

REACHING OUT

CURRENT ISSUES FOR CHILD WELFARE PRACTICE Summer 2014

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INNOVATIVE PRACTICE: ENTRY INTO CARE

By Susan Brooks, Director, Northern California Training Academy

The trajectory of most child welfare cases is determined by the early interactions between the family and the child welfare agency. Those early moments can determine what kind of intervention will be offered, set the stage for future interactions with the family, and in some cases even determine whether to knock on the door at all. This edition of *Reaching Out* is dedicated to those early moments and highlights the promising practices child welfare agencies can implement to ensure that our responses lead to healthier families.

While a robust body of research exists supporting a variety of interventions and programs in the child welfare system, there is a surprising gap of research in the emergency response or the “front end” phase. In an attempt to begin to fill that gap, the Northern California Training Academy recently hosted the Innovative Practice Symposium: Entry into Care. Featuring representatives from some of the most innovative front-end practices throughout the country, the symposium offered child welfare representatives from Northern California and beyond an opportunity to learn how other jurisdictions approach intake, entry into care and the first engagement of families.

At the symposium, keynote speaker and Casey Family Programs senior director Erwin McEwen candidly reminded participants that our intervention is not always successful; in fact, he argued that just one knock on the door to investigate possible abuse can damage families, which is especially true for those families in which the investigation is unfounded.



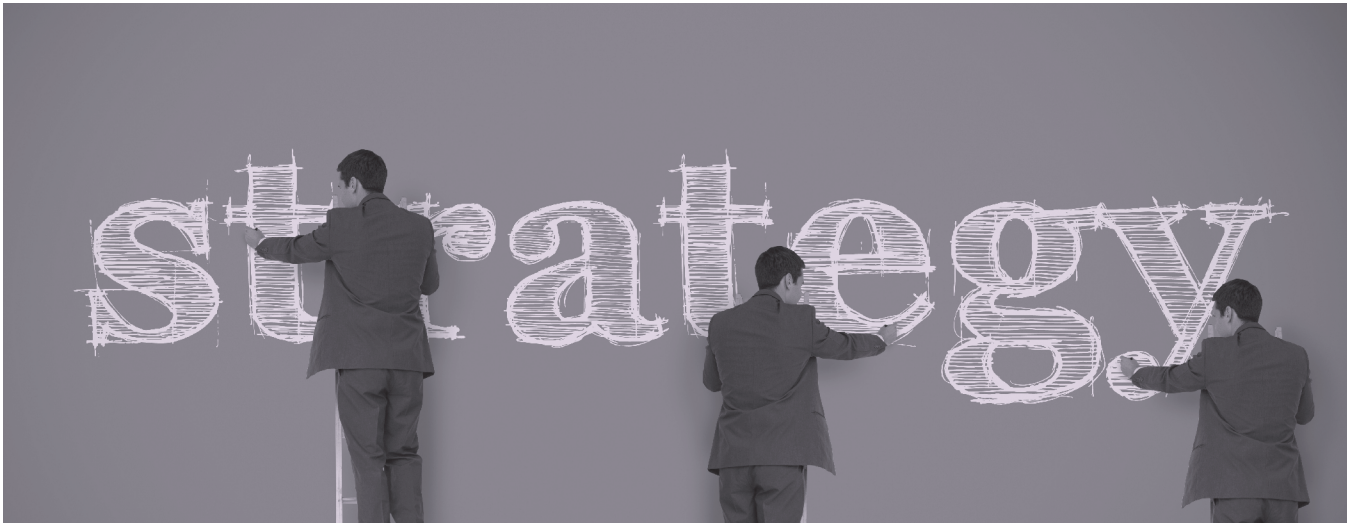
This *Reaching Out* will focus on four actions child welfare agencies can use to positively impact children and families in those early months, which includes engaging parents, ensuring appropriate services are offered (which includes ensuring support services are offered to prevent recurrence if detention isn’t warranted), accurate assessment and the discreet structure of the emergency response system. In addition, this issue will focus on the single most important thing any child welfare agency can do to make a positive impact: collaborate at all levels.

In Northern California and several other regions throughout the country, Safety Organized Practice (SOP) provides the blueprint for how agencies can move to a model of partnership-based collaboration. SOP provides workers with strategies and tools to engage families with the child welfare system, which in turn assists the agency in assessing both the response of the system and the services that are offered.

This kind of collaboration—authentic and transparent—is what will move agencies toward better serving children and families.

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SORTING IT OUT: SEVEN STRATEGIES TO IMPROVE INFRASTRUCTURE IN THE CHILD PROTECTIVE SERVICES SYSTEM

By Jason Borucki, Northern California Training Academy

In a child welfare professional community so dedicated to serving the most vulnerable populations, there will always be a drive to improve practice by exploring stronger, innovative ways to serve children and families in need. However, changes will not take root in practice without a comprehensive, collaborative-based infrastructure—one that is systemically formulated within the foundation of the child welfare organization. For child welfare agencies to move forward, collaborative decisions must be valued and implemented at all levels—between and among child welfare staff, other agencies serving families and families themselves.

At a recent Innovative Practice Symposium hosted by the Northern California Training Academy, Sue Lohrbach and Robert Sawyer addressed this need for a more collaborative approach to practice innovation while sharing their Seven Strategies for Transforming a Child Protective Service System. Their insight also helped suggest some possible answers as to why so many practice innovations fail to stand the test of time. “If you only focus on the direct practice, what can happen is you don’t pay attention to organizational design, infrastructure, how policies are developed or any of that,” said Sawyer, former director of Olmsted County Child and Family Services,

where he began collaborating with Lohrbach in developing their collaborative practice approach in 1999, some of which included early incarnations of differential response and safety organized practice. “If you only focus on how to change the practice, my observation is that over time it gets lost because policies don’t change and the infrastructure doesn’t support it.”

While Sawyer and Lohrbach have both since moved on from Olmsted County, their message remains consistent and clear: differential response (or alternative response) is often the catalyst for transforming child protective services, as well as the first of seven interconnected strategies for overhauling an infrastructure in order to make that transformation come to life.

“Differential response provides the incentive to think differently about the work,” said Lohrbach. “You have in place a response that has to do with the forensic investigative response around allegations of child maltreatment, and you also have legislative permission in most jurisdictions to move forward with an assessment without investigation.” Differential response allows the agency to acknowledge that each family deserves to be treated differently; that the agency can be flexible in how it responds to the variety of allegations of abuse and neglect it receives.

Each of the next six collaborative-based strategies continues to support an infrastructure which allows innovative practice to develop. Many of them may sound familiar to Northern California counties and readers of this publication.

1. A Differential Response System
2. Front-loading the agency and community
Example: Targeted early interventions such as Head Start
- *3. Formal risk/safety assessment
Example: Structured decision making (SDM)
- *4. A social work practice model
Example: Solution-focused practice
- *5. Consultation and information sharing framework
A genogram/ecomap for exploring the reasons for referral, risk statements, complicating factors, safety, strengths/protective factors and the purpose/focus of consultation to help inform a collaborative agreement on next steps. (For more information see article on RED teams.)
- *6. Group supervision and group decision making
Example: RED teams, also informed by the framework above
- *7. Facilitated family meetings
Example: Family Team Meetings (FTMs)

* Current Elements of Safety Organized Practice

At least one or more of these strategies can be found in just about any jurisdiction. Some even materialize organically under a different name. But Sawyer and Lohrbach both caution against viewing these strategies in isolation as a quick fix to improving certain aspects of practice.

"There needs to be an organizational incentive for change," said Lohrbach. "If the change is only to practice and not the infrastructure, the chances of it surviving the test of time are low."

Perhaps these strategies are often broken down because of their apparent complexity. According to Lohrbach, however, the seven strategies are rooted around a very simple ideal.

"Partnership-based collaborative practice is what the seven strategies are about," she said. "It's as simple as that."

In addition to partnership-based collaboration, agencies must embrace the notion of transparency--and allow their decisions to be visible, Lohrbach added.

Sawyer offered his own view for why these strategies are so often isolated and misunderstood.

"What we continue to get trapped in, especially when [the strategies] are being introduced to organizations, is taking a look at one of them, or two of them, and looking at them in a kind of silo to measure the effect they're having. It can become confusing until one gets the sense that this is all part of an organizational design, that this is changing the context of the work, and that these are pieces of a different puzzle that all need to come together."

As Sawyer and Lohrbach see it, the puzzle pieces add up to a collaborative practice that responds proportionally to children and families. This very much fits the working definition of differential response.

"What differential response did is force systems to reorganize," said Lohrbach, "and now it has different options for different kinds of families and different kinds of situations. It reawakens child welfare to how we work with families on that."

The options are many, but as Sawyer and Lohrbach assert, picking only one or two of the strategies will rarely result in sustained success. A change to infrastructure is needed to successfully transform a child protective services system to one that collaboratively produces consistently better outcomes for children and families.

"Where you collaborate, you have better outcomes," said Lohrbach, "but if you only try to plug the new practice into the existing infrastructure, it will fizzle out."





The following terms will be used frequently throughout this issue. Below are some brief descriptions that serve to both define the terms and explain how they will be used in the context of front end and emergency response services.



DEFINING TERMS

Differential response, also called “dual track,” “multiple response system,” “alternative response” or “family assessment response” in various jurisdictions, refers to an approach that allows CPS to respond in more than one way to screened-in reports of child maltreatment, based on such factors as the type and severity of the alleged maltreatment, number of sources of previous reports and willingness of the family to participate in services. The number of response options or pathways and criteria for the different pathways in a differential response organized CPS system differs based on state policies or protocols.

—National Quality Improvement Center on Differential Response in Child Welfare Services <http://www.ucdenver.edu/academics/colleges/medicalschooll/departments/pediatrics/subs/can/dr/qicdr/Pages/default.aspx>

Alternative response—sometimes referred to interchangeably with differential response—more often refers specifically to a two-track system of response to allegations of maltreatment: 1) the investigative response and 2) a family assessment (strengths and needs) response.

Safety Organized Practice (SOP) is a collaborative child welfare practice model that includes both practice strategies and concrete tools for “on-the-ground” child welfare workers, supervisors and managers to enhance family participation and foster equitable decision making. Within an alternative response context, it can be considered part of the family assessment track of responding to allegations of maltreatment. Additionally, it can serve as a critical component that interacts with several other strategies to make up a differential response system.

Consultation and information sharing framework is a comprehensive approach to elicit information and organize the information to assist in critical thinking and decision making. The framework is used in partnership with families, or can be used as a consultative tool in group supervision or consultation. The frame is an expanded and refined version of the safety mapping process within Safety Organized Practice. See full details of the framework in the diagram on the right.

RED (Review, Evaluate and Direct) team is a group decision-making strategy to respond proportionally to allegations of maltreatment within a differential response system. It is informed by a consultation and information sharing framework that includes harm/danger, risk statements, complicating factors, safety, strengths/protective factors, the purpose/focus of consultation and, ultimately, next steps.

Family Team Meetings (FTMs) are used by child welfare agencies to develop an understanding between the department, families, providers and other essential team members as to why they are there, what they are trying to accomplish and how they are going to do it. It allows everyone’s voice to be heard and allows members a sense of ownership and presence in the process, ideally resulting in the creation of shared commitments for actions and outcomes.

Vertical case management is a child welfare practice in which one social worker oversees multiple phases of a family’s interaction with the child welfare system. This is a bold departure from the traditional hierarchal organizational structure used by the vast majority of child welfare agencies, in which specific tasks within the organization are delegated to various units.

CONSULTATION AND INFORMATION SHARING FRAMEWORK

The RED team uses the “consultation and information sharing framework” on a white board to 1) collect, 2) organize and 3) analyze information prior to 4) deciding upon a response. To accomplish this, the team is charged with preparing a genogram of the family and a spreadsheet with the following information:

- **Danger/harm:** The detail(s) of the incident(s) bringing the family to the agency’s attention, and any known pattern and history of past social service involvement/child harm.
- **Complicating factors:** Conditions/ behaviors that contribute to greater difficulty for the family.
- **Strengths/protective factors:** The assets, resources and capacities within the family, individuals and community.
- **Safety:** Any existing strengths demonstrated as protection over time and any pattern/history of exceptions to the abuse/neglect.
- **Risk statement(s):** The preliminary articulation of the perceived risk to the child(ren) and the context in which the risk is most concerning, reflecting any statutory basis/focus on which the report is accepted for further assessment.
- **Gray area:** This space is reserved for incoming information that requires further query to understand its meaning. It is important to avoid speculation.
- **Next steps:** Immediate actions regarding disposition.

CONSULTATION AND INFORMATION SHARING FRAMEWORK

REASON FOR REFERRAL

- Detail re: incident(s) Bringing the family to the attention of the agency. Impact on child(ren).
- Pattern/history

RISK STATEMENTS

- Risk to child(ren)
- Context of risk

COMPLICATING FACTORS

- Condition/behaviors that contribute to greater difficulty for the family
- Presence of research based risk factors

GENOGRAM/ECOMAP

(GRAY AREA)

Incomplete/speculative information

NEXT STEPS

CURRENT RANKING

- 1 ↑
- 2
- 4
- 5
- 7
- 8
- 9
- 10 ↓
- Development of next steps relevant to risk context
 - What
 - Who
 - When
 - Etc.

ENOUGH SAFETY TO CLOSE

Partnering: Action with family in their position: willingness, confidence, capacity

SAFETY/BELONGING

- Strengths demonstrated as protection/ connection over time
- Pattern/history of exceptions

STRENGTHS/PROTECTIVE FACTORS

- Assets, resources, capacities within family, individual/community
- Presence of research-based protective factors

PURPOSE/FOCUS OF CONSULTATION

- What is the worker/team looking for in this consult? Purpose of meeting?

WHO AM I PROTECTING? THE LEGAL CHALLENGE OF FIRST RESPONSE IN CHILD WELFARE

By Joanne Brown, J.D., M.S.W., National Child Welfare Resource Center

In California, and across the nation, judges take an oath to “protect and uphold the Constitution of the United States and the Constitution of the State.” Local police officers drive cars with mottos painted on their doors describing their mission “to protect and serve.” But when the protection of children is involved, the duty to protect rests with child welfare professionals. Social workers are not only sworn to protect children from abuse, but they are also taught from their introductory child welfare class that society has assigned to them the awesome responsibility of protecting children from abuse, so that all children can grow up to be healthy and productive members of society. The breadth and depth of this responsibility is the underlying theme of Core training, continuing education, professional articles and, often, newspaper headlines.

Aren't we all stung almost daily by headlines that read: “Infant taken to hospital by neighbors with multiple burns and head injuries, died shortly after social worker third visit;” “Relative of beaten child says she warned agency;” “Four children found in cages in backyard of adoptive parents home;” “Sex abuse victim, victimized over two years in foster care, to receive \$3 million from child protection agency”? Often, these tragedies are compounded by the media asking questions which cannot be answered quickly or completely due to confidentiality policy, legal restrictions and/or ongoing investigations. Some of these tragedies result not only in lawsuits against social workers, supervisors, agencies and

counties, but also televised legislative hearings, proposals for newer, stricter laws, and in renewing debate about whether the social work profession “can be trusted to do its job,” whether social workers are too eager to remove children or too overworked or insensitive to respond to calls for help.

This whirlwind can be what the social worker carries to answering the hotline, taking the referral, getting into his/her car to drive across town or miles away over dirt roads to protect a child. And within that whirlwind are lingering questions like, “How will I know what is the right thing to do?” and/or “How do I protect myself while I take all steps necessary to protect the child?”



“How do I protect myself while I take all steps necessary to protect the child”

And oftentimes social workers and systems vacillate between family preservation and child safety. After a crisis, the pendulum swings to child safety, and after a period of calm, family preservation.

Because society imposes this responsibility on social workers and some other public officials, qualified immunity statutes were enacted decades ago. The statutes recognize that when human beings exercise their discretion, “second guessing” must be anticipated and that sometimes the outcomes were not as intended or predicted and turned out to be harmful to innocent persons. In both the case of law enforcement and child welfare, the harm may be to the person(s) who the intervention was intended to protect. When that happens, recourse to the law can produce serious consequences for the individual public employee and the entire governmental unit in the form of awards of damages and outside supervision.

The case of *Camreta v. Greene* (588 F3d 1011(2009)) is a decision that brought unprecedented attention to the role and decision making of the social worker within a legal context. In this case, an Oregon social worker was investigating whether a 9-year-old child was being sexually abused by her father—and with a deputy sheriff having interviewed the child at school for more than an hour without a warrant or parental consent. The child's mother filed a lawsuit against the social worker, deputy sheriff and school officials, alleging that the interview was a “seizure” of the child and violation of her constitutional rights and the

mother's parental rights. The Ninth Circuit of the U.S. District Courts ruled that child protective services must obtain a warrant or a parent's consent before interviewing a suspected child abuse victim at school. Verdict was rendered for the mother and the county appealed to the U.S. Supreme Court.

Almost two years later, the Supreme Court (131 S.Ct 2020 (2011)) reversed this decision on procedural grounds (the youth involved was now over 18 and no longer pursuing the case). What the Supreme Court did not do was decide whether the Ninth Circuit Court was correct in deciding that a warrant was required (California has enacted protections in Penal Code 11174.3 to cover school interviews), but it did vacate the ruling that the defendants' actions were unconstitutional so that the Ninth Circuit decision could not be used as precedent. It did not reverse the Ninth Circuit ruling that the defendants were protected because of the qualified immunity doctrine. In both decisions, there was lengthy consideration of the duty imposed on social workers to protect children by investigation at least and intervention if necessary, on behalf of society.

Harlow v. Fitzgerald, 457 US 800 (1982) states the general Constitutional foundation for qualified immunity:

"Qualified immunity shields governmental officials from liability when they are acting within their discretionary authority and their conduct does not violate clearly established statutory or constitutional law of which a reasonable person would have known."

A good example of this principle in action can be found in an unpublished 2008 case from Alameda County. The Ninth Circuit Court of Appeals considered a lawsuit against a social worker who had removed a child from the home. The social worker decided to remove the child and her brother from their mother's custody due to allegations that the non-custodial father may have

sexually abused the daughter, as well as evidence of the mother's inability to protect the children. The children were returned to their mother's custody two months later. The court ruled that the social worker was entitled to qualified immunity for her actions and that the county was not liable, but left open the possibility of legal action against the county for a determination of whether it had a policy of "seizing children without warrants....and whether the county had failed to train social workers on what constituted an emergency."

This analysis is a clear reminder that the courts will look beyond the specific decision to what the social worker brings to making a decision which resulted in some intervention in a family. Most judges look at social workers as experts on the needs and behavior of children (and sometimes, adults), as sounding boards for thinking through complex facts and as a reference sometimes requiring social workers to think like lawyers. Expectations are high and sometimes result in too much self-imposed pressure to make both quick and right decisions, and where both are not possible, to defer. This raises again the question of what protections come with the job title of social worker working in child welfare.

NASW Standards for Social Work Practice in Child Welfare (2005) requires that social workers working in child welfare settings "stay abreast of new laws and regulations that have an impact on child welfare practice. Child welfare organizations must ensure information on new laws and their requirements are shared with staff in a timely manner. Also, social workers in child welfare must be aware of changes to federal, state and local laws affecting practice with children and families and should be competent to explain legislative and legal changes to the individuals they service."

The bedrock foundation for the protection of individual social workers in child welfare is woven from five components:

- Evidence of participation in comprehensive and ongoing training,
- Adherence to policy and procedure,
- Critical thinking in the application of training and policy/procedure to specific facts,
- Evidence of consistency and the absence of bias in your application of training and policy; and
- Good documentation.

The RED Team

(Review, Evaluate and Direct)

In 1999, the Olmsted County, Minnesota, child welfare intake and emergency response (ER) unit made a significant change in their decision-making process. As a part of the county's progression toward a differential response infrastructure, they piloted a group decision-making process as part of the intake. The group—now termed the “RED team”—was developed as a means for making sound decisions regarding how the child welfare agency responds to allegations of maltreatment. This team is charged with reviewing, evaluating and directing all cases that have been accepted through intake screening. The RED team provides “both structure and process in review of alleged reports of child maltreatment, evaluation of the available information, and direction regarding the agency response.”¹

Prior to RED teams, Olmsted County's intake and ER unit functioned much the same as most jurisdictions do: after receiving an allegation report (intake call), a supervisor would individually review the report and make a decision about how the agency should respond. With the decision and accountability resting solely on one individual, there was a tendency to make the cautious, safe decision to mitigate potential

liability. This resulted in higher response rates and several instances in which families were interfered with when such a response was unnecessary and potentially damaging.

A very clear and strong benefit to the RED team is the acknowledgment that the response decision is an agency decision, deserving the time and attention of more than one single social worker or supervisor. Additionally, the RED team holds the intake process accountable; if more information is needed prior to making a response decision, the team will ask the intake worker to go back to the reporting party and ask more questions. This reduces the amount of speculative calls and investigations.

While the RED team process may sound daunting to social workers who are already struggling with high case loads, the model has proven to be successful not only in Olmsted County, but now in many jurisdictions throughout the nation. Further, most jurisdictions using the RED team are reportedly baffled at the thought of having ever functioned without it.

A precaution for RED teams

Given the nature of most reports of child maltreatment or neglect, information presented at RED team meetings can be profoundly disturbing, which in turn can lead to unwarranted judgment against the accused families. For this reason, Sawyer and Lohrbach are right to remind us that, “until there is actual contact with the children and families, we do not know what actual safety concerns require intervention. Gathering available facts regarding the alleged child abuse or neglect concerns, reaching for exceptions to those reported concerns, seeking family strengths, and suspending personal judgment are a few of the essential tasks that underwrite sound initial decision making.”² To that end, the RED team process can help jurisdictions more accurately and proportionally respond to the children and families they serve.

References

¹ Sawyer, R., and Lohrbach, S. (2005). *Differential Response in Child Protection: Selecting a Pathway*. *Protecting Children*, 20 (2 and 3), 44-53.

² Lohrbach, S. (2000). *Child Protection Practice Framework*. Unpublished manuscript.

FOUNDATIONAL ELEMENTS OF THE RED TEAM PROCESS

Frequency of RED team meetings: Each business day, a county convenes a RED team to review child maltreatment reports received within the previous 24 hours.

Target population: All child maltreatment reports received by the agency that do not require an immediate response must be processed through a RED team.

Decisions to be made at the RED team meeting:

Does the report of child maltreatment reach the legal threshold for a statutory agency to intervene in family life?

If the report is accepted as a valid report of child maltreatment, which child protective service response is appropriate?

1. Investigative response
2. Family assessment response
3. Family support response—“screened out reports”

Membership: The RED team membership generally includes internal agency staff representing varied child protective service functions. At a minimum, the process includes a supervisor, intake worker, investigative and/or assessment worker, and an ongoing services worker.

RED Teams in Action: A Look at Larimer County, Colorado

Following an inspiring and eye-opening visit to Olmsted County's child and family services department in Minnesota over five years ago, Larimer County began using RED teams, a collaborative approach to differential response that involves reviewing and evaluating the information and evidence surrounding allegations as a group before directing the case to the appropriate responder.

"RED teams are invaluable for any agency and any-sized county because they provide an in-depth look at the information," said Larimer County social caseworker manager Michelle Walker in a recent interview with the Northern California Training Academy. "[RED teams] guide the best use of time and proper intervention."

In Larimer, three groups of RED teams meet for two hours daily to decide how to respond to new referrals. The teams generally consist of five to eight individuals, including supervisors, coaches, family assessment response workers, high risk assessment workers and whoever else may be best suited to inform the group decision on whether, and how, to respond to an allegation of maltreatment. Typically facilitated by a supervisor, Larimer's RED teams give every member a voice on whether to send a caseworker out to assess the allegation further, attempt to gather additional information or determine whether an alternative response (such as a family visitor or community-based support agency) may be beneficial.

Larimer County uses multiple RED teams to help balance the workflow and keep the group discussions small and focused, but the team's ability to make effective and accurate decisions starts even earlier with built-in scaling questions from the agency's call center. During a 20-25 minute initial call interview, hotline workers

ask questions to obtain details about the immediate risk to a child, the relationship of the reporting party to the family, past protective parenting practices and other support networks in the family. These interview answers help the RED team make the most informed decision possible.

To avoid spending too much time on one referral, if a RED team member is leaning toward assignment and is in any way uncomfortable with an alternative response, the team will assign the case and move forward.

While this collaborative approach may look good on paper, asking child welfare field workers to set aside two hours each day for meetings is not a simple task, especially for those accustomed to obtaining their information in the field and making independent decisions based on what they see.

"There were a lot of growing pains," Walker said of initial implementation efforts. "Personality style, supervision style, rearranging schedules, more group work rather than independent work—it created tension [and demanded] a willingness to adjust to a new way of practice."

The selling point for RED teams, Walker said, was explaining it to staff in a way that made sense in their world. The workers needed to understand the positive impact on their casework practice, and their valuable role in impacting the culture of the agency.

"They had to see that in this room [in which RED teams would meet] was an opportunity to have a rich dialogue and organize information before deciding if the referral met the threshold of assignment," said Walker. "It was not based on an emotional response to the content of the report."

Now, accepted allegations are down and worker satisfaction is up. More balanced and rigorous assessments are being completed, enabling Larimer County to make better decisions about when to intervene. Walker reported that many counties, and even the State of Colorado, now look to Larimer as an example of best practice in differential response. Walker believes a large space for improvement still remains, but not all of it falls on child welfare.

"We have to ask a lot more from the community," said Walker. "Workers can assist with getting agreements and commitments to establish a long-term safety/support network, but the community will be there after child welfare leaves. Effective and dedicated friends, family and professionals ultimately are what keep children safe."

While Larimer and RED teams have not solved all challenges facing child welfare agencies, they do provide a structured process to differential response for the children and families in need of services that may not meet the threshold for traditional, finding-based child welfare intervention. More importantly, they have the potential to provide child welfare professionals with a more purposeful, strength-based approach including more time and resources to respond to the children and families who need assistance the most.

Alternative Response and RED Teams in Butte County



Butte County Children's Services Division, along with many other counties in California, implemented differential response (DR) in 2003. Unfortunately, the economy wreaked havoc on extra programs such as DR and funding dried up in 2007. While some aspects of DR persisted in Butte County, leadership and staff have recently made tremendous strides to reinvestigate multiple response pathways for families.

Now under the guise of "alternative response" (AR), Butte County Children's Services is working to expand its child welfare agency's ability to respond differently to reports of child abuse and neglect. In addition to providing a high-level and immediate response for those children who are in potential danger, this focus includes a broader set of responses for working with families at the first sign of trouble, including innovative partnerships with community-based organizations that can help support families who are in need before problems escalate.

To achieve a successful re-implementation, Butte County's AR Development Team took the time to research differential and alternative response models that have been successfully implemented in other counties. Butte has been working with and receiving guidance from the Northern California Training Academy (at UC Davis Extension) and Sue Lohrbach, an international expert on child welfare system and practice innovations, including alternative response.

Based on prior experience, Butte County Children's Services knows the profound changes AR can have on service delivery, and over the course of the past year, the county has adapted infrastructure to support sustainable implementation by:

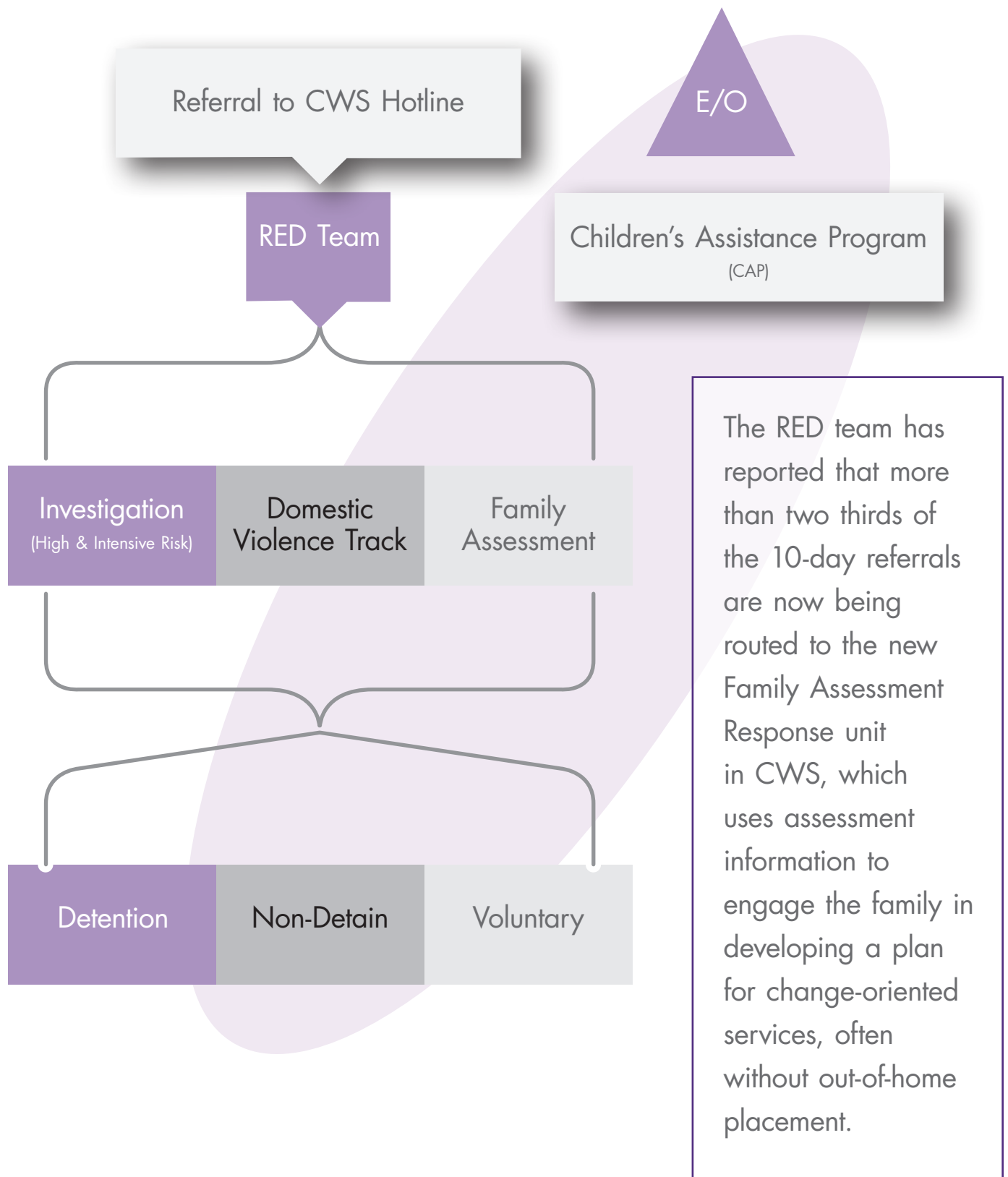
1. Establishing contracts with community partners to provide Targeted Early Intervention services and to provide advocates from the local domestic violence services agency.
2. Implementing the RED (Review, Evaluate and Direct) team model to review all 10-day child protection referrals. The 10-day investigations are then assigned as a family assessment response or as a more traditional child welfare response.
3. Restructuring unit configurations to include two new units (one in each office) that consist of the AR family assessors and placement staff. Social workers in the AR units are responsible in part for providing a family assessment response to selected 10-day investigations. Group supervision is being implemented in the new AR units as well.

While Butte County leadership cautions they are in the early stages of implementation, they also report several unexpected benefits have already been noted. The RED team has reported that more than two thirds of the 10-day referrals are now being routed to the new Family Assessment Response unit in CWS, which uses assessment information to engage the family in developing a plan for change-oriented services, often without out-of-home placement. While it was anticipated that the number of referrals diverted from a more traditional child welfare investigation would increase, Butte did not expect the numbers to be this high this soon. Additionally, the involvement of the partner agencies has been more beneficial than expected, specifically the participation of the domestic violence advocates, which highlights the significance of addressing family violence during referral reviews.

While this is still a new process for the county, Children's Services is certainly happy with the outcomes to date, as well as the transition to the RED team group supervision model. Even at this early stage, the AR model is proving to be an effective way of reviewing referrals. As implementation continues, Butte County Children's Services anticipates even more positive outcomes for children and families in the community.

Butte County Alternative Response Service Model

Effective January 1, 2014



SAFETY ORGANIZED PRACTICE IN FIRST RESPONSE: A LOOK AT NORTHERN CALIFORNIA COUNTIES

By Nancy Hafer, Northern California Training Academy

Several counties in Northern California have begun integrating elements of Safety Organized Practice (SOP) during initial interactions with families in the emergency response or early intervention phase of child welfare practice. Lake, Mendocino, Del Norte and Sutter counties have all implemented SOP elements and principles in a variety of manners and testify to the value these new practices have added.

In Lake County, the leadership team unknowingly laid a strong foundation for SOP more than five years ago by providing comprehensive training in the techniques of motivational interviewing (MI) for all staff. Initially, the integration of MI was not as easy as hoped, with staff feeling frustrated and unsure of how and when to use the strategies of MI as a brief intervention tool. However, when staff attended the Northern California Training Academy's SOP Foundational Institute three years ago, SOP provided staff with the roadmap for using their strong skills in motivational interviewing and solutions-focused practice for authentically engaging families upon entry into the child welfare system. Lake County has since embraced the principles of SOP, implementing several changes to its emergency response system.

Mendocino County was one of the early adopters of SOP, and the extra hours spent on implementation have begun to pay off. With three Family Team

Meeting facilitators, holding Family Team Meetings prior to disposition has now become standard practice in the county. Within the last year, staff morale has reportedly gone up as the benefits of working more closely with families throughout the life of a case is starting to show with more positive and meaningful interactions with clients.

Del Norte County is currently attempting to hold Family Team Meetings prior to removal. In addition, the county is creating safety plans as part of the investigation process. Due to the inherent transparency and collaborative nature of these efforts, the county is already noticing a huge increase in parent engagement. The county is also obtaining more specific and important information from families during the investigation as a result of this more collaborative approach.

In other counties, many of the SOP tools have been streamlined into everyday practice, including investigations and appropriate documentation. With the guidance of SOP practices, county staff throughout Northern California have become more knowledgeable on what information to document in court reports, case plans and the overall focus of the case. One principle of SOP that has made a large impact on Lake and Sutter counties in particular is that of transparency. Using the safety mapping framework, the Three Houses and harm and danger statements, staff are adopting more effective ways to communicate clearly and respectfully

with children and families. For example, the Lake County screener has adopted SOP language while taking referrals—asking the three questions by which to document potential strengths of the family, create a primary risk statement and identify complicating factors.

In both Sutter and Lake counties, SOP Family Team Meetings are used as quickly as possible, providing opportunities for families to create a safety plan for future behavior. In addition, prior to every review hearing social workers include supervisors and peers in the case, during which time the case is discussed using Structured Decision Making and a consultation framework. The result of this support can be seen in much improved court reports and a significantly higher level of accountability.

As more Northern California counties continue their implementation of SOP, additional improvements to the quality of information obtained during family assessments and first response investigations can be expected. Moreover, with the family support network involved immediately at the front end of child welfare services, counties using SOP can anticipate a more strengths-based, collaborative relationship with the children and families they serve throughout the life of a case.

FAMILY ENGAGEMENT AND EARLY ENGAGEMENT GROUPS IN CHILD WELFARE SERVICES

As defined by the Child Welfare Information Gateway,¹ family engagement is a “family-centered and strengths-based approach to partnering with families in making decisions, setting goals and achieving desired outcomes. It is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics and personal experiences in order to meet the individual needs of every family and every child.”

Research has pointed to the importance of clear, honest and respectful communication with families, sufficient frequency and length of contact with families, and frequent and substantive caseworker visits.^{2, 3 & 4}

“Engagement goes beyond simple involvement by motivating and empowering families to recognize their own needs, strengths and resources and to take an active role in working toward change.”⁷

The following components of family engagement are those which local jurisdictions are hopeful to meet with the addition of early engagement groups:

1. Understanding of the legal system and its relationship to child welfare services
2. Participation in services
3. Compliance with completing tasks and responsibilities
4. Participation in developing goals and case plans
5. The quality of the parent/worker relationship



Child welfare agencies in Northern California are integrating the research on family engagement by developing early engagement groups. These groups are two-fold, attempting to 1) provide parents who have just entered the child welfare system with much needed information and communication, and 2) provide them with a forum to connect with other parents who are in the same position so they can share their initial reactions and feelings. While these groups enable parents to learn strategies to cope with stress and anger, they are also focused on modifying behavior.

A growing body of research points to the success of parent support groups in which parents provide mutual self-aid.⁵ While most of the research has been conducted on voluntary groups (in which the prevention of child abuse and neglect has been cited as an outcome), less has been done on the use of support groups for parents who have committed acts of abuse or neglect. These parent support groups appear as formal components in several child abuse and neglect prevention program models, and while not the purest strain of “mutual aid” or “self-help” due to the facilitation of a parent support group by a professional, there are similarities.⁶

Resources

- 1 Child welfare information gateway, June 2010, Family Engagement Bulletin for Professionals.
- 2 Lee, C. D., & Ayón, C. (2004). Is the client-worker relationship associated with better outcomes in mandated child abuse cases? *Research on Social Work Practice*, 14, 351-357.
- 3 Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare*, 81(2), 293-317.
- 4 Yatchmenoff, D. K. (2005). Measuring client engagement in non-voluntary child protective services. *Research on Social Work Practice*, 15(2), 84-96.
- 5 Falconer, M.K. Mutual Self-Help Parent Support Groups in the Prevention of Child Abuse and Neglect, The Ounce of Prevention Fund of Florida. 2005–2006. Retrieved April 3, 2014 from http://www.ounce.org/pdfs/mutual_self-help_parent_support_groups_2005-2006.pdf
- 6 Ibid.
- 7 Steib, S. (2004). Engaging families in child welfare practice. *Children's Voice*. Retrieved March 5, 2009, from www.cwla.org/programs/r2p/cvarticlesef0409.htm

ENGAGING PARENTS EARLY IN BUTTE COUNTY

Birth parent participation and attendance in child welfare programs has been demonstrated to reduce the recurrence of maltreatment, as well as contribute to the reunification of families and improve emotional adjustment in children. Strategies for improving birth parent engagement, including reducing institutional mistrust through a supportive atmosphere where goals are clear and established, has been shown to increase birth parent participation in the child welfare system.¹

Butte County Children's Services routinely examines outcomes for children and families. It was through such research that Butte County was able to identify that its child welfare agency had not been as successful at birth parent early engagement as other child welfare agencies. Recognizing the opportunity to more positively impact outcomes for children and families, the agency began researching alternative models for early family engagement.

Some of the initiatives Butte successfully implemented in recent years to improve early engagement include the use of an on-site alcohol and drug assessor, and the use of FARE (Facilitating All Resources Effectively) facilitators to facilitate strengths-based family meetings, which encourages family engagement in the child welfare system

through emphasizing family preferences when discussing and deciding upon case plans and placement decisions.

In addition, Butte County Children's Services adopted portions of the Family Empowerment Model developed by Mendocino County. The model promotes group counseling to support and motivate parents to make the changes necessary to provide a safe environment for their children. Using aspects of this model, Butte implemented an early engagement process which included parent support groups and parent education classes. These services are provided to families by two community-based organizations.

Butte has also dedicated more focus to the early assessment of the family's needs. Upon entering the child welfare system, parents undergo an alcohol and drug assessment and are referred to treatment when appropriate. A FARE meeting is scheduled to address the placement options for their child(ren), and they are referred to the parent support groups. Each parent is required to complete eight sessions within ten weeks before continuing on to other services, such as counseling and parent education classes. The curriculum also introduces parents to the philosophy of the Nurturing Parenting Programs, which has been developed from the

known behaviors that contribute to the maltreatment of children. Curriculum from the Nurturing Parenting Programs is used throughout the continuum of service delivery programs that parents participate in.

Butte reports that the parent support groups have been hugely successful in helping engage parents at an earlier stage. They have learned that by treating parents with respect and humility at the beginning of the partnership, the chance for a successful reunification dramatically increases. Giving parents the time to process their grief, anger, confusion and other emotions through the parent support group process also better prepares them to fully engage in additional services.

Resources

- 1 Casey Family Programs: Birth Parent Engagement, July 2012



PARENT ENGAGEMENT GROUPS IN LAKE COUNTY

In Lake County, Safety Organized Practice has provided a model for embedding family engagement in all phases of service delivery. As such, family engagement is an ongoing process that occurs throughout the life of the case.

The county has implemented a series of parent engagement strategies that begin the moment a 300 Petition is filed. These include an immediate behavioral health screening and referral process, Parent Engagement Groups, Family Team Meetings, parent participation in their child's ASQ and/or Behavioral Health Treatment Team Meetings, Nurturing Parenting classes and Parent Empowerment Groups.

The Parent Engagement Group meets weekly and is facilitated by CWS staff, and it provides a place and space for parents who are angry, confused and in crisis to learn about child welfare services and the juvenile court process. In these groups CWS staff hope to provide parents with the support and tools to navigate these oftentimes complicated systems. Participation in the group also gives the parent a starting place to address their feelings of anger and grief. During their time in the group, the parent is expected to complete a series of assignments that are designed to help them explore their personal story. These include reading their petition to the group and demonstrating an

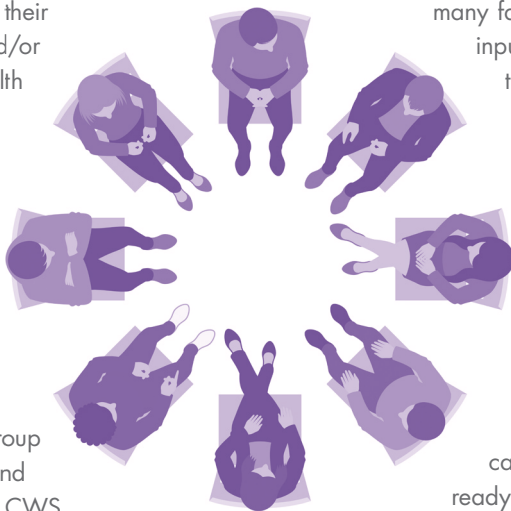
understanding and ownership of the allegations, completing their own Three Houses/Safety House, developing a Safety Network, creating three parenting goals and writing a "letter to self." The final assignment is an essay to be read to the group explaining why they feel they are ready to leave the group and begin participation in the Nurturing Parenting Program (a comprehensive and evidence-based parenting program).

The decision to advance a parent to parenting classes is based on many factors that include input from the parent, the group, the case carrying social worker and the group facilitator. The goal is to have the parent stabilized, demonstrating sobriety, engaged in their case plan and ready to fully embrace parenting instruction. Parents can remain in the Parent Engagement Group as long as it takes for them to reach this goal.

Lake County has found that the Parent Engagement Group creates an environment of transparency that enhances the working relationship between the parents, their social worker and the agency. It sets the tone for the next phases of their case plan and prepares them to be their own advocate in Family Team Meetings. This group has created a clear shift in the attitudes of parents toward CWS intervention.

One father wrote in his letter to his Parent Engagement Group:

"The services that are being provided to me are allowing me to look back and see the 20/20 clarity of hindsight...My logic was the same as being thrown into the water without a life vest and not knowing how to swim. Though some people can very quickly learn to swim in that instance, others still drown. I am able to see now that I was drowning. CPS threw me a life preserver."





VERTICAL CASE MANAGEMENT IN CHILD WELFARE SERVICES

By Jason Borucki, Northern California Training Academy

Vertical case management is a child welfare practice in which one caseworker works with a family from initial referral to case termination. This “one family, one worker” method aims to foster a more collaborative relationship between the agency and the family by reducing the amount of different workers with which a family interacts. This allows a worker to oversee multiple phases of a family’s involvement with the child welfare system. Additionally, this approach is designed to reduce the possibility of miscommunication between multiple units and caseworkers responsible for different aspects of a case.

This model is a bold departure from the traditional hierarchal organizational structure used by the vast majority of child welfare agencies, in which specific tasks within the organization

are delegated to various units. In a pure vertical unit, all of these roles would likely rest with one worker, and that worker would be the one face the family sees throughout the life of the case.

The vertical case management approach seems like a logical method to building stronger relationships and increasing family engagement, but successfully implementing such an approach requires substantial change to the infrastructure of an agency. There has yet to emerge any strong evidence as to its effectiveness or lack thereof, but several counties throughout California currently use vertical case management in certain areas of practice.

According to Santa Clara County’s 2013 survey of California county child welfare departments,¹ Alameda, Los Angeles, Orange, Riverside and

Alameda, Los Angeles, Orange, Riverside and Sacramento counties are among those which are currently attempting to incorporate elements of vertical case management or who have tried to do so in the past.



Sacramento counties are among those who are currently attempting to incorporate elements of vertical case management or who have tried to do so in the past. Alameda and Los Angeles counties currently use vertical case management only for specific populations (Alameda County social workers keep their cases when children are successfully returned home in order to help provide Family Maintenance Services with ongoing support), while Orange and San Francisco counties have discontinued their use of the approach, the latter citing a lack of time for social workers to do the in-depth court assessment work. Riverside County has implemented a partial vertical case management approach that has redefined its emergency response social workers and court dependency unit social workers as investigative services (IS) social workers. This change means that the IS worker continues working with the family through the decision for dependency, transferring the case once this decision has been reached. Sacramento County uses an element of vertical case management once the court services worker closes his or her case. From there, the dependency worker is the primary worker through reunification or emancipation.

As more jurisdictions examine this approach and look for signs of success, it may be helpful to examine the smaller counties, as many have implemented aspects of vertical case management due to limited staff who must serve several different roles and carry many different cases. Examining successful small counties and their engagement strategies may be the next step for determining how to best implement vertical case management in a way that increases the safety and well-being of the children and families served by child welfare.

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- 1 Management Audit of the Department of Family and Children's Services (2013). A report by the Santa Clara County Board of Supervisors Management Audit Division, available at <http://www.sccgov.org/sites/bos/Management%20Audit/Documents/DFCS%20Final.pdf>
- 2 Flower, C., McDonald, J., and Sumski, M. (2005). Review of turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff. Bureau of Milwaukee County, WI. Retrieved April 18, 2014, from www.legis.state.wi.us/lc/committees/study/2008/SFAM08/files/turnoverstudy.pdf.

Research finds that increasing the number of worker changes is associated with a decreased chance of achieving permanency.² If a child who entered care had only one worker, they achieved permanency 74.5 percent of the time, while in some cases children who had two case managers achieved permanency 17.5 percent of the time. While there are many other possible reasons for this decreased permanency, there is evidence to support that having one worker throughout a child's involvement with child welfare is beneficial.

CULTURALLY RESPONSIVE PRACTICE WITH IMMIGRANT CHILDREN AND FAMILIES

By Alan J. Dettlaff, Ph.D., University of Illinois at Chicago, Jane Addams
College of Social Work

When children in immigrant families become involved in child welfare, they often present unique and complex challenges that need to be addressed to facilitate positive outcomes. These may include cultural and language barriers, as well as families' fear of involvement with government systems due to their immigration status. To respond to these barriers, several promising practices have emerged that provide strategies to effectively engage with immigrant families in a culturally responsive manner. This article presents several strategies being used to effectively engage with immigrant families that were identified through a survey of California counties. These strategies include the use of cultural brokers, promotoras programs and birth parent mentors.

Cultural Brokers

The concept of cultural brokering originated in the healthcare field, where it has been well documented as a valuable approach in delivering healthcare services to culturally diverse populations. Cultural brokers serve as mentors and coaches to immigrant families to bridge the cultural gap by communicating differences and similarities between cultures. Cultural brokers may be lay community members or they may be staff of community-based organizations. Within child welfare, the use of cultural brokering emerged from the Family to Family initiative in Fresno County, where the model was used as a method to address the overrepresentation of African American children. Cultural brokers receive specialized training and are typically assigned at intake to accompany social workers at the point of initial contact. Although initially applied to practice with African American families, it has since been expanded within Fresno County to practice with Latino and immigrant families, and is currently being pilot tested in Orange County.



Cultural brokers serve as mentors and coaches to immigrant families to bridge the cultural gap by communicating differences and similarities between cultures.



Promotoras Programs

The concept of promotoras originates from the use of community health workers in medical settings to provide community education to rural populations, and has been practiced with Latino populations since the mid-1960s. Historically, promotoras are lay community members who receive specialized training to provide basic health education and guidance in accessing community resources. Although promotoras are typically volunteers, they may also be paid staff. Within child welfare settings, promotoras play a similar role as cultural brokers, acting as a coach and mentor to Latino families throughout the life of a case. In California, promotoras play a large role in the provision of services in Placer County, where the promotoras program is run through the Latino Leadership Council. Promotoras provide services to youth and families across social service systems, including child welfare, health, juvenile justice and education.

Birth Parent Mentors

Birth parent mentors are used across child welfare systems in a number of ways, and although the concept was not developed specifically to respond to the needs of immigrant families, the concept can be viewed as culturally congruent in the same way that the use of cultural brokers or promotoras facilitate communication and bridge cultural gaps. For example, as part of a larger father engagement program in Orange County, two bilingual and bicultural birth fathers have been hired to serve as mentors to fathers with cases in the dependency system. In Contra Costa County, parent partners have been used to respond to families at the time of their initial dependency hearing to help parents understand their rights and responsibilities and to assist parents in moving toward reunification.

ADDITIONAL RESOURCES FOR ADDRESSING NEEDS OF IMMIGRANT CHILDREN AND FAMILIES

As awareness has grown regarding the needs of immigrant children and families, resources have become available to assist child welfare agencies in responding to these needs.

The Migration and Child Welfare National Network (www.mcwnn.uic.edu) was established to provide information and resources to child welfare agencies working with immigrant families, as well as technical assistance on specific issues or questions related to practice with immigrant families.

The Latino Practice Advisory Committee of the California Department of Social Services (http://cssr.berkeley.edu/ucb_childwelfare/lpac/) has established a website that provides a comprehensive collection of information and resources specific to child welfare practice with Latino children and families. This site contains many resources and tools to assist child welfare agencies in developing culturally responsive practices with immigrant children and families.

LINKAGES: CHILD WELFARE SERVICES EMERGENCY RESPONSE AND CALWORKS IN SAN LUIS OBISPO COUNTY

By Belinda Benassi, Child Welfare Services Program Manager, San Luis Obispo County Linkages Coordinator

In San Luis Obispo County, a semi-rural region located along the central coast of California, the Department of Social Services staff attempt to identify families who are involved in multiple services so as to provide coordinated and supportive programs. Through this effort they hope to establish a cooperative foundation for future relationships with which to assess family strengths, concerns and resources. The primary means to identify families has been developed by the agency's IT department, which created a Child Welfare Services and Linkages database.

San Luis Obispo County Department of Social Services identifies "Linkages" as a practice wherein CWS and Participant Services staff (including CalWORKs) collaborate to better serve families through engagement, assessment/investigation, case management and service provision. When Emergency Response (ER) and CalWORKs staff "link," they are striving to go beyond the initial conversation and to respond collaboratively as a team.

How it works

The CWS Hotline/Intake database streamlines the intake process, identifying potential Linkages families and providing efficiency in processing reported allegations of child maltreatment. This enables the intake social worker to conduct a real-time search in the California Work Opportunity and Responsibility to Kids Information Network (CalWIN) and the Child Welfare System/Case Management System (CWS/CMS) to identify potentially "linked" cases. The worker can search by the client's name, CWS state ID, CalWIN case number or social security number. Additionally, the database can monitor the number of CalWORKs families screened in for emergency response (ER). In 2012, for example, 36.28 percent of the families screened in for CWS emergency response had an open CalWORKs case.

When a "linked" family—one with both an open CalWORKs case and a new open CWS referral—is identified, the Intake social worker activates an email notification, delivering a message to the assigned ER social worker, the employment resource specialist (ERS) and their supervisors. This communication prompts staff to have a conversation about the family dynamics, strengths and needs in order to support the ER social worker's engagement with the family.

Snapshot of the message included in the email notification template:

ERS- Please do NOT inform the family of CWS involvement. There is currently a confidential investigation pending, and the assigned Emergency Response Social Worker will contact you within 3-5 days.

A linked referral involves strong and efficient collaboration between Child Welfare Services and Participant Services staff. Collaboration on linked referrals enables DSS staff to provide families with additional resources to combat child abuse/neglect and poverty. The family's involvement early on in the process may increase the family's safety, well-being and self-sufficiency.

In addition to the CWS Hotline/Intake database, the agency uses a Linkages database that tracks the initial Linkages consultation among staff, family meetings, Linkages case narratives and coordinated case plans. A Linkages email report is available to monitor the consistency of Linkages email notices sent compared to the number of identified Linkages families. This report is also used to research results in CalWIN and CWS/CMS. The emergency response/CalWORKs email notification has shown positive results, as it has become common practice for the ERS and ER social worker to have an initial conversation about the family and to document the results in CalWIN case comments and in the CWS/CMS investigative narrative.

Furthermore, at the conclusion of the ER assessment/investigation, if appropriate, the ERS amends the individual's Welfare to Work plan to include the family's activities related to the prevention of future child maltreatment or reoccurrence of child maltreatment.

To sustain the practice of Linkages within the agency, Staff Development meets monthly with a group of CWS and Participant Services supervisors and a fiscal supervisor (who helps assess appropriate use of funding), known as the Linkages Workgroup. Most recently, the focus of this workgroup has been on enhancing collaboration and coordinating case plans.

Collaboration between ER and CalWORKs staff is crucial for the family's benefit and is essential for efficient practice in the agency. Currently, San Luis Obispo Child Welfare Services receives over 90 percent of the child maltreatment allegations as General Neglect. The family benefits when staff collaborate in identifying behaviors and resources to reduce child maltreatment risk factors, providing services and assisting the family in developing a safety network to prevent the reoccurrence of maltreatment.




CalWORKs is a welfare program that gives cash aid and services to eligible California families in need. The program serves all 58 counties in the state and is operated locally by county welfare departments. Families who apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses.

—cdss.ca.gov

The Linkages Project is a continuation of the 2006/2011 Federal Demonstration Grant known as the CalWORKs and Child Welfare Collaboration to Improve Outcomes for Children. Currently, the Linkages Project is continuing through a grant from the California Department of Social Services, Office of Child Abuse Prevention (OCAP). Since 2005 it has continuously been a project of the Child and Family Policy Institute of California (CFPIC).

—cfpic.org



THE ILLINOIS INTEGRATED ASSESSMENT PROGRAM: A COLLABORATIVE PRACTICE MODEL

By Jason Borucki, Northern California Training Academy

In Illinois, the Department of Children and Family Services (DCFS) uses a statewide Integrated Assessment (IA) Program, a collaborative model for improving clinical assessment. This dual-professional model requires the child welfare caseworker to collaborate with a licensed clinical IA screener to assess all members of a child welfare case, including any adults who are significantly involved with (or who have played a key role in) the child's life. In Illinois, this program takes place after the initial investigation is completed, when the caseworker takes control of the case. The integrated assessment is targeted for completion within 45 days of the child entering protective custody.

Jill Tichenor from the Illinois DCFS spoke recently with the Northern California Training Academy about some of the benefits of the IA program.

"I think getting in and engaging that family, hearing their story, and identifying service needs and strengths very early in the case has been very beneficial for our clients and workers," she said. "[Integrated assessment] has also been very advantageous for the courts as they look at the permanency planning for particular cases."

The system is considered integrated because the caseworker and the IA screener play complementary roles in the assessment process. The IA screeners conduct developmental screening, draft the integrated assessment report, lead clinical interviews and measure strengths and needs, while the permanency worker maintains primary responsibility for the case, writing service plans and representing the case in court, but doing so informed by the clinician's assessment. Collectively, the worker and screener participate in interviews,

review the draft report with supervisors, participate in family meetings to discuss recommendations and, ultimately, finalize the report.

Cheryl Smithgall, a research fellow for Chapin Hall at the University of Chicago, worked with the Illinois DCFS on evaluating the early results of the IA program.

"The strongest evidence in terms of this being a good assessment model is the qualitative evidence," said Smithgall. "When you look at the actual quality of the reports produced and compare between reports done by workers on their own and then the ones when they were paired with a clinical screener, we found that the quality was higher when they worked with a clinical screener."

The IA program was launched in 2005 for more standard foster care placement cases, and then expanded to sibling add-on cases in 2007. According to the Illinois DCFS, about 95 percent of children entered into placement services currently receive an integrated assessment.

While Illinois DCFS reports that most workers are now happy with this model, as with most new systems, it was not accepted without some bumps along the road to implementation.

"It was difficult to get buy-in from field staff," said Tichenor. "Combining the expertise on the child welfare side of the work with clinical skills and interviewing assessment skills of the screener was a challenge."

"But you have to really try to focus on what the advantages are for the family, and how you can move this case along and respect that both parties are critical to the completion of the assessment."

SAFECARE, SAFECARE AUGMENTED AND DIFFERENTIAL RESPONSE

While the family assessment response to allegations of child maltreatment is now often collapsed under the weightier label of differential response, child welfare's attempt to front load the agency and community with targeted early intervention is nothing new. The evolution of SafeCare, an evidence-based training curriculum for parents who are considered to be at-risk or have been reported for child maltreatment, is a perfect example.

SafeCare can be traced all the way back to 1979, where it was identified by its precursor, Project 12-Ways (Illinois), which offered 12 services to at-risk families, including parent-child interaction support, stress reduction and social support for parents, and basic home safety training for children and parents. In an attempt to adapt the ideas introduced by Project 12-Ways into something more discernable, SafeCare emerged in the 1990s. Since then, the National SafeCare Training and Research Center (NSTRC) has established more than 70 SafeCare sites in 12 states. In Northern California, SafeCare is currently being used by Shasta County (for more information on SafeCare in Shasta, visit www.shastahhsa.net).

According to the U.S. Department of Health and Human Services (DHHS), SafeCare typically provides 18 to 22 weeks of training to parents with children from birth to age five. During 60- to 90-minute home visits, trained home visitors conduct baseline and follow-up assessments, observations and trainings with parents. Trainings focus on three modules, each implemented over five to seven visits: 1) infant and child health, 2) home safety and 3) parent-infant/parent-child interactions. During the parent trainings, SafeCare home visitors explain the rationale for a particular concept, model the concept, have the parent practice the steps and then provide feedback.

Currently, neither Project 12-Ways nor SafeCare meet the DHHS criteria for being considered an "evidence-based early childhood home visiting service delivery model," in part because SafeCare home visitors are not required to meet specific education requirements; however, the DHHS does recognize SafeCare Augmented, which adds motivational interviewing and additional training for home visitors on the

identification of imminent child maltreatment and risk factors such as substance abuse and depression.

While SafeCare/SafeCare Augmented may not work for every jurisdiction and is just one model for targeted early intervention, it does serve as a historical example of how the child welfare system continues to move organically closer to a differential response system.

For more information on SafeCare, visit <http://safecare.publichealth.gsu.edu>.



SAFETY TRENDS IN NORTHERN CALIFORNIA: WHAT DOES THE DATA SAY?

During a presentation at the Innovative Practice Symposium hosted by the Northern California Training Academy on March 26, 2014, Daniel Webster from the School of Social Welfare at the UC Berkeley shared data from the California Child Welfare Indicators Project (CCWIP). Webster serves as project director for the CCWIP and was able to compare allegation, substantiation and entry rates from 12 Northern California counties (measured between 2001-2013) to the rest of the state. The 12 Northern California counties in this sample include: Butte, El Dorado, Glenn, Lake, Lassen, Mendocino, Sacramento, Shasta, Siskiyou, Sutter, Tuolumne and Yolo.

BIG PICTURE TRENDS

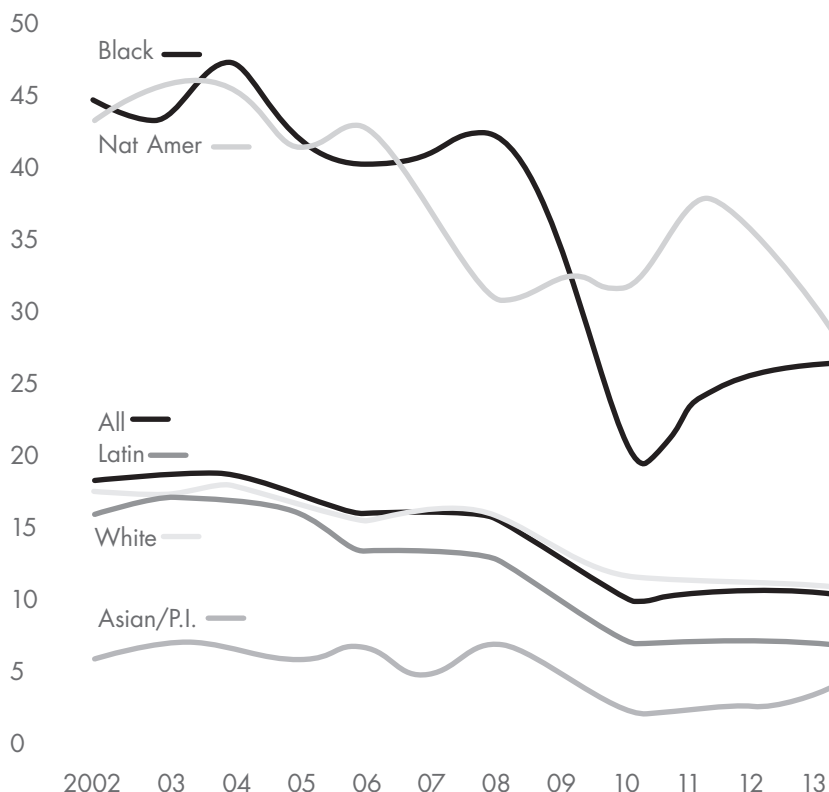
Child welfare foster care caseloads in Northern California declined over the past decade, but increased in the past year. The decrease is attributed to the general trend of exits from child welfare exceeding entries. A similar trend has also been seen statewide.

ALLEGATION TRENDS

The allegation rates for the 12 counties sampled dropped over the past decade, but the rate has been relatively flat over more recent years.

Broken down by age, the infant age group has the consistently highest allegation rate; when broken down by race, the data showed that Black and American Indian ethnic groups showed the highest allegation rates, while Asians were consistently lowest.

Substantiation Rates Over Time, by Race/Ethnicity



SUBSTANTIATION TRENDS

The overall substantiation rate among the 12 counties is currently lower than five years ago, but it has been relatively flat for the past several years.

Over the past decade, the percentage of substantiated allegations declined slightly but steadily, a trend also observed statewide.

Broken down by age, the infant age group contains the most substantiated allegations; broken down by race, Black and Native American children show the consistently highest rate of substantiated allegations, while Asian children show the consistently lowest.

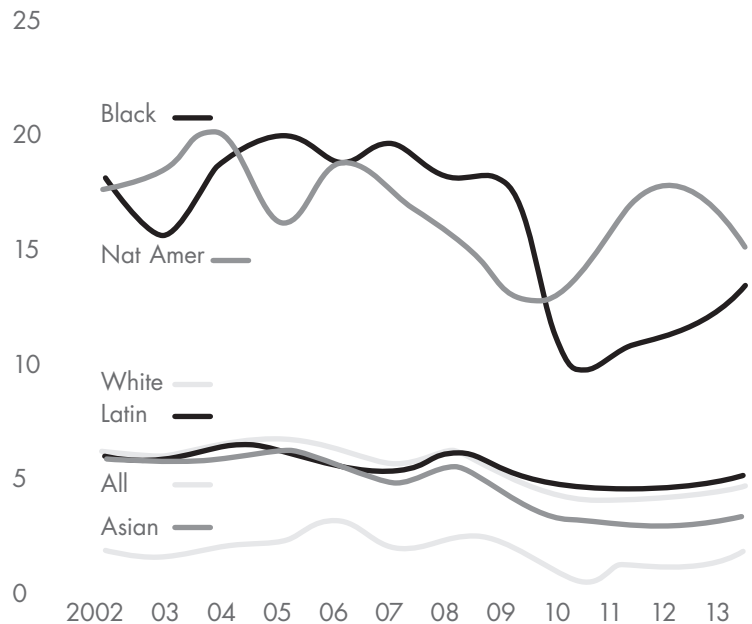
ENTRY INTO CARE TRENDS

The entry rate for the 12 California counties sampled is lower than it was five years ago, but increased slightly in the past year.

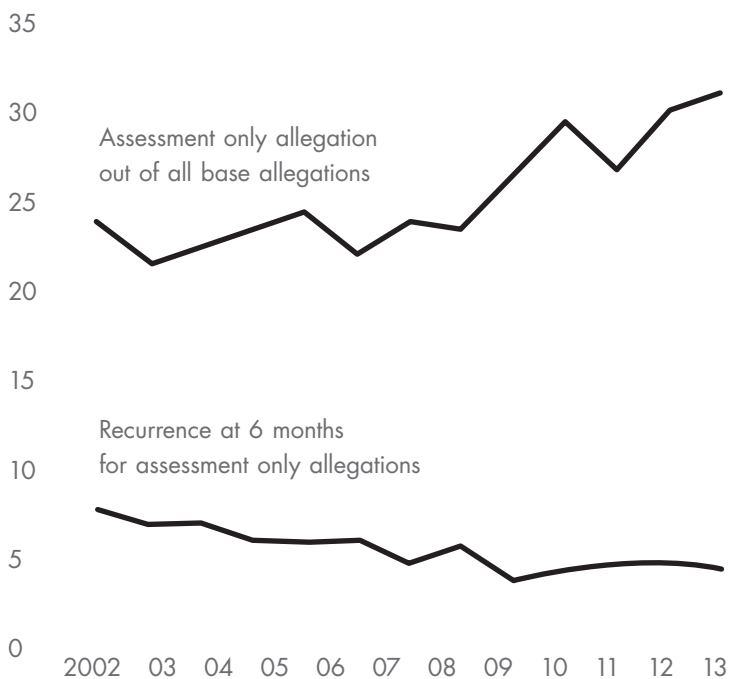
The entry percentage of children with substantiations increased over the past five years and is considerably higher than 10 years ago, which is similar but consistently higher than the statewide trend.

Broken down by age group, the Infant age group once again has the consistently highest rate; broken down by race, Black and Native American children are also consistently the highest, with Asians again having the consistently lowest entry into care rate.

Entry Rates Over Time, by Race/Ethnicity



Recurrence Trends



*base allegations are for Jan-Jun of given year and are at child level

RECURRENCE TRENDS

Historically, the recurrence rate of the Northern California counties has been higher than the state, but over the past five years this rate has improved to just about mirror the state rate. Just as with the state rate, this rate among the counties will need to be improved to meet the national standard.

RESOURCES AND FURTHER READING



THE FAMILY ENGAGEMENT TECHNICAL ASSISTANCE PLANNING GUIDE

The National Resource Center for In-Home Services (NRCinhome) offers a free, excellent family engagement technical assistance planning guide designed to assess overall readiness, administrative policies and program strengths and challenges in engaging and working with families. The guide can be accessed at the NRCinhome website:

www.nrc-ihs.org/training/family-engagement

Comparisons of Experiences in Differential Response (DR) Implementation: 10 Child Welfare Jurisdictions Implementing DR

Casey Family Programs, April 2012

[http://www.casey.org/
Resources/Publications/pdf/
DifferentialResponseReport.pdf](http://www.casey.org/Resources/Publications/pdf/DifferentialResponseReport.pdf)

Differential Response in Child Protective Services: A Literature Review

The National Quality Improvement Center on Differential Response in Child Protective Services, November 2011

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Lessons Learned from the Beginning of Differential Response: Why it Works and When it Doesn't

Gary L. Siegel, Ph.D., a Monograph of the Institute of Applied Research, St. Louis, Missouri, January 2012

www.iarstl.org

The Family Engagement Assessment and Planning Guide

National Resource Center for In-Home Services

[www.nrc-ihs.org/sites/default/files/
Family_Engagement_Assessment_
Guide.pdf](http://www.nrc-ihs.org/sites/default/files/Family_Engagement_Assessment_Guide.pdf)

The Importance of Family Engagement in Child Welfare Services

Danella Larsen-Rife, Ph.D., and Susan Brooks, M.S.W.

[www.academy.extensiondlc.
net/file.php/1/resources/LR-
FamilyEngagement.pdf](http://www.academy.extensiondlc.net/file.php/1/resources/LR-FamilyEngagement.pdf)

Children in Child Welfare: Comprehensive Functional Family Assessment Practice Bulletin

Iowa Department of Human Services

[www.dhs.state.ia.us/docs/
Assessment.pdf](http://www.dhs.state.ia.us/docs/Assessment.pdf)

The Innovative Practice Symposium: Entry into Care Keynote Address

Presented by Erwin McEwen, Senior Director, Casey Family Programs

[http://webcast.ucdavis.edu/
llnd/3d4fc911](http://webcast.ucdavis.edu/llnd/3d4fc911)

Announcements

UPCOMING TRAININGS

CWDA Annual Joint Meeting

Davis: October 29

California Safety Organized Practice Convening

Davis: July 22

Safety Organized Practice in First Response

Webinar: November 17

2015 Supervisor Conference

Davis: March 16-17

Redding: March 18-19

For full course listings visit the Northern California Training Academy's official site at www.humanservices.ucdavis.edu/academy

Summer/Fall Course Catalog will be available on the Web July 2014.

IN OUR NEXT ISSUE

Look for more articles, research, success stories, resources and tips for practice in our next issue of *Reaching Out*. The next edition will focus on current issues in Safety Organized Practice.

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About the Northern California Training Academy

As part of the Center for Human Services at UC Davis Extension, the Northern California Training Academy provides training, consultation, research and evaluation for 28 Northern California counties. The counties include rural and urban counties with various training challenges for child welfare staff. The focus on integrated training across disciplines is a high priority in the region. This publication is supported by funds from the California Department of Social Services.

About the Center for Human Services

The Center for Human Services at UC Davis Extension began more than 30 years ago as a partnership between the University of California, Davis, and state government to address the needs of rural counties in developing skills for their social workers. Through professional training, consultation and research, the Center has grown to serve human services organizations and professionals throughout California and across the nation.

We can't publish this newsletter without you.

We received lots of helpful and interesting feedback on our last issue. Please send your comments and any ideas for future issues to me at sbrooks@ucdavis.edu





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