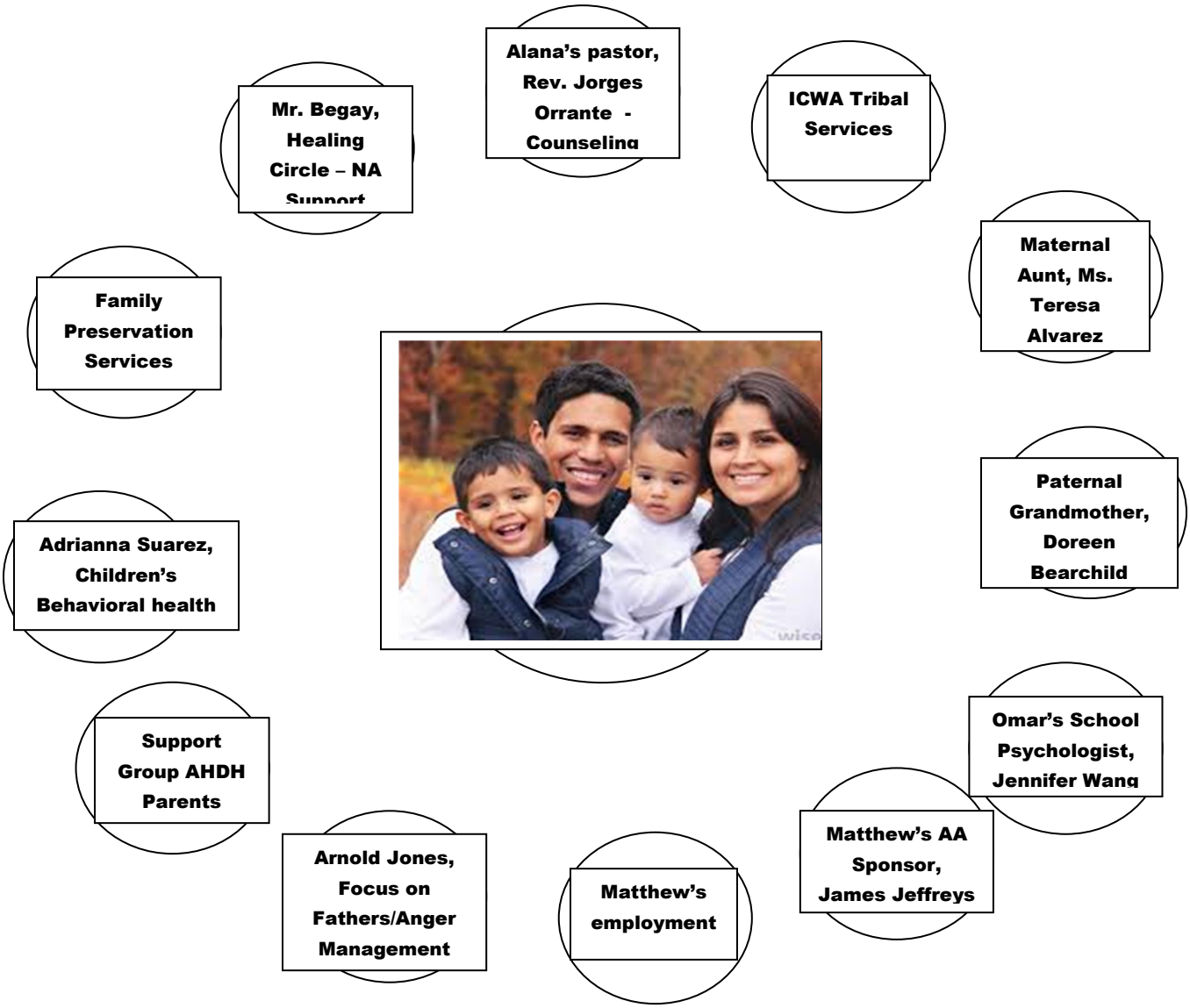
	sponsor, James Jeffers, was one of his main support people. Mr. Wilson is also attending anger management classes at Focus on Fathers. His group leader, Arnold Jones, says that he is participating actively and is learning to be less defensive. 9/10	negatively they saw him and felt it was bad for their marriage to spend time with her sister. Need to work on having a more positive relationship with his wife. 10/7
	The Healing Circle helps him think more about what kind of father he has been and wants to be with his two boys. Mr. Wilson has become deeply involved with his Healing Circle group. He feels supported by the group and many members there look up to him. He is now active in a group of Healing Circle members who are using and maintaining a sweat lodge on the grounds. 9/10	Knew that Alana's sister just saw him as an abusive husband and parent. Resented that his sister-in-law and her family couldn't see nor support the changes they had made. 10/7
	Mr. Wilson and Mr. Jeffers, his AA sponsor, see each other every two weeks and Mr. Wilson views this as a critical support for him. Mr. Wilson believes in himself and the progress he has made. He recognizes his triggers and uses strategies from the Healing Circle to handle them when they come up. Although he feels stress about his financial situation, he reported he is calmer now than he has been in years. 9/10	Has to work on not being triggered by Alana's actions and that he was too controlling. Acknowledged this was not healthy for their marriage. 10/7
	Talked about a wonderful time the family had the previous weekend at the park, playing soccer, having a picnic and walking through the arboretum. He was relaxed and enjoyed watching the boys with Alana. They talked about the progress they were making and were looking forward to being together again. 9/21	
	Volunteered in Omar's classroom, helping build a garden box, making Omar happy and proud. 9/21	
Omar Wilson, 7 yr. old	Described his first day at school as wonderful as all of "his people" were there. (Social worker, mother, aunt, brother and Ms. Wang, school psychologist). 8/24	Seemed sad during visit, didn't smile much and seemed to have trouble focusing on the activity at hand (playing with Legos); said that two kids at school had said his mother didn't love him because he didn't live with her. 9/8

	Seemed to feel better about school and said those kids hadn't said anything to him again. Also had a new friend named Jaden. 9/19	Didn't understand why Alejandro could live with his parents and he couldn't; answered his question by saying he is a bad kid. 9/8
	Said his parents don't hit him anymore; mentioned that he would like to get a cat for his family like his great aunt's. 9/19	Was bad at Chuck E. Cheese and had gotten in trouble with his parents. 10/8
	Said he had to go outside to 'calm down' and he calmed down and they went back inside to play. 10/8	Misses his video games and toys and that he likes what he eats at his house. 10/21
	Said he likes going home like the "regular kids" do at his school and spending time with his brother "just hanging out." 10/21	Said Alejandro pushed him so he hit him. Then his mother came in the room and got mad at him for hitting Alejandro and said she was going to hit him. Omar said his mother was really yelling and he got scared. Then his Tia Teresa came into the room and took his mother out. 11/5
	He likes what he eats at his house. He likes going home after school every day and doing his homework with his brother and is parents. He gets stars when he does a good job and he has lots of stars. 10/21	Said he guessed he couldn't live with his parents again because he hit his brother and his mother said she was going to hit him. He started to cry. 11/5
Alejandro Wilson, 5 yr. old	Apprehensive and excited, shy and quiet at first day of school but looking forward to seeing his friend, Raffie. 8/24	Went to Chuck E. Cheese with his family and it was fun but that Omar got in trouble. 10/8
	Said his family is complete when Omar is over and "when Omar is home, our family is finished." 9/16	Says that his mother and father have been fighting a lot about his dad's job and when they fight, he gets scared and wishes Omar were at home with him. 10/13
	Said that his father took Omar and him to the park last weekend where they played soccer with some other kids and dads, had a picnic in the park; it was really fun and no one yelled. 9/16	Said his parents yell at Omar when he and Omar fight and that's why Omar had to go away. Said "It's my fault that Omar lives with Tia." 10/27
	Alejandro likes having his brother come over every day. They are getting along well and like playing together. Alejandro says his parents use time outs and they have a star chart for earning rewards. 9/16	Said that his brother was being mean to him, trying to take his light saber. Omar started to hit him and mother got really mad and was going to hit his brother. He ran and hid behind the couch because he was scared. 11/5
	Shared that after school today, his mother was going to take him and Omar to the store to buy lunchboxes. 9/29	Said his parents had a big fight that night and he couldn't get to sleep. 11/5

	Has opened up and is participating in classroom activities according to his teacher. 9/29	
	Likes staying with his aunt because she has a cat, gets to see Omar and no one yells. 10/13	

Role #4: Collateral Reports

WILSON FAMILY ECO-MAP, SERVICES, COLLATERAL REPORTS



October 22, 2016: Case plan review

Social worker meets with the family to review progress on their case plan in preparation for the six-month status review court hearing on November 22, 2016. Both parents feel they are doing well. They are gaining parenting skills and their visits with Omar are going smoothly.

The voice of the relative caregiver:

- Ms. **Teresa Alvarez**, the maternal aunt, is very happy with the progress the parents and Omar have made. She thinks the biggest help came from the school consultant for ADHD who worked with the family, sometimes with just the adults and sometimes including Omar. The family learned several new strategies and began implementing them during visitation. She also thinks the change in Omar's medication helped a lot and his behavior has improved significantly. He is less provocative and responds better to his parents' interventions with him.

The voices of the safety network and community resources (COLLATERAL REPORTS):

- **Mr. Begay** works with Mr. Wilson at **The Healing Circle**, a group for Native American men that focuses on life issues in the context of native spirituality and culture. Mr. Begay reports that Mr. Wilson has become a leader in the group. He has responded well to the program focus on identifying more with Native American culture and has brought the strategies from his anger management class to the Healing Circles group to help them make sense for him from a cultural perspective. Mr. Begay sees Mr. Wilson as a long term participant in the group as a leader and mentor.

- **Jennifer Wang**, **School Psychologist** and ADHD consultant behaviorist at Omar and Alejandro's school, reports in the period between April and June, both boys are doing well. Both are now in first grade. The family has had several meetings with the behaviorist and she reported that the meetings went well and the parents were very open to learning more about the specific needs related to ADHD. Omar was diagnosed with Attention Deficit Hyperactive Disorder (ADHD) and is prescribed Concerta to help with his behaviors and focus at school.

  Omar was active, impulsive and talked about how his parents liked his brother better than him because they were always yelling at and hitting him, not his brother. He said he was afraid of both his parents when they got angry. While not disrespectful to teachers, Omar had difficulty following the classroom rules. On the playground, Omar sometimes reacted to other children physically, pushing children who wouldn't let him join a game, or taking things that didn't belong to him. Omar also had a difficult time making friends because he would get over-excited but could not regulate his emotions. His level of impulsivity, hyperactivity scared children away. He didn't know what to expect, exhibited signs of hypervigilance, and was scared of being hurt; lack of consistency and patience fed Omar's impulsive reactions to events at school.

  While he still has episodes of hyperactivity and impulsivity, these are down from the last report period. (This is probably also a result of his medication change.) He has been willing to participate in our activities such as playing games, drawing or using dolls; open to talk about how things are going with his family. Other children in the class have warmed up to Omar and he has made a couple of friends among the boys. He has said he likes to go home to visit and that his parents don't yell at him as much as they used to and they haven't hit him. In the last month, Omar has mentioned that he would like to go back to living with his parents and brother, "because I want to live with my family."

  Both parents said they struggled to appropriately discipline Omar. They felt he was defiant, disrespectful and out of control and the only thing that "got Omar's attention" was physical punishment. Omar likes his parents when they were nice to him but his behaviors and perspective are definitely impacted by his parents' approaches to discipline, which were erratic and sometimes violent. Ms. Wang met with parents about parenting child with ADHD; offered strategies which they have matched with what they learned in parenting class. Omar's parents and his aunt come to school meetings and participate in school activities. Sometimes Alana seemed on edge. She sometimes gets frustrated and seems at a loss if Omar doesn't respond to her new efforts the way she expects him to.

  Ms. Wang recommended a support group at Community Health for parents with children who have ADHD and learning disabilities. Alana is willing to try it. Ms. Wang taught the Alana and Matthew interventions and observed the parents employ the interventions successfully with Omar. The consultant participated in Family Team Meetings with Omar's family, Family Preservation worker and therapist and appreciated the opportunity to work collaboratively with the group to ensure Omar's treatment was consistent.

- **Rev. Jorges Orrante, Pastor,** reported that he has been meeting regularly with Ms. Wilson. Ms. Wilson came to him to help her address her struggles as a parent. Ms. Wilson started by coming once a month in April and May. By June, she had been coming every other week, with a break in August (Pastor Orrante's vacation.) Ms. Wilson worked hard and was dedicated to her family. Ms. Wilson is sincere in her effort to be a good mother and a good wife, and has a strong faith to guide her. Mr. Wilson joined in the last two sessions and we talked about the effect his temper has had on the family. There is a lot of progress in Mr. Wilson. Mr. Wilson did not get defensive or minimize when we talked about his anger. He was able to listen and then showed empathy to his wife and expressed remorse.

- **Arnold Jones** at **Focus on Fathers** confirmed Mr. Wilson's continued participation and progress in the Anger Management class. Matthew has been attending the Wednesday evening group since April 2016 and has been a regular participant with an average attendance of 85%. Matthew has been an eager student when presented with new ways of dealing with stress, and understanding the challenges of changing long-term behaviors. He has worked hard to learn what triggers his anger and how he gets out of control. He is an active participant who asks questions about the materials and reports back to the class about his success or problems implementing the techniques. He has talked a lot to the group about his efforts to integrate the anger management techniques with his cultural identity work at Healing Circles. Mr. Jones thinks that shows that Mr. Wilson is really internalizing the techniques and not just sitting through the classes.

- **Adrianna Suarez**, **Children's Behavioral health Specialist**, reports the Family Team identified the following goals for Omar: building coping skills for managing feelings of frustration and anger, identifying alternate ways to express feelings, building communication skills between Omar and his caregiver and parents. She reports Omar has made good progress toward these goals and the family participation in his treatment has been positive.

- **Pricilla Vail**, **Nurturing Parent Program**, reports both Matthew and Alana came to class about 75% of the time; for the remaining 20+% of the classes either Matthew or Alana attended, missing only two out of 32 classes. (Once was for one of their son's birthday; the second was a schedule conflict.) When they missed class, they called ahead. Matthew and Alana participated in class discussions, class exercises and were willing to discuss some of the challenges they had at home. Alana initially expressed less confidence in the approaches and strategies presented in class. She seemed less optimistic about finding effective ways to discipline her son, but shared her frustrations. Matthew was open about the struggles with his oldest child's behaviors. He was agreeable to hearing about different positive parenting strategies and getting new ideas of what to do, willingly sharing what happened the next class session, whether he was successful or not. Alana made a good connection with another parent who also had a child diagnosed with ADHD and they both shared "war stories." Alana became more willing to try something different. While her level of success varied, Alana did see some good results and shared these with the class.

Assessment Information Worksheet for the Wilson Family

Information Source	What is working well?	What are we worried about?
Structured Decision Making Assessment Tools		
Wilson family interviews		
Visitation Log		
Collateral Reports		
Top 3 working well / Top 3 worries		

SDM Reunification Reassessment Final Recommendation:

CALIFORNIA

SDM® Reunification Reassessment

Case Name: Alana Gomez Wilson **Date Completed:** 11/05/2016

Case #: 0001234 **Household Assessed:** Wilson

Is this the removal household? ☒ Yes ☐ No **Assessment # (mark):** ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

To be completed for each household to which a child may be returned (e.g., father's home, mother's home).

A. REUNIFICATION RISK REASSESSMENT

R1. Risk level on most recent referral (not reunification risk level or risk reassessment) **Score**

a. Low 0
b. Moderate 3
c. High 4
d. Very high ..... 5 — 5

R2. Has there been a new substantiation since the initial risk assessment or last reunification reassessment?

a. No 0
b. Yes ..... 2 — 0

R3. Caregiver's progress with case plan objectives (as indicated by behavioral change)

(Compliance with/attendance of services is not sufficient to indicate behavioral change.)

P S

☐ ☐ a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives ..... −2
☐ ☐ b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives ..... −1
☐ ☐ 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 4
☐ No secondary caregiver

Total Score 5

REUNIFICATION RISK LEVEL

Assign the risk level based on the following chart.

Score	Risk Level
−2 to 1	☐ Low
2–3	☐ Moderate
4–5	☐ High
6+	☐ Very High

OVERRIDES

Policy Overrides *(increases risk level to very high)*: Indicate whether any of the following are true in the current review period.

☐ 1. Sexual abuse; perpetrator has access to child and has not successfully completed treatment.
☐ 2. Non-accidental physical injury to an infant, and caregiver has not successfully completed treatment.
☐ 3. Serious non-accidental physical injury requiring hospital or medical treatment, and caregiver has not successfully completed treatment.
☐ 4. Death of a sibling as a result of abuse or neglect in the household, and caregiver has not successfully completed treatment.

Discretionary Override (*risk level may be adjusted up or down one level)*

Override Risk Level: ☐ Lower ☐ Higher

Reason:

FINAL REUNIFICATION RISK LEVEL (mark one):

☐ Low ☐ Moderate ☐ High ☐ Very High

Supervisor's Review/Approval of Discretionary Override:

_____ Date:

B. VISITATION PLAN EVALUATION

Evaluate compliance with the planned visitation frequency and the quality of visits, based on the worker's direct observation whenever possible and supplemented by observation of the child, reports by foster parents, etc.

Visitation Frequency Compliance With Visitation Plan	Quality of Face-to-Face Visit	
	Strong/ Adequate	Limited/ Destructive
Total	☐	☐
Routine	☐	☐
Sporadic	☐	☐
Rare or Never	☐	☐

Shaded cells indicate acceptable visitation.

Overrides

☐ Policy: Visitation is supervised for safety.
☐ Discretionary (reason):

IF RISK LEVEL IS LOW OR MODERATE AND CAREGIVER HAS ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH VISITATION PLAN, CONTINUE TO SECTION C, REUNIFICATION SAFETY ASSESSMENT.

IF RISK LEVEL IS HIGH OR VERY HIGH AND/OR VISITATION IS UNACCEPTABLE, GO TO SECTION D, PLACEMENT/PERMANENCY PLAN GUIDELINES. DO NOT COMPLETE SECTION C.

C. REUNIFICATION SAFETY ASSESSMENT

Safety Threats

1. Are any safety threats identified on the safety assessment that resulted in the child's removal still present?

- ☐ a. No; list the initial safety threats and describe below how the initial safety threat(s) was ameliorated or mitigated after the child's removal.
- ☐ b. Yes; list and describe safety threat(s) as it currently exists below.

Describe:

1a. If yes, is there a safety intervention that can and will be incorporated into the case plan to mitigate these safety threats?

- ☐ No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were to be reunified at this time.
- ☐ Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place.

Describe:

2. Have any new safety threats been identified since the child's removal or are there any other circumstances or conditions present in the reunification household that, if the child were returned home, would present an immediate danger of serious harm?

- ☐ a. No
- ☐ b. Yes

Describe:

2a. If yes, is there a safety intervention(s) that can and will be incorporated into the case plan to mitigate these safety threats?

- ☐ No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were reunified at this time.
- ☐ Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place.

Describe:

Safety Decision

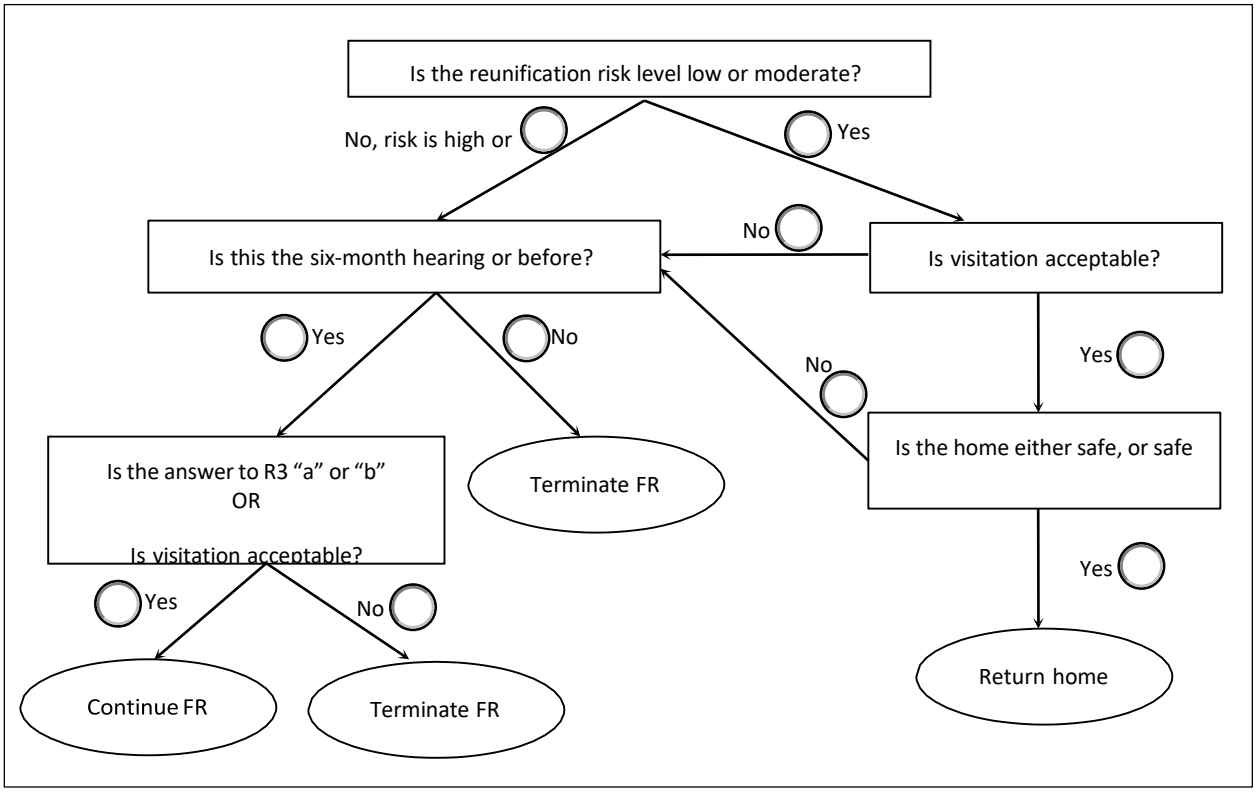
Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Mark one line only.

- ☐ 1. Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- ☐ 2. Safe with plan. One or more safety threats are present, and protective safety interventions have been planned or taken. Based on safety interventions, the child would be safe with a safety plan in place upon his/her return home. SAFETY PLAN REQUIRED.
- ☐ 3. Unsafe. One or more safety threats are present, and continued placement is the only protective intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

D. PLACEMENT/PERMANENCY PLAN GUIDELINES

Complete one of the following trees for each child receiving family reunification services (FR), depending on whether he/she is over or under age 3, and enter the results in Section E. Consult with supervisor and appropriate statutes and regulations.

Children Under Age 3 at Time of Removal



OVERRIDES (select one)

☐ No override applicable (policy or discretionary).

Policy Override

☐ Child has been in placement for 15 of the last 22 months (change recommendation to "Terminate FR").
☐ The tree leads to "Terminate FR" and it is the six-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to "Continue FR").
☐ The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change recommendation to "Terminate FR").

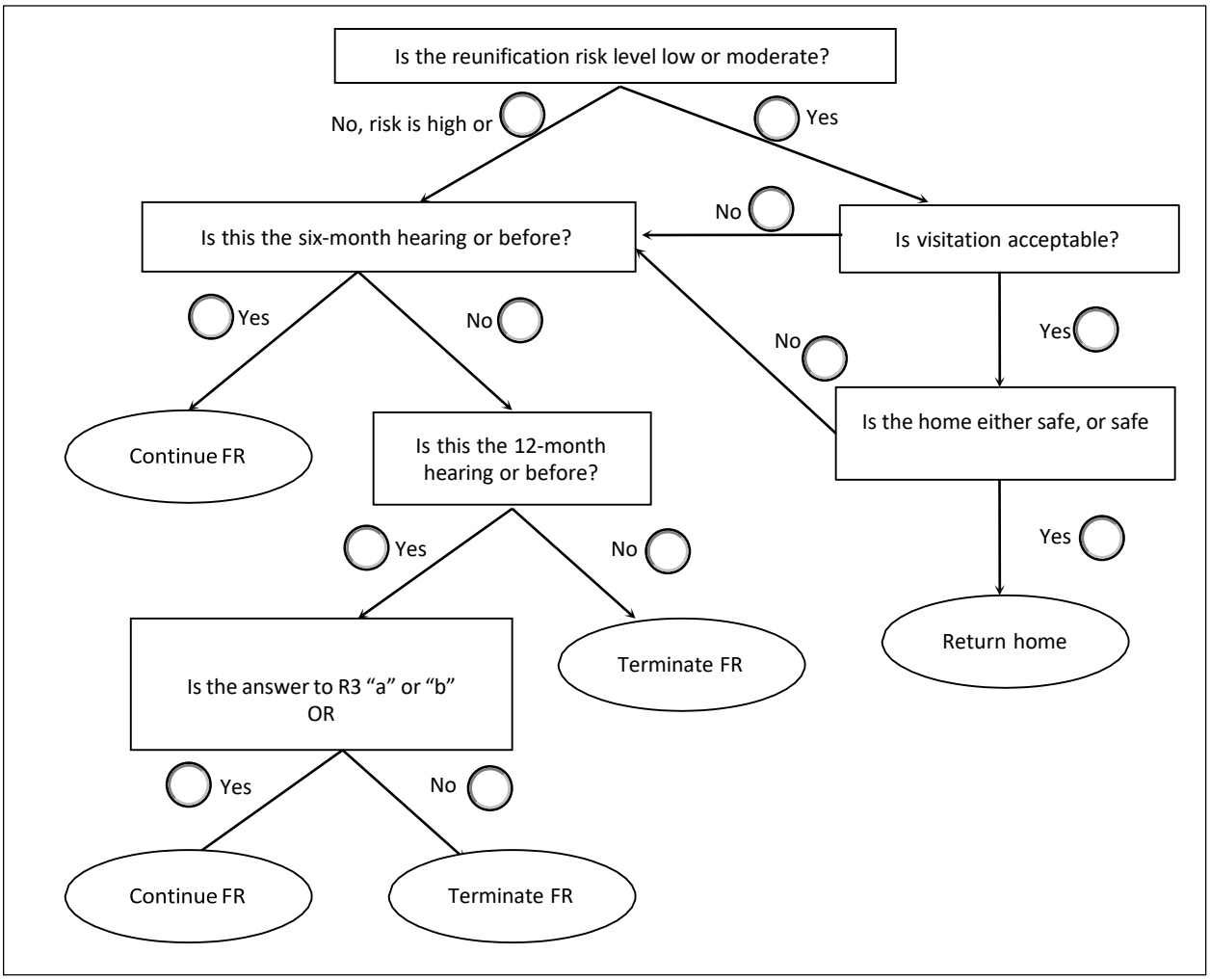
Specify:

Discretionary Override

☐ Change recommendation to:
☐ Return Home ☐ Continue FR ☐ Terminate FR

Specify:

Children Age 3 or Older at Time of Removal



OVERRIDES (select one)

☐ No override applicable (policy or discretionary).

Policy Override

☐ Child has been in placement for 15 of the last 22 months (change recommendation to "Terminate FR").
☐ The tree leads to "Terminate FR" and it is the 12-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to "Continue FR").
☐ The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change recommendation to "Terminate FR").

Specify:

Discretionary Override

☐ Change recommendation to:

☐ Return Home ☐ Continue FR ☐ Terminate FR

Specify:

E. RECOMMENDATION SUMMARY

If recommendation is the same for all children, enter "all" under "Child #" and complete row 1 only.

Child #	Recommendation		
	Return Home	Continue Family Reunification	Terminate Family Reunification Services; Implement Permanent
1. Omar	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐
4.	☐	☐	☐

F.SIBLING GROUP

If at least one child under the age of 3 at the time of removal has a recommendation of "terminate family reunification services" and at least one other child has any other recommendation, will all children be considered a sibling group when making the final permanency plan recommendation?

☐ No
☐ Yes. The recommendation for all children will be "terminate family reunification services."

If the decision is to return any children home, complete a safety assessment to document the plan for any children for whom safety threats were identified.

Safety Threats

3. Are any safety threats identified on the safety assessment that resulted in the child's removal still present?

- ☐ a. No; list the initial safety threats and describe below how the initial safety threat(s) was ameliorated or mitigated after the child's removal.
- ☐ b. Yes; list and describe safety threat(s) as it currently exists below.

Describe:

1a. If yes, is there a safety intervention that can and will be incorporated into the case plan to mitigate these safety threats?

- ☐ No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were to be reunified at this time.
- ☐ Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place.

Describe:

2. Have any new safety threats been identified since the child's removal or are there any other circumstances or conditions present in the reunification household that, if the child were returned home, would present an immediate danger of serious harm?

- ☐ a. No
- ☐ b. Yes

Describe:

2a. If yes, is there a safety intervention(s) that can and will be incorporated into the case plan to mitigate these safety threats?

- ☐ a. No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were reunified at this time.
- ☐ b. Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place.

Describe:

Safety Decision

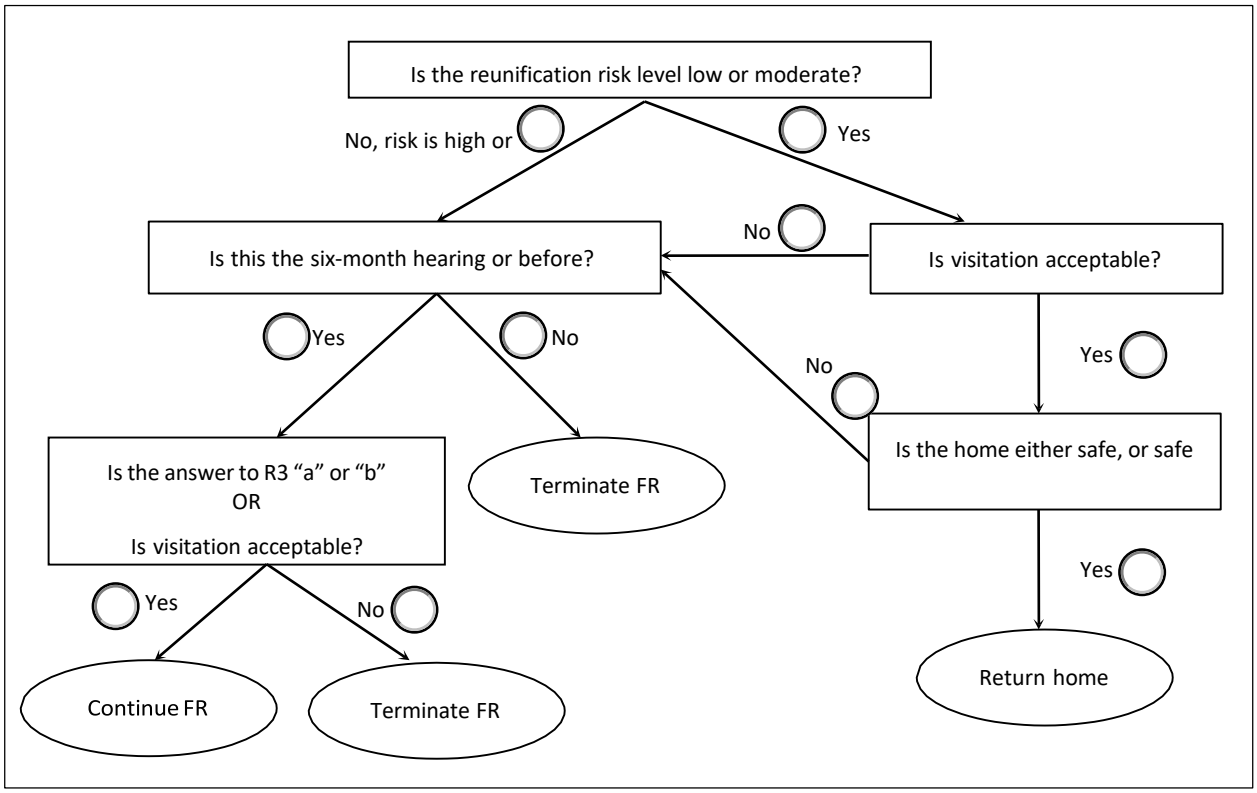
Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Mark one line only.

- ☐ 1. Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- ☐ 2. Safe with plan. One or more safety threats are present, and protective safety interventions have been planned or taken. Based on safety interventions, the child would be safe with a safety plan in place upon his/her return home. SAFETY PLAN REQUIRED.
- ☐ 3. Unsafe. One or more safety threats are present, and continued placement is the only protective intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

C. PLACEMENT/PERMANENCY PLAN GUIDELINES

Complete one of the following trees for each child receiving family reunification services (FR), depending on whether he/she is over or under age 3, and enter the results in Section E. Consult with supervisor and appropriate statutes and regulations.

Children Under Age 3 at Time of Removal



OVERRIDES (select one)

☐ No override applicable (policy or discretionary).

Policy Override

☐ Child has been in placement for 15 of the last 22 months (change recommendation to "Terminate FR").

☐ The tree leads to "Terminate FR" and it is the six-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to "Continue FR").

☐ The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change recommendation to "Terminate FR").

Specify:

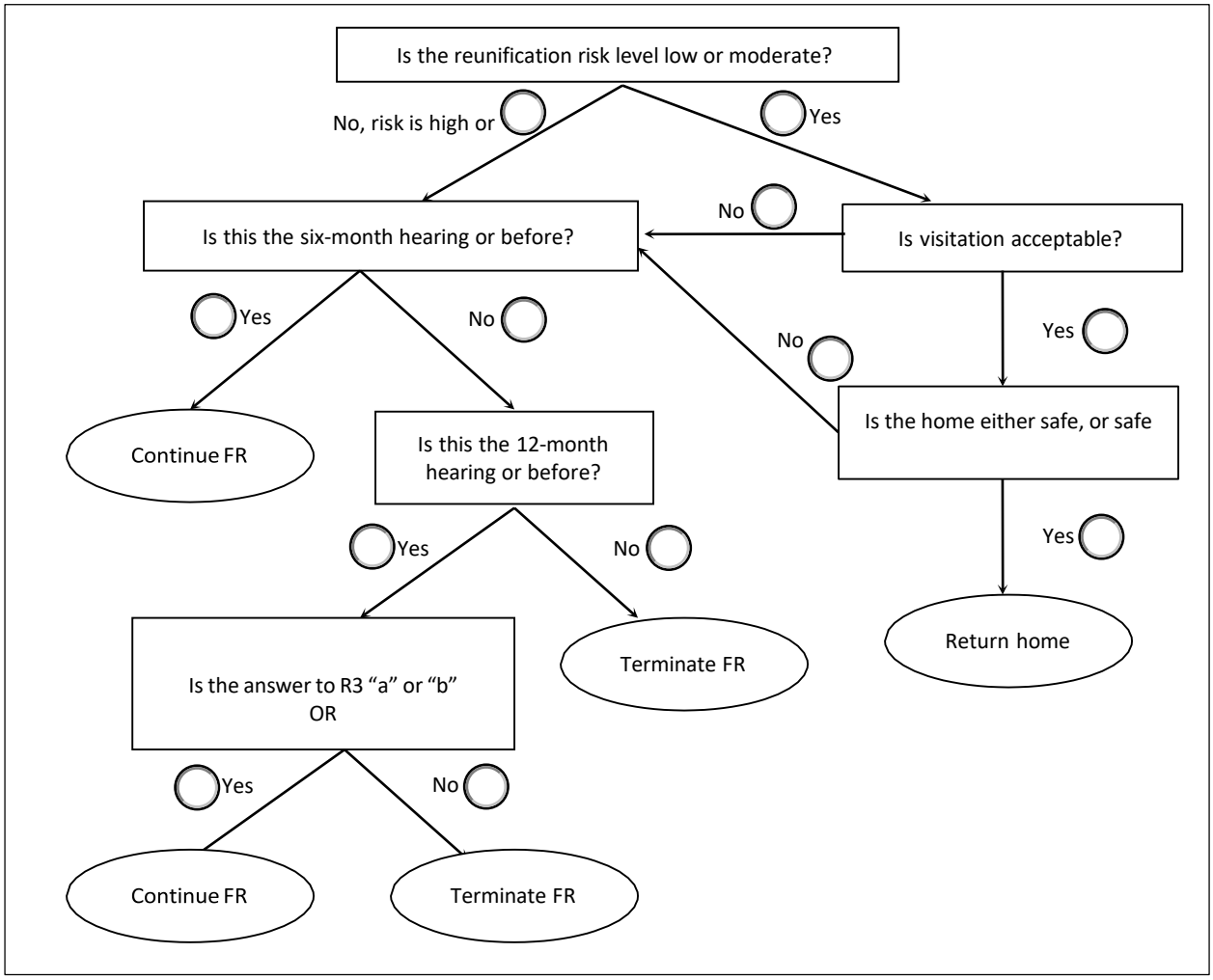
Discretionary Override

☐ Change recommendation to:

☐ Return Home ☐ Continue FR ☐ Terminate FR

Specify:

Children Age 3 or Older at Time of Removal



OVERRIDES (select one)

☐ No override applicable (policy or discretionary).

Policy Override

☐ Child has been in placement for 15 of the last 22 months (change recommendation to "Terminate FR").

☐ The tree leads to "Terminate FR" and it is the 12-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to "Continue FR").

☐ The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change recommendation to "Terminate FR").

Specify:

Discretionary Override

☐ Change recommendation to:

☐ Return Home ☐ Continue FR ☐ Terminate FR

Specify:

C. RECOMMENDATION SUMMARY

If recommendation is the same for all children, enter "all" under "Child #" and complete row 1 only.

Child #	Recommendation		
	Return Home	Continue Family Reunification Services	Terminate Family Reunification Services; Implement Permanent Alternative
1.	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐
4.	☐	☐	☐

Wilson Family Case Plan Update Worksheet

Strengths	
Contributing Factors	
Priority Needs	

CASE PLAN SERVICE OBJECTIVE: (EXAMPLE) **Name: Alana Wilson**		
CWS Drop Down Service Objective	Protect child from physical abuse	
Previous Service Objective	Alana agrees to show she will not permit others to physically abuse her child.	
Previous S.M.A.R.T. Description	1. Alana agrees to list in detail the warning signs, triggers, and/or things that led to her child getting hurt and/or prevented her from protecting her child from abuse in the past. 2. Alana agrees to describe and demonstrate at least five things she will do to protect her child if the person who may have abused her child is around the child and is starting to get upset with him. 3. Alana agrees to call a member of her local support network at a moment's notice if she or another member of the household starts to get upset with Omar and feels triggered or overwhelmed. One of these people will come over immediately to safely care for Omar and Alejandro.	
Objective Met	◯ Yes / ◯ No	Projected Completion Date
Progress		

Updated Service Objective	
Updated S.M.A.R.T. Description	

CLIENT RESPONSIBILITIES: **Name:**					
Activity	*General counseling*				
Times		Frequency		Completion Date	
S.M.A.R.T. Description					

UPDATED CLIENT RESPONSIBILITY: **Name:**			
Activity			
Times	Frequency		Completion Date
S.M.A.R.T. Description			

VISITATION SCHEDULE: **Omar Wilson, Alejandro Wilson, Alana Wilson, Matthew Wilson**			
Method		Beginning Date	

Description			
Times		Frequency	

CONCURRENT SERVICES PLANNING: **Omar Wilson**	
Concurrent Planning Goal	
Service Plan	
CONCURRENT SERVICES PLANNING: **Alejandro Wilson**	
Concurrent Planning Goal	
Service Plan	

CWS/CMS Case Plan Drop-Down Options

Please note that this is not a complete list, but was compiled for training purposes only.

Service Objectives
Able and willing to have custody. Show your ability and willingness to have custody of your children.
Accept disclosure made by child. Listen to and show acceptance and support of the disclosure made by your child.
Acquire adequate resources. Obtain resources to meet the needs of your child and to provide a safe home.
Acquire basic cooking skills. Demonstrate basic meal planning and cooking skills.
Acquire basic skills to seek employment. Be able to complete job applications and to participate in job interviews.
Acquire shopping, budgeting, and money management skills. Demonstrate developing/balancing a budget and to shop within your means.
Allow victim confrontation. Listen and respond appropriately when child is ready to confront you about your behavior.
Arrange child care/support during your absence. Be willing and able to arrange appropriate child care and supervision when you are away from home.
Complete Intimate partner violence Program. Attend and demonstrate progress in County Certified Intimate partner violence Prevention Plan.
Comply with visitation. Maintain a positive relationship with your child by participating in your visitation plan.
Control anger/negative behavior. Express anger appropriately and develop strategies for handling anger.
Cooperate w/Concurrent Services Planning. Work together with services to achieve legal permanency.
Cooperate to establish guardianship. Work together with staff to establish a guardianship for the child.
Develop Intimate partner violence Prevention Plan. Develop and use a specific intimate partner violence Relapse Prevention Plan for yourself.

Develop supportive interpersonal relationships. Develop positive support systems with friends and family.
Do not abuse alcohol. Stay sober and show your ability to live free from alcohol dependency.
Do not abuse drugs. Stay free from illegal drugs and show your ability to live free from drug dependency. Participate in all required drug tests.
Do not break the law. Do not break the law. Avoid arrests and convictions.
Do not involve you child in Dom. Viol. Do not involve your child in attempts to control or intimidate your partner.
Do not neglect your child's needs. Meet your child's physical, emotional, medical, and educational needs.
Do not physically abuse your child. Interact with your child without physical abuse or harm.
Do not sexually abuse your child.
Do not use physical punishment.
Eliminate danger to physical health. Remove identified dangers to your child's physical health.
Follow conditions of probation/parole. Follow all conditions of probation/parole.
Have no contact with your child. You will not contact your child by phone, in writing, or in person.
Improve basic self-care grooming, dressing, hygiene. Improve grooming, dressing, and hygiene.
Know age appropriate expectations. Show that you know age appropriate behavior for your child.
Maintain problem-free school behavior. Follow all school rules. Do not create any behavior problems at school.
Maintain suitable residence for child. Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor/correct child's behavior. Show your ability to supervise, guide, and correct your child at home, school, and in the community.

Monitor child's health, safety, and well-being. Pay attention to and monitor your child's health, safety, and well-being.
Obtain/finalize adoption. Cooperate with staff person(s) working to finalize adoption for the child.
Obtain/maintain legal source of income. Have and keep a legal source of income.
Positive interaction during child visits. Be nurturing and supportive when you visit your child.
Prepare for independent living. Participate in independent living program.
Protect child from contact with abuser. You will not allow any contact between the abuser and your child.
Protect child from emotional harm. Protect your child from emotional harm.
Protect child from physical abuse. Show that you will not permit others to physically abuse your child.
Protect child from sexual abuse. Show that you will not permit others to sexually abuse your child.
Protect self from abusive relationships. Take appropriate action to avoid being a victim of further intimate partner violence.
Provide appropriate/adequate parenting. Consistently, appropriately, and adequately parent your child.
Provide care for child's special needs. Show your ability to understand your child's feelings and give emotional support.
Provide emotional support for child. Show your ability to understand your child's feelings and give emotional support.
Receive age appropriate services. Receive age appropriate, child oriented services.
Refrain from intimate partner violence. Do not behave in a manner that is verbally, emotionally, physically, or sexually abusive or threatening.
Stabilize behavioral health. Participate in medical or psychological treatment as directed by the court
Support placement with potential legal guardian. Participate positively with staff person(s) to support the child's placement with a potential legal guardian.

Support long term placement for the child. Participate positively with staff person(s) to support a long term placement for the child(ren).
Take responsibility for actions. Show that you accept responsibility for your actions.
Treat others with respect.
Will complete vocational training. Enroll and complete vocational training.
Will remain in school until graduation/GED. Attend school on a regular basis until graduation or GED.
Planned Client Services/Client Responsibilities
Intimate partner violence Program
General Counseling
Psychiatric/Psychological Assessment
Psychotropic Medical Evaluation/Monitoring
Sexual Abuse
Therapeutic Day Treatment
Other (Education)
Parent Education Program
Special Education
Teaching and Demo Homemakers
Temporary Caretakers
Tutoring
Family Preservation Services
FP – Teaching and Demo
FP – Other
Counseling
Other (Substance use)
Substance use (inpatient)
Substance use (outpatient)
Substance use Testing
Twelve Step Program

Health/CHDP Services
Dental Visit
HEP-CHDP Equivalent Physical Exam
HEP-CHDP Physical Exam
HEP-Periodic Dental Exam
Medical Visit
Medication Management
Other (*Description Mandatory*)
Provide Medical Consent
Provide Medical/Dental Information
Independent Living Skills Program (ILSP)
ILP – Career/Job Guidance
ILP – Consumer Skills
ILP – Education
ILP – Health Care
ILP – Home Management
ILP – Housing Options/Locations
ILP – Interpersonal/Social Skills
ILP – Money Management
ILP – Other (*Description Mandatory*)
ILP – Parenting Skills
ILP – Time Management
ILP – Transitional Housing
ILP - Transportation
Case Management Services/Agency Responsibilities
Arrange and maintain placement
Arrange emergency shelter care
Arrange service delivery
Arrange transportation
Arrange visitation (*See "Visitation Schedule" below*)

Arrange/Refer legal consent
Obtain medical consent
Other (*Description Mandatory*)
Perform case planning activities
Provide crisis intervention
Referrals to community resources
SW planned contact (*See "Contact Schedule on next page*)
Transport client
Concurrent Planning
CSP – Assess for Adoptions
CSP – Disclosure to Birth Parents
CSP – Joint Assessment
CSP – Other (*Description Mandatory*)
CSP – Recommend Permanency Alternative
CSP – Refer/Complete Adopt. Home
CSP – Refer/Complete Guardian Assmt.
CSP – Refer/Complete Relinquishment
CSP – ID/Assess Permanency Plan
CSP – Place in Permanency Plan

S.M.A.R.T. Objectives

Objectives Are Specific

An objective is a statement that **describes a specific desired behavioral outcome that will achieve the desired permanency goal.** An objective is a statement of a behavior that must be achieved and maintained in order for the child to be safe. Objectives are about **behavior change** and are **"end states."**

Objectives are more specific in scope than goals. An objective describes in measurable terms **the end state of exactly what change is desired.** The outcome described by an objective represents the elimination of the identified need or problem.

Objectives must have certain characteristics**: they are specific, measurable, achievable, result-focused, and time-limited (S.M.A.R.T.).** In addition, an objective should be formulated for the **factors that place the child(ren) at risk**. This will assure that planned services are directed toward eliminating the problems that brought the family into the child welfare system, and that they are individualized to meet each need. Part of the worker's responsibility, through casework intervention, is to engage and empower the client to become invested in these objectives in order to succeed.

It is important to remember to focus only on those objectives that relate to the risk of recurrence of maltreatment. Many client families (as well as the rest of us) have multiple areas in our lives where we could make changes that could improve parenting. If these areas are not related to risk they should not be the focus of objectives unless families feel strongly about including them.

Example:
Specific Objective: Within 30 days, Mr. Lazarus will be able to explain to his social worker how he would use alternatives to corporal punishment methods and only use discipline methods that keep the children free from injury.

Objectives Are Measurable

The parties to the plan must be able to reach consensus regarding whether the stated objectives have been accomplished. The objective must include some easily discernible criteria by which achievement can be measured. Writing measurable objectives is one of the most difficult parts of the case planning process. Many of the expected outcomes in child welfare do not lend themselves to easy, precise quantification.

Some criteria are easy to observe but more difficult to measure. For example, one cannot write a measurable objective related to home cleanliness by quantifying the amount of dirt that is allowable in a home. A practical solution is an objective that **includes many observable behaviors that are associated with cleanliness.** For example, "the floor will be cleared of dirt, dust, debris, food, and garbage." The objective provides realistic and measurable criteria against which to measure home cleanliness.

Workers may be accustomed to writing objectives that contain the word **improve** such as "improved child care" or "improved housing conditions." **Objectives that contain the word "improve" are neither observable nor measurable.** "Improve" implies the existence of a describable baseline and a describable increase from the baseline. It also sometimes implies underlying values that define some behaviors as more desirable than others. If observers have different values, they may not agree on what can be considered an improvement. In neither case is there an adequate description of an end state that can be measured.

Objectives Are Achievable

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

For example, "Over the next 6 months, Mr. Lazarus will demonstrate the ability to discipline his children during visits without using physical punishment" is achievable; "Mr. Lazarus will not discipline child" is neither achievable nor desirable.

Objectives Are Relevant and Result Focused

Objectives must be selected in the context of the factors that put the child at risk.

If the assessed problem is that the mother is alcoholic and has blackouts during which time the child receives no care, a relevant and result focused objective would be, "Ms. Lazarus will remain sober at all times she is supervising her children and will ensure that her children are adequately supervised at all other times as evidenced by social worker observation, service provider observation and no new referrals for neglect during the next 60 days."

Objectives Are Time-Limited

The assignment of a timeframe provides an additional criterion by which achievement of the objective can be measured.

Time should not be thought of just in terms of "court time." Smaller blocks of time for specific activities to be completed work best with clients who may be overwhelmed with the prospect of completing the whole case plan. However, in order not to have to revise the written plan unnecessarily, it is best to have larger blocks of time (consistent with court times) stated for objectives. Smaller blocks of time are more appropriate for services that are known to be time-limited.

Wilson Family Vignette – Part 3

January 12, 2016:

Ms. Alvarez, Alana's aunt, called the social worker to let her know that on December 29, she had severe pain and her niece, Alana, took her to the emergency room. Doctors diagnosed her with ovarian cancer, (Stage Four) and she had an ovariohysterectomy on December 31. Her daughter, Esme, came from Las Vegas to help her when she came home from the hospital on January 4. Ms. Alvarez will go back to Las Vegas with her daughter to have her chemotherapy there. She will no longer be able to take care of Omar.

She said Matthew picked up Omar when Alana came to take her to the emergency room on December 29, and he has been living with his parents ever since. While Alana visited every day though January 1st, Ms. Alvarez hadn't seen her since.

The social worker went to the Wilsons' apartment but no one was home. She then went to the boys' school and met with Omar and Alejandro. Both boys looked a bit disheveled but clean. Omar seemed pretty distracted. Alejandro was weepy. Alejandro said that his aunt was sick and had gone to the hospital. Omar said his aunt was going to die and he wanted to get her cat to take care of it. Alejandro also mentioned that their mother "had been gone for a while."

The social worker sought out the school psychologist, Dr. Jennifer Wang, who told her that she had received a report that Alejandro had been crying frequently since school started back last week. His teacher also said he wet his pants yesterday. Dr. Wang had also been advised by Omar's teacher that he had been very distracted and was having a hard time staying still and focusing. The teacher wondered if Omar was taking his medication. Dr. Wang had been planning to call their parents but she hadn't gotten around to it yet.

The social worker then called both Alana and Matthew's cell phones and got voice mail in both cases. At 2:00pm, Matthew showed up to pick up both boys. The social worker asked if they could talk back at the apartment. Matthew agreed.

When the social worker arrived at the apartment, it was a mess. There were old fast food meals on the counter and floor. The trash was overflowing and there were clothes and toys everywhere. There were several empty beer bottles. Matthew was rushing around to try and clean things up.

Matthew sat down and told the social worker the following: He and Alana had had a tough Christmas because money was very tight. Alana was upset that she couldn't buy many presents for the boys and have a nice Christmas as a step toward having Omar move back home. Matthew said they had fought a lot. He also said that Omar had been pretty hyper over Christmas, but he thought that was probably pretty normal.

After that, Matthew explained, Ms. Alvarez went into the hospital and everything fell apart. Alana was really upset when her aunt was diagnosed with cancer. She spent every day at the hospital through New Year's. Matthew was left alone with the boys, which was very hard. Alejandro cried a lot. Matthew said they hadn't been able to find Omar's medication at Ms. Alvarez's house and, as a result, Omar was "hyper" and very hard to control. Omar was picking fights with Alejandro and Matthew said he was having a very hard time "keeping it together." When the social worker asked to describe what that looked like, Matthew admitted that he "was being a little rough" with Omar.

Matthew said that he and Alana had a big fight on New Year's night when she came back from the hospital. He wanted to know when she was going to come home. She said she didn't know if she "could do this" without her aunt to help

them. Matthew said this spiraled out of control and, at one point, he grabbed her because she was screaming and he was worried the neighbors would hear. She bit him, he let go, and she ran out of the apartment. Matthew said he decided to let things cool off for a couple of days and waited for Alana to return. After the second day, he went out to look for her. When the social worker asked where Alejandro and Omar were when he went out, Matthew said he turned on the TV and left out cereal for them to eat.

After three days, Matthew said he found Alana. She was in one of her old hangouts and she was very high. Matthew confronted Alana and she said she wasn't coming home, that she couldn't do it without her aunt and that she would just hurt Omar. She wasn't going to wait for child welfare to come in and take her children away.

Matthew told the social worker that he was having a hard time being available for work because he had the kids with him. The social worker asked Matthew about the empty beer bottles. Matthew said he was just having a beer once in a while in the evenings to relax.

As the social worker left the apartment, a neighbor opened her door and asked if she could speak with the social worker. Her name was Mrs. Grinsky and she told the social worker that she had been very worried about the children. She heard terrible fights between the parents over the holiday. She had also seen the father leave the apartment in the morning and not come home until night on several recent occasions. She heard the children crying on and off when they were alone. A couple of times she said she knocked on the door and brought them some food. She said she heard the father yelling at the kids and once, last week, saw him hit both boys in the hallway when they were leaving. She didn't know what to do.

Social Worker Follow-Up with Collaterals: Neither James Jeffers, Matthew's AA sponsor, nor Mr. Begay from the Healing Circle, had heard from him since before Christmas.

Additional Information: Alana's cousin, Melissa (whom they met at Chuckie Cheese last October) is willing to keep Alejandro for a while, but not Omar because "he is a bad kid."

Wilson Family Placement Plan Activity Instructions and Discussion Questions

Associated handouts for this activity:	***Page***
1. Wilson Family Vignette – Part 3	70
2. Placement Protocol handout	74
3. Impact of Separation handout	77

Instructions:

1. *After reading the vignette, review the handouts (Placement Protocol on page 74 and the Impact of Separation Chart for grade school age children on page 85).*
2. *After reviewing the handouts, please answer the following questions as a group.*

Small Group Discussion Questions

1. **What are Omar's underlying needs?** (Consider strengths and needs listed on the Structured Decision Making (SDM) tool: Family Strengths and Needs Assessment tool; Also consider his underlying needs for connection, love, belonging, security, stability. What underlying needs are behind his behaviors?)

2. **What are Alejandro's needs?** (Consider strengths and needs listed on the Structured Decision Making (SDM) tool: Family Strengths and Needs Assessment tool)

3. **What is the placement recommendation and concurrent plan for Omar? What are the ICWA considerations? What kinds of supports does the resource family need to care for Omar?**

4. **What is the placement recommendation and concurrent plan for Alejandro? What are the ICWA considerations? What kinds of supports does the resource family need to care for Alejandro?**

As the Social Worker for the family, what are some next steps you would take in this case?

1. **Please list five things you would need to consider to ensure the children are in the most appropriate placement that will meet their needs and minimize impact of trauma:**
   a.
   b.
   c.
   d.
   e.

2. **Please list five steps you would take to address the updated family circumstances and changing needs of the family:**
   a.
   b.
   c.
   d.
   e.

Placement Protocol

Social workers can smooth the transition to placement by starting with a thoughtful placement decision based on an assessment of the child's needs, including:

- Assessing the developmental/individual needs of the child and engaging the birth family in providing key information for this assessment
- Engaging the family in identifying, assessing and selecting family members and potential Non-Related Extended Family Members (NREFMs)
- Identifying the priority/key qualities/features of a caregiver for this child
- Facilitating a meeting between the resource family and the biological family and engaging with the family to provide transitional supports
- Providing details about the child to the foster parent to prepare the caregiver regarding needs of the child
- Preparing the child for the transition to placement
- Considering any immediate supports to assure placement stability
- Providing culturally specific information
- Monitoring and supporting the placement

The following pages provide some tools for completing these activities.

Questions to ask birth parents to help the placement transition:

1. What is your child's daily schedule for bedtime, naptime, and usual eating time?
2. Is your child allergic to anything? What are his/her food preferences?
3. What school does he/she attend? What grade? Any school problems?
4. What discipline do you use?
5. Does the child have any medical problems? Any medication taken regularly?
6. Does your child have any usual fears or concerns?
7. What is the best way to comfort your child?
8. What behavior problems does your child have? Is he or she physically aggressive? Has he or she been sexually abused? Where did the abuse occur? Was the perpetrator male or female? Any previous placements?
9. Does the child wet the bed at night?
10. Is the child in counseling?
11. What is your church preference?

Questions to assess potential relative caregivers to help understand the caregiver's strengths and needs (adapted from training materials provided by Peggy Cordero):

In addition to asking about safety, child welfare and criminal history, household composition, resources, and supports, it is also important to consider the caregiver's relationship with the child and parent and the caregiver's capacity to support the case plan. These questions help with that assessment.

1. What is your motivation for providing kinship care?
2. What is your current relationship with the child?
3. What is your current relationship with the child's parents?
4. What is your plan for involving the parent in your home?
5. How would you comply with court orders limiting contact between the parent and child or requiring frequent contact between the parent and child?
6. How would incorporate the parents' opinions in decision-making and discipline?

Pre-placement Activities - Planning

Preparing the child, youth, or young adult, family and resource family:

The following steps should always occur after the child has been taken into CPS custody. These processes should generally take place prior to a placement occurring. However, if there is an emergency placement, these steps should occur within three days of the placement. These steps should also be followed when moving children from one foster placement to another.

Preparing the family:

- Reasons for removal should be explained by worker and reunification discussed from the beginning. Concurrent planning should also be explained at the outset.
- Provide the parent with any material the agency prepares for parents. Inform the parents of any upcoming obligations (court dates, drug tests, appointments).
- Introduce the family to the concept of a child and family team for families who have children in foster care. This will reinforce and strengthen communication between the family and the agency.

Conduct the initial meeting:

- The biological family should meet the resource family in a neutral setting with the worker. If the biological family chooses not to participate in this team meeting, then the meeting will proceed without them.
- Have parents sign a release of information so the resource family can obtain information about the parents. This will help the reunification process. Remember to put resource family's or relative's name on release of information.

Preparing the resource family:

- It is important for the resource family to know as much information as possible about the child, youth, or young adult and family, especially religion and culturally specific issues. These issues can be discussed when the resource family meets the family or within the first month of placement.
- The resource family must be encouraged to tell the social worker if at any time during the planning or placement process, the resource family realize they do not want to proceed with taking the child, youth, or young adult into

their home. The social worker should fully respect the resource family's decision and seek another home. If the placement is pursued despite the family's concerns, the risk of later disruption is extremely high.

Preparing the child, youth, or young adult:

- Plan to take the child, youth, or young adult to the placement location. Prior to the move, show the child, youth, or young adult around for 10-20 minutes. Then leave the setting and go to another setting (restaurant, park) and ask the child, youth, or young adult for his or her thoughts and feelings about the placement. The social worker should do this pre- placement visit and should not have the foster parent come to pick up the child, youth, or young adult at the agency.
- If possible, schedule at least one, preferably more, pre-placement visits. This visit should be at least 24 hours before placement.
- Provide a tour of the entire home when only one or two resource family members are present. Other family members and pets can be introduced at a later time.
- If the safety concerns warrant an emergency placement, the placement should proceed without extended preparation.
- A placement without good preparation can cause overwhelming stress and emotional crisis for children, youth, or young adults.
- Too long a period of preparation can also increase anxiety.

Post-placement services

- Assure that the resource family receives support and services.
- Help the child, youth, or young adult develop a way of explaining the placement to others.
- Help the child, youth, or young adult maintain a sense of continuity and identity by keeping a life book.
- Ensure regular and frequent visits with family members.
- Ensure monthly substitute care reviews are completed by the child, youth, or young adult and foster parents.
- Utilize team meetings to develop the case planning process and facilitate ongoing communication.

Impact of Separation Chart

All children placed in out of home care are impacted by the separation and trauma that they have experienced. The goal is to create proactice visit and case plans that address the impacts that will likely occur due to the trauma, rather than waiting for the child's reactions to the trauma and then trying to respond.

This chart was developed using research on child development, grief and loss for children, best practices and special need issues such as drug exposed infants. Each age group has a separate section. When using this chart select items based on the child's developmental age.

The "Issue/Developmental" column – lists developmental facts that will impact how the child responds to trauma and separation. It also lists special issues that are applicable to some children. Example: Developmental fact - Infants have limited cognitive abilities; this applies to all infants. Special issue - Drug exposed infants respond differently (even without experiencing other traumas); this only applies to some infants.

The second column lists "Behaviors/Impacts" that may occur due to the ***Issue or Developmental*** fact when a child is tramautized or separated from the family.

The third column provides "Visit Planning Strategies" suggestions to eliminate or minimize the child's behaviors or negative impacts. Behaviors can occur before, during or after visits. The purpose of this chart is to provide suggestions that can help adults to assist the child throughout their time in care, not just during a visit. The strategies can be implemented by any adult or even by older children such as siblings. The term parent in this chart can refer to biological parent, foster parent or any caregiver. Professionals need to help teach, support and montor all parents to ensure the child's needs are being met.

How to use the chart

1. When developing a visit or case plan, review the chart and choose the items that relate to that child. Add visit planning strategies to the visit and case plans; include which adult(s) is responsible to ensure that the child's needs are met.

2. When a child is having negative or destructive behaviors related to visits (before, during of after) review the **Behaviors/Impacts** column. Locate behaviors listed in the **Behaviors/Impacts** column that match the child's behavior. Implement the suggestions in **Visit Planning Strategies**. Some behaviors can be related to more than one **Issue or Developmental** fact. Consult child development specialists or child therapists if the strategies do not work. Children are telling us they need help when their negative behaviors continue. Never ignore the behaviors or hope that they will just go away.

Impact of Separation and Trauma Chart

	Issue/Developmental	Behaviors/Impacts	Visit planning strategies
INFANT	• Infants' cognitive limitations greatly increase their experience of stress.	• Infants will be extremely distressed by changes in the environment and caregivers. • Expect the infant to show stress in bodily functions such as eating, sleeping and being "fussy".	• Help parent understand why infant may be distressed. • Infants should have people they "know" help with all transitions from one caregiver to another. • Do not force an infant to eat or sleep during a visit. • Have caregiver and parent share information with each other regarding how the infant shows stress and how to comfort infant.
	• Drug exposed infants respond differently.	• Hard to comfort, feed and may not want to be held.	• Meet infant's needs before visit. • Teach parent how to understand needs and respond to infant.
	• Infants have few internal coping skills. • Infants do not generally turn to others for help and support. It needs to be provided.	• Adults must "cope" for them. • Infants who have too many changes will be impacted at a higher level. • Infant is fussy, does not respond to his normal schedule or means of being comforted.	• Give the infant items that bring her comfort such as a blanket or stuffed animal. • Do bonding activities on visits. • Allow infant to choose who or what they want to be comforted by. Praise parent(s) who is able to allow others to comfort the infant. Goal: Shared parenting not competition among adults.
	• Infants experience the absence of caregivers immediately. • Infants do not forget people who are absent from their life but they only understand what is happening to them NOW.	• Infants may cling to new caregiver and refuse to go to other parent. • Infants may be confused by changes and become upset at times of transition: i.e., beginning and end of visits. • Infants need multiple contacts each week to maintain an active memory of a person and to attach to that person.	• Inform parent of this normal behavior. • Have visit as soon as possible after placement • Use voice recordings, phone calls, & pictures to keep memory active. Infants can respond well to skype contact. • Always say good-bye – do not let parents disappear hoping that will not upset the infant. • Do visits/contacts several times a week and encourage the birth parent to "provide care" for the infant during a visit so attachment is maintained.

Impact of Separation and Trauma Chart

	Issue/Developmental	Behaviors/Impacts	Visit planning strategies
	• Separation during the first year can interfere with the development of trust.	• Expect that a healthy infant will attach to his caregiver and that will help with the child continuing his developmental tasks. • Infants with multiple placements may withdraw from bonding activities.	• Let parent know that attachment to caregiver does NOT interfere with attachment to birth parent. • Praise the parent for supporting the infant's developmental need to attach even when they infant attaches to others. • Visit plan should emphasize the need to keep child and parents bonded. Include bonding activities on each visit.
	• Attachment is essential for the infant to live and develop.	• Infants can attach to more than one caregiver. • It is better for children to have multiple attachments.	• Minimize the number of changes in caregivers that an infant has. • Legally required to help children maintain and enhance their attachments to parents and family.
INFANT	• Consistency and schedules are critical for an infant's development.	• Infants are distressed by their new environment and caregivers. • Fussy, hard to comfort, do not sleep well, etc.	• Keep the child on the same food, schedule and other routines – changes should occur slowly. • Follow a regular schedule – preferably the infant's. If changes are needed do them slowly.
	• Infants miss their parent even if that parent was inconsistent or absent before separation (incarceration/hospitalization /divorce).	• Almost all children want to know their biological family even those adopted as infants. • Birth family is always a part of who a child/adult is.	• Infants need and legally have the right to have visits even when they have not had a prior relationship or cannot remember their parent or sibling. • Ensure infant has contact with birth family; including siblings and extended family. • Make "Life Story book" for the child to gather his history and memories.
	• Infant's developmental changes can occur weekly.	• Parents may not recognize the infant's changes or act as if the infant has not changed.	• Inform parent of the changes. • Teach parent how to adapt to new developmental stage of the infant.
TODDLER	• Typical reactions by toddlers: fear, regression, fantasy, guilt, bewilderment, change in level of aggression, generalized emotional neediness, inability to enjoy play or using play to recreate the family.	• Toddler will test their "new world" to try and understand how it works. • Toddler behaviors that some find hard to handle will increase after being traumatized (toileting, hitting, biting). • Adults often want to blame someone or interpret the behaviors as related to things besides the separation, i.e. Mrs. S must not be a good parent of the child.	• Expect the toddler to show behavioral signs of trauma and loss. • Do not blame adults or shame the toddler. • Provide structure, rules, consistency and stability for the toddler – minimize how many changes the toddler must have – make changes slowly • Reassure the toddler that she is loved. • Control behaviors that can cause harm to the toddler or others but do not overreact or punish the toddler.

Impact of Separation and Trauma Chart

	Issue/Developmental	Behaviors/Impacts	Visit planning strategies
	• The toddler needs dependable adults to help him/her cope.	• Child can turn to relative, substitute caregivers or a known and trusted worker for help and support during the placement process.	• Early & regular contact with parent or other who the toddler has emotional ties. • Do bonding activities. • Place siblings together and/or provide time for them to comfort each other. • Provide toddler with his favorite comfort item.
	• The toddler is likely to have an inaccurate and distorted perception of the placement experience.	• Toddler may make up stories about abuse, what occurred, why it occurred, what is happening to him in care, etc. This can appear to be lying to others.	• Discuss reality and fantasy with the child. • Do not punish child for "telling lies". • Explain how this behavior is a normal reaction for a toddler who is stressed or traumatized.
	• See people in extremes as either all good or all bad.	• Toddler may fear parent or environment. • Fear can be shown in words, behaviors, nightmares or not being able to understand adult behaviors.	• Assure toddler he is safe with people. • Inform parents and caregivers of these issues so they do not overreact to things he may tell them, e.g. "My new mommy is a bad."
TODDLER	• Any placement of more than a few weeks is experienced as permanent, i.e. the child believes they will stay forever in their current home. • A toddler believes what they see and experience, not what they are told.	• Without visits, the child may assume parents to be gone, dead or not coming back. • A toddler can complete the grief and loss cycle in a few weeks and reach the *Acceptance stage* which may interfere with his willingness to attach to biological family if no contact is maintained	• Do frequent visits, if not possible, have pictures, talk about the absent parent or have phone calls, skype or audio tapes. • Prepare the parent for the toddler's behavior or belief that a parent who has been absent is dead or does not love them, especially if visits have not occurred regularly. • Give the toddler a chance to remember or reestablish a connection with the parent at the beginning of a visit.

Impact of Separation and Trauma Chart

	Issue/Developmental	Behaviors/Impacts	Visit planning strategies
	• The toddler will often view separation and placement as a punishment for her 'bad' behavior.	• Toddler will cling to her own explanation for the placement. • Self-blame increases anxiety and lowers self-esteem. • Toddler may believe if she repeats the bad behavior, which she believes caused the placement; the new family will send her home.	• Explain, in simple language, that the adults are responsible and will fix the problem. May need to repeat this information multiple times • Help parent learn how to explain what happened in a way that will not increase the toddler's belief that she is responsible. • Let toddler know that her being good or bad will not change things such as where she is placed, when she gets to go home, etc. • Avoid replacing the toddler and/or stating to the toddler that she caused the change due to her behavior.
	• Because the toddler cannot generalize experiences from one situation to another, all new situations are unknown and therefore, more threatening.	• Even what appears to be a small change to adults can be a new trauma to the toddler, i.e. changing beds at the home, change in food, or changes of when visits occur.	• Prepare child for any changes, new experiences and what will happen "next". "Today is a special day so you will see your dad at lunch but not at bedtime." • Have a schedule and keep it unless there is no other choice. • Have toddler practice things ahead of the event, i.e. going through screening at the jail, bed time routine, riding to the visit.
	• Want to please their parents and adults they are attached to.	• Confused when given mixed messages about which parent he can trust or love. • Will act differently with different parents in response to trying to please that person.	• Give child clear boundaries and messages. • Do not ask the child to choose between parents. • No bad talk about the other parent. • Each adult be consistent in his/her messages. Child is able to respond to differences among adults but consistency is better.

Impact of Separation and Trauma Chart

	Issue/Developmental	Behaviors/Impacts	Visit planning strategies
TODDLER	• The toddler will display considerable anxiety about the new home.	• Toddler may express anxiety through behaviors and bodily functions. • Most often, while verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it.	• Help the parent (or someone the toddler trusts) comfort the toddler and address her anxieties. • Let the child know that it is OK to have feelings and that you want to know what they are. • Teach child safe ways to express emotions; crying, hitting a pillow, quite time, cuddling, etc. • Use games to teach the child about the new home and family. • Allow the child to have comfort items such as blankets, toys, or pacifier. This is not the time to ask a toddler to give up comfort items
	• Placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior.	• The toddler will revert to infant like behaviors; wanting their bottle, asking to be feed, wetting their pants or bed, etc. • They may become whiney and clinging to any adult who shows affection	• Expect this behavior; do not take it "personally" when a child acts out his feelings. Inform parent of changes in behaviors or skills. • Allow the behaviors without comment during the transition time. When the toddler is more secure slowly work towards regaining these developmental skills. Often the toddler will do this on his own once he feels secure. • Allow the toddler time to be clinging – may need to start the goodbye part of the visit early so there is enough time to finish the good-bye routine. • Have a good-bye routine. Have parents share how they say good-bye or good night and use what the child is used to. • Make sure people the toddler say goodbye before they leave. Do not "disappear" or sneak out.
PRE	• The child may wonder how the necessities of life (food, toys, etc.) will be provided.	• This feeling can lead to overeating, begging or manipulation. • Child may refuse to let go of an item.	• Reassure the child that her needs will be met. • Do not try remove comfort item from child unless necessary. • Most behaviors are temporary and will go away once the child feels secure so do not overreact.

Impact of Separation and Trauma Chart

	• The child needs dependable adults to help him cope.	• Child can turn to a relative, substitute caregivers or a known and trusted worker for help and support.	• Visits should always include at least one person the child trusts. • Prepare parent if the child does not currently trust/remember the parent. • Regular contact is necessary to build trust and maintain memories.
PRESCHOOLER	• The preschool child is likely to have an inaccurate and distorted perception of the placement experience.	• Magical thinking can cause them to make up stories about their parent or their situation. • Look for clues the child has fantasies and talk to the child about the fantasies such as; feelings of pain, of sorrow, or of being responsible for the situation. • The child may fantasize about returning home. • Child may become upset or feel adults have lied when fantasies do not become real.	• Try to explain when things will occur in a manner the child will understand. Do not wait for the child to ask for the information. • Do not treat child's perception/magical thinking as a lie. • Do not avoid talking about a traumatic placement or event in the hopes that the child will forget the event. • Use books and stories to help the child understand what is real. • Ask the child to tell you her "story" about what happened. • Drawing or playing is a way for the child to share her perceptions.
	• They may believe they are responsible for their parent being in jail, getting a divorce or why family violence occurred.	• Self-blaming can be shown through regression in behaviors or skills such as bed wetting, trouble sleeping, developing fears (monster in the closet), nightmares and toddler-like tantrums.	• Inform the parent of the child's behaviors or belief that she caused the parent's behaviors. • Parent and others to give clear message the child is NOT responsible. Especially important if the child did something like call the police.

Impact of Separation and Trauma Chart

	• Any placement of more than a month is experienced as permanent.	• Without visits, the child may assume parents to be gone, dead or not coming back. • Child does not understand time periods such as six months versus two years. • Child may "forget" many things about birth family within a short time. (Short term cognitive memory is lost but child usually has a long term subconscious memory of that parent.) • Child will go through grief and loss cycle quickly. Expect changes in behaviors such as denial, anger, and bargaining. • Child may try to bargain (not always stated out loud). If I am good can I go home? • Child may not know how to express emotions or fears expressing emotions.	• Ensure that the child has immediate contact after placement and frequent visits thereafter. • Pictures and phone calls can help supplement visits. • Talk to the child about the next visit but do not try to explain things that may take months or years to occur. • Do not deny visits in the hope that the child will adjust faster to new home if there is no contact. • Address the child's need for love and stability NOW. • Prepare parent for child's fussy memory if the visits do not occur regularly. • Give the child time to reestablish a relationship with a parent he has not seen in weeks or months. • Child's anger at parent may be related to *Anger stage* of grief/loss cycle and not the abuse. Child may show anger to another person. • Talk to the child and assure him that he will have a family and that the adults will work to be sure the child is loved even by family members whom he has not seen for a while.
PRESCHOOLER	• The child will display considerable anxiety about the new home/family.	• Child may try to do things that make his new home be more like his parent's home. This may be seen as not following the rules. • All adults should regularly check how the child is doing especially during the first days of placement.	• Ask parent about the child's schedule and home life. • Use that information to make things in the caregiver home mimic the child's home; food, routines, toys, clothes. • Adults ask the child about new home and schedule. Encourage and praise the child for adjusting to his new home. • While verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it. Make changes slowly. Provide clear and simple rules to the child to follow. • Do not punish the child for not following the rule. Develop boundaries that allow him choices and keep him safe.

Impact of Separation and Trauma Chart

	• Child may have emotions she does not know how to handle.	• Child appears to be deliberately trying to upset adults by actions or statements. ▪ Child may say things to be in control or express anger that upset others. "I hate you, you're not my mom, you can't make me"	• Prepare parent for these behaviors/emotions. • Do not overreact or the child will probably repeat the statement or behavior. • Often occurs when parent is trying to set boundaries. Continue to enforce boundary/rule. "John, I am not your mom but you cannot hit me."
	• Placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior.	• Child is likely to regress on one or more developmental tasks. • Child may refuse to be alone, try to control world, or display symptoms similar to depression. • Child may lack concentration and is not able to enjoy normal activities. • Child needs to know that she has some influence on adults to get her needs met. Child may manipulate, repeats requests or insist doing things his way.	• Prepare the parent for this to occur. • Expect behavioral changes and emotional reactions; the child may act out his emotions towards the parent, caregiver or social worker. • Do not take it "personally" but allow the child a safe way to act out the emotions. • Encourage child to do things that have brought him joy in the past. But do not pressure the child. • Allow child to express his emotions and show him that you still love him when he expresses his emotions. He does not have to be perfect to be loved. • Acknowledge child's emotions and praise him for even small steps he makes towards adjusting to the situation. • Meet the child's needs. Allow the child control over safe things like what to wear to the visit, which vegetable to eat, etc.

Impact of Separation and Trauma Chart

PRESCHOOLER	• Child attaches to new caregiver or to primarily to one parent and feels loyalty conflicts	• Child calls new caregiver mom/dad • Child shows signs of confusion about who is my parent/family • Child's self-esteem is connected to <u>everyone</u> he considers his family.	• Inform the parent of the child's behavior and how this is normal and healthy • Parent assures the child that he can love two moms or dads. • Do not ask the child to choose between parents. • Maintain frequent contacts with all birth parents or past caregivers. • One adult should never talk negatively about another adult with whom the child is attached. • Explain to the child that many children have multiple families (divorce) and that it is normal to feel confused at first.
	• Child needs to know what happened to his parent or what mom is doing while away from the child. Especially for parents in jail, hospital or settings far away from the child.	• Child wonders what their parent's life is like in jail or hospital. She may ask a lot of questions. • Child will make up worse stories about parents life if no information is given.	• Answer the child's questions. You may need to repeat the answers. • Do not wait for the child to ask. Provide information about things like where the parent is and their daily life. • Explain why other children or siblings are with the parent. • Draw or take pictures of where the parent lives. • Do not share information on difficult things you may experience in jail or hospital.
GRADE	• The child will compare one parent to another.	• The child may talk about what the "other" parent does or does not do.	• Let the parents know that this is normal. • Let the child talk about without assuming that he prefers one person over the other. • Never talk negatively about the other parent/caregiver. • Don't push a child to provide information about the other parent(s). • Concerns about the behavior of the other parent should be referred to the agency worker and the worker will investigate.

Impact of Separation and Trauma Chart

GRADE SCHOOL AGE	• The child can develop new attachments and turn to adults to meet his/her needs.	• Child will call caregivers mom and dad. • If given permission, the child may be able to establish relationships with caregivers without feeling disloyal to own parents. • Child may bond with other children who are a part of her new family.	• Allow the child to determine what names/titles are used; what to call foster parents, step-parents, other children in the home, etc. • Prepare the parents for their normal reaction (anger, sadness) and explain this shows that the child is healthy and normal. • Adults should give positive support of each other's role. Disagreements should be handled without placing the child in the middle. • Keep child in contact with caregivers and others in the home if the child moves to another home or returns home.
	• Child will have intense emotions and may not know how to handle them.	▪ Anger, sometimes quite intense, is expressed as both an honest reaction to what is happening to him/her and as an externalizing attempt to cope with his/her pain, sadness, and helplessness. ▪ May refuse to visit a parent.	• Allow the child ways to express her emotions in a safe manner. • Let her know it is OK to have these emotions. • Parent should admit to things he/she did that lead to the child having these feelings. • Do not minimize the child's feelings or tell child not to feel that way. • Allow child to make choices about visits that so her feels safe.
	• The loss of siblings, peer group, school and friends may be as traumatic as the loss of parents.	▪ Making new friends may be difficult. ▪ The child may be embarrassed and self-conscious about "foster child" status. ▪ Children who lose too many relationships may refuse to form new friendships. ▪ School performance may deteriorate. ▪ Child may refuse to continue involvement in former activities; sports, school, arts, hobbies. etc.	• Make efforts to keep the child in the same school. • If not possible, ensure the child can maintain contact with school friends. • Encourage the child to make friends but acknowledge to the child that it is normal to be afraid that this may cause more lose. • Have the child remain involved in activities and hobbies. • Parents and caregivers work to maintain these connections. • Have the child develop a scrapbook to save pictures, letters and stories of the people in his life.

Impact of Separation and Trauma Chart

	• The child may be confused if the 'rules' and expectations in the caregiver's home are different from what she is used to	▪ The child may not want to ask about the rules or is in shock in the first days and does not remember the rules. ▪ The child may feel a need to test the rules to see what happens.	• Caregiver should learn from the child and family about the rules the child had in his last home. • Whenever possible maintain those rules. Example: Keep bedtime the same. If change is needed, slowly move bed time to meet the rules of the new family. • Be non-judgmental of the rules of the other parent/caregiver • Provide clear rules and do not overreact if the child does not follow all the rules immediately. • Give the child some choices, "Would you like to store your shoes under your bed or in the closet?"
GRADE SCHOOL AGE	• The child has a better understanding of time than younger children so placements of a few months can be *tolerated* but attachments may be impacted especially if visits are infrequent.	▪ The child of knowing that a parent they have not seen in months or years is still alive. ▪ The child may be shy when they first see their parent, if contact is not frequent. ▪ The child is likely to have emotions such as fear, angry, disappointment regarding the parent.	• Have regular visits and use photographs, letters, skype and phone calls to supplement the contact. • Involve the child in planning the visit. • Be sure the visit does not regularly interfere with the child's schedule, school attendance or time with peers. • Provide parent with information on the child's life, school and friends. Provide the parent with information that can be used to talk to the child; "I heard you had a test today, how did you do?
	• The child has an increased ability to understand the reasons for the separation. • The child often feels loyalty to the parent and may blame others for the separation.	▪ With help, the child may be able to develop a realistic perception of the situation and avoid unnecessary self-blame. ▪ Do not over estimate his ability to fully understand. ▪ Language skills are more advanced than cognitive and abstract thinking skills.	• Give the child honest answers about the situation and the adult's responsibilities. • Include the child in court hearings or provide him information. Do not assume he does not know or care about court. • Parent and others should answer the child's questions honestly and as completely as possible. • Do not wait for child to ask the questions. Encourage the child to ask questions.

Impact of Separation and Trauma Chart

	• The child may be worried about family members she does not live with and may demonstrate considerable concern for siblings and parents.	▪ Child may ask questions, try to take care of the other family member or be protective of siblings to the point of interfering when adults try to care or discipline the sibling. ▪ Child may be *parentified* in his behaviors towards siblings or parents.	• Ensure frequent contact and when not possible share information so the child is assured of everyone's safety. • Provide information about the parent's whereabouts and condition. • Allow for early & regular phone calls to parent or other family members. • Allow child time to adjust and feel secure before trying to change behaviors that are protective of siblings or parent. • Do not force the child to give up *parentified* behaviors immediately. This is the child's way of bonding and forcing the child to stop can cause the child additional trauma.
GRADE SCHOOL	• The child may be embarrassed and self-conscious regarding family's problems and foster care status, which may contribute to low self-esteem.	▪ Child is very aware of being different and may deny or hide the fact that she is a foster child, that a parent is in jail, etc. ▪ Child may not want to go on visits, especially if that will make her seem different, i.e. being pulled from class. ▪ Child may want to hide the fact that her parent is in jail or hospitalized. ▪ Severe reactions may include the child refusing to visit a parent. ▪ Child may be taunted by others for what the parent did (committed a crime). ▪ Child may refuse to go to school.	• Help the child develop ways to explain her situation to her peers. The child may feel that he has to tell the "truth" and does not understand how to only share what he wants with his peers. • Have visits where the child is comfortable. Ex: some children like parents to visit the school and others do not. • The child can benefit from supportive adult intervention or counseling to help sort through his feelings about the situation. • Talk to the child about how he is doing at school, if he is being taunted or treated badly. • Get child to help with the planning of the visit and changes in her life. Allow her some choices and control.

Impact of Separation and Trauma Chart

	• Shaken sense of identity – Who am I? Who is my family?	▪ Child may ask to change her name, deny she knows a parent or refuse to go to a visit. ▪ Trauma and lack of support may delay the child's development. ▪ The child may need help resolving family relationship issues so she can continue to progress.	• Inform the parent it is developmentally normal for children in this age to start to "pull" away and not want to be with his parents in public places. This is not an indicator of a lack of attachment. • Share family history or stories to help enhance family connections. • Do not expect child to spend every minute with the parent on longer visits.
GRADE SCHOOL AGE	• Moral lapses are not rare, as the foundation of development of morality (their parent) is shaken and the child experiences painful injustices.	▪ This may be evidenced in such behavior as lying and stealing. ▪ The child is aware of concepts of justice, crime and punishment. A parent involvement in criminal court or the family's involvement in family court can be confusing and upsetting especially when information is not shared.	• All the parents and caregivers should discuss moral development and have consistent expectations and consequences when the child does not meet expectations. • Non-custodial parent should be actively involved in setting expectations, boundaries and enforcing discipline. • Help child to understand why parent is in prison. • Child should be given the choice to attend family court hearings.
	• Shows stress with symptoms such as headaches and stomach aches.	▪ Child may become ill or say she does not feel well when experiencing stress or to avoid a situation.	• All medical issues should be evaluated by a physician. • Teach the child methods of handling stress. • Track to see if there is a pattern when the child is sick or uses illness as a way of escaping. • Try to get her to discuss what is causing her stress rather than focusing on the illness.
ADOLESC	• Early adolescence is an emotionally and physically chaotic period for all teens.	• Any additional stress has the potential of creating "stress overload" and may precipitate a crisis.	• Teach the youth methods of handling the stress. • Do not overreact to outward changes – hair, clothes. • Give youth choices in planning visits and changes in his life. • Ensure that the youth has at least one trusted adult in his life.

Impact of Separation and Trauma Chart

	• The youth may resist relationships with adults. Dependence upon adults threatens "independence".	• Refusing to attend visits or have contact with parents and family. • Rejecting adults who could support them in their transition. • Only has trusting relationships with teens. • May begin having sex early or have inappropriate relationships.	• Allow the youth choices in how the relationship will occur but not whether he should have relationships with adults. • Even youth who state they do not want a relationship have told researchers that they wanted the relationship and feared rejection so acted as if they did not want adult relationships. • Prepare parent for this normal teen behavior. • Adults watch for behaviors that could harm the teen. • Adults continue to offer supportive relationship even if the teen initially rejects the relationship.
	• The youth may deny much of his own discomfort and pain, which prevents him from constructively coping with those feelings.	• Developmental regression, evidenced as choosing younger friends, withdrawing, and changes in school achievement or attendance. • Rejecting parents or adults who try to help. • Suicide, drug use, eating disorders and other self-destructive behaviors.	• Teach the youth it is OK to have emotions and how to handle the pain. • Provide emotional support even if this is initially rejected by the teen. • These reactions are usually temporary. Do not overreact. • If behaviors continue to become self-destructive refer teen to counseling.
ADOLESCENT	• Separation from parents, especially if it is the result of family conflict or behavior on the part of the youth, may generate guilt and anxiety.	• Denial of emotions, physical illness, eating disorders, depression, suicide, etc. • Acting out behaviors that endanger the teen or others.	• It is important that ALL the adults who are responsible develop an agreed upon plan to handle the youth's behavior. • Adults work together with youth to set consistent boundaries and consequences. • Support from parents, adults or therapist is essential.
	• Identity is an emerging issue; dealing with one's parents' shortcomings makes this transition more difficult.	• Parents may be idealized or shortcomings may be denied. • May see adults as all good or all bad.	• Do not take it personally when youth "notices" your shortcomings. • Honest, open discussion of parent's behaviors. Most helpful if parent initiates this discussion and takes responsibility. • Help youth develop a relationship with another adult who can provide support to the teen: relative, culturally significant leader, coach, teacher, etc.

Impact of Separation and Trauma Chart

	• Exploring his/her sexual identity.	• Entry into sexual relationships may be very frightening without the support of a consistent, understanding adult. • Sexual relationship may start earlier for traumatized teens and teen may be susceptible to abuse by others.	• Be willing to discuss or provide the youth information about sex, your values and expectations. • Support the youth even if he does not meet your expectations.
ADOLESCENT	• The youth has the capacity to participate in planning and to make suggestions regarding own life.	•He may refuse to attend visits. •He may act as if he does not care or want to be involved in planning. •Visits may be boring especially when held in agency offices. •Asks to have friends attend visits.	• Teen should be included in developing visit plans. • Persistent repeated attempts to engage the youth by parent or worker can have very positive results. • When possible have longer visits with opportunities to learn from parent (cooking, driving, sports, shopping, etc.) provide normal interaction activities. • Predictable schedules is not as important as allowing the youth choices. • Have visits where the teen is: foster home, school, sports events, music event, etc.
	• The youth will be mourning the loss of family and home.	• Symptoms of mourning may include such things as feelings of emptiness, tearfulness, difficulty concentrating, chronic fatigue, and troublesome dreams. • May choose to join a new family such as a gang.	• Talk to the youth about her feelings, refer to counseling and monitor for suicidal thoughts or signs of behavioral health problems. • Do not expect teen to quickly bond to new caregiving family or follow new household rules; the teen may see this as denying her birth family or the other parent. • Use internet and social media to enhance the teen's connections with family, friends, and culture.

Impact of Separation and Trauma Chart

	• Anger as a direct response to life disruptions and circumstances surrounding it, and to cover feelings of powerlessness, vulnerability, and grief.	•Expect withdrawal, both psychological and physical distancing and detachment. Adolescents, because of their greater independence, mobility, and access to resources (e.g. friends, organizations) outside the home, are often able to withdraw from the problems of the home to maintain their equilibrium •Watch out for social and behavioral problems, such as sexual misconduct, truancy, delinquency, Substance use, eating disorders and gang activity.	• Encourage the youth to be involved with friends and activities that bring her joy. • Adults regularly check with teen. Do not accept "no" if you suspect there is a problem. • Prepare parent for teen's emotions. Have parent accept responsibility for how his/her actions contributed to these emotions. • Do not overreact and/or expect teen to deny emotions. • Connect teen with other people or groups that are a positive "family" – sports, church, hobby groups, school activities, cultural groups, extended family, etc.

Impact of Separation and Trauma Chart

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Resources

- California Youth Connections (site for and about youth in foster care) http://www.calyouthconn.org/
- The Center for Children of Incarcerated Parents https://www.prisonactivist.org/
- The Child Trauma Academy (Dr. B. D. Perry's site in brain trauma) www.ChildTrauma.org
- Child Development Institute (research and articles on child development) http://www.childdevelopmentinfo.com
- Child Welfare Information Gateway (comprehensive child welfare website for all issues) www.childwelfare.gov
- Indian Child Welfare http://www.nrc4tribes.org/indian-child-welfare-act.cfm

Personal Learning Plan

1. Some questions I still have about Managing the Plan and supporting safety, stability and well-being for children in out-of-home placement are……

2. I can find more information about Managing the Plan at my agency by……

3. As a result of this training I will…..

4. My key take away from this training is…..

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Appendix

- Engaging and Partnering with Native American Families
- Placement Basics (Review of Placement E-Learning)

Engaging and Partnering with Native American Families[9]

Child welfare workers must be aware that even in urban American Indian families and in families whose connections to Indian culture appear to be tentative, deeply ingrained cultural factors may influence how families engage in child welfare services. A deep distrust of the child welfare system, based upon experiences unique to Indian people, continues to run through Indian communities. Child welfare services in cases involving American Indian children and families can be enhanced when staff at all levels of CPS are committed to working collaboratively with extended family members, community-based agencies and other professionals that serve Indian families, and tribes. Working successfully with American Indian families requires both system-level and direct practice interventions.

System-level approaches

Early identification of American Indian children

The identification of American Indian children entering CPS systems is a critical early step in effective family preservation work. However, identification of these children and families continues to be problematic. Often families' Indian status is not ascertained until well into the case and after many important opportunities to implement culturally responsive services have passed. Frequently, families are unable to produce written documentation of their Native heritage immediately following first contact with a CPS worker. Because of this, their Indian status receives no further consideration. In other instances, workers determine children's Indian status solely on physical characteristics and thus do not inquire about Native heritage if children do not "look" Indian.

Workers and supervisors should inquire about American Indian heritage in all families coming into contact with CPS. It is best to do this during not only the initial investigation but also the assessment phase of the case. If families answer in the affirmative, workers must engage their department's procedures for tribal notification under the ICWA.

Several CPS departments have developed further system-specific protocols that include:

- Referral of families with Native heritage to community-based partner agencies that serve American Indian families;
- Commitment to including extended family members in case planning and services; and
- Development of culturally appropriate family service plans.

Training of child welfare staff

Most child welfare training programs offer little content on the ICWA and even less on skills for working with American Indian families. CPS systems can enhance their staff's abilities by providing training to all workers (including administrators and supervisors) on the ICWA and on providing culturally responsive services. ICWA training should not only include the department's protocols for handling ICWA cases, but also help workers understand the history of the law to protect Indian children and the "active efforts" requirement that prevents the breakup of Indian families.

[9] Adapted from Lucero, N. (2007). *Resource Guide: Working with Urban American Indian Families with Child Protection and Substance use Challenges.* Denver, CO: Rocky Mountain Quality Improvement Center. Retrieved from: *www.nrc4tribes.org/files/Urban%20Indian%20guide.pdf*

Commitment to kinship placements and supporting extended family systems

Kinship placements are the first preference under the ICWA and are simply good child welfare practice. Often in American Indian families, extensive kinship networks play a role in raising children from birth and children feel comfortable, safe, and natural in these relatives' homes. When out-of-home placement is necessary for Indian children, CPS departments should immediately determine whether members of the extended family system have been involved in the children's lives or would be willing to become involved. Connecting children or placing them with extended family should be considered except in extraordinary circumstances.

Whatever the scenario that creates CPS involvement, supporting the extended family system that has cared for the children is essential to providing stability. A commitment to systemic flexibility and creativity allows a department to support the needs of extended family systems, renew their energy and resources, and help parents or caregivers address their Substance use issues. Children then can benefit by remaining connected to a familiar and nurturing group of kin who can again provide safety and nurturance.

Commitment to maintaining children's cultural connections

Placement with extended family is the most appropriate way of maintaining children's cultural connections. However, this is not possible in every child welfare case involving American Indian families. Some American Indian parents or caregivers with Substance use issues experience familial cut-offs and extremely disrupted relationships with usual support systems. Extended family members may be unwilling to become further involved with parents or caregivers unless they exhibit an extended period of sobriety. In these situations non-relative out-of-home placement of children may be necessary until healing can occur. However, even if relatives may not be a placement option, other forms of connections and diligent searches for other relatives should be explored.

When American Indian children must be placed in non-Indian foster care, it is important that CPS departments set a standard to keep children connected to Native culture. Non-Indian foster parents and other caregivers should be provided information and training on children's culture and tribal practices. Foster parents also should be given referrals to programs serving American Indian children and contact information for individuals in the children's tribe who could help children grow culturally. Individual and formal agreements, or "cultural contracts," can be created to outline ways non-Indian foster parents are expected to help children interact with their tribe, extended family members, and other Native people.

Developing collaborative partnerships to benefit American Indian families

One of the most important steps that a CPS system and individual workers can take is to encourage collaborative partnerships with community-based agencies serving American Indians, American Indian service providers (such as psychologists and therapists), and tribes. These collaborative partnerships benefit Indian families and children by making available specialized and culturally appropriate programs and services. Providing the services to support change in the lives of American Indian parents and caregivers who have child protection and Substance use issues requires an intensive level of clinical intervention. Partnerships with community-based agencies can support workers by helping share some of the workload.

Additional benefits to CPS departments can come from collaborative working relationships with community-based agencies. These agencies may be able to:

- Act as a bridge between CPS and tribes

- Provide cultural consultation and culturally appropriate service plans
- Suggest to workers ways they can engage in "active efforts to preserve Indian families" as required by the ICWA
- Assist CPS in identifying and supporting kinship placements
- Work together to ensure that children are safe and that cultural connections are initiated and maintained

Parent/caregiver interventions

Engagement with American Indian parents/ caregivers

Successfully engaging parents or caregivers is one of the factors most critical to working with this population of child welfare clients. Communal memories of American Indians' historically negative experiences with the child welfare system likely influence how many families engage with child welfare workers. Other cultural factors, such as norms about how one relates to non-Natives or those in authority, may make engaging even more challenging. Often historical trauma responses or cultural differences are misinterpreted by child welfare workers that parents or caregivers are "unmotivated" or "don't care" about whether they get their children back. Unless workers are aware of the high probability that American Indian parents or caregivers with Substance use problems also may have behavioral health disorders, limitations due to underlying trauma, and behavioral health problems also may result in parents or caregivers being considered unable to reunite with their children.

It is important to reiterate several points regarding engaging American Indian clients:

Case interventions should begin slowly as parents / caregivers may be overwhelmed with requirements and daily living and if behavioral health issues or trauma exist, overwhelmed feelings may exponentially increase.

Beginning slowly also gives workers the space to develop a relationship with families, allowing them to move from being task-driven to relationship-driven.

It can be interesting and fun for workers to learn more about Native culture from families. Listening as individuals describe their tribal beliefs and traditions or how they participate in powwow dancing can be fascinating. Workers must, however, be equally eager to hear the other side of what it means to be Native.

It may be very difficult to listen to individuals as they relate their frustrations with dominant culture systems and their struggles with racism, discrimination, and poverty. Workers cannot work effectively with child welfare cases involving American Indians if they are not willing to take the time to listen to the total range of families' experiences of being American Indian.

Workers should be aware of the aspect of power in the relationship with families. While workers may have the best of intentions and feel very supportive of families, they come across as (or are assumed to be) relying on the authority vested in them by a system historically unfriendly to Indian people. Many American Indian families will look at whether workers are demonstrating respect and understanding of them as human beings. Workers should not try to emphasize their position, power, and authority.

A team approach should be considered when working with American Indian families. Working with families who have multiple problems and who come from an unfamiliar cultural background can be mentally and emotionally challenging for workers. Spreading the responsibility for the case among several providers, extended family members, and

community supporters can ease work load, leave workers more energy for genuinely engaging with families, and help workers provide better services.

Hearing information about traumatic incidents can leave workers vulnerable to vicarious trauma. A team can create an environment of mutual support where members help each other share the weight and responsibility of working with severely troubled families.

Placement Basics (Review of Placement E-Learning)

This handout is provided as an overview of what was covered in the Placement eLearning and in the Monitoring and Adapting block of Common Core 3.0. An overview of laws that impact placement covered in earlier Common Core 3.0 blocks are also included. This handout should be used as a companion to the Team Based Learning Activity (Individual Readiness Assurance Test (IRAT); Team Readiness Assurance Test (TRAT)) and Wilson Placement Plan Activity.

Laws and policies impacting placement of children in out-of-home care

Law or Policy	Summary description

Adoption and Safe Families Act (ASFA) of 1980	Adoption and Safe Families Act (ASFA), marked the culmination of reforms and practice evolution to promote safety, well-being and permanency
	• Safety of children is paramount
	  • Identifies circumstance under which reasonable efforts to reunify are not required and shortened the timeframe for initiating proceedings for the termination of parental rights
	  • Foster care is temporary setting, not a place for children to grow up
	  • Permanency planning begins when a child enters the child welfare system
	  • Child welfare focus on results and accountability

Multiethnic Placement Act (1994), Amended by Interethnic Adoption Provisions (1996) (MEPA-IEP)	Multiethnic Placement Act, amended by Interethnic Adoption Provisions (MEPA-IEP) • Prohibits states from using race, color, or national origin to deny prospective foster or adoptive parent the opportunity to foster or adopt a child of any race, color, or national origin • Prohibits delaying or denying a child's foster or adoptive placement due to race, color, or national origin • Cases subject to Indian Child Welfare Act exempt • Increased efforts to find and recruit potential foster families of color. It also requires more timely placement of children into foster and adoptive homes

Indian Child Welfare Act of 1978 (ICWA)	Indian Child Welfare Act of 1978 (ICWA)
	• Federal law that imposes special standards and requirements when a child welfare agency seeks to intervene to protect an "Indian child" as defined by statute
	• Intended to protect children, families, and tribes
	• Applies to any "child custody proceeding" involving an "Indian child"
	  • Does not prevent CPS emergency removal if necessary to prevent "imminent physical damage or harm to a child"
	  • When there is no alternative to out-of-home placement the Indian Child Welfare Act provides mandates that a child be placed first with extended family, second with foster families of the same tribe, third foster families of another tribe and last an institution approved by the child's tribe

Interstate Compact on the Placement of Children (ICPC)	• The Interstate Compact on the Placement of Children (ICPC)
	  • Regulates child placements across state lines
	  • Agency in the state placing child (sending agency) notify and receive approval from state with proposed placement (receiving agency)
	  • Sending state is responsible for placement expenses not otherwise covered

California State Initiatives impacting placement of children in out-of-home care

Initiative	Summary description
Resource Family Approval (RFA) introduced by Senate Bill 1013 / Effective January 1, 2017	Effective January 1, 2017, Senate Bill 1013 introduces the Resource Family Approval Program or "RFA", a new family-friendly and child-centered caregiver approval process that combines elements of the current foster parent licensing, relative approval, and approvals for adoption and guardianship processes and replaces those processes. RFA: • Is streamlined and eliminates the duplication of existing processes • Unifies approval standards for all caregivers, regardless of the child's case plan • Includes a comprehensive psychosocial assessment, home environment check, and training for all families, including relatives • Prepares families to better meet the needs of vulnerable children in the foster care system. • Allows seamless transition to permanency. • For more information: http://www.childsworld.ca.gov/PG3416.htm
Continuum of Care Reform (CCR) – Assembly Bill 403 (2012)	Assembly Bill (AB) 403 "Continuum of Care Reform" or CCR is a comprehensive policy reform effort supporting California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings (least restrictive settings). The measure builds upon many years of policy changes designed to improve outcomes for youth in foster care. "Continuum of care" refers to the spectrum of care settings for youth in foster care, from the least restrictive and least service-intensive (for instance, a placement with an individual foster family or an extended family member) to the most restrictive and most service-intensive (for instance, a group home with required participation in behavioral health treatment and limits on when the youth can leave the facility). Foster youth who live in congregate care settings are more likely than those who live with families to suffer a variety of negative short- and long-term outcomes. Research indicates such placements are associated with the creation of lifelong institutionalized behaviors, an increased likelihood of being involved with the juvenile justice system and the adult correctional system, and low educational attainment levels. Further, children who leave congregate care to return to live with their families are more likely than those who were in placed in family-based care to return to the foster system. AB 403 addresses these issues by giving families who provide foster care, now known as resource families, with targeted training and support so that they are better prepared to care for youth living with them, in turn improving outcomes and placement stability for youth. • A comprehensive reform effort to move away from the use of long-term group home care by increasing youth placement in family settings (least restrictive settings) • "Continuum of care" – Spectrum of care setting for youth in foster care, from least restrictive to most restrictive and service – intensive • Resource families are provided targeted training and support to better prepare them to care for the needs of youth in out-of-home placement • For more information: : http://www.childsworld.ca.gov/pg2976.htm
Quality Parenting Initiative (QPI)	The Quality Parenting Initiative (QPI) is an approach to strengthening foster care, by refocusing on excellent parenting for all children in the child welfare system. The QPI is a collaborative effort of the Youth Law Center, the County Welfare Directors Association (CWDA) and the CDSS. QPI Goals: • Rebrand Foster Care

	• Caregivers, agency staff and birth parents work as a team to support children and youth • Statewide approach to recruitment, training and retention of high quality care providers • Mentor the biological parents(s), if appropriate • Maintain a lifelong commitment to the child wherever he or she lives, if appropriate • Expectations of caregivers are clearly defined and articulated Please note: • The RFA and QPI Support the Continuum of Care Reform. • The RFA process improves the way Caregivers (related and non-related) for children in out-of-home care are approved and prepared to parent vulnerable children, whether temporarily or permanently. • For more information: http://www.fosterfamilyhelp.ca.gov/PG2997.htm#know
Core Practice Model (CPM)	The Core Practice Model (CPM) is a set up practices and principles for children and youth served by both the child welfare and the behavioral health system that requires collaboration between child welfare and behavioral health staff, service providers and community/tribal partners working with the children, youth and families. Core Practice Model (CPM): 1. Family centered approach to improve coordination and collaboration among behavioral health, child welfare, and children and families involved with the child welfare system who have behavioral health needs 2. Promotes respect for the values, beliefs and behaviors of an individual and his/her community and/or tribe 3. No single individual, agency or service provider works independently 4. Services are needs driven, strength-based, and family focused from the first conversation with or about the family. 5. Services are individualized and tailored to the strengths and needs of each child and family. 6. Involves a significant change in administrative policies and procedures, in day-to-day tasks and in supervisory and coaching/field interactions with direct services staff across systems in an effort to improve outcomes and services for children, youth and families involved with child welfare. 7. For more information: http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf

Additional Laws that impact placement stability, safety, permanency and well-being for children in out-of-home placement

Law or policy	Summary description

Reasonable and Prudent Parent Standard (RPPS)	"Reasonable and Prudent Parent Standard" (RPPS) – the standard characterized by **careful and sensible** parental decisions that **maintain the health, safety, and best interests of a child** while at the same time **encouraging the emotional and developmental** growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.
	
	The key goal of Reasonable and Prudent Parent Standard is to provide a sense of normalcy for children and youth in out-of-home care. This means children and youth are able to do what is considered "routine" such as participating in sports, attending events, spending unsupervised time with friends, taking on responsibilities, having a later curfew (for older youth), etc.
	
	Through such activities youth:
	• Learn and develop their own talents and interests
	• Have the opportunity to safely experiment and take risks
	• Practice decision-making skills
	• Develop healthy adult and peer relationships
	
	Another element of RPPS involves guidelines for occasional short-term babysitting. "Short-term" means no more than 24 consecutive hours. Every caregiver may arrange for occasional short-term babysitting of their foster child and allow individuals to supervise the foster child on occasions, including, but not limited to:
	• Medical or other health care appointment
	• Grocery or other shopping
	• Personal grooming appointments
	• Special occasions for the foster parents
	• Foster parent training classes
	• School-related meetings (such as parent-teacher conferences)
	• Business meetings
	• Adult social gatherings
	• An occasional evening out by the foster parent
	
	Caregivers must be provided with any known information relevant to the care of children placed at the time of placement and as information becomes available. Information that must be shared with caregivers:
	• Within 48 hours of placement:
	  • Prescribed medications and instructions for use
	  • Current treatments in effect
	• As soon as possible (no more than 30 days after placement)
	  • Summary of child's health and education
	  o Health care providers
	  o Medical history, health problems, immunizations, known allergies
	  o Behavioral health history
	  o Educational providers and efforts to maintain child at school of origin if appropriate
	  o Grade level and school documentation
	  • Child's case plan outlining needs/services and visitation plan with family / siblings if applicable
	  • Child's family / behavioral background
	  • Child's birth certificate / passport
	  • Contact information for child's social worker, attorney and Court Appointed Special Advocate (CASA) if applicable.

	• Child's juvenile court case #, health insurance # and State ID # For more information: • www.fosterfamilyhelp.ca.gov/PG3001.htm • http://www.dss.cahwnet.gov/lettersnotices/PG3409.htm
Monthly Social Worker / Child Visits	It is important for Social Workers to understand and value the practice of conducting regular and purposeful worker/child visits to ensure the safety, permanency, and well-being of the children they work with. Per All County Information Notice (ACIN) I-48-15: Monthly Caseworker Visits with Children, counties are reminded that Federal law outlines standards for the content and frequency of social worker visits for children who are in out-of-home placement. Minimum standards for social worker/child visits: • Frequency of once per month • Should be well planned and focused on issues applying to case planning and service delivery to ensure safety, permanency and well-being of the children • The majority of these visits must occur in the child's home Additionally, social workers should be having purposeful and planned conversations with the child's caregiver in order to determine: 1. What's working well for the child in their home 2. Are there current worries that need to be addressed? Questions? Concerns? 3. Review of case plan / visitation plan / child's health and education status 4. Is there any follow up / referrals needed? For more information, please refer to ACIN I-48-15: Monthly Caseworker Visits with Children: http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2015/I-48_15.pdf

Placement types for children in out-of-home care

Placement type	Summary description
Foster family home / Resource family home	***Please note: Effective January 1, 2017, the Resource Family Approval Program (RFA) now refers to the following placement types as "Resource Families": foster families, kinship care families / relatives, treatment foster care homes, adoptive homes.*** Foster / Resource family home: The child or youth lives in a private home with a family or adult *For youth ages 18-21 in extended foster care, there are additional placement options that allow for greater independence such as renting a room or apartment*
Kinship care / Resource family home	The child lives with relatives (grandparents, aunts, uncles) or a Non relative extended family member (NREFM)
Treatment foster care home / Resource family home	Includes placements that occur when the child has been identified as needing special services and supports; for example, if the child is medically fragile, HIV positive, or has some type of emotional or behavioral issue due to trauma or behavioral health diagnosis. Treatment foster care placements, sometimes called "therapeutic foster care," mean that resource families have received special training or support so that they can better meet the needs of these children.
Residential or congregate care / Group home care	Includes institutional settings, such as treatment centers or correctional facilities, community-based group homes, and residential living in campus settings. • In 2012, AB 403 / CCR reclassified the term to Short Term Residential Treatment Centers (STRTCs).
Emergency care settings	Temporary settings used by some states and counties when a child is first removed from their homes. They are generally settings where a child stays less than 7 days, and may be with a family or in a more institutional setting.
Guardianship	The legal transfer of parental and legal authority of a child to another caregiver and does not require termination of parental rights, as is required for an adoption. Each state has different laws around guardianship.
Adoption	The process in which children who will not be raised by their birth parents become full and permanent legal members of another family. For adoption to occur, the legal relationship between a child and their biological parents must be terminated.

Risk and protective factors impacting safety, permanency and well-being for children in out-of-home placement

Risk Factors	Summary description
Common risk factors impacting placement stability for children	• Resource families with poorer rapport with the agency • Resource families feeling frustrated with children's behavior • Resource families taking care of more than one child with challenging behaviors • Inadequate preparation for the extent and type of child behavior problems • Children with disabilities and very young children • Children placed in homes where caregiver suffers from mental illness • Lack of appropriate expectations of child development, lack of experience, and using corporal punishment • Lack of economic resources
Child factors	Factor #1: Child factors associated with increased risk of placement disruption include: • Gender • Age • Special Needs • Attachment Issues • Child's history • Length of time in care
Parent factors	Factor #2: Parent factors associated with increased risk of placement disruption include: • Expectations • Educational Level • Previous relationship with child • Parenting experience • Parenting style • Preparation and Skill training • Marital status
Family factors	Factor #3: Family factors associated with increased risk of placement disruption include: • Other children in the home • Caregiver – Child Relationship prior to fostering / adopting • Impact on the family • Social Support Network
Agency factors	Factor #4: Agency factors associated with increased risk of placement disruption include: • Number of agencies involved in the case o And….are they communicating and sharing information with each other? o Are they coordinating services to avoid duplication and gaps in services? • Background information • Supportive Services • Placement Changes • Social Worker Factors / Changes

Protective Factors	Summary description
Importance of protective factors in child welfare	Importance of using a "protective factors" approach in child welfare: • Engages families in a positive way • Focuses on family strengths • Build resilience in children and families • Reduces trauma • Reduces feelings of judgement and being stigmatized • Encourages collaborative relationships between agencies and with families
Strengthening Families Five Protective Factors approach, a project of the Center for the Study of Social Policy	The Strengthening Families Five Protective Factors associated with reduced risk of child abuse and neglect: • Parent Resilience • Knowledge of Parenting and Child Development • Social and Emotional Competence of Children • Social Connections • Concrete Supports in Times of Need
Parent Resilience	Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it is needed.
Knowledge of Parenting and Child Development	Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.
Social and Emotional Competence of Children	A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witness violence need a safe environment that offers opportunities to develop normally.
Social Connections	Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.
Concrete Supports in Times of Need	Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as Substance use, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like intimate partner violence shelter or Substance use counseling, in times of crisis.
Web Resource	www.strengtheningfamilies.net