

Common Core 3.0

Case Planning in a Team Setting

Trainee's 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 within 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.

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/sites/default/files/citation_guideline_6-2018.pdf



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

Curriculum Introduction

This module provides trainees an opportunity to develop and enhance facilitation skills needed for facilitating formal and informal team meetings with the purpose of developing case plans, or adjusting case plans based on changing family circumstances. It is recommended that trainees complete the 100 Level Foundation Engagement and Assessment blocks prior to attending this module.

Agenda

Segment 1	Introduction, Review of Agreements	1:00 – 1:10
Segment 2	Review: Meeting Tips, Strategies, and Concepts	1:10 – 1:25
Segment 3	Review of the Wilson Family Vignette	1:25 – 1:50
Segment 4	Before the Meeting	1:50 – 2:30
Break		2:30 – 2:45
Segment 5	Team Role Play: Family Teaming—Concurrent Planning and Behavioral Health Needs for Case Planning	2:45 – 3:45
Segment 6	Transfer of Learning Activity	3:45 – 4:00

Learning Objectives

- K1.** The trainee will be able to identify the benefits of participating in a team based planning process, including development of case plans that:
 - a. Reflect the family's expression of their priorities and needs
 - b. Support ongoing family involvement
 - c. Include culturally relevant services and service providers
- K2.** The trainee will be able to recognize key safety, risk, strengths, and needs assessment information to include in a team meeting to facilitate a team case planning process.
- K3.** The trainee will be able to identify three strategies to overcome conflict during team case planning:
 - a. Reframing
 - b. Helping team members identify conflict
 - c. Helping team members explore the facts and preferences underlying their alternative viewpoints and opinions instead of focusing on personality conflicts or personal differences
- K4.** The trainee will be able to identify three strategies to maintain the team's focus on the case plan during team case planning:
 - a. Establishing group goals and decision criteria and returning focus to the shared goals and decision criteria throughout the process
 - b. Emphasizing common factors that promote consensus in the group discussion
 - c. Following orderly, preplanned steps for considering alternatives and deciding on solutions

Skills

- S1.** In a team meeting simulation or role play activity, the trainee will demonstrate engaging families, community members, and other formal and informal supports to build a circle of support who will then work together to formulate culturally relevant case plans and to identify culturally relevant service providers.
- S2.** In a team meeting simulation or role play activity, the trainee will be able to demonstrate one of the following three strategies to overcome conflict:
 - a. Reframing
 - b. Helping team members identify conflict
 - c. Helping team members explore the facts and preferences underlying their alternative viewpoints and opinions instead of focusing on personality conflicts or personal differences
- S3.** In a team meeting simulation or role play activity, the trainee will be able to demonstrate one of the following three strategies to maintain the team's focus on the case plan:
 - a. Establishing group goals and decision criteria and returning focus to the shared goals and decision criteria throughout the process
 - b. Emphasizing common factors that promote consensus in the group discussion.
 - c. Following orderly, preplanned steps for considering alternatives and deciding on solutions

Values

- V1.** The trainee will value engaging families, community members, and other formal and informal supports to formulate case plans and to identify culturally relevant service providers.
- V2.** The trainee will value seeing the family as the experts on themselves and being able to identify solutions to their issues and concerns.

Setting Group Agreements

It is important during skill-building activities to feel safe to try out new skills, experience successes and challenges, and learn from these experiences. Adult learning theory and neuroscience have proposed that personal and emotional safety in the classroom is critical to learning. The following activities require risk taking. As such, we all participate in creating a safe learning environment. One way of creating this environment is through setting group agreements. The trainer will begin the discussion on what you need to feel safe to try out new skills among your peers. Do not hesitate to state what you need to feel safe to try new things. The list will be compiled by the trainer and posted for this training day.

Below, fill in one or more agreements you want to be sure are part of the larger group agreements for the day.

Being uncomfortable is normal as we try new things. If, however, you feel more than uncomfortable, do not hesitate to talk with the trainer about your concerns.

Wilson Family Vignette

Omar Wilson, age 7, has been taken into custody due to the father's physical abuse of Omar. Omar had pushed his brother Alejandro, age 5, off a bike, which resulted in Alejandro sustaining a broken wrist. When this occurred, the mother, Alana Gomez Wilson, hit Omar in the face, and then his father, Matthew Wilson, hit Omar and shoved Omar hard, causing Omar to fall and break his arm. Both children were met in the emergency room by the social worker to find out what had happened and to assess the safety of the children.

This family is currently open to voluntary CW services from a previous referral the month before for physical abuse of Omar by the father and failure to protect by the mother. The previous referral was for the father hitting Omar with a belt, leaving injuries on Omar. The family had begun a voluntary service plan and was beginning services to address the family's issues of interpersonal violence, Omar's mental health, and the father's inability to express anger appropriately in parenting Omar.

Prior History:

There are two prior reports regarding Omar. The first report involved Omar's positive toxicology screen at birth. The family completed in-home services. The second report involved general neglect to Omar, who was left home alone. The family completed reunification services.

The parents are frustrated with Omar's behavior. They believe that Omar is not trying to be a part of the family. The maternal great aunt, Teresa Alvarez, provides child care and has tried to work with the parents about parenting Omar and to provide positive feedback to Omar.

Family History:

Mr. Wilson's father was African American and his mother is Lakota. Mr. Wilson is enrolled in the Rosebud Sioux Tribe. His father was killed in action while in the military when Matthew was 2 years old. He was raised primarily by his mother and her family in South Dakota, although he spent parts of several summers in Baltimore with his father's family. He moved to California when he was 19 to be trained in concrete work and has since worked in this field off and on. He is currently employed. Eleven years ago, while visiting in South Dakota, his first wife received severe head injuries and died in a car crash caused in part by Mr. Wilson driving while intoxicated. He was not charged in the incident. Matthew entered alcohol treatment. He had two relapses in the first four years after treatment, but has now been sober for seven years. Matthew married his current wife eight years ago. Mr. Wilson works in construction but is not steadily employed. Mr. Wilson has hit Ms. Wilson during arguments.

Ms. Wilson was born in Texas to first generation Mexican Americans. She and two sisters moved to California when she was 18 because it was easier to find work here. Ms. Wilson began experimenting with drugs at this time. She married Mr. Wilson the next year. She has been in in-patient treatment twice for drug dependency since then—once when her older son was almost 1 year old and once two years ago. She is sporadically in touch with some of her large, extended family, most of whom live in Texas, although her problems with drug dependency have contributed to tensions with her family. At this point she is not using drugs. A maternal aunt and one sister live in California. Her aunt lives nearby and her sister lives 200 miles away.

Omar is the son of Matthew Wilson and Alana Wilson. Omar is enrolled in the Rosebud Sioux Tribe. He is in kindergarten for the second year and has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and learning disabilities. He was born with crack-cocaine in his system due to his mother's substance abuse at the time. Mr. Wilson reports that Omar was a particularly difficult baby, rarely sleeping through the night, and nearly impossible to comfort. Omar lived with his aunt, Teresa Alvarez, when he was a baby and the two still share a very good relationship.

Alejandro is the son of Matthew Wilson and Alana Wilson. Alejandro is enrolled with the Rosebud Sioux Tribe. He is in kindergarten and was recently diagnosed with mild developmental delays. A plan has not yet been developed for him. He was not born with drugs in his system; his mother was in drug treatment for most of his gestation.

Placement:

Omar will be placed with the maternal great aunt, Teresa Alvarez. The Tribe concurs with the placement, but would like to discuss with the social worker long-term placement if Omar does not return to his parents.

CALIFORNIA
SDM® SAFETY ASSESSMENT

r: 10/15

Referral Name: Alana Gomez Wilson

Referral #: 0123-4567-8910-1112124

County: Any County

Worker: Super Social Worker

Is either caregiver Native American or a person with Indian ancestry? ☒ Yes ☐ No ☐ Parent Not Available ☐ Parent Unsure

Date of Assessment: 05/22/2016 Assessment Type: ☐ Initial ☒ Review/update ☐ Referral closing/case closing

Names of Children Assessed: (If more than six children are assessed, add additional names and numbers on reverse side.)

- | | |
|----------------------------|----------|
| 1. Omar Wilson, age 7 | 4. _____ |
| 2. Alejandro Wilson, age 5 | 5. _____ |
| 3. _____ | 6. _____ |

Are there additional names on reverse? ☐ 1. Yes ☒ 2. No

Household Name: Wilson

Were there allegations in this household? ☒ 1. Yes ☐ 2. No

Factors Influencing Child Vulnerability (Conditions resulting in child's inability to protect self; mark all that apply to any child.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Age 0–5 years | <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, nonverbal) |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> Not readily accessible to community oversight | |

SECTION 1: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Mark all that apply.

Yes No

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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:
<input type="checkbox"/> Serious injury or abuse to the child other than accidental.
<input type="checkbox"/> Caregiver fears he/she will maltreat the child.
<input type="checkbox"/> Threat to cause harm or retaliate against the child.
<input type="checkbox"/> Domestic violence likely to injure child.
<input type="checkbox"/> Excessive discipline or physical force.
<input type="checkbox"/> Drug-/alcohol-exposed infant. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. The family refuses access to the child, or there is reason to believe that the family is about to flee. |

- ☒ ☐ 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.
- ☐ ☒ 10. Other (specify): _____

Safety Decision: If no safety threats are present, complete the safety decision below.

- ☐ 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. Complete the investigation and the risk assessment as required.

SECTION 1A: CAREGIVER COMPLICATING BEHAVIORS

If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- ☒ Substance abuse ☒ Domestic violence ☐ Mental health ☐ Developmental/cognitive impairment
☐ Physical condition ☐ Other (specify): _____

SECTION 2: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. *Mark all that apply to the household.*

	Household Strengths (Mark all that apply)	Protective Actions (Mark all that apply)
Caregiver problem solving	<input type="checkbox"/> At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.	<input type="checkbox"/> At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s), and the caregiver has used or could use these strategies in the current situation.
Caregiver support network	<input checked="" type="checkbox"/> At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network. <input type="checkbox"/> At least one non-offending caregiver exists and is willing and able to protect the child from future harm. <input checked="" type="checkbox"/> At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.	<input checked="" type="checkbox"/> 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.
Child problem solving	<input type="checkbox"/> At least one child is emotionally/ intellectually capable of acting to protect him/herself from a safety threat.	<input type="checkbox"/> At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).
Child support network	<input type="checkbox"/> At least one child is aware of his/her support network members and knows how to contact these individuals when needed.	<input type="checkbox"/> At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help address the safety threat and keep the child safe.
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

SECTION 3: IN-HOME PROTECTIVE INTERVENTIONS

If safety threats have been identified in the household and after consideration of child vulnerabilities, household strengths, and protective actions, it is determined that a safety plan will allow the child to remain in the home, the safety decision is "safe with plan." Mark the decision below. If a safety plan that would allow the child to remain in the home safely cannot be created, go to Section 4.

Safety Decision

- ☐ Safe with plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats. Mark all in-home interventions used in the safety plan.
- ☐ 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
 - ☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.
 - ☐ 3. Use of community agencies or services as safety resources.
 - ☐ 4. Use of tribal, Indian community service agency, and/or ICWA program resources.
 - ☐ 5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
 - ☐ 6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
 - ☐ 7. Have the non-offending caregiver move to a safe environment with the child.
 - ☐ 8. Legal action planned or initiated—child remains in the home.
 - ☐ 9. Other (specify): _____

SECTION 4: PLACEMENT INTERVENTIONS

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. Check one response only.
- ☐ 10. Have the caregiver voluntarily place the child outside the home, consistent with WIC § 11400 (o) and (p).
 - ☒ 11. Child placed in protective custody because interventions 1–10 do not adequately ensure the child's safety.

Referral Name: **Alana Gomez Wilson** Referral #: **0123-4567-8910-1112124** Date: **05/25/2016**

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

PRIOR INVESTIGATIONS	Neglect	Abuse
1. Prior neglect investigations		
<input type="radio"/> a. No prior neglect investigations	0	0
<input type="radio"/> b. One prior neglect investigation	0	1
<input type="radio"/> c. Two prior neglect investigations	1	1
<input checked="" type="checkbox"/> d. Three or more prior neglect investigations	2	1
2. Prior abuse investigations		
<input checked="" type="checkbox"/> a. No prior abuse investigations	0	0
<input type="radio"/> b. One prior abuse investigation	1	0
<input type="radio"/> c. Two prior abuse investigations	1	1
<input type="radio"/> d. Three or more prior abuse investigations	1	2
3. Household has previous or current open ongoing CPS case (voluntary/court ordered)		
<input type="radio"/> a. No	0	0
<input type="radio"/> b. Yes, but not open at the time of this referral	1	1
<input checked="" type="checkbox"/> c. Yes, household has open CPS case at the time of this referral	2	2
4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child		
<input type="radio"/> a. None/not applicable	0	0
<input checked="" type="checkbox"/> b. One or more apply (<i>mark all applicable</i>)	0	1
<input type="checkbox"/> Prior physical injury to a child resulting from child abuse/neglect		
<input type="checkbox"/> Prior substantiated physical abuse of a child		

CURRENT INVESTIGATION	Neglect	Abuse
5. Current report maltreatment type (<i>mark all applicable</i>)		
<input type="checkbox"/> a. Neglect	1	0
<input checked="" type="checkbox"/> b. Physical and/or emotional abuse	0	1
<input type="checkbox"/> c. None of the above	0	0
6. Number of children involved in the child abuse/neglect incident		
<input checked="" type="checkbox"/> a. One, two, or three	0	0
<input type="radio"/> b. Four or more	1	1
7. Primary caregiver assessment of the incident		
<input type="radio"/> a. Caregiver does not blame the child	0	0
<input checked="" type="checkbox"/> b. Caregiver blames the child	0	1

FAMILY CHARACTERISTICS		Neglect	Abuse
8. Age of youngest child in the home			
<input checked="" type="checkbox"/> a. 2 years or older	0	0	
<input type="checkbox"/> b. Under 2	1	0	
9. Characteristics of children in the household			
<input type="checkbox"/> a. Not applicable	0	0	
<input checked="" type="checkbox"/> b. One or more present (<i>mark all applicable</i>)			
<input checked="" type="checkbox"/> Mental health or behavioral problems	1	1	
<input type="checkbox"/> Developmental disability			
<input type="checkbox"/> Learning disability			
<input type="checkbox"/> Physical disability			
<input type="checkbox"/> Medically fragile or failure to thrive		0	
10. Housing			
<input checked="" type="checkbox"/> a. Household has physically safe housing	0	0	
<input type="checkbox"/> b. One or more apply (<i>mark all applicable</i>)	1	0	
<input type="checkbox"/> Physically unsafe; AND/OR			
<input type="checkbox"/> Family homeless			
11. Incidents of domestic violence in the household in the past year			
<input checked="" type="checkbox"/> a. None or one incident of domestic violence	0	0	
<input type="checkbox"/> b. Two or more incidents of domestic violence	0	1	
12. Primary caregiver disciplinary practices			
<input type="checkbox"/> a. Employs appropriate discipline	0	0	
<input checked="" type="checkbox"/> b. Employs excessive/inappropriate discipline	0	1	
13. Primary or secondary caregiver history of abuse or neglect as a child			
<input checked="" type="checkbox"/> a. No history of abuse or neglect for either caregiver	0	0	
<input type="checkbox"/> b. One or both caregivers have a history of abuse or neglect as a child	1	1	
14. Primary or secondary caregiver mental health			
<input checked="" type="checkbox"/> a. No past or current mental health problem	0	0	
<input type="checkbox"/> b. Past or current mental health problem (<i>mark all applicable</i>)	1	1	
<input type="checkbox"/> During the past 12 months			
<input type="checkbox"/> Prior to the last 12 months			
15. Primary or secondary caregiver alcohol and/or drug use			
<input type="checkbox"/> a. No past or current alcohol/drug use that interferes with family functioning	0	0	
<input checked="" type="checkbox"/> b. Past or current alcohol/drug use that interferes with family functioning (<i>mark all applicable</i>)	1	1	
<input checked="" type="checkbox"/> Alcohol (<input type="checkbox"/> Last 12 months and/or <input checked="" type="checkbox"/> Prior to the last 12 months)			
<input type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months)			
16. Primary or secondary caregiver criminal arrest history			
<input type="checkbox"/> a. No caregiver has prior criminal arrests	0	0	
<input checked="" type="checkbox"/> b. Either caregiver has one or more criminal arrests	1	0	
	Neglect	Abuse	
TOTAL SCORE	7	9	

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse indices, using the following chart.

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> 0-2	<input type="checkbox"/> 0-1	<input type="checkbox"/> Low
<input type="checkbox"/> 3-5	<input type="checkbox"/> 2-4	<input type="checkbox"/> Moderate
<input checked="" type="checkbox"/> 6-8	<input type="checkbox"/> 5-7	<input type="checkbox"/> High
<input type="checkbox"/> 9 +	<input checked="" type="checkbox"/> 8 +	<input checked="" type="checkbox"/> Very high

OVERRIDES

Policy Overrides. Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override the final risk level to very high.

- ☐ Yes ☒ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
☐ Yes ☒ No 2. Non-accidental injury to a child under age 2.
☐ Yes ☒ No 3. Severe non-accidental injury.
☐ Yes ☒ No 4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

Discretionary Override. If a discretionary override is made, mark yes, increase risk by one level, and indicate reason.

- ☐ Yes ☒ No 5. If yes, override risk level (mark one): ☐ Moderate ☐ High ☐ Very High
 Discretionary override reason: _____

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

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

RECOMMENDED DECISION

Final Risk Level	Recommendation
Low	Do not promote*
Moderate	Do not promote*
High	Promote
Very high	Promote

*Unless there are unresolved safety threats.

PLANNED ACTION

- ☒ Promote
☐ Do not promote

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

SUPPLEMENTAL RISK ITEMS

Note: These items should be recorded but are not scored.

1. Either caregiver demonstrates difficulty accepting one or more children's gender identity or sexual orientation.
☒ a. No
☐ b. Yes
2. Alleged perpetrator is an unmarried partner of the primary caregiver.
☐ a. No
☒ b. Yes
3. Another adult in the household provides unsupervised child care to a child under the age of 3.
☐ a. No
☒ b. Yes
☐ c. N/A
- 3a. Is the other adult in the household employed?
☐ a. No
☒ b. Yes
☐ c. N/A
4. Either caregiver is isolated in the community.
☒ a. No
☐ b. Yes
5. Caregiver has provided safe and stable housing for at least the past 12 months.
☐ a. No
☒ b. Yes

Case Name: Alana Gomez Wilson Case #: 0123-4567-8910-1112124 Date: 06/18/16
 County Name: Any County Worker Name: Super Social Worker Worker ID#: 1717
 Household Name: Alana Gomez Wilson

SECTION 1: CAREGIVER STRENGTHS AND NEEDS ASSESSMENT

☒ Primary Primary Caregiver Name: Alana Wilson

☒ Secondary Secondary Caregiver Name: Matthew Wilson

Race (mark all that apply): ☒ African American/Black ☒ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Latino/a
☒ Multiracial ☐ White ☐ Other

Ethnicity: Mexican (primary caregiver)

Tribal Affiliation: ☒ Yes ☐ No ☐ Parent Not Available ☐ Parent Unsure

Tribe Name: Rosebud Sioux Tribe Federally Recognized: ☒ Yes ☐ No

Sexual Orientation: ☒ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other ☐ Not discussed

Gender Identity/Expression: ☒ Female ☒ Male ☐ Transgender ☐ Other

Religious/Spiritual Affiliation: Christian/Native American beliefs

Other Cultural Identity Important to Caregiver (e.g., immigration status, disability status): _____

A. Household Context

The caregiver's perspective of culture and cultural identity:

- | | | |
|-------------------------------------|-------------------------------------|---|
| P | S | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | a. Actively helps create safety, permanency, and child/youth/young adult well-being. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Is a barrier to safety, permanency, or child/youth/young adult well-being. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. |

Consider how the family's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence or shape parenting and caregiving. Are there contacts or services within this culture that can be mobilized in the case plan to enhance safety now or over time?

Mr. Wilson has attended a Healing Circle for Native men and found it helpful.
Mrs. Wilson has obtained support from her church and pastor.

B. Caregiver Domains

Indicate whether the caregiver's behaviors in each domain (a) actively help create safety, permanency, or well-being for the child/youth/young adult; (b) are neither a strength nor a barrier for child/youth/young adult safety, permanency, or well-being; (c) make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or (d) directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if caregiver actions fit definitions "c" and "d," select "d."

Domains and behaviors identified as "d" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "d."

SN1. Resource Management/Basic Needs The caregiver's resources and management of resources: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.
SN2. Physical Health The caregiver's physical health: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively helps create safety, permanency, and child/youth/young adult well-being. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Is a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.
SN3. Parenting Practices The caregiver's parenting practices: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are a barrier to safety, permanency, or child/youth/young adult well-being. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.
SN4. Social Support System The caregiver's social support system: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively helps create safety, permanency, and child/youth/young adult well-being. <input checked="" type="checkbox"/> <input type="checkbox"/> b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input checked="" type="checkbox"/> c. Is a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.
SN5. Household and Family Relationships The caregiver's relationships with other adult household members: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.
SN6. Domestic Violence The caregiver's intimate relationships: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.
SN7. Substance Use The caregiver's actions regarding substance use: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> c. Are a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN8. Mental Health

The caregiver's mental health:

P S

- ☐ ☐ a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- ☒ ☒ b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- ☐ ☐ c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
- ☐ ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN9. Prior Adverse Experiences/Trauma

The caregiver's response to prior adverse experiences/trauma:

P S

- ☐ ☐ a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- ☒ ☒ b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- ☐ ☐ c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
- ☐ ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN10. Cognitive/Developmental Abilities

The caregiver's developmental and cognitive abilities:

P S

- ☐ ☐ a. Actively help create safety, permanency, and child/youth/young adult well-being.
- ☒ ☒ b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- ☐ ☐ c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- ☐ ☐ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN11. Other Identified Caregiver Strength or Need (not covered in SN1–SN10)

- ☒ Not applicable.

An additional need or strength has been identified that:

P S

- ☐ ☐ a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- ☐ ☐ b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- ☐ ☐ c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
- ☐ ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

C. Priority Needs and Strengths

Enter the item number and description of all of the most serious needs (“d”s first, then “c”s) from items SN1–SN11 for each caregiver (P=Primary; S=Secondary, B=Both). Then identify which are a priority for closure.

The family’s priority needs should all be included in the family case plan.

NEEDS			
Score (“d”s then “c”s)	Domain Name	Caregiver	Priority for Closure? (required if score is “d”)
d	Parenting Practices	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d	Household and Family Relationships	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d	Domestic Violence	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c	Substance Abuse	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enter the item number and description of all of the family’s strengths (“a” answers) from items SN1–SN11 for each caregiver (P=Primary; S=Secondary, B=Both). These family strengths can be used to address the priority needs identified above.

STRENGTHS			
Score (“a”s)	Domain Name	Caregiver	Include in Family Case Plan?
A	Social Support System	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: CHILD/YOUTH/YOUNG ADULT STRENGTHS AND NEEDS ASSESSMENT

Repeat this section for each child/youth/young adult in the family.

Child/Youth/Young Adult Name: Omar Wilson

Race (mark all that apply): ☒ African American/Black ☒ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Latino/a
☒ Multiracial ☐ White ☐ Other

Ethnicity: African American/Sioux/Mexican American

Tribal Affiliation: ☒ Yes ☐ No ☐ Parent Not Available ☐ Parent Unsure

Tribe Name: Rosebud Sioux Tribe

Federally Recognized: ☒ Yes ☐ No

Sexual Orientation: ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other ☒ Not discussed

Gender Identity/Expression: ☐ Female ☒ Male ☐ Transgender ☐ Other

Religious/Spiritual Affiliation: Christian

Other Cultural Identity Important to Child/Youth/Young Adult (e.g., immigration status, disability status):

A. Household Context

The child/youth/young adult's perspective of culture, cultural identity, norms, and past/current experiences of discrimination:

- ☐ a. Help him/her create safety, permanency, and well-being for him/herself.
- ☒ b. Have no effect on his/her safety, permanency, or well-being.
- ☐ c. Make it difficult for him/her to experience long-term safety, permanency, or well-being.
- ☐ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the child/youth/young adult's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence him/her. Are there contacts or services within this culture that can be mobilized in the case plan?

Enjoys being part of the family gatherings and celebrations.

B. Child/Youth/Young Adult Domains

Indicate whether the behaviors of the child/youth/young adult in each domain (a) actively help create safety, permanency, or well-being for him/herself; (b) are neither a strength nor a barrier for his/her safety, permanency, or well-being; (c) make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or (d) directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if child/youth/young adult actions fit definitions “c” and “d,” select “d.”

Domains and behaviors identified as “d” on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as “d”.

CSN1. Emotional/Behavioral Health <input type="checkbox"/> a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety. <input type="checkbox"/> b. The child/youth/young adult does not have an emotional/behavioral concern OR the child/youth/young adult has an emotional/behavioral health concern, but no additional intervention is needed. <input checked="" type="checkbox"/> c. The child/youth/young adult has an emotional/behavioral health concern, AND it is an ongoing unmet need. <input type="checkbox"/> d. The child/youth/young adult has an emotional/behavioral health concern that directly contributes to danger to the child/youth/young adult.
CSN2. Trauma <input type="checkbox"/> a. The child/youth/young adult's response to prior trauma contributes to his/her safety. <input type="checkbox"/> b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed. <input checked="" type="checkbox"/> c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need. <input type="checkbox"/> d. The child/youth/young adult's response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult.
CSN3. Child Development <input type="checkbox"/> a. The child/youth/young adult's development is advanced. <input type="checkbox"/> b. The child/youth/young adult's development is age-appropriate. <input checked="" type="checkbox"/> c. The child/youth/young adult's development is limited. <input type="checkbox"/> d. The child/youth/young adult's development is severely limited. (shown in webSDM if “d” is marked) <input type="checkbox"/> A regional center referral has been completed.
CSN4. Education <input type="checkbox"/> a. The child/youth/young adult has outstanding academic achievement. <input type="checkbox"/> b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age. <input checked="" type="checkbox"/> c. The child/youth/young adult has academic difficulty. <input type="checkbox"/> d. The child/youth/young adult has severe academic difficulty. Also indicate if: <input checked="" type="checkbox"/> The child/youth/young adult has an individualized education plan. <input type="checkbox"/> The child/youth/young adult has an educational surrogate parent. <input type="checkbox"/> The child/youth/young adult needs an educational surrogate parent. <input type="checkbox"/> The child/youth/young adult is required by law to attend school but is not attending.
CSN5. Social Relationships <input type="checkbox"/> a. The child/youth/young adult has strong social relationships. <input type="checkbox"/> b. The child/youth/young adult has adequate social relationships. <input checked="" type="checkbox"/> c. The child/youth/young adult has limited social relationships. <input type="checkbox"/> d. The child/youth/young adult has poor social relationships.
CSN6. Family Relationships <input type="checkbox"/> a. The child/youth/young adult's relationships within his/her family contribute to his/her safety. <input type="checkbox"/> b. The child/youth/young adult's relationships within his/her family do not impact his/her safety. <input checked="" type="checkbox"/> c. The child/youth/young adult's relationships within his/her family interfere with long-term safety. <input type="checkbox"/> d. The child/youth/young adult's relationships within his/her family contribute to danger of serious physical or emotional harm to the child/youth/young adult.

CSN7. Physical Health/Disability

- ☐ The child/youth/young adult's immunizations are current.
- ☒ a. The child/youth/young adult has no health care needs or disabilities.
- ☐ b. The child/youth/young adult has minor health problems or disabilities that are being addressed with minimal intervention and/or medication.
- ☐ c. The child/youth/young adult has health care needs or disabilities that require routine interventions.
- ☐ d. The child/youth/young adult has serious health/disability needs that require ongoing treatment and interventions by professionals or trained caregivers AND/OR the child/youth/young adult has an unmet medical need.

CSN8. Alcohol/Drugs

- ☒ a. The child/youth/young adult actively chooses an alcohol- and drug-free lifestyle.
- ☐ b. The child/youth/young adult does not use or experiment with alcohol/drugs.
- ☐ c. The child/youth/young adult's alcohol and/or other drug use results in disruptive behavior and conflict.
- ☐ d. The child/youth/young adult's chronic alcohol and/or other drug use results in severe disruption of functioning.

CSN9. Delinquency

- ☒ a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- ☐ b. The child/youth/young adult has no delinquent behavior in the past two years.
- ☐ c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years.
- ☐ d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior.

Also indicate "d" if:

- ☐ The child/youth/young adult has been adjudicated a WIC Section 602 ward.
- ☐ The child/youth/young adult is in need of a WIC Section 241.1 hearing.

CSN10. Relationship With Substitute Care Provider (if child/youth/young adult is in care)

- ☒ Not applicable; child/youth/young adult is not in care.
- ☐ a. The child/youth/young adult has developed a strong attachment to at least one substitute care provider.
- ☐ b. The child/youth/young adult has no conflicts with the substitute care provider.
- ☐ c. The child/youth/young adult has some conflicts with the substitute care provider that have resulted or may result in the child/youth/young adult feeling unsafe or unaccepted in the placement; however, with support, these issues can be mitigated.
- ☐ d. The child/youth/young adult has serious conflicts with one or more members of the current substitute care provider's household.

CSN11. Independent Living (if age 15.5 or older)

- ☒ Not applicable.
- ☐ a. The youth/young adult is prepared to function as an adult.
- ☐ b. The youth/young adult is making progress toward being prepared for adulthood.
- ☐ c. The youth/young adult is attempting to prepare for adulthood but lacks the confidence, emotional maturity, and/or sufficient skills to live independently.
- ☐ d. The youth/young adult is not prepared or is refusing to prepare for adulthood.

For youth/young adult age 15.5 and older, check all that apply to preparation for adulthood.

- ☐ The youth/young adult is receiving assistance from a regional center.
- ☐ The 15.5-year-old assessment has been completed.
- ☐ For youth/young adults age 16 or older, a referral to formal services and a credit check application have been completed.
- ☐ For youth/young adults age 17 and older, an independent living plan has been completed.
- ☐ An exit plan meeting has been held.
- ☐ An exit from foster care meeting has been held.
- ☐ The youth/young adult is participating in the extension foster care program (AB 12).

CSN12. Other Identified Child/Youth/Young Adult Strength or Need (not covered in CSN1–CSN11)

☒ Not applicable.

An additional need or strength has been identified that:

- ☐ a. Actively helps him/her create safety, permanency, and well-being for him/herself.
- ☐ b. Is not a strength or barrier for safety, permanency, or well-being.
- ☐ c. Is a barrier to his/her safety, permanency, or well-being.
- ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

C. Priority Needs and Strengths

Enter the item number and description of all of the most serious needs (“d”s first, then “c”s) from items CSN1–CSN12 for each child/youth/young adult.

The child/youth/young adult’s priority needs (“d” answers) should all be included in the family case plan.

Score (“d”s, then “c”s)	Domain Name and Description
c	Emotional Behavioral
c	Trauma
c	Child Development
c	Educational
c	Social
c	Familial Relationships

Use the table below to identify child/youth/young adult strengths (“a” answers) from items CSN1–CSN12 that can contribute to addressing the priority needs identified above.

STRENGTHS		
Score (“a”s)	Domain Name	Include in Family Case Plan?
a	Physical Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Activity: Before the Meeting—Preparing the Team

Successful meeting facilitation occurs when team members can bring their whole selves to a safe and structured process. The Social Worker Role, regardless of whether or not the meeting is being facilitated by a facilitator other than the social worker, is to prepare team members before the start of the meeting. Included in this role is:

- Establishing a trusting, helping relationship
- Demonstrating genuine interest
- Acknowledging strengths and culture
- Providing overview of teaming
- Gaining information
- Deciding contact information and process
- Ensuring that the right people are at the table
- Ensuring personal safety during and after the meeting (*i.e., situations of intimate partner violence*)

Preparation for the Parent:

- Explain the purpose, structure, and intended outcomes of the meeting.
- Explain agency responsibility in the context of “reasonable efforts” and if ICWA applies “active efforts.”
- Explain and answer questions related to court timelines, concurrent planning, including full disclosure and the definition of permanency.

Ask:

- What would you like to have happen as a result of this meeting?
- What do you see as family strengths? What do you need?
- What are your child’s strengths? What does your child need?
- Describe what success is for your family. What would (family member or support person) be doing differently to achieve success?
- What would safety look like to you? (*i.e., co-create a Safety Goal*)
- Can you think about what you would like team members to know about your family story, including how you got involved with the agency? You might like to start when things were going well with you and your family.
- Who are the people who care about you...your family...your child? Who wants to see you do well? Might they join your team? (*i.e., introduce Circle of Support, Genogram or Eco-Map*).
- Who would you want to be at your team meeting?
- If we invited all the people who care about your family to come to a meeting, what would be some good things that might come from their participation?
- Where would be the best place for the Child and Family Team Meeting?
- Is there anything we need to be aware of related to your personal safety in the meeting?

Preparation for the Youth:

- Depending on the developmental age of the child, explain court timeframes, concurrent planning, including full disclosure and the definition of permanency.

Ask:

- What would you like to have happen as a result of this meeting?
- What would safety look like to you? (i.e., Safety House)
- What do you see as family strengths? What do you need?
- Describe what success is for your family. What would (family member or support person) be doing differently when you achieve success?
- Can you think about what you would like team members to know about your family story, including how you got involved with the agency? You might like to start when things were going well with you and your family.
- What would you need in order to feel safe participating in this meeting?
- Who are the people who care about you...your family...friends? Who wants to see you do well? Might they join your team? (introduce Circle of Support, Genogram or Eco-map)
- Who would you want to be at your team meeting?
- If we invited all the people who care about your family to come to a meeting, what would be some good things that might come from their participation?
- Where would be the best place (convenience, size, comfort, etc.) for the Child and Family Team Meeting to be held?

Preparation of Family, Community, Tribe, and Providers

- Explain the purpose, structure, and intended outcomes of the meeting.
- Answer questions related to court timelines, concurrent planning, including full disclosure and legal permanency.

Ask:

- What would you like to have happen as a result of this meeting?
- What do you see as family strengths? What do you see as needs of the family?
- What are the children's strengths? What do the children need?
- What resources or supports are available to the family that reflect and honor the family's cultural beliefs and practices?
- Describe what a positive outcome would look like in the context of this family, culture, community and/or Tribe?
- Describe in the context of this family, culture, community and/or Tribe what safety would look like? Permanency?
- Who are the people who care about...this family...this child? Who wants to see them do well? Might they join your team? (introduce Circles of Support, Genogram or Eco-Map)
- Who would you want at the team meeting?
- Where would be the best place for the Child and Family Team Meeting?
- Is there anything we need to be aware of related to your personal safety in the meeting?

Activity: Family Team Meeting—Concurrent Planning and Behavioral Needs for Case Planning

Issues to be discussed at the Family Team Meeting

- Concurrent Planning
 - Plan to discuss the concept of concurrent planning and tell the parents that the current plan is reunification, but there is a time limit and an alternate plan needs to be in place.
- Behavioral health needs of Omar
 - Plan to discuss Omar's behavior that led to the father's pushing of Omar that resulted in his broken arm. Discuss what the parents know about ADHD and learning disabilities, as well as trauma-informed treatment that Omar may need.

Roles

Alana Gomez Wilson (mother)—Alana is a bit afraid of Matthew. She is frustrated with Omar. She loves her family. She gets upset that Omar cannot be at home. She is adamant about Omar not needing concurrent planning. When the worker talks about the concurrent plan she initially does not engage on this topic.

Matthew Wilson (father)—Matthew minimizes his behavior by insisting this was an accident and he did not mean to hurt Omar. He minimizes that his anger controls the family. He tries to keep Alana from expressing her opinion when it is different from his own. He doesn't see that he has supports to help him. He's the man of the family and he should be able to take care of them. He is mad at Teresa Alvarez and is afraid she wants to keep Omar for good. He fights the urge to drink and he has remained sober.

Teresa Alvarez (maternal great aunt)—She wants to work with Alana and Matthew but is angry that Omar got hurt. She has tried to talk to the parents, but they usually don't listen to her. She is frustrated, but wants to do what is best for Omar.

Doreen Bearchild (paternal grandmother) (by phone)—She would like to help, but she is too far away. She agrees that Teresa is a good caregiver for Omar. She is aware the Tribe has been notified and will be in touch with the social worker. She is saddened about Matthew's behavior.

Leslie Whitehorse (Rosebud Sioux Tribe Social Worker)—She is worried that this is Omar's second dependency. She would like to make sure that the parents are afforded every opportunity to reunify (active efforts) so that Omar can be returned and safely maintained in the care of his birth family. Ms. Whitehorse questions whether the previous and now currently assigned social worker has fully considered the trauma history of Mr. Wilson and its impact on how he behaves as a father and partner to Alana. Ms. Whitehorse currently supports the current placement with maternal great aunt; however, she wants to ensure the team is aware of all the available options and benefits of a Tribal Customary Adoption when discussing concurrent planning.

James Jeffers (father's support person)—He thinks that Matthew could relapse and strongly urges Matthew to go back to AA. He is provider of Native American Mental Health and Substance Abuse services that addresses these issues from a Native American healing perspective.

Reverend Jorge Orrante (mother's support person)—He believes that Matthew would benefit from attending church and a group for married couples.

Helen Barranco—She is the department’s mental health worker assigned to attend the family team meeting and to address questions about Omar’s trauma and mental health. She would like to get Omar into TF-CBT(Trauma Focused–Cognitive Behavioral Therapy) as soon as possible with Omar and his parents.

Social Worker—(a) The social worker needs to make the concept of concurrent planning clear to the family. Explain that Omar has had many changes in his life, including a previous placement. Omar needs to have a safe and permanent home. There is a time limit to achieve the changes that need to be made in the family for Omar’s safe return and if this isn’t possible, Omar needs emotional and legal permanence. Think about how culture might affect the family’s view of concurrent planning. Facilitate discussion.

(b) He/she should facilitate a discussion of Omar’s mental health needs. Explain that Omar has had several traumas in his life and this impacts his ability to control his feelings and behaviors. Explain that Omar’s well-being is important and that everyone needs to think in terms of how to help Omar. Ask the family their view about mental health treatment for addressing family problems. Facilitate discussion.

Structure of Meeting:

The family/group has agreed to the following agreements:

- **Each person will speak one at a time.**
- **Be respectful of other people’s opinions.**
- **This meeting is a safe place to talk. We agree that what is said in this meeting stays in this meeting.**
- **If we can’t resolve a disagreement, we will put it in a “parking lot” and we’ll see what and who we should talk further to about the disagreement.**
- **We will stay focused on what is best for Omar and Alejandro. We may not agree, but we will try and keep them the center of the conversation.**

What is working well?

(This information has been provided so that the social worker can move to the other two questions.)

- Both parents have maintained sobriety for over two years.
- The parents have sought medical treatment to address Omar’s behavior and are providing him with the prescribed medication as directed.
- The parents have a positive working relationship with the school. The parents attend parent conferences and have had phone calls with the teachers.
- The children attend school regularly.
- The children are well-cared for and supervised closely.
- The parents have attended parenting classes and have begun using the new skills they learned in class. The parents take the children at least twice a week to the park and read nightly to the children.
- There are multiple relative and community supports available to the family.
- The family has participated in cultural activities, including tribal functions.
- Mr. Wilson has a job.

What are the worries?

List:

What needs to happen?

List:

Transfer of Learning

What I want to remember to apply from today's class on participating in family team meetings:

✓

✓

✓

What I want to learn more about in teaming with families:

✓

✓

✓

✓

Who will I discuss what I want to learn and apply about family team meetings within the next week:

✓

A person in my class

✓

My field advisor, coach or mentor

✓

My supervisor

✓

My trainer

✓

✓

✓

✓

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Some content in this curriculum was developed by NCCD and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies

and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice¹
- Signs of Safety²
- Structured Decision making³
- Child and family engagement⁴
- Risk and safety assessment research
- Group Supervision and Interactional Supervision⁵
- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

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