Common Core 3.0

Managing Transitions Knowledge and Skill Reinforcement Lab

Trainee Guide

Version 3.2 | December 31, 2017

Table of Contents

Introduction to Common Core

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

The Content Development Oversight Group (CDOG) a subcommittee of the Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG membership includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

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

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

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

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

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

CalSWEC

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

Curriculum Introduction

This full day curriculum focuses on trauma, grief, and loss and the impact that transitions has on the child, youth, or young adult. Throughout the training, the trainer will guide the trainees through the activities and facilitate active participation in transition planning.

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

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

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

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

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

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

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

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

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

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

Agenda

Segment 1:	Welcome and Introduction to the Training	(30 minutes)
Segment 2:	Review	(20 minutes)
Segment 3:	Assessing Underlying Needs at Transitions: Getting to the HEART of why we are here	(115 minutes)
	3A: What's Trauma, Grief, and Loss Got to Do with It?	(40 minutes)
Break		(15 minutes)
	3B: Assessing Complex Needs and Cultural Humility	(35 minutes)
	3C: Complex Trauma and Its impact on Developmental Domains During Transition	(40 minutes)
Lunch		(60 minutes)
Segment 4A-B:	4A: Full Disclosure Skill Practice	(45 minutes)
	4B: Skill Practice, Discussing Permanency with Children, Youth, or Young Adults	(45 minutes)
Break		(15 minutes)
Segment 5:	Closure	(15 minutes)
Segment 6:	End of Block Evaluation and Debrief	(60 minutes)

Learning Objectives

Knowledge

K1. The trainee will recognize underlying needs of a child(ren), youth, and young adults evolves from the point of initial engagement, including all transitions, and through safe case closure.

K2. The trainee will recognize the importance of continuing assessments and to determine appropriate and timely service provision that are culturally congruent throughout the life of the case including all transitions and at case closure.

K3. The trainee will identify how trauma, grief, and loss may impact all transition points, and list strategies for early and on-going interventions at various transition points.

Skill

S.1 Using a vignette that includes a transition to a permanent plan of adoption or legal guardianship, the trainee will demonstrate having conversations that help children, youth, and birth parents understand the following concepts using age-appropriate language and culturally sensitive approaches to:

a. Explain the definition of permanency, adoption, and legal guardianship;
b. Explain the difference between adoption ad legal guardianship;
c. Explain the reasons (s) for termination of child welfare services, and what it means for all members of the family, and
d. Ensure that children, youth, and birth parents have an accurate understanding of these concepts.

Values

V1. The trainee will respect and support the culture of family, children, youth, and young adults by teaming in a manner that supports that culture.

V2. The trainee will collaborate with the family and their identified safety network, circle of support, and child and family teams as processes to address underlying needs of the children, youth, and young adults at all transitions.

V3. The trainee will advance practice behaviors to promote permanency and reduce recidivism at all transitions.

Group Agreements

Collaboration

Ask Lots of Questions

Be open to Trying New Things

Make Mistakes

Confidentiality

Group Agreements:

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Transitions

Everyone experiences transitions on a continuum, the goal is to have all transitions planned, purposeful, and well supported by a team of people who care. Setting up teams to help the transition, by planning and communicating the plan for the transition to everyone, making sure the child, youth, and family has all they need in place for a successful transition.

Share your experience with the table transitioning from line worker core to the field/practice with families.

What worked well with the transition?

_____

In what ways did the preparation by your supervisor decrease your stress?

_____

What were some worries you had about your transition?

_____

How did the lack of preparation impact your stress level?

_____

Scale Your Transition from Trainee to Social Worker:

_____

0 5 10

(No Support) (Over the Top Support)

What could have been done differently to help your transition to be successful? What supports could have helped?

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Segment 3A: What's Trauma, Grief, and Loss Got to Do with It?

What's Trauma Got to do with it? TRANSITION POINTS:

- Hotline to Community-Based Services
- Hotline to emergency response
- Emergency response to close
- Emergency response to family maintenance voluntary
- Emergency response to court dependency case
- Court dependency to family maintenance to family reunification
- Family reunification to family maintenance
- Family maintenance to case closure
- Family reunification to adoption
- Family reunification to legal guardianship
- Family reunification to permanency (long-term care)
- Long-term care to non-minor dependent
- Long-term foster care to emancipation
- Long-term care to case closure

With each of the following transitions listed above, there are often additional, more personal transitions as well:

- Placement changes
- Social worker changes
- Therapist changes
- School changes
- Team changes

1. Are any missing from the list?
2. Think about a transition on your caseload that was most troublesome transition point, for a child, youth, or young adult. If you do not directly work with a child, youth, or young adult, think about one that you know about or have heard about.
3. Discuss:
    - Why it was troublesome?
    - What made it troublesome?
    - What could have been done to make it better?

Transition Points:

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_____

Best Practices:

Early assessment and intervention
Teaming, Child and Family Teams
Support Networks
Safety Organized Practice
Structured Decision Making

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_____

“How Do We Stop Adversity from Becoming a Life Sentence?”

Benjamin Perks, TedxPodgorica

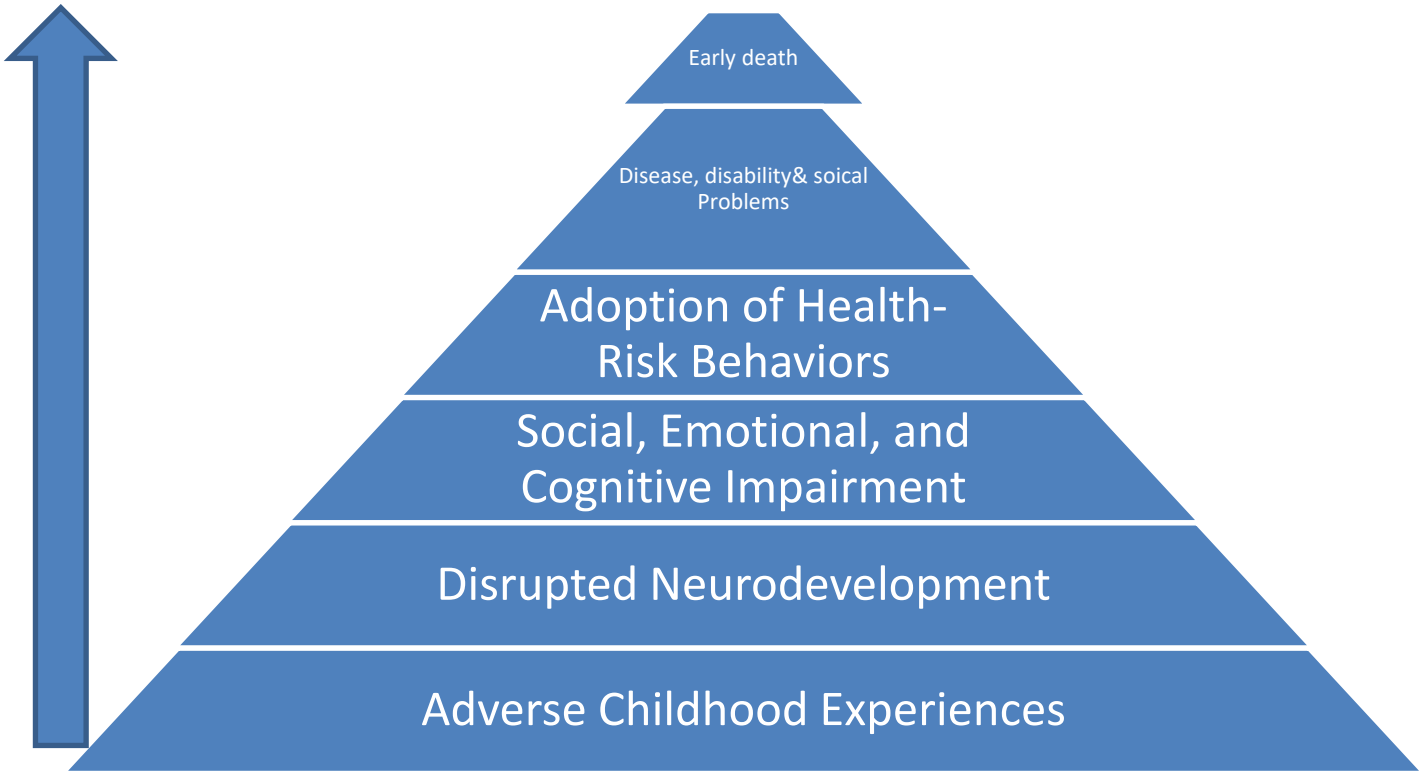
https://www.youtube.com/watch?v=qp0kV7JtWiE

Adverse Childhood Experiences (ACEs)

What are ACEs Indicators:

- Childhood physical abuse
- Child sexual abuse
- Child emotional abuse
- Neglect
- Mentally ill, depressed or suicidal person in the home
- Drug addicted or alcoholic family member
- Witnessing intimate partner violence
- Parental discord- indicated by divorce, separation, abandonment
- Incarceration of any family member

ACE score is based on the number of categories of Adverse Childhood Experience to which a person was exposed.



Three Types of Stress:

Positive Stress:

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Tolerable Stress:

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Toxic Stress:

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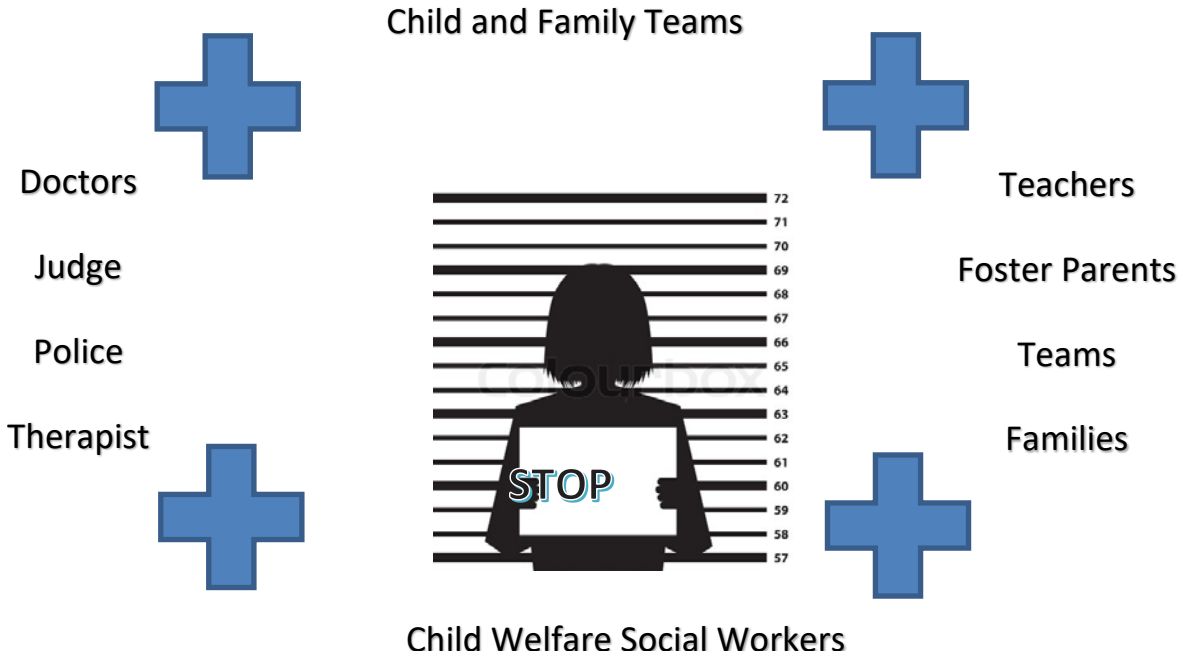
_____



California Child Welfare Core Practice Model, Practice Behaviors

Teaming Behaviors:

- It is important that we work with families from the point of initial engagement to build a supportive team.
- Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult and family, throughout the child welfare system.
- Work with the team to address the evolving needs of the child, youth, young adult and family.
- Work collaboratively with community partners to create better ways for children, youth, young adults and families to access services.

Transition Behaviors:

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

Segment 3B: Assessing Complex Needs and Cultural Humility

Video:
Cultural Humility; People, Principles, and Practice

By Vivian Chavez

https://www.youtube.com/watch?v=_Mbu8bvKb_U&list=PLF450050903C62014

NOTES from Video:

_____
_____
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What is your one word that describes what Cultural Humility means to you?

_____

Think back to the transition that you circled that was troublesome for the child, youth, or young adult. Now answer the following questions with a partner.

- Do you think culture may have impacted the transition?
- Do you know? Did you ask?
- What did you do to ensure that you took the child, youth, or young adult's culture into account during the transitions?
- What could you have done differently to ensure you understood the culture of the child, youth, or young adult?

_____
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Segment 3C: Complex Trauma, and Its Impact on Developmental Domains During Transitions

Adapted from:

The National Child Traumatic Stress Network

Assessment of Complex Trauma, Grief, and Loss

http://www.nctsn.org/trauma-types/complex-trauma/assessment

Key Developmental Domains Affected by Complex Trauma, Grief and Loss.

Attachment and Relationships:	**Thinking and Learning:**
• Relationship problems with family members, adults and peers • Problems with attachments and separation from caregivers • Problems with boundaries • Distrust and suspiciousness • Social isolation • Difficulty attuning to others and relating to other people's perspective	• Difficulties with executive functioning and attention • Lack of sustained curiosity • Problems with information processing • Problems with focusing on and completing tasks • Difficult planning and problem solving • Learning difficulties • Problems with language development
Physical Health: Body and Brain:	**Behaviors:**
• Sensorimotor development problems, example sensitivity to taste, touch, smell, light; • Analgesia (inability to feel pain) • Problems with coordination, balance, body tone • Somatization (reoccurring medical symptoms with no known medical cause) • Increased medical needs across a wide span • Developmental delays/regressive behaviors	• Difficulty with impulse control • Risk taking behaviors (self-destructive behavior, aggression toward others etc.) • Problems with externalizing behaviors • Sleep disturbance • Eating disturbance • Substance use disorder • Oppositional behaviors/difficulties complying with rules or respecting authority • Reenactment of trauma in behavior or play
Emotional Response:	**Self-Concept & Future Orientation:**
• Difficulty with emotional self-regulation • Difficulty labeling and expressing feelings • Problems knowing and describing internal states • Difficulty communicating wishes and needs • Internalizing symptoms such as anxiety, depression etc.	• Lack of continuous, predictable sense of self • Poor sense of separateness • Disturbances of body image • Low self-esteem • Shame and guilt • Negative expectations

Activity:

Celia is a Hispanic 12-year old girl with a long history of trauma. She was first removed from her mother's home when she was 3-years old for neglect and substance use disorder. After 10 months, she was reunited with her mother who married her live-in boyfriend. Celia remained in their care until she was 7-years old and was removed again when she disclosed that she had been sexually abused by her stepfather and had witnessed intimate partner violence.

Following the second placement in long term foster care, Celia was experiencing academic problems, severe inattention, hyperactivity, oppositional behavior, as well as physically violent tantrums. She was diagnosed with oppositional defiant disorder and bipolar disorder. Her treatment plan included medication and therapy which was minimally successful. Her mood swings continue, she is noncompliant with her resource family, and is preoccupied with sexual ideas. She is at risk of needing a new placement, and finding her a forever home maybe compromised impacted because of her behaviors.

1. What Key Developmental Domains may have been impacted by complex trauma, grief, loss, and transitions?
2. What information would you want to know about her culture to help you understand Celia better?
3. Are there underlying needs that may have led to a misdiagnosis or lack of understanding of the behaviors?
4. Who would you want to make sure is part of her team?

Activity:

1. Think back to the transition point that you identified earlier as being troublesome, for the child, youth, or young adult.
2. Circle the Key Developmental Domains that were present in the child, youth, or young adult that was transitioning.
3. Journal specific behaviors that the child, youth, or young adult were experiencing.
    - Does the child, youth, or young adult have a behavioral health diagnosis?
    - Are they on medication?
    - Are they in therapy?
    - Do they know if the behavioral health assessment included an assessment of trauma, grief, loss, and underlying issues?
4. As a table discuss the following questions:
    - How might the transition impact the developmental domains?
    - Is there a team in place? Who do you want to make sure is part of the team if they are not?
5. What can you do to make sure that they have had an assessment that has assessed for the underlying needs?

JOURNAL:

_____

_____

_____

Activity 4A: Full Disclosure Skill Practice

Legal permanency options were established in order of priority as part of the Adoptions and Safe Family Act. Reunification with birth parents is always the preferred legal permanency option if there is reason to believe that the parent is able and capable of providing a safe and stable home for their child, youth, or young adult. Adoption and Tribal Customary Adoption, is preferred, then legal guardianship. In California, legal permanency with a relative is the recognized legal preferred permanency option and should be explored particularly with kin in seeking a permanency home for a child.

Developing a concurrent plan with a family using research-based strategies to identify connections will help children to have more successful outcomes and increased time in a permanent home.

- Genogram and eco maps, can be used from the initial contact with the family, and throughout the case process with the family. These tools can be used with the parents, children, relatives, caregivers and during team meetings.
- Team meetings to develop a family's Circle of Support/Safety Networks that offers the family a way to look at their natural support system who can help care for children if they are unable to care for their children. Family team meetings offers opportunities for courageous conversations on difficult and sensitive topics such as concurrent planning.

During the Common Core 3.0 Concurrent Planning Introduction eLearning, a principle of concurrent planning full disclosure was introduced.

Full Disclosure - is a courageous conversation that is a respectful, candid discussion, that occurs over time with birth parents, extended family, children, youth, young adults, and caregivers, that begins when a child is placed in foster care or relative care. Full disclosure continues throughout the life of the case and includes parents' rights and responsibilities and the problems that have been identified that led to their child's placement in foster care.

Talking to parents, children, youth, young adults, caregivers, relatives, and non-related extended family members about concurrent planning should begin the day a case is started. You should always remember that reunification is the number one preference of permanency, but when reunification is not possible a concurrent plan needs to be developed. Children, youth, and young adults should be included in conversations about permanency early and often.

Permanency - Children in the child welfare system have more successful outcomes when they have been raised in stable and safe environments. Studies have found that children were more likely to have ratings of "excellent" well-being with permanent caregivers, lower drop-out rates, more school stability, and were less likely to be in juvenile detention facilities.

Lack of Permanency - Children and youth who leave the child welfare system without permanency have poorer outcomes such as the lack of high school diplomas, high unemployment, homelessness and housing instability. They may also suffer from significant health and medical problems, substance abuse and early child bearing. As a social worker, you can significantly help to mitigate these outcomes by developing plans that will help children and youth have legal and emotional permanency.

Adoption – Is a process whereby a person assumes the parenting of another, usually a child, from that person's biological or legal parent or parents, and by doing so, permanently transfers all rights and responsibilities from the biological or legal parent.

Legal Guardianship - A guardianship is a legal relationship between a minor child and a guardian that gives the guardian certain rights and obligations regarding the child. A guardianship does not sever the legal relationship that exists between a child and his or her biological parents, however. Instead, it co-exists with that legal relationship.

As a table discuss the following questions:

1. Do you think culture may have impacted the transition from reunification to permanency?
2. What can you do to ensure that you take the families culture into consideration during this transition?
3. What impact can trauma have on the transition from reunification to permanency?
4. What can you do to ensure that you take the families culture into consideration during this transition?

Northern Training Academy

Reaching Out

Spring/Summer 2009
Tips for Social Workers
Working with Parents and Concurrent Planning

1. Spend time with parents building common goals. Talk with them about what their values are as parents and what they want for their children. Ask parents who they go to when they need help, and what you can do to help them.
2. Encourage storytelling by the parent. This helps parents focus on the good things they may have done and want for their children. Ask parents how they celebrate holidays and birthdays. Ask for favorite memories of when their child was younger. Ask them to describe their child including the child's strengths.
3. Motivate parents. Threats don't motivate Don't jump right in and talk about guardianship and adoption. Ask them solution-focused questions such as how they picture their children as young adults and think about what they can do to get their kids there. What are their goals for themselves and their children? What are the things that work for them as parents (strengths) and what are some of the challenges they face?
4. What the child needs has to be front and center at all times. Social workers need to reassure parents that, along with safety, they also have the child's well-being as their main focus. Discussions with birth parents should revolve around what the child needs including finding a safe and permanent home as soon as possible, and maintaining connections with the child's family, friends and community.
5. All parties need to be clear on what needs to happen for successful reunification. If parents and all parties who are interested in the child's well-being are involved and participate as equal partners in the process from the start there should be no surprises about what needs to happen and who is responsible for what.
6. Reassure parents that concurrent planning is not a competition between them and another set of parents. Birth and foster parents must work together for the child's best interests. Have people sit down and make specific agreements about who will make certain decisions while the child is in out-of-home care. Some examples are haircuts, television and movie rules, and religious practices.
7. Don't make false promises but address the parent's concerns. Reassure them while also saying that you can't predict the outcome. Let them know that no matter what happens, your job is to make sure that in the future, they have the best parent/child relationship possible.
8. Try using the following analogy in your discussion with birth parents: While this is hard to think about, all parents need to think about who would take care of their children if they were not able to. Birth parents, if they haven't already, need to think about who would raise the child the way they would want.

   If social workers and birth parents focus on the child's needs, and the process is inclusive and open, then everyone is on the same side – the child's.
   **Many of these same tips can be used when talking to resource parents as well.

Hernandez/Polk Family Vignette
Skill Practice, Discussing Permanency with the biological parent, child, and youth.

Update with a Twist

During the past six months, the father, Mr. Polk was allowed to return to the home after successful unsupervised visitation. The children were subsequently removed from Ms. Hernandez and Mr. Polk with a 387 Petition. Mr. Polk relapsed and started to drink again, Ms. Hernandez was aware that Mr. Polk was drinking and his anger out of control. While the mother was at work, Mr. Polk had been drinking and spanked Amalia with a belt. Willy tried to intervene and Mr. Polk hit Willy several times with the belt on his arms and face. The children were placed back with aunt Leanne.

At the Jurisdiction/Disposition Hearing, services were not offered to either parent, and the court ordered that the social worker explore permanency with the family.

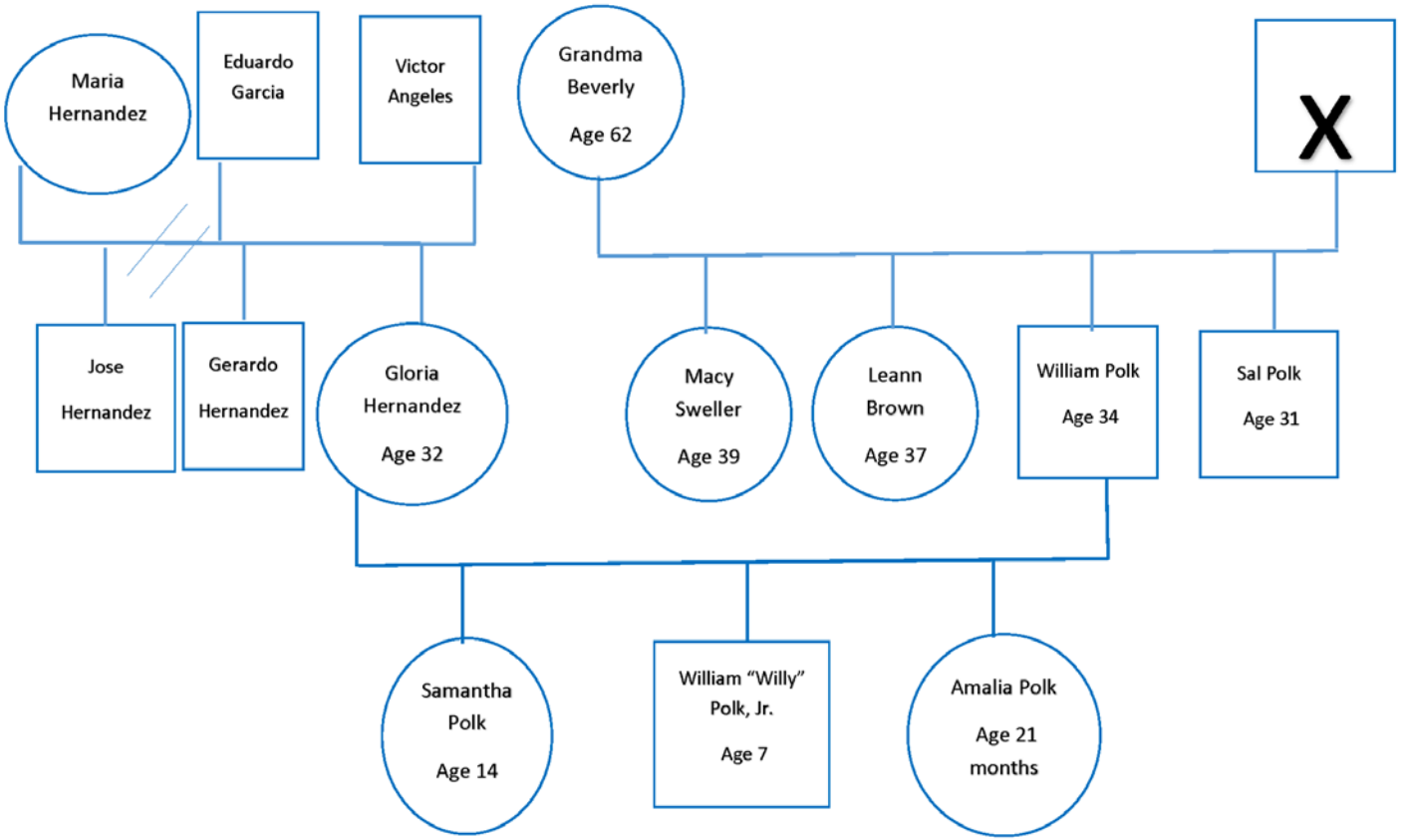
As the social worker, you will need to ensure that the best concurrent plan is in place. You know that team meetings is the best place to discuss concurrent planning, but Ms. Hernandez will not meet with the team.

Using Handout 2, Polk/Hernandez Family Genogram, and Handout 3 Polk/Hernandez Ecomap the trainer will role play a courageous conversation with the mother, explaining that child welfare services were terminated, what that means for all family members, and the difference between adoption and legal guardianship.

Use the following questions to help guide your strength based feedback:

Skill	Check if Demonstrated	Observations/What was said?
Explain why services were terminated?		
Explained permanency, adoption, legal guardianship?		
Explained what it means for the family?		
Listen Attentively?		
Use Family Friendly Language?		
Validate Grief and Loss?		
Incorporated the Family's Cultural Perspective?		
Ensured the mother had an accurate understanding?		
Provided opportunities for the mother to share her perspective?		

Polk/Hernandez Family Genogram



Polk/Hernandez Ecomap

Activity 4B: Skill Practice, Discussing Permanency with Children, Youth or Young Adults

Adapted From: Child Welfare Information Gateway

Helping Your Foster Child Transition to Your Adopted Child

February 2012
https://www.childwelfare.gov/pubPDFs/f_transition.pdf

Helping Children Cope with Trauma and Loss

It may be difficult to comprehend the experience of past losses your foster child or youth encountered before adoption. Your child may still be grieving because of loss or lost connection with family members. He or she may also suffer from trauma related to those losses. There are often several stages of grief the child must experience before he or she can transfer attachment from the birth family to your family. Adoption experts acknowledge the importance of helping children integrate their previous attachments to important people in their lives in order to transition that emotional attachment to a new family. Integration is a way of helping children cope with the painful realities of the separation from birth families.

The five-step integration process below was first described by adoption pioneer K. Donley in 1988.

1. Create an accurate reconstruction of the child's placement history. Creating a Lifebook, life map, or ecomap with a child helps a child to see and understand his or her own history.
2. Identify important attachment figures in the child's life. Foster parents might learn who these important people are by listening to the child talk about people from previous placements. The attachment figures might be parents, but they could also be siblings, former foster parents, or other family members. When the adoptive family rarely talk about birth families, children or youth may feel the loss more intensely.
3. Gain cooperation of the most significant attachment figures available. If possible parents should cooperate with the birth parents, grandparents or other relatives to whom the child was attached. Even if the birth family is not happy about the child's permanency goal of adoption, there is likely one important person (a teacher or former neighbor) who will be willing to work with you to make a child's transition easier.
4. Clarify "the permission message" It is necessary for children to hear and fell from people who are important to them that it is all right to love another family. The primary person in a child's life who is available to give the child that message should be sought out to do so.
5. Communicate that permission to the child. Whether the "permission to love your family" comes in the form of a letter from Grandma or from the birth parent during a visit, it is important that the children hear from that person that it is not their fault they are in foster care and that it is all right to love another family. This permission will go a long way to helping a child relax and transfer his/her attachment to the family.

Ten Things that Youth Want Child Welfare Professionals to Know: Talking to Youth in Foster Care about Permanency

Project LIFE, a partnership of United Methodist Family Services with and funded by Virginia Department of Social Services, held a state-wide conference on permanency in October 2013. During the conference, adopted youth and youth in foster care shared their experiences and developed their ideas into tips for child welfare workers. This NRCPFC resource highlights their recommendations for workers when engaging youth in foster care.

1. **Identify and choosing a lifelong connection may be scary for me!**
   There are so many factors that are unknown and variables that are out of my control. Help me put my fears into perspective and comprehend what will happen once I find permanency.
2. **Permanency is a new concept for me.**
   I need you to explain to me in detail what you mean when you use the word permanency, what the different possible routes to permanency are, and what is involved in each of these possibilities. I may have never even used the term permanency before. Do not use permanency with children, youth or young adults, it is a professional jargon.
3. **Communication about permanency is so important!**
   Talk with me about permanency often and arrange frequent visits that allow us to engage in meaningful and on-going conversations. This will help with my process of achieving permanency.
4. **Remember that young people process and share information in different ways.**
   Consider resources and interactive activities that you can use to help me think about my relationships. If we do an activity, use the information as a tool in our planning so that I know my participation in these activities is purposeful.
5. **Your support, constructive criticism, exploration, and feedback are essential for me to make good, informed choices.**
6. **Stay open minded and understanding regarding my ideas and suggestions about permanency options that you may not have considered.**
7. **Consider my foster parents as an option for permanency when we have a positive relationship and work with everyone involved to explore that possibility and provide support.**
   Try to recruit more foster parents that may be willing to adopt and create additional foster-to-adopt homes.
8. **Stay proactive when addressing concerns that I bring up.**
   Address them in a timely manner and follow up on things you say you will do.
9. **Be patient with me! I may need time to make up my mind about permanency – don't expect me to make an immediate decision.**
   Allow me to change my mind if I don't initially think permanency is for me.
10. **Adoption is a great choice for a lot of youth, but I may not think at first it is a right fit for me.**

Help me understand more about the reality of adoption. Help me understand and explore the pros and cons of all permanency options.

Willy and Samantha Polk Vignette Update

Form triads. Each trainee will have the opportunity to play the role of the social worker in the skill practice. You will have five minutes to speak to Willy, receive two minutes of strength based feedback from the observer, and then five minutes to speak to Samantha, and two minutes of strength based feedback from the observer. You will then rotate roles.

Three Roles:
Social Worker
Willy then Samantha
Observer

Social Worker: You will need to speak Willy and Samantha separately about why child welfare services were terminated, what it means to them, permanency, and permanency options of adoption and legal guardianship. It is important that you incorporate key aspects from this morning, such as trauma, grief, loss, and any cultural considerations that may be present.

Willy 8 years old: After his parents moved Willy had a best friend Mitchell, that lived next door to them. Mitchell and he played baseball together, and Mitchell's dad, Jim was the coach. Willy had become very close to Jim. Willy had spent the night at their home on several occasions. Willy likes spending time with Mitchell and his family and he is worried that since his aunt Leann lives on the other side of town he will not see them anymore. Willy loves living with his aunt Leann, is happy that he is going back to his old school. He misses his dad and mom a lot, but see them sometimes. Willy thinks that if he had not gotten hit with the belt no one would have ever known and he would still be living with his parents. He feels guilty for his family not being together, but happy he helped Amalia.

Samantha 15 years old: Samantha continued in Madison High School and Coach Rebecca continued to mentor her, and to make sure her educational needs were being met. Samantha is happy that she is staying in the same school, and loves living with her aunt. If she cannot be at home with her parents, aunt Leann is where she wants to be. Samantha is mad at her mother, and feels that her mother is at fault for all of this. If her mother would have just stayed home from work like she agreed to, none of this would have happened.

Development considerations when speaking to children and youth, adapted from the Common Core 2.0 Engagement Knowledge and Skill Reinforcement Lab: Interviewing Children

Toddler (Age 2-3)	**Preschooler (Ages3-5)**
Understanding of language is superior to the ability to express verbally	Question formation matters
Limited ability to verbalize and generalize	Very talkative
Imitates other's language	Can verbalize by my not understand complex questions
Separation is extremely difficult	Limited ability to separate fantasy from reality
	Tends to be protective of parents
	Wants to tell versus ability to tell
	Unable to comprehend time reference
	Hesitant with unfamiliar adults
School Age (6-11)	**Adolescent (Ages 12-18)**
Can be very independent and self-assured at times	Can often be communicates with as an adult
Family is still very important	Doesn't feel understood
Has strong likes and dislikes	Independent yet dependent
Forms own opinions and ideas	Trust/Control are important issues
Gaining and grasping of concepts of time, dates, and sequencing	Fear of things getting worse is real
	Be direct and Honest

Use the following questions to help guide your strength-based feedback:

Skill	**Check if Demonstrated**	**Observations/What was said?**
In an age appropriate manner, explained why services were terminated?		
In an age appropriate manner, explained permanency, adoption, legal guardianship?		
In an age appropriate manner, explained what it means for the child or youth?		
Listen Attentively?		
Use Family Friendly Language?		
Validate Grief and Loss?		
Incorporated the Family's Cultural Perspective?		
Ensured Samantha and Willy had an accurate understanding?		
Provided opportunities for Samantha and Willie to share their perspective?		

Segment 5: Closure

What did you learn today that you can put into practice when you return to the office?

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

January 15, 2014

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

ALL COUNTY INFORMATION NOTICE NO: I-05-14

TO: ALL CHILD WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL FOSTER FAMILY HOMES
ALL FOSTER FAMILY AGENCIES
ALL TITLE IV-E TRIBES
ALL CDSS ADOPTIONS DISTRICT OFFICES

SUBJECT: SHARING INFORMATION WITH CAREGIVERS

REFERENCE: COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT (CAAPTR) 42 USC 209dd-2; CIVIL CODE SECTIONS 56.10, 56.103, 56.13; HEALTH AND SAFETY CODE SECTIONS 11845.5, 123110 AND 123115; WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS 317(f), 362.04, 16010, 16010.4, 16010.5, AND 16501.1; MANUAL OF POLICIES AND PROCEDURES (MPP) 31- 405(s) AND (t); 22 CCR SECTIONS 83068.1(b)(1) AND (2), 89468(a), 89468(b)(1)-(10), 89468(d), 89372(a)(10)(A)-(B), AND 89378(a)(1)(B)(4)(a) AND (b).

The California Department of Social Services (CDSS) wishes to remind counties of the importance of sharing information with caregivers in child welfare cases. **Information sharing is not only permitted under state and federal law, it is required.** Giving caregivers such information better enables them to meet the needs of children and youth living in their homes.

This All County Information Notice (ACIN) addresses information about the parents and the minor dependent child that should be shared with the caregiver as well as limitations on information sharing. Additionally, this ACIN describes approaches to sharing information in situations where the law appears to create barriers. This ACIN does *not* address sharing of information regarding nonminor dependents (NMDs), as NMDs are legal adults and have more control over what personal medical, mental health, and educational information is shared with others.

QUALITY PARENTING INITIATIVE (QPI)

The QPI is a collaborative effort of the Youth Law Center, the County Welfare Directors Association (CWDA) and the CDSS. The goal of the QPI is to develop a statewide approach to recruiting and retaining high-quality caregivers for children and youth in foster care. Attracting and retaining quality caregivers is critical to achieving positive outcomes for children and families and to ensuring the success of child welfare improvement efforts. The QPI aims to strengthen foster care, including kinship care, by ensuring that a foster or relative family caring for a child provides the loving, committed, and skilled care that the child needs, while working effectively with the child welfare system to reach the child's goals. The QPI also seeks to clearly define the expectations of caregivers, to articulate those expectations, and to align the expectations of the child welfare system to support quality foster care. The major successes of the project have been in systems change and improved relationships. The QPI sites have also reported measurable improvement in outcomes, such as reduced unplanned placement changes, reduced use of group care, reduced numbers of sibling separation and more successful improvements in reunification. Currently, eighteen counties are participating in the initiative.

Counties engaging in the QPI have discussed the importance of sharing information with caregivers in order to make the caregiver a partner in the child's case. Because the CDSS recognizes that the subject of sharing information with caregivers is of statewide concern, the CDSS is issuing this ACIN.

INFORMATION SHARING BY SOCIAL WORKERS, PROBATION OFFICERS AND TRIBAL SOCIAL WORKERS

SHARING INFORMATION ABOUT THE CHILD OR YOUTH WITH THE CAREGIVER

California law requires the social worker to share information regarding the child with the caregiver. In fact, many sections of the W&IC require the social worker to provide specific information to the caregiver or potential caregiver within a specific time frame. Attachment A lists specific information and documents that must be provided to the caregiver pursuant to federal and state law, as well as relevant citations.

Sharing information regarding the child with the caregiver is a critical component of effective service delivery. A well-informed caregiver or potential caregiver is better able to meet the needs of a child in care and is better prepared to handle challenges particular to the child. In addition to improving the quality of care, a well-informed caregiver becomes a partner with the social worker in the child welfare case. Information regarding the child's educational, medical, dental and mental health history and current needs must be shared so that the caregiver can appropriately care for the child and fulfill his or her obligation to cooperate with the child's case plan. Information about relatives, including siblings, with whom the child may have contact or visits should be provided to the caregiver, especially when the caregiver is participating in scheduling

or supervising visitation between the child and the family. The CDSS regulations require the social worker to provide the caregiver with information regarding the child's family background, which is also essential to assist the caregiver in providing quality care to the child.

Under statute, the social worker must provide the child's Health and Education Passport (HEP) to the caregiver. In addition to historical information, the HEP includes information such as the names and addresses of the child's health, dental and educational providers. If the social worker has failed to provide the HEP, the CDSS regulations require that a caregiver request the HEP and a written plan identifying the needs and services of a child or youth in care from the placement social worker when the child or youth is placed in the home. If a caregiver in a certified family home of a foster family agency or licensed foster family home does not receive this information from the placement social worker, he or she is required to ask the placement social worker specified questions to help the caregiver determine if he or she can meet the child's or youth's needs prior to placement in the caregiver's home.

Finally, California law requires the child welfare agency to provide the caregiver with contact information for important individuals involved in the case, such as the social worker and his or her supervisor, the child's attorney and any assigned Court Appointed Special Advocate (CASA). Making the caregiver aware of upcoming court hearings, the recommendations at those hearings and the manner in which the caregiver can provide information to the court and/or participate in those hearings increases the caregiver's ability to be a partner in the child's case.

SHARING INFORMATION ABOUT THE CHILD'S PARENTS WITH THE CAREGIVER

While California law is explicit in describing the variety of information that can be shared with the caregiver regarding the child, the law does not provide for the same level of sharing of information about the parent. Recognizing that some information about family history is necessary to provide appropriate care to the child, the CDSS regulations require the social worker to share relevant family background with the foster parent when making a placement. However, the social worker should gain the consent of the parent prior to disclosing other sensitive information, such as any medical or mental health condition of the parent. For information regarding the sharing of this type of information, please see the section titled "Addressing Barriers to Sharing Information" on page five of this document.

SHARING INFORMATION ABOUT THE CHILD OR THE FAMILY WITH FORMER CAREGIVERS

A child or youth in foster care often forms a meaningful and significant bond with his or her caregiver. When that child moves from the caregiver's home, either to reunify with a parent or to be placed in another foster care placement, the child may desire and benefit from a continued relationship with the former caregiver. Adults in the child's life should make appropriate efforts to recognize both the importance of the child's relationship with the former caregiver and the role the former caregiver could continue

to play in the life of the child. Nothing prohibits the caregiver from continuing a relationship with the child and/or the child's family after the placement episode ends, if such a relationship is consistent with the desires of the child and the family and the needs of the child.

Creating a team of people who support the child and family within the child welfare case is increasingly common within counties. From multidisciplinary teams to Team Decision Making meetings to the Child and Family Team, many counties have used a teaming approach in child welfare cases in order to identify both professionals and nonprofessionals who provide critical services and supports to the child and family. The current caregiver is often a valuable member of the team, as he or she is familiar with the immediate, day-to-day needs of the child. Nothing prevents a former caregiver from continuing to be part of the family's support team in counties that are using a teaming approach. Including a former caregiver in the ongoing team permits the social worker to share updates on the child with former caregivers as long as consents to exchange information are kept current. For more information on teaming and sharing information within a team, please see pages 12-16 of Pathways to Mental Health Services: Core Practice Model Guide, *available at* http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf. Although this document was released to assist with the implementation of the *Katie A.* Core Practice Model, the discussion regarding teaming is relevant to any teaming activities.

INFORMATION SHARING BY CAREGIVERS

SHARING INFORMATION ABOUT THE CHILD OR YOUTH

A caregiver will encounter a variety of circumstances where he or she needs to share otherwise confidential information about the child or youth. For example, the foster parent may need to disclose the child's status as a foster child and provide other confidential information to enroll the child in school, secure priority mental health treatment, or obtain other services as identified in the child's case plan. The CDSS regulations permit a caregiver to provide information regarding the child or youth to others in order to secure care, supervision or education of the child, unless prohibited by court order. Additionally, California law expressly permits the caregiver or education rights holder to provide the contact information for the child's attorney to the child's local educational agency.

When a certified foster parent, a licensed foster parent, a relative caregiver and a nonrelative extended family member arranges for occasional short-term babysitter for a child in his or her care, the caregiver is encouraged to provide comprehensive information that the babysitter will need to care for the child. This includes information about the child's emotional, physical, medical and behavioral health necessary to provide care to the child. The babysitter should be provided any medications the child may need while the caregiver is gone. Finally, the caregiver must ensure that the babysitter knows how to contact the caregiver in case of an emergency.

If a caregiver anticipates being absent from the home for longer than 24 hours, the caregiver is permitted to arrange for an alternative caregiver to provide care and supervision to a child, unless certain restrictions apply. When a certified foster parent, a licensed foster parent, a relative caregiver and a nonrelative extended family member arranges for an alternative caregiver, the caregiver must ensure that the alternative caregiver has information that includes the child's emotional, physical, medical or behavioral conditions; any medications the child may need while the caregiver is away; the name and telephone number of the social worker for the child; and contact information for the caregiver in case of an emergency.

LIMITATIONS ON SHARING INFORMATION

Although many laws permit the broad sharing of information regarding the child within the child welfare context, the sharing of some information in the possession of the child welfare agency is limited and requires specific authorization. Some records, such as child welfare petitions and court reports, substance abuse treatment records, and certain medical records, have limitations on sharing based on state and federal law. Documents that are part of the juvenile case file, such as the petition, court reports, delivered service logs, etc., are permitted to be released only when consistent with W&IC section 827. Unless inspection is permitted under that section, a court order is required to share these documents.

Please see Attachment B for a non-exhaustive list of documents and information that generally cannot be shared without explicit consent or a prior court order. If there is any question regarding whether a particular document or piece of information not addressed in this ACIN can be shared with the caregiver or others, social workers are encouraged to consult with their county counsel prior to disclosing the information to the caregiver.

ADDRESSING BARRIERS TO SHARING INFORMATION

As discussed above, there may be some information in the possession of the child welfare agency that cannot be shared without the express consent of the individual or a court order. The agency may also have information that falls into a "gray area," meaning that the child welfare agency is uncertain whether it can share the information or is uncomfortable sharing the information without consent. When sharing the information would benefit the child and the family, the child welfare agency is encouraged to find a method to share the information within the parameters of the law.

Generally, obtaining the written, informed consent of the individual about whom the information pertains is sufficient in order to share the information. Consistent with a "teaming" approach, counties may consider having affected individuals execute a consent early in the case in order to share all necessary information as soon as possible to provide better service to the child and the family. The child welfare agency should be explicit about the type of information to be shared, the persons with whom the

information will be shared, and the purpose of sharing the information. If the agency cannot obtain the consent of an affected individual, seeking an order from the juvenile court is another acceptable method to gain authorization to share confidential information.

Counties and caregivers are reminded that the flow of information between the social worker and the caregiver is critical to meet the needs of the child and the family in the child welfare setting. The CDSS encourages open communication between the caregiver and the social worker throughout the placement of a child in the caregiver's home.

If you have any questions regarding the ACIN, please contact Tracy Doan of the Children and Family Services Division, at (916) 657-2614.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment A

The child welfare agency is required to share the following information with the caregiver when initially placing the child and within 48 hours after each subsequent placement[1]:

- Prescribed medications for the child that are in the possession of the agency, with instructions for the use of the medication.
- All information regarding any treatments that are known to the agency that are in effect at the time of the placement.

As soon as possible, but not more than thirty (30) days after placement, the social worker must provide the child's health and education summary to the caregiver. This can take the form of a health and education passport. The information that must be provided to the caregiver is[2]:

- Names and addresses of the child's heath care providers (including medical care, mental health care and dental providers)
- Names of the child's educational providers
- School documentation, including any documentation or poof of the child's age that may be required for enrollment in school or activities that require proof of age.
- Records indicating grade level performance
- Assurances that the child's placement takes into account the proximity to the child's school of origin
- The number of school transfers the child has already experienced
- The child's educational progress
- Immunizations and known allergies
- All known medical problems
- The child's past health problems and hospitalizations known to the agency
- The child's relevant mental health history
- Known mental health conditions and medications

Additional information to be provided to the caregiver upon placement:

- Child's case plan[3]
- Child's family and behavioral background[4]
- Any known or suspected dangerous behavior on the part of the child[5]
- Child's transitional independent living plan, when applicable

Other basic information that should be provided to the caregiver in order to assist the caregiver with meeting the needs of the child[6]:

- Contact information for the social worker
- Contact information for the child's attorney and CASA
- Child's birth certificate or passport
- Child's juvenile court case number
- Child's State Department of Social Services ID number
- Medi-Cal number or other health insurance number
- Plan outlining the child's needs and services, including information on the family and sibling visitation.

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[1] Welf. & Inst. Code section 16010.5(a).
[2] Welf. & Inst. Code section 16010.
[3] MPP 31-405(r).
[4] MPP 31-405(s).
[5] MPP 31-405(t).
[6] Welf. & Inst. Code section 16010.4(e).

Attachment B

The following is a non-exhaustive list of documents or information that cannot be shared absent a court order or consent from the affected individual. If there is any question regarding whether particular information may be shared with a caregiver, CDSS recommends that the child welfare agency consult with county counsel.

Type of information or record	*Authorization needed to share information*
WIC 300 Petition and court reports	Court order[7]
Medical or mental health treatment where the minor has a right to consent to the care	If the minor consents to mental health services or could have consented to such services under Family Code § 6924 or Health & Safety Code § 124260, information may be shared only with the signed authorization of the minor or court order.[8]
Substance abuse treatment records of the parent	Parent's consent or court order[9]
Substance abuse treatment records of the child	Child's consent, child and parental consent or court order, depending on the circumstances[10]
HIV antibody test results related to the child	Consent of parent or child (if over 12) or court order[11]
Prevention or treatment of pregnancy	Child's consent[12]

[7] Welf. & Inst. Code § 827.
[8] Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.106; 56.11.
[9] 42 C.F.R. §2.14
[10] 42 C.F.R. §2.14
[11] Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11.
[12] Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11.